GOVERNOR'S EXECUTIVE ORDERS

43, 44 & 46

Alaska State Legislature

Senate

Office of the Secretary

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

M E M O R A N D U M

TO: Health, Education & Social Services

FROM: Peggy Mulligan, Senate Secretary

SUBJECT: Executive Order Nos. 43, 44 & 46

DATE: January 14, 1980

I am transmitting herewith the committee copies of the Governor's Executive Order Nos. 43, 44 & 46 which were referred to the Health, Education & Social Services Committee by the Senate President.

In accordance with Article III, Section 23 of the Constitution of the State of Alaska, the legislature has 60 days of a regular session to disapprove the executive order. Unless disapproved by resolution concurred in by a majority of the mebers in joint session, these orders become effective at a date thereafter to be designated by the governor. Executive Order Nos. 43, 44 & 46 were received by the Senate Secretary on January 14, 1980.

JAY S. HAMMOND
GOVERNOR

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

January 14, 1980

The Honorable Clem Tillion
President of the Senate
Alaska State Legislature
Juneau, Alaska 99811

Dear Mr. President:

Under the authority of art. III, sec. 23, of the Alaska Constitution, I am transmitting to you Executive Orders No. 41, 42, 43, 44, 45 and 46, dated January 14, 1980. Under that constitutional provision, the legislature has 60 days of a regular session, or a full session if of shorter duration, to disapprove these executive orders.

These orders would transfer, for administrative purposes, the following six agencies from the Office of the Governor (and, in the case of the Alaska Public Offices Commission, the Office of the Lieutenant Governor) to several of the line departments:

Agency	Transferred To
Alaska Public Offices Commission	Department of Administration
Public Defender Agency	Department of Administration
Alaska Historical Commission	Department of Education
Alaska State Council on the Arts	Department of Education
Alaska Police Standards Council	Department of Public Safety
Alaska Council on Science and Technology	Department of Environmental Conservation

You may recall that several years ago a "Management and Efficiency Review" of the Executive Branch of State government was conducted at my request, by a group of top-level Alaska business executives. More than 75 per cent of the recommendations the review team made have either been addressed or implemented. One of the key recommendations was to reduce the excessive involvement of my office in program operations by transferring a number of the commissions, councils and agencies reporting to the Office of the Governor, to departments with related responsibilities. A number of programs and agencies have been

transferred since this recommendation was made in 1976; nine more, including the six covered by these executive orders, are proposed for relocation July 1, 1980. The three entities not included here, (Limited Entry Commission, Criminal Justice Planning Agency and Pipeline Coordinator's Office) are not statutorily located in the Office of the Governor and therefore do not require relocation by executive order.

My goal in completing the reorganization recommended by the "Management and Efficiency Review" team, is to limit, to the maximum extent permissible, the activities of my office to direction of the executive branch and policy development. Program operations should be performed by line agencies. The Lieutenant Governor fully concurs with my philosophy.

Let me stress that these transfers do not reflect a lack of concern for the programs being transferred nor are they intended to grant to the line departments any authority over the activities of these agencies not now provided by law. The line departments will only assume responsibility for providing the administrative support now provided by my office.

The executive orders amend the statutes to specify the new location for each of these entities and recodify the remainder of the existing statutes accordingly. The new provisions are virtually identical to those being repealed with the following exception. Executive Order No. 46, in relocating AS 44.19.181(a), amends the substance of that subsection by deleting the present third sentence which reads: "Appointees to the council shall be confirmed by a majority of the legislature". This provision is invalid under art. III of the Alaska Constitution and Bradner v. Hammond, 553 P. 2d 1 (Alaska 1976).

Sincerely,

Jay S. Hammond
Governor

SB

10

COMMITTEE REPORT

SENATE

1/15/79

FURTHER: Finance

Date: Jan. 24, 1979

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 10 special appropriations to student scholarship loan program

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

_____

Bettye Schroeder

_____

_____

_____

_____

_____

_____

_____

MEMBERS HAVING
OTHER RECOMMENDATIONS:

_____

_____

_____

_____

_____

_____

_____

Glenn Hackney

CHAIRMAN

S 60 (Rev. 12/78)

SB

12

COMMITTEE REPORT

SENATE

1/15/79

FURTHER: Finance

Date: 3-14-79

Mr. President:

The Committee on HEALTH, EDUCATION, SOCIAL SERVICES has had SB 12

establishing social services policy councils in Dept. of Health & Social Services & providing for adventure-based education program

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass INDIV. Rec [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Colletta Do Pass

Ferguson Do Pass

MEMBERS HAVING
OTHER RECOMMENDATIONS:

No Pass Recommends (Amendment)

Elmer Hakanson
CHAIRMAN

DO PASS IF AMENDED

S 60 (Rev. 12/78)

SB # 12 "An Act establishing Special Services [illegible] and Health & Human Services [illegible] for Adventure Base Programs"
By Holman

S.HESS 79-80

NOTE — Sen Holman filed to out of town-unexcused appearance
hearing would be asked to appear.
2/8/79 Wade Steele in Sen Bradley office called-wanted to know when bill to be rescheduled.
Position Paper = F/N herein
3-12/ Notify - Barbara McPherson
Ph: 3.591
3-14-79 Steele notified.
HESS "
Sforzan "
Editor " (Jan Hiley)

Introduced 1-15-79
Logged 1-16-79
Referrals Finance
Committee meeting 1-26-78-2-9-79-Held-3-14-79
Committee action Passed 3-14-79 — taken Senate 3-14-79 by Sen Collotta
Fred this vowed Kapiloff & Rubin Voted Yes & Russ (to next deadline)
CSSB 12 Passed out of Senate.

MEMO

TO: SEN. HACKNEY

FROM: PAUL

RE: SB 12

Just want to provide a little input into this SB 12 that we are taking up at tomorrow's hearing. The thrust of this bill is to establish a program (viz. adult-based education program composed of two phases. Phase 1 is a wilderness experience adventure and Phase 2 designed to reinforce the values acquired during the wilderness experience) whereby potential delinquents can enjoy a wilderness experience, e.g. trip down Yukon River, this being a neutral setting away from the environment that is fostering the symptons that are encouraging the juvenile to become delinquent, and placing the individual in a neutral setting where the individual will be exposed to a new "value" system and hopefully this new value system will leave an indelible impression upon the youth, permitting him to bypass that "threatening cloud" hanging over his head of becoming a delinquent.

Now let's go to Phase 2 of this program which is the critical stage. Once this individual has absorbed his new values, it is necessary for him to retain this value system upon his return to the "old environment." What this phase of the program is geared to do is reinforce those values that the individual attained in the neutral environment, hopefully removing the individual from the delinquent ranks.

It is at this stage, phase two, that the "bureaucratic-ness" of this bill comes into play. In order to sustain this value system, this bill creates six regional corporations, composed of 15 members, boundaries consistent with the regional native corporations, and a higher tier of bureaucracy, an executive policy council, consisting of 12 members, in the Dept of H/SS. The executive council's function is to review/evaluate program established by the regional councils. The regional council's job is to create programs, compatible with that particular community,

that will maintain the values absorbed by the individual rather than reverting back to the old value system that was creating a delinquent out of the individual. The regional councils will have employed a full-time COORDINATOR (for that matter, the executive council will have employed an executive director) that will spearhead the program in his particular region.

The big question that permeates the line of thinking directed at this program is how much is it going to cost? Dept. H/SS figures it going to cost around 407,000 for FY 80 and will require 8 positions. Conversely, Hohman's camp argues that the cost to the state will be appreciably lower than what H/SS is projecting basically for two reasons:

(1) H/SS already has the social workers and probation officers this bill calls for in the field and H/SS doesn't have to create any new positions.

(2) Additionally, this bill will incur a savings to the state because it will divert individuals who would be candidates for McLoughlin; therefore, the state will not have to pick up the tab for those potential custodial costs. NOTE: Hohman's gang is being a little cryptic about what they are estimating the cost will be, dollar amount that is, because they want to have the upper hand of knowing what every body else is saying the program is going to cost but at the same time, keeping everybody guessing as to what their projected costs are.

A personal note(for what it's worth department as Paul Harvey would call it). I'll admit, kids that have an opportunity to experience a wilderness experience as Hohman's troops are promoting in this bill often times temporarily revises one's values when put into a neutral setting (heck sakes, a wilderness experience would do any of us some good) but as these kids filter back into the system, they ease back into their former routine without much difficulty, and I doubt if Hohman's bureaucratic machinery entertained in this bill is going to prepare everyone one in the program for cannonization. It sounds like a very idealistic type program and if it would work it would be great, but..... It's hard to convince that the cost-effectiveness is really there also.

POSITION PAPER/Department of Health and Social Services

SENATE BILL NO. 12

"An act relating to the establishment of social services policy councils in the Department of Health and Social Services and providing for an adventure-based education program."

The Department supports the concept of a social services council inasmuch as it would enhance not only cooperative efforts among the various Divisions in the field, but would facilitate cooperation and understanding between the Department and the public, as well as among the several regions of the state.

As the bill stands, however, there appear to be a number of difficulties which would hinder effective implementation.

Sec. 47.47.010. REGIONS. As outlined, the proposed regions do not correspond to any of the regional boundaries of the Department's divisions in the field. Coordination between council regions and the regional offices of the divisions might prove difficult.

Sec. 47.47.030. COMPOSITION OF REGIONAL COUNCILS. Although Sec. 47.47.120 addresses duties of the executive council, including review of programs and the budget of Public Assistance, no Public Assistance representative is on the Regional Council (and, as it follows, on the executive council).

Sec. 47.47.060. MEETINGS. Four professional staff members of the Department, who provide direct services, would be required to attend meetings monthly, possibly involving extensive travel time. As current caseloads are extremely high, their absences may reduce the level of services being provided.

Sec. 47.47.140. SUPPORT BY THE DEPARTMENT. Paragraph (1) directs the Department to provide for secretarial and clerical services to the regional and executive councils. As the services of these support staff are now fully employed, it is difficult to see how they might meet this additional responsibility.

With regard to the establishment of a state-wide adventure-based education program, the Department cannot make a recommendation as to the effectiveness of such a program in diverting juvenile offenders from institutional placements as there is not sufficient supporting evidence available to the Department. The Department would recommend that prior to full state-wide implementation, further pilot studies be made.

Recommended By: Arthur S. Holmberg Date 1/29/79
Art Holmberg, Acting Director
Division of Social Services

Recommended By: [signature] Date 1/29/79
Charles Sothan, Acting Director
Division of Corrections

Approved By: Helen D. Beirne Date 2/16/79
Helen D. Beirne, Commissioner
Department of Health and Social Services

IV. DATE 1/29/79 PREPARED BY L.T. Dalby Administrative Officer
AGENCY Division of Corrections
PHONE 465-3376

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

33-001 (Rev. 12/78)

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. 12 TITLE: "An Act establishing social services policy councils in the Dept. of Health & Social Services & providing for an Adventure-Based Ed. Program."

Requested by Hohman Date 1/15/79

II. FISCAL DETAIL

Agency Affected Division of Corrections/Social Services

Program Category Affected Probation/Parole Field Services

BRU, Program, or Subprogram(s) Affected

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES		190.8	206.1	222.6	240.4	
200	TRAVEL		174.3	188.2	203.3	219.6	
300	CONTRACTUAL		42.0	45.4	49.0	52.9	
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		407.1	439.7	474.9	512.9	

FUNDING (Thousands of Dollars)

GENERAL FUND		407.1	439.7	474.9	512.9	
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

*POSITIONS

FULL TIME		8.0	8.0	8.0	8.0	
PART TIME		1.0	1.0	1.0	1.0	
TEMPORARY						

*Including Administrative Staffing only. Program Contracted.

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

(SEE ATTACHED ANALYSIS)

IV. DATE 1/29/79 PREPARED BY L.T. Dalby, Administrative Officer

AGENCY Division of Corrections

PHONE 465-3376

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

33-001 (Rev. 12/78)

I. Analysis

The following fiscal notes pertain to the Department of Health and Social Services reference individual sections and subsections of SB12:

Sec: 47.47.030 (2) and (4)

The equivalent time of 1.25 permanent full time Probation Officer II (PO II) plus 1.25 permanent full time Social Worker III (SW III) positions per year would be consumed for participation in council meetings.

Regional Council - 2 PO II and 2 SW III members on each of 6 regional councils.
2 PO II x 6 councils x 12 meetings per year x 2 days = 288 days
2 SW III x 6 councils x 12 meetings per year x 2 days = 288 days

Executive Council - Assume 2 PO II and 2 SW III are members.
2 PO II x 1 council x 4 meetings per year x 3 days = 24 days
2 SW III x 1 council x 4 meetings per year x 3 days = 24 days.

State employees work 249 days per year.
PO II - 288 days + 24 days ÷ 249 days = 1.25 PO II
SW III _ 288 days + 24 days ÷ 249 days = 1.25 SW III

Average earnings including benefits of PO II's and SW III's = $36,500 year

Annual unrecoverable cost (not included in Fiscal Note Amounts)
$36,500 x 1.25 x 2 = $91,200

Sec: 47.47.050 Compensation, Per Diem and Expenses

Assume that at least 1/6 of all meetings of regional councils and all executive council meetings require travel and that the average round trip plane fare is $200 per member and any other participants.

Air Fares	
6 Regional Councils x 15 members x (12 meetings ÷ 6) x $200 =	$ 36,000
Per Diem	
6 Regional Councils x 15 members x 12 meetings x $55 x 2 days =	118,800
Air Fares	
1 Executive Council x 12 members x 4 meetings x $200 =	9,600
Per Diem	
1 Executive Council x 12 members x 4 meetings x $55 x 3 days =	7,920
Estimated other expense - child care =	2,000
Total Travel, Per Diem, and other costs	$174,320

Sec: 47.47.075 Employment of Personnel

Each Regional Council will employ one full time employee for administrative work.

6 x Admin. Asst. Range 12A $21,500 including benefits =	$129,000
Other part time employees estimate =	4,000
Total annual Regional Council Personal Services Costs	$133,000

NOTE: All other administrative operating and office equipment costs are excluded.

SB

17

SB #S 17 "An Act 79-90 Making supplemental appropriation for scholarship loan funds"

By: Fertuba

Introduced - 1-15-79
Logged 1-16-79
Referrals - Finance
Committee meeting 1-17-79
" action - recked with Aproval.

Notify:
Rich Lomire 9-3874

MEMO

1/17/79

RE: SBs 17, 18, 34

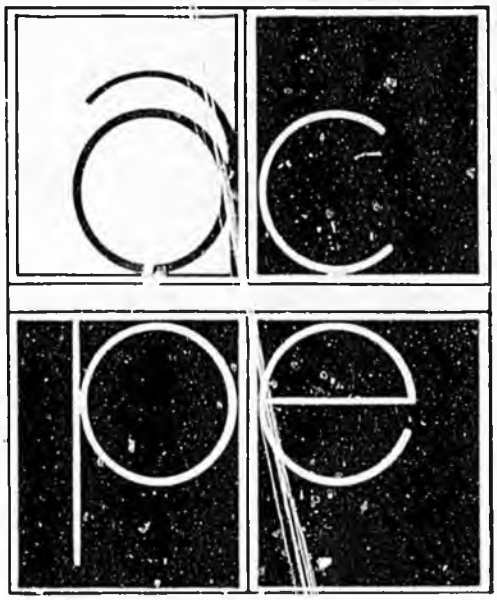
TO: Sen. Hackney

FROM: Paul

Senator, I spoke with Kerry Romesburg this morning to alert him of the HESS hearing this afternoon and to notify him that SBs 17 & 18 would be considered. During our conversation, I asked for some input regarding the bills and particularly the "why" behind the request for 2 millionx He provided the following info: Funding for the scholarship revolving loan fund is derived from two sources: general fund and repayments made by students on their loans. Kerry stated that the problem that has surfaced this year is that the repayment money that comes from students is depleted and therefore this source of funding is not availabe. He accounts for the depletion of the student repayment money as follows: In the past, as monthly student repayment money came in this money would be accumulated over a year's time and then would be used toward funding the next year's loan requests. This year, however, because of the surge of loan applications, the Commission has not enjoyed this accumulation of money but has had to disburse this money as it came in to satisfy this year's loan requests. Therefore, to fill the hole in the sock that has come about because of a lack of accumulated funds, the Commission has to submit for a supplemental appropriation.in the amount of two million to have money available for this year's loan requests.
RE: SB 18 - Sen. Kertulla has requested that action on this bill be delayed because he has a Dr.s appointment this afternoon and will not be able to testify on the bill.

OVER

RE: SB 34 - Spoke to Janice Gates notifying her that this bill would be brought up/committee this afternoon. She said that the Dept was preparing a position paper on this bill but would not have it ready until this afternoon at the hearing. I mentioned to her that we would like to have position papers in our office in a timely manner this year and she said she would try to comply with this request but today's short notice made it impossible.



STATE of

ALASKA

STUDENT LOAN PROGRAM

ANNUAL REPORT
1977-1978

Alaska Commission on Postsecondary Education

Pouch F

Juneau, Alaska 9981

ALASKA COMMISSION ON POSTSECONDARY EDUCATION

Mr. Walter Furnace (Chairman, Anchorage)
Mrs. Mildred Banfield (Juneau)
Mr. Fred J. Baxter (Juneau)
Ms. Lydia Hays (Anchorage)
Senator Jalmar Kerttula (Palmer)
Mrs. Thelma Langdon (Anchorage)
Mrs. Mary Elizabeth Lomen (Fairbanks)
Mrs. Sharilyn Mumaw (Anchorage)
Representative Charles H. Parr (Fairbanks)
Ms. Donnis Thompson (Kenai)
Mrs. Blanche Walters (Nome)
Mr. Walter Ward (Soldotna)

COMMISSION OFFICE

Dr. Kerry D. Romesburg
Executive Director
Alaska Commission on Postsecondary Education
Pouch F, State Office Building
Juneau, Alaska 99811

DIVISION OF STUDENT FINANCIAL AID

Mrs. Mary Ann Isturis
Administrator
Division of Student Financial Aid
Pouch F, State Office Building
Juneau, Alaska 99811

(907) 465-2962

PREFACE

The Annual Report of the Alaska Student Loan Program for 1977-78 is hereby transmitted to the Governor and the Legislature of the State of Alaska. The Student Loan Program is administered by the Alaska Commission on Postsecondary Education with advice and guidance of the Student Financial Aid Advisory Committee. Membership of this advisory committee for 1977-78 included:

Mrs. Mildred Banfield (Chairman, Juneau)
Mr. Ron Castle (Wrangell)
Mr. Walter Furnace (ex officio, Anchorage)
Ms. Ida Greiner (Fairbanks)
Mr. Darrell Moore (Sitka)

The Commission and staff wish to express their gratitude for the work of this advisory committee.

Kerry D. Romesburg
Executive Director

November, 1978
(Date)

Introduction

The 1971 Alaska State Legislature established the Alaska Student Loan Program which provides low cost educational loans to Alaskan students enrolled in undergraduate, graduate, or career degree programs. In the seven years of operation, from 1971-72 through 1977-78, nearly twelve thousand loans have been awarded to Alaskans pursuing education at a postsecondary level. These loans account for a combined total of over $21 million in State financial assistance.

Educational loans of up to $2,500 and up to $5,000 per year for undergraduate and graduate study, respectively, were provided to eligible State residents. This maximum loan limit was changed upward for undergraduate study to a new limit of $3,000 by the 1978 Legislature, however, the effects of this change will not be reflected until the 1978-79 report.

These need-based loans offer the recipient a ten-year repayment period at an annual interest rate of five percent. The student may utilize the State loan to attend any accredited college or university in the Nation or to attend approved vocational-technical education programs. An incentive, in the form of up to a forty percent cancellation, is offered to those individuals who work in Alaska after completion of their programs of study.

Program Summary

1977-78 was the seventh year of operation for the Alaska State Student Loan Program. The year was one of conversion and change. All loan recipients were offered the opportunity to convert from a six-year repayment to the newly-adopted ten-year repayment plan; the loan program was manually operated as one computer-based system was discarded and another developed (at least initially); and payment coupon repayments replaced the somewhat erratic machine-based direct payment requests.

The loan program has now provided 11,856 loans to Alaskans, totaling $21,957,196. Of these, 62.9% have been loans for attendance out-of-state, and 37.1% have been for attendance in Alaska. The number of graduate students remains relatively small with 88.2% of the loans going to undergraduates over the past seven years.

Loan Award Amounts

The average loan award has continued its seven-year rise. The average loan in 1977-78 was $2,033, compared to $1,483 in 1971-72. Additionally, the number of students, particularly undergraduates, receiving maximum annual awards has continued to grow. These increasing costs largely account for the raised undergraduate loan limit from $2,500 to $3,000 beginning in the 1978-79 academic year.

The average loan for a student attending an in-state institution has risen to $1,723, compared to $1,589 in 1976-77; while the average loan for attendance out-of-state has remained almost constant this year compared to last ($2,183 for 1977-78 and $2,186 for 1976-77).

Undergraduate Loans

The number of undergraduate students securing loans under the state loan program has increased greatly over the past six years. In 1971-72, 990 undergraduates received assistance, while in 1977-78 the number had more than doubled, to 1,985. Of these 64.1% used their loans for attendance out-of-state, and 35.9% used their loans with Alaska.

The states most frequently chosen by undergraduates in 1977-78 are presented below in Table 1. The average loan amount for those students going to schools within the states listed is also given. The pattern is clearly for attendance in the West and, more specifically, in the Northwest, with Alaska, Washington and Oregon accounting for 63.2% of all the undergraduate loans. One interesting finding was that the state, of those listed, for which the average loan amount was the lowest, was Hawaii. This may be in part due to the fact that Hawaii and Alaska have a tuition reciprocity agreement under which Alaskans do not have to pay nonresident tuition rates for attendance in Hawaii, and conversely.

TABLE 1

TEN TOP STATES OF ATTENDANCE
FOR ALASKANS WITH
UNDERGRADUATE LOANS

STATE	NO.	Average Loan
Alaska	713	$1,699
Washington	322	1,982
Oregon	220	2,021
California	136	2,000
Colorado	91	2,092
Idaho	55	1,824
Arizona	49	1,859
Utah	42	1,756
Hawaii	42	1,308
Montana	36	1,943

The percent of undergraduates using their loans for attendance in Alaska has been increasing the last two years, as can be seen in Figure 1, however the majority of students are still looking "outside" for their postsecondary educational training.

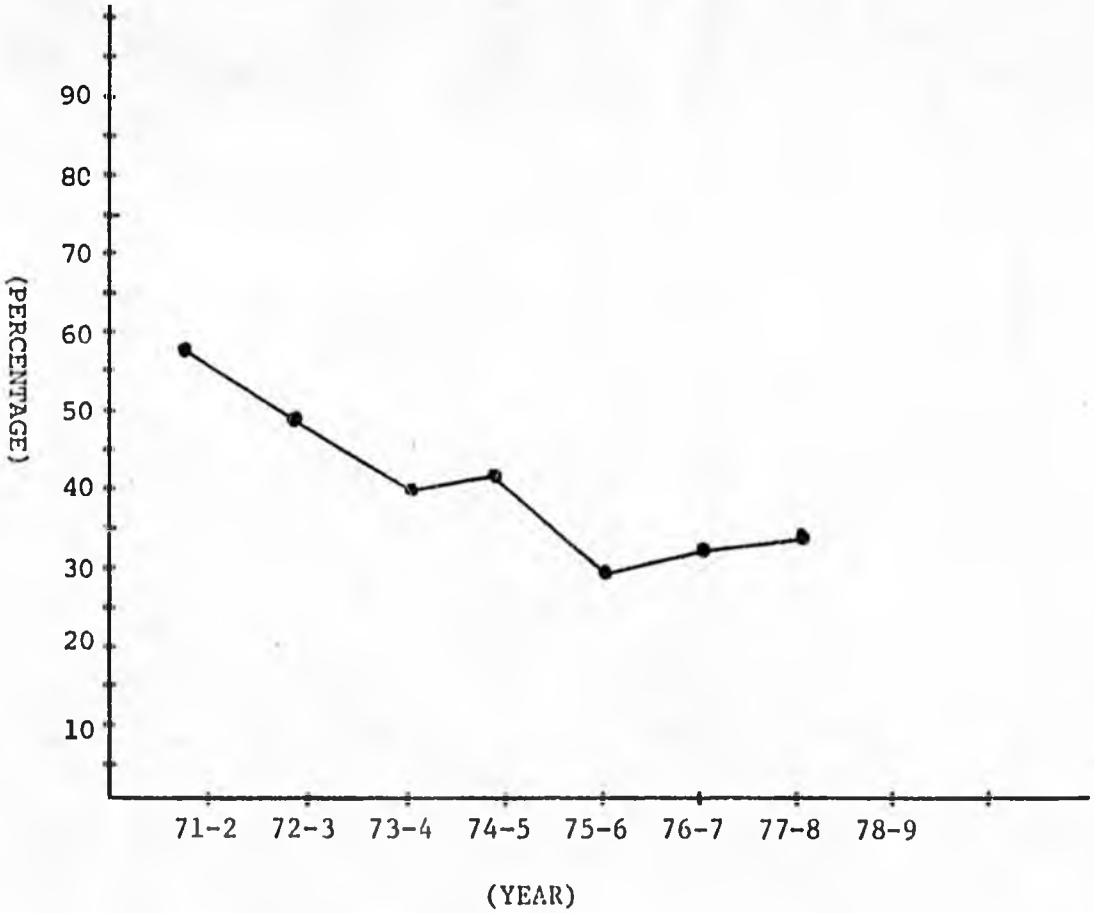


FIGURE 1

PERCENT OF UNDERGRADUATE LOANS
USED IN ALASKA

Graduate Loans

The number of Alaskans receiving loans for graduate study has more than tripled since 1971-72, with 280 Alaskans receiving assistance in 1977-78. Of these 280, 90.4% used their loans for attendance outside of Alaska while 9.6% used them for attendance in-state. This percentage of attendance for graduate study within Alaska has steadily decreased since 1971-72, however, as can be seen in Figure 2, there may be a slight leveling of this trend.

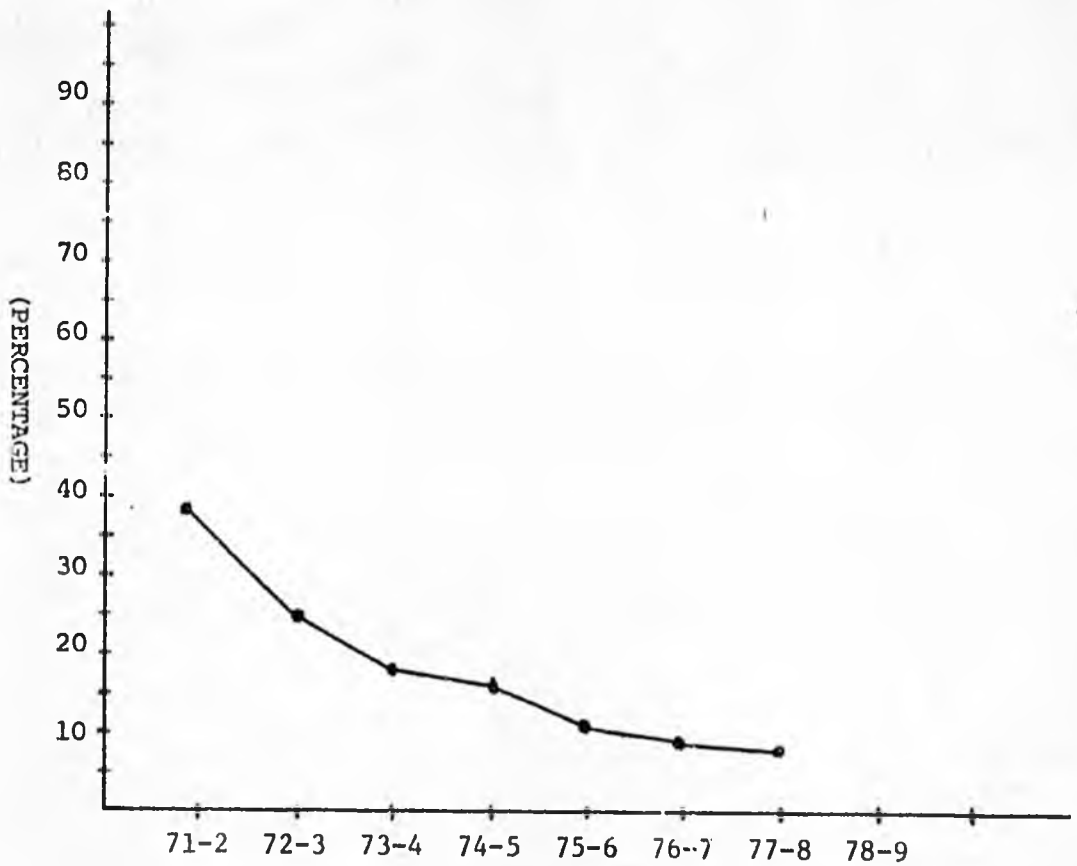


FIGURE 2

PERCENT OF GRADUATE LOANS
USED IN ALASKA

The states most frequently chosen by graduate students from Alaska in 1977-78 are presented in Table 2. As with the undergraduate students, there seems to be a distinct preference for attendance in Western states, with the states of Washington, California, Oregon, and Alaska accounting for 56.8% of the graduate loan recipients. Unlike the undergraduates, however, Alaska ranks only fourth in attendance preference for graduate students.

TABLE 2

TEN TOP STATES OF ATTENDANCE
FOR ALASKANS WITH
GRADUATE LOANS

STATE	NO.	Average Loan
Washington	56	$3,150
California	42	3,743
Oregon	34	3,125
Alaska	27	2,367
Colorado	15	3,830
Massachusetts	11	3,900
Idaho	9	2,733
Illinois	7	3,507
Arizona	7	3,429
Texas	7	3,321

Loan Repayments

The Student loan program is based upon a revolving fund with the loan repayments being re-utilized for future loans. Since 1971-72 (actually 74-75, since that was the year payments were first received),

Alaskans have repaid over $3 million on their educational loans. The rapid increase in repayment, presented below in Figure 3, will be leveling slightly due to the extension of the repayment period from six to ten years, but the volume of funds revolving should continue to represent a significant portion of the loan account.

Also presented in Figure 3 is a representation of the cancellation history of the student loan program. Beginning with the first cancellation in 1974-75, the total amount of loan funds (including interest), which the State of Alaska has cancelled for those students living and working in Alaska after completion of their schooling, has reached over $400 thousand. The amount cancelled has increased quite rapidly the last year and is expected to continue to increase over the next few years due to the large numbers of students completing their educational programs over the same time period.

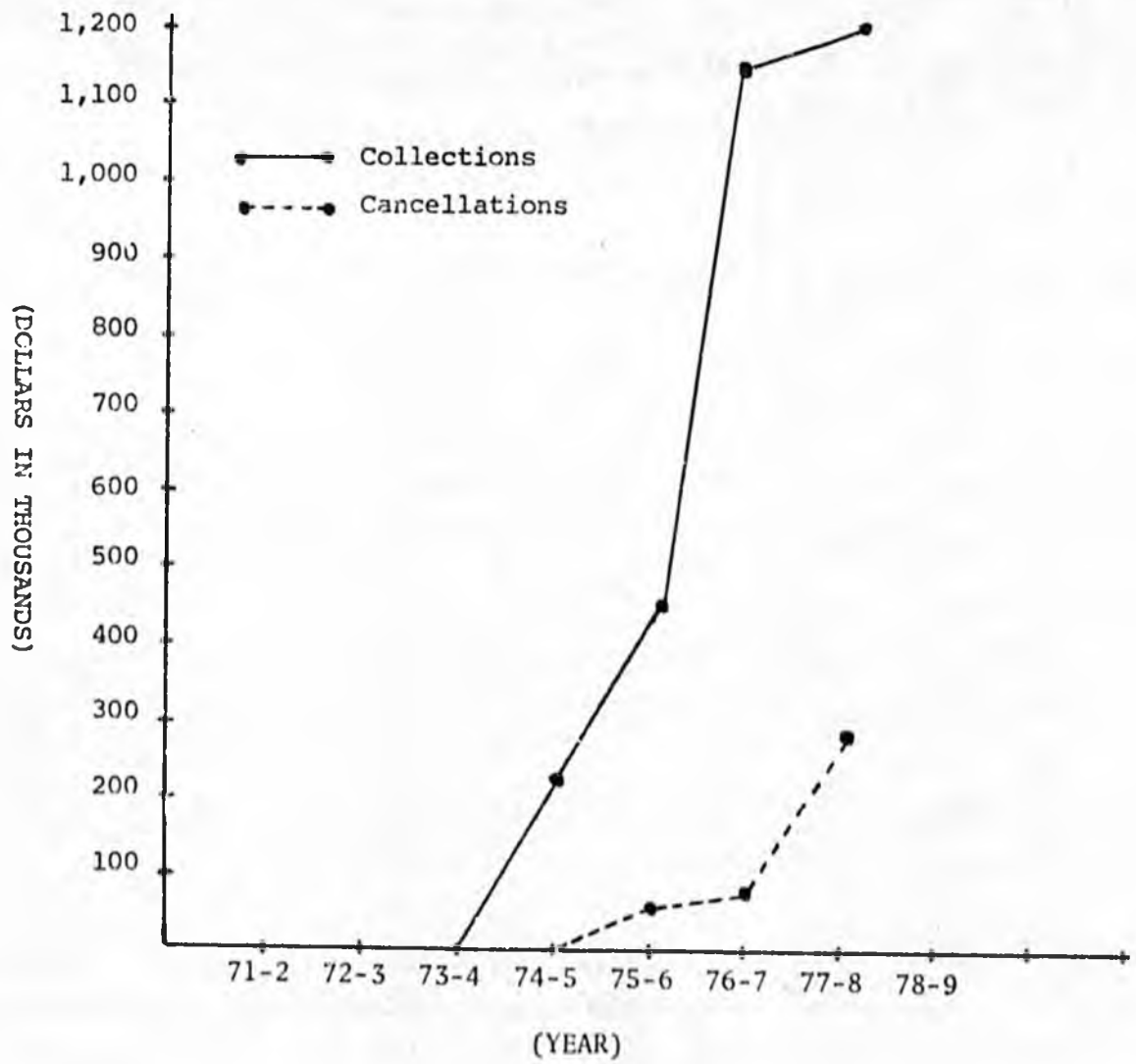


FIGURE 3

STUDENT LOAN COLLECTIONS
and CANCELLATIONS

Statistical Data

Following are Tables 3-7 containing data on the Alaska Student Loan Program from 1971-72 through 1977-78. Information on the number and amount of loans made annually to undergraduate and graduate students attending in-state and out-of-state are presented in Tables 3-6. Table 7 contains summaries of the average size loan awarded each year. It should be remembered that the figures in Table 7 reflect a combination of both undergraduate and graduate loans.

SUMMARY DATA ON

ALASKA STUDENT LOAN PROGRAM

(1971-72 through 1977-78)

TABLE 3

SEVEN-YEAR SUMMARY

(1971-72 through 1977-78)

	STUDENTS ATTENDING IN-STATE				STUDENTS ATTENDING OUT-OF-STATE				TOTAL	
STUDENT LEVEL	Loan Recipients	Percent of Total	Loan Amount	Percent of Total	Loan Recipients	Percent of Total	Loan Amount	Percent of Total	Loan Recipients	Loan Amount
Under-graduate	4,174	39.9	$6,140,235	35.1	6,285	60.1	$11,335,635	64.9	10,459	$17,475,870
Graduate	222	15.9	$ 578,033	12.9	1,175	90.4	$ 3,903,293	92.9	1,397	$ 4,481,326
Total	4,396	37.1	$6,718,268	30.6	7,460	62.9	$15,238,928	69.4	11,856	$21,957,196

TABLE 4

YEARLY SUMMARY

OF

UNDERGRADUATE STUDENT LOANS

ACADEMIC YEAR	STUDENTS ATTENDING IN-STATE				STUDENTS ATTENDING OUT-OF-STATE				TOTAL	
	Loan Recipients	Percent of Total	Loan Amount	Percent of Total	Loan Recipients	Percent of Total	Loan Amount	Percent of Total	Loan Recipients	Loan Amount
1971-72	570	57.6	$ 680,351	50.1	420	42.4	$ 666,536	49.5	990	$ 1,346,887
1972-73	761	48.7	965,274	42.1	801	51.3	1,326,975	57.9	1,562	2,292,249
1973-74	585	40.1	913,284	38.8	874	59.9	1,438,990	61.2	1,459	2,352,274
1974-75	528	41.5	764,872	36.4	745	58.5	1,336,279	63.6	1,273	2,101,151
1975-76	456	30.5	747,112	27.9	1,041	69.5	1,927,334	72.1	1,497	2,674,446
1976-77	561	33.1	858,139	28.6	1,132	66.9	2,143,458	71.4	1,693	?,001,597
1977-78	713	35.9	1,211,203	32.7	1,272	64.1	2,496,063	67.3	1,985	3,707,266
TOTAL	4,174	39.9	$6,140,235	35.1	6,285	60.1	$11,335,63	64.9	10,459	$17,475,870

TABLE 5

YEARLY SUMMARY

OF

GRADUATE STUDENT LOANS

ACADEMIC YEAR	STUDENTS ATTENDING IN-STATE				STUDENTS ATTENDING OUT-OF-STATE				TOTAL	
	Loan Recipients	Percent of Total	Loan Amount	Percent of Total	Loan Recipients	Percent of Total	Loan Amount	Percent of Total	Loan Recipients	Loan Amount
1971-72	31	34.1	$ 74,613	29.1	60	65.9	$ 181,658	70.9	91	$ 256,271
1972-73	48	25.8	113,990	19.7	138	74.2	464,145	80.3	186	578,135
1973-74	37	18.0	107,988	17.0	169	82.0	525,914	83.0	206	633,902
1974-75	31	16.8	86,266	15.4	153	83.2	472,390	84.6	184	558,656
1975-76	25	11.3	61,424	8.7	197	88.7	647,127	91.3	222	708,551
1976-77	23	10.1	69,833	8.2	205	89.9	779,077	91.8	228	848,910
1977-78	27	9.6	63,919	7.1	253	90.4	832,982	92.9	280	896,901
TOTAL	222	15.9	$ 578,033	12.9	1,175	84.1	$ 3,903,293	87.1	1,397	$ 4,481,326

TABLE 6

YEARLY SUMMARY

OF

ALL STUDENT LOANS

ACADEMIC YEAR	STUDENTS ATTENDING IN-STATE				STUDENTS ATTENDING OUT-OF-STATE				TOTAL	
	Loan Recipients	Percent of Loan	Loan Amount	Percent of Loan	Loan Recipients	Percent of Loan	Loan Amount	Percent of Loan	Loan Recipients	Loan Amount
1971-72	601	55.6	$ 754,964	47.1	480	44.4	$ 848,194	52.9	1,081	$ 1,603,158
1972-73	809	46.3	1,079,264	37.6	939	53.7	1,791,120	62.4	1,748	2,870,384
1973-74	622	37.4	1,021,272	34.2	1,043	62.6	1,964,904	65.8	1,665	2,986,176
1974-75	559	38.4	851,138	32.0	898	61.6	1,808,669	68.0	1,457	2,659,807
1975-76	481	28.0	808,536	23.9	1,238	72.0	2,574,461	76.1	1,719	3,382,997
1976-77	584	30.4	927,972	24.1	1,337	69.6	2,922,535	75.9	1,921	3,850,507
1977-78	740	32.7	1,275,122	27.7	1,525	67.3	3,329,045	72.3	2,265	4,604,167
TOTAL	4,396	37.1	$6,718,268	30.6	7,460	62.9	$15,238,928	69.4	11,856	$21,957,196

TABLE 7

MEAN LOAN AMOUNT PER RECIPIENT

BY

IN-STATE/OUT-OF-STATE INSTITUTIONAL ATTENDANCE

ACADEMIC YEAR	STUDENTS ATTENDING IN-STATE			STUDENTS ATTENDING OUT-OF-STATE			TOTAL		
	Number of Loan Recipients	Total Amount Loaned	Mean Loan Per Recipient	Number of Loan Recipients	Total Amount Loaned	Mean Loan Per Recipient	Number of Loan Recipients	Total Amount Loaned	Mean Loan Per Recipient
1971-72	601	$ 754,964	$1,256	480	$ 848,194	$1,767	1,081	$ 1,603,158	$1,483
1972-73	809	1,079,264	1,334	939	1,791,120	1,907	1,748	2,870,384	1,642
1973-74	622	1,021,272	1,642	1,043	1,964,904	1,884	1,665	2,986,176	1,793
1974-75	559	851,138	1,523	898	1,808,669	2,014	1,457	2,659,807	1,826
1975-76	481	808,536	1,681	1,238	2,574,461	2,080	1,719	3,382,997	1,968
1976-77	584	927,972	1,589	1,337	2,922,535	2,186	1,921	3,850,507	2,004
1977-78	740	1,275,122	1,723	1,525	3,329,045	2,183	2,265	4,604,167	2,033
TOTAL	4,396	$6,718,628	$1,528	7,460	$15,238,928	2,043	11,856	$21,957,196	$1,852

ALASKA STUDENT LOAN PROGRAM

1978-79

A. Financial Status:

1.	Actual Balance of Revolving Fund 6-30-78	$ 2,690.2
2.	79 Appropriation	3,600.0
3.	Total Available	$ 6,290.2
4.	78-79 Loans Awarded as Per Authorization	5,000.0
5.	Balance 7-31-78	$ 1,290.2
6.	Anticipated Collections thru 6-30-79	1,400.0
7.	Total	$ 2,690.2
8.	78-79 Loans Awarded Additional 1-16-79	1,335.3
9.	Balance 1-16-79	$ 1,354.9
10.	78-79 Loans Awarded Additional Projected	500.0
11.	Balance Projected 6-30-79	$ 854.9

B. Number of Awards:

	Undergraduate	Graduate	Total
77-78 Actual	1,985	280	2,265
78-79 Present (1-16-79)	2,600	371	2,971
78-79 Pending (1-16-79)	N.A.	N.A.	380
78-79 Total Projected			3,200
79-80 Revised Estimate (15% increase)			3,680

C. 1979-80 Budget:

1. Original Request

General Fund	$ 5,647.0
Revolving Fund	1,853.0
Total	$ 7,500.0

2. Governor's Recommendation

General Fund	$ 4,000.0
Revolving Fund	1,800.0
Total	$ 5,800.0

3. Projected Need (1-16-79)

General Fund	$ 5,647.0
Revolving Fund	2,453.0
Total	$ 8,100.0

4. Based on Governor's Budget Projected Need

General Fund	$ 4,000.0
Revolving	4,100.0
	$ 8,100.0

5. Project Revolving Fund Requirements:

	$ 4,100.0
carry-over	854.9
	$ 3,245.1
supplemental	2,000.0
	$ 1,245.1 to come from 79-80 collections.

D. Additional Information:

1. Average award:

77-78	$ 2,033
78-79	2,207

2. Undergraduate/Graduate Ratio:

	Undergraduate	Graduate
77-78	87.6%	12.4%
78-79 (1-16-79)	87.5	12.5

3. Attendance In-State/Out-of-State:

	Undergraduate		Graduate		Total	
	In-State	Out	In-State	Out	In-State	Out
77-78	35.9%	64.1%	9.6%	90.4%	32.7%	67.3%
78-79	31.9	69.1	16.5	83.5	29.0	71.0

4. Fields of study of 78-79 graduate loan recipients as of 12-27-79:

(303)

	Number	Percent
(a) In-State	38	12.5
(b) Out-of-State		
Professional	144	47.5
(Law)	(101)	(33.3)
(Medicine)	(24)	(7.9)
(Dentistry)	(9)	(3.0)
Fields Available In-State	38	12.5
(Education + MA)	(12)	(4.0)
(Business - MBA)	(11)	(3.6)

SB

18

SB 10 "Scholarship Loans"
By: Kerttula

Introduced 1-15-79
Logged 1-16-79
Referrals: Finance
Committee meeting ~~1-17-79~~ 1-24-79
" action

1-17-79 Glenn - Sen Kerttula desires this be postponed as he has doctor's appt today & does wish to testify when bill before Committee.

2-23-79 - Sen Kerttula's office notified of Comm. meeting.
Notice mailing cc 2350
with Bill of Fees.

Please notify:
Rick Lomire
9-2874

SB

24

COMMITTEE REPORT

SENATE

1/16/79

FURTHER: Finance

Date: 3-14-79

Mr. President:

The Committee on Health, Education & Social Services has had SB 24

insurance coverage for persons receiving benefits under public employee's and teacher's retirement systems

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[✓] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation INDIVIDUAL

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Chairman

CHAIRMAN

S 60 (Rev. 12/78)

DO PASS AS AMENDED

SB 24 "An act relating to ~~Insurance~~ SUPERSEDE 79-80 Coverage for Hearing Aids; limiting the ~~scope~~ ~~of~~ ~~coverage~~ ~~provided~~ ~~in~~ ~~employee~~ ~~plans~~ ~~and~~ ~~to~~ ~~the~~ ~~retirement~~ ~~plan~~"

By Ray

~~Introduced~~ 1-16-79
Logged 1-16-79
Referred Finance
Com Mtg 1-31-79 ~~postponed~~ 2-2-79 - awaiting FN - held
" Action Passed with am. Taken Senate Rec'y @ 8:50 A by 9:00 + 3-15-79

F/N herein rec'd 2-2-79 - 2:20 P.M.

Roth - John Coffey 364-2181

2/8/79 - F/N in error sent to H. Heard the 2 Rec'd one

Paul Arnoldi - Dir. of Retirement 4460 Rec'd 2-7-79

Don Coffey 2599 Dept of Insurance in Commerce will attempt to keep in touch with Paul Arnoldi

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

Glenn Hackney, Chairman
Frank Ferguson, Vice Chairman
Mike Colletta
Bettye Fahrenkamp
Arliss Sturgulewski

MEMORANDUM

TO: The Honorable John Sackett
Chairman, Senate Finance Committee

FROM: Senator Glenn Hackney
Chairman, Senate Health, Education
and Social Services Committee

SUBJECT: Auditory, Visual, and Dental Insurance

DATE: April 30, 1979

Identical bills to provide the above-referenced insurance for retired individuals were entered in the Senate and in the House. The House Bill number was HB 26, the Senate Bill number was SB 24. Under both bills, the retired employee would have paid one-half the cost of the insurance, the retirement fund would have paid the other half. The Division of Retirement and Benefits submitted a fiscal note indicating the cost to the system would be $1,608,300 for the PERS and $1,199,200 for the TRS.

In the Senate, SB 24 was amended to allow the retiree to pay 90% of the cost and the system to pay the other 10%. The fiscal note on the amended version indicated a cost of $330,100 to the PERS and $248,000 to the TRS.

The House passed HB 26 with an amendment indicating the retiree would pay the full cost of the insurance.

About a week ago we had a number of lobbyists in Juneau representing the NRTA and the AARP. I think that one or the other of these individuals visited every Representative and Senator. The message that was brought to me by these retired individuals was that they did not object to paying the cost of this insurance, they were pleased to even be able to purchase it since the cost would be much higher on the open market.

With that information in hand, I made the motion in Senate Finance Committee to move CSHB 26, the bill that requires retirees to pay the full cost of the insurance.

office copy

Introduced: 1/16/79
Referred: Health, Education & Social Services and Finance

IN THE SENATE BY RAY

SENATE BILL NO. 24

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to insurance coverage for persons receiving benefits under the public employees' and teachers' retirement systems."

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

* Section 1. AS 39.30.090 is amended by adding a new paragraph to read:

(15) A person receiving benefits under AS 14.25 or AS 39.35 may obtain auditory, visual, and dental insurance for himself under this section. The level of coverage for persons over 65 shall be the same as that available before reaching age 65 except that the benefits payable shall be supplemental to those afforded under the federal old age, survivors, and disability insurance program, if any. A person electing to have insurance under this paragraph shall pay 50% of [one-half] the cost of the insurance, and the retirement system from which he is receiving benefits shall pay the other one-half.

ask Paul Arnadt

Introduced: 1/16/79
Referred: Health, Education & Social Services and Finance

IN THE SENATE BY RAY

SENATE BILL NO. 24

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to insurance coverage for persons receiving benefits under the public employees' and teachers' retirement systems."

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the amendment

Audrey this is amendment line 17 delete one-half add 90% of. line 19 delete one half add 10%.

STATE OF ALASKA

Inter-Department Route Slip

SB 24

TO:
MAIL STATION NUMBER 3100

DEPARTMENT Alaska State Legislature

ATTENTION House H&SS

☐ 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 0208

DEPARTMENT ADmin/Admin. Services

BY Kellus Sewell DATE 2/6

02-002 (REV.10/73)

112 Cap.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill 24
Title Insurance Coverage for Persons Receiving Benefits Under the Public Employees' R/S
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Administration - Division of Retirement and Benefits
Program Category Affected Retirement and Benefits (PERS)
BRU, Program, or Subprogram(s) Affected 02-96-8-01-01-01
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES		9.8	10.4	11.0	11.7	12.4
200	TRAVEL						
300	CONTRACTUAL		0.3				
400	COMMODITIES		0.2	0.2	0.2	0.2	0.2
500	EQUIPMENT		0.2				
600	LAND & STRUCTURES						
700	TRS STATE MATCH						
100	BENEFITS		1,597.8	1,757.6	1,933.3	2,126.7	2,339.3
	TOTAL		1,608.3	1,768.2	1,944.5	2,138.6	2,351.9

FUNDING (Thousands of Dollars)

GENERAL FUND		1,308.6	1,439.6	1,583.4	1,741.7	1,916.0
FEDERAL FUNDS		73.5	80.8	88.9	97.8	107.6
VETERAN'S FUND		3.2	3.5	3.9	4.3	4.7
FISH & GAME FUND		9.6	10.5	11.6	12.8	14.0
HIGHWAY FUND		20.8	22.8	25.1	27.6	30.4
AIRPORT FUND		46.3	51.0	56.1	61.7	67.8
CAPITAL FUND		135.8	149.4	164.3	180.8	198.8
PERS		10.5	10.6	11.2	11.9	12.6
TRS						

POSITIONS

FULL TIME		1/2	1/2	1/2	1/2	1/2
PART TIME						
TEMPORARY						

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

1. Audio, dental, vision coverage will be extended to present and future retirees.
2. Estimate FY 80 covered state payroll to be $241,000,000.
3. Estimate future state payrolls will increase at 10% annually.
4. Increase in state employer contribution rate would be .6630% of covered payroll.
5. Administrative costs per attachment (Page 2).

IV. DATE 2/02/79 PREPARED BY Paul B. Arnoldt, Director
AGENCY Division of Retirement & Benefits
PHONE 465-4460

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named) Senator Ray
Office of the Governor (Keith Specking)

33-001 (Rev. 12/78)

ATTACHMENT SB 24

The following administrative funds would be required to implement the provisions of this bill.

1. Personal Service - one permanent full-time position Accounting Clerk III (range 10) - salary and merit increases at 6% per year.

FY 80 monthly salary	$1,254 X 12 =	$15,048
Plus benefits at 30.23%	=	$ 4,549
		$19,597

2. Miscellaneous Expenses - initial cost office equipment, annual commodity, replacement costs, and printing/mailing costs.

FY 80	= $1,300
Succeeding FY's	= $ 300

Administrative costs will be shared equally between the Public Employees' Retirement System and the Teachers' Retirement System.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill 24
Title Insurance Coverage for Persons Receiving Benefits Under 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)
BRU, Program, or Subprogram(s) Affected 02-96-8-01-01-02
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES		9.8	10.4	11.0	11.7	12.4
200	TRAVEL						
300	CONTRACTUAL		0.2				
400	COMMODITIES		0.1	0.1	0.1	0.1	0.1
500	EQUIPMENT		0.3				
600	LAND & STRUCTURES						
700	TRS STATE MATCH		967.0	1,063.7	1,170.1	1,887.1	1,415.8
100	BENEFITS		221.8	244.0	268.4	295.2	324.7
	TOTAL		1,199.2	1,318.2	1,449.6	1,594.1	1,753.0

FUNDING (Thousands of Dollars)

GENERAL FUND		1,188.8	1,307.7	1,438.5	1,582.3	1,740.5
FEDERAL FUNDS						
VETERAN'S FUND						
FISH & GAME FUND						
HIGHWAY FUND						
AIRPORT FUND						
CAPITAL FUND						
PERS						
TRS		10.4	10.4	11.1	11.8	12.5

POSITIONS

FULL TIME		1/2	1/2	1/2	1/2	1/2
PART TIME						
TEMPORARY						

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

1. Audio, dental, vision coverage will be extended to present and future retirees.
2. Estimate FY 80 covered TRS payroll to be $231,000,000.
3. Estimate future state payrolls will increase at 10% annually.
4. Increase in combined TRS State Match and district contribution rate will be .8372%. of covered payroll.
5. Administrative costs per attachment (Page 2).

IV. DATE 2/02/79 PREPARED BY Paul B. Arnoldt, Director
AGENCY Division of Retirement & Benefits
PHONE 465-4460

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)
Office of the Governor (Keith Specking)

Senator Ray

33-001 (Rev. 12/78)

ATTACHMENT

Bill/Resolution No. SB 24

ASSUMPTIONS:

1. Estimated FY80 Payroll (Total System) = $213,000,000
2. State Contribution Rate to Fund Bill = .4186%
3. State TRS Matching Rate to Fund Bill = .4186%
4. School District Rate to Fund Bill = .4186%

COST ANALYSIS:

	Employer	Payroll		Rate	Cost	Appropriation
1.	Department of Education	$ 6,000,000	X	.4186%	$ 25.1	To Their Budget
2.	University of Alaska	$ 47,000,000	X	.4186%	$ 196.7	To Their Budget
					$ 221.8	
3.	State TRS Matching	$231,000,000	X	.4186%	$ 967.0	To TRS Match
4.	State TRS Regular Budget:					
	Personal Services				$ 9.8	To Personal Services
	Travel				$ -0-	To Travel
	Contractual				$ 0.2	To Contractual
	Commodities				$ 0.1	To Commodities
	Equipment				$ 0.3	To Equipment
	COST TO STATE IN FY80				$1,199.2	
5.	All School Districts	$178,000,000	X	.4186%	$ 745.1	
	TOTAL COST IN FY80				$1,944.3	

Senate Bill 24

AML MEMBER	MONTHLY GROSS PAYROLL(x12+10%)	EST. FY 1980 SALARY	ADDITIONAL COST IF SB 24 ENACTED
AML	3,600.00	47,520.00	315.06
City of Valdez	112,641.40	1,486,861.00	9,857.89
Mat-Su Borough	111,855.10	1,476,486.00	9,789.10
City of Haines	22,557.84	297,764.00	1,974.18
C[illegible] of Kenai	145,490.92	1,920,480.00	12,732.78
FNSB	325,786.79	4,300,385.00	28,511.55
C/B Sitka	184,140.47	2,430,654.00	16,115.24
Ketchikan Gateway	60,060.66	792,805.00	5,256.30
City of Soldotna	30,525.00	402,930.00	2,671.43
C/B Juneau	697,849.58	9,211,615.00	61,073.01
City of Kodiak	201,524.50	2,660,123.00	17,636.62
City of Fairbanks	820,000.53	10,824,007.00	71,763.17
City of Skagway	16,980.04	224,137.00	1,486.03
City of Wrangell	66,489.73	877,664.00	5,818.91
City of Bethel	8,489.60	112,063.00	742.98
City of Nome	33,850.34	446,824.00	2,962.44
City of Kotzebue	21,561.96	284,618.00	1,827.02
City of Petersburg	116,314.52	1,535,352.00	10,179.38
Bristol Bay	13,866.84	183,042.00	1,213.57
North Slope Borough	358,129.63	4,727,311.00	31,342.07
City of Cordova	52,465.83	692,549.00	4,591.60
City of King Cove	6,936.60	91,563.00	607.06
City of St. Paul	10,219.71	134,900.00	894.39
Anchorage	3,452,173.31	45,568,670.00	302,120.28
Kodiak Borough	20,061.16	264,807.00	1,755.67
City of Sand Point	10,357.47	136,719.00	906.45
City of Dillingham	18,254.06	240,954.00	1,597.53
City of Unalaska	39,605.52	522,793.00	3,466.12
Kenai Pen Borough	169,217.96	2,233,677.00	14,809.28
City of Ketchikan	155,900.07	2,057,881.00	13,643.75
City of Seward	26,978.41	356,115.00	2,361.04
		Total Additional Cost to League Members	640,081.87

DRAFT

SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE
January 31, 1979

Members Present

Senator Hackney, Chairman
Senator Colletta *late 2:53 PM
Senator Fahrenkamp
Senator Sturgulewski

Members Absent

Senator Ferguson

Others Present

Paul B. Arnoldt, Department of Administration
Cherie Shelley, Alaska Public Employees Association, National Association of Retired Persons, National Association of Retired Teachers
Jim Beima, Postsecondary Education Commission
Jane Hanna, Board of Nursing Home Administrators
Roberley R. Potter, Board of Nursing Home Administrators
Leona F. Borules, Baord of Nursing Home Administrators
Dove Kull, Board of Nursing Home Administrators
Bert Wagnon, Department of Commerce and Economic Development
Don Hostak, Department of Commerce and Economic Development
Elaine Garret, Department of Commerce and Economic Development
Bob Cooksey, National Educational Association - Alaska
Marilou Maddan, Department of Education
Rocelyn Gilman, Department of Commerce and Economic Development
Donna Stephens, Board of Nursing Home Administrators

Bills on Agenda

SB 24 -- An Act relating to insurance coverage for persons receiving benefits under the public employees' and teachers' retirement systems; RAY

SB 35 -- An Act relating to adult education; RULES/REQ. OF THE GOVERNOR

Chairman Hackney called the meeting to order in the Butrovich Room of the Capitol Building at 2:38 PM.

The first bill on the agenda was SB 24. Present to testify was Paul Arnoldt.

Paul Arnoldt. Mr. Chairman, for the record, I am Paul Arnoldt, Director of the Division of Retirement and Benefits. For the last few days we have been trying to generate cost data on the bill. We have contacted our health insurance consultant through the William M. Mercer Company. He is working with our carrier, Blue Cross, to generate the firm number or a cost per month per employee for providing the audio, dental and visual benefit as indicated on under this bill. Then that data is going to be given to our actuary and from there we will calculate a cost-impact on the system. We have really two consultants and a carrier involved in costing the bill, but we don't have that cost as of yet. We have committments to have the data by

Friday and have the fiscal note done by Friday. At this point in time we don't have a fiscal impact. The administration's position on this is that quite obviously we like to provide as much coverage as possible to everyone including our retirees. The only constraint is the fiscal impact and without that we really can't say what our support is. Looking at the bill in a positive vane, we'd like to do something if we can afford it.

Sen. Sturgulewski. Mr. Arnoldt, I realize that we deal with different departments and divisions but on behalf of the administration has there every been an analysis done of total benefits that are given to senior citizens or people based on an age level, say 55, 60, 65 looking into the property tax exemption? In other words have we taken a look to really see how we handle our senior citizens of which I may soon become?

Mr. Arnoldt. The answer tc that is really no. If I can expand on that a little bit, other states have looked at that same issues, not necessarily regarding senior citizens but persons going on retirement. Other states that found that time they add in your retirement benefit, some of the tax deductions, your social security, etc. that many employees are actually going on retirement with an excess of 100% of their final salary. It's just a gut feel, if you will, of most state administrators at the national conferencesthat I do attend that most states are in that environment. In particular when you recognize that they are actually providing benefits greater the final average salary. Especially when you recognize that studies written by actuarial firms, Winkleboss out of New York is the primary one, that shows that a person on retirement really in order to maintain their same standard of living would need a salary somewhere between 40 and 69% of their final salary in order to maintain that same standard of living. But again, just throwing it back to our particular situation, no, I am not aware of any study that addresses that area.

Sen. Fahrenkamp. Two things, (1) I am concerned about the statement about 100% of the final salary because many times I know that employees will, before retiring, have put in their time in one field and change fields and maybe that is no relation to what their capabilities and salary were or have been at one time or another and that statement is bothering me just a little bit. If they are retiring at 100% of their final salary then I admire their ingenuity. Another thing, I don't object to testimony concerning this bill, but its been my experience so far in this procedure that unless a fiscal note accompanies a bill our hands are rather tied.

Sen. Hackney. I wouldn't intend to pass the bill our today absent a fiscal note.

Sen. Fahrenkamp. In the interest of time I know that I'm a little bit restrained today with these Joint Senate and House Committee Resources meetings and I'll stay as long as you deem it necessary, but in the interest of time, if we are not going

to pass it out, as much testimony as we could get as quickly and if the witness is not prepared . . .

Sen. Hackney. We did not know that we were not going to be able to get a fiscal note until it was too late to do anything. People had been notified. We do have several others who would like to testify, I'm sure, on the bill. So I think what we will do, do you have any further comments Mr. Arnoldt?

Mr. Arnoldt. No. Other than regarding the 100%. I get excited when I want to testify, I've got so much I want to say without developing it. There are a whole gamut of things in the bill so its almost like throwing it out of context when I give you a little something without developing it. I'm sorry for that, I get too excited someties, but I can really develop it at someother time is you would like.

Sen. Hackney. By Friday?

Mr. Arnoldt. I could probably give you material that was done by the Winkleboss Actuarial firm by Friday. It speaks to that whole area. I can get material.

Sen. Hackney. I think we would like to see whatever material you've got. We'd also like to see anything that projects the longterm effects of something like this 20 years down the road. Because there is a cumulative effect there.

Mr. Arnoldt. ~~This~~ THE FISCAL NOTE would show the longterm effect for this particular bill and the study would show what other states are showing as far as benefits.

Sen. Fahrenkamp. As that fiscal note is prepared, I'd like to ask Mr. Arnoldt, what are the possibilities of including in that some comparison relating to 100% rather than 50%. I know this bill speaks to 50% of the cost being borne by the retiree and I'd like to see some figures comparing with 100%. Would that put you in a bind?

Mr. Arnoldt. No, no problem. The 100% I was speaking to . . .

Sen. Fahrenkamp. I'm well aware of the two differences.

Mr. Arnoldt. If the State were to pay the total cost, the fiscal impact would be just doubled what the fact would be now. If the employee paid the full cost, it would be zero.

Sen. Hackney And you won't know what full cost is until you get . . .

Mr. Arnoldt. Right, the data back from the carrier.

Sen. Sturgulewski. There are two things that I would like to have. One you can answer now and one hopefully you can address on Friday or whatever date. Could you or someone give testimony on the availability of medical coverage for people in this class in fact if they do not come through a plan say that was offered by the state, is it really possible that any kind of reasonable rate to

acquire that service independently. Then a question to you on a comment you made when you referred to the 40 to 69% final salary necessary to maintain a standary of living. Were you talking that that is necessary in coordination with those benefits that the state typically gives?

Mr. Arnoldt. No, in order to maintain the same standard of living that you have the day after you go on retirement, dependingon your salary range, it runs from 40 and 69% of your final salary. That same amount of money would be needed to maintain the same standard of living.

Sen. Sturgulewski. OK, in other words, not taking into account the fact you may or may not receive other benefits.

Mr. Arnoldt. It takes into consideration that you are receiving other benefits.

Sen. Sturgulewski. OK, that's what I'm trying to get.

Mr. Arnoldt To go back to the availability of medical. I think we are only speaking to the audio/dental and visual because the retiree to day does get major medical.

Sen. Sturgulewski. I realize that. No, the bill under consideration.

Sen. Hackney. It really is just an expansion of present benefits, isn't that a fair statement?

Mr. Arnoldt. Yes.

Sen. Hackney. No other questions? Thank you Mr. Arnoldt. Cherie Shelly, representing APEA, NARP, and NART.

Cherie Shelly. Mr. Chairman, for the record I am Cherie Shelly. I am general counsel for Alaska Public Employees Association and I am also speaking to day on behalf of the National Association of Retired People and Retired Teachers as their lobbyist fell on the ice and hurt a leg and can't be here today. Basically, I work with that organization in drafting legislation. The impeus was APEA now represents current state employees who will eventually become retired. And the information I received from the Retired Persons Association was that these individuals now only have major medical coverage and they found it difficult to procure and expensive to procure audio, visual and dental coverage at a time in their life when it would be most beneficial. With that in mind we requested Senator Ray to introduce this legislation.

Sen. Fahrenkamp. Was your request as representing APEA, NARP and NART, was your request then for a 50% of the cost being borne by the employee or retiree?

Cherie Shelly. When I was working on drafting the legislation, I called Mr. Arnoldt and asked him what his thoughts were on the legislation and based on my conversation with him I consulted the other people and decided it would at least be beneficial to have them pick up 50% of the cost. They thought that was terrific if they could get anything.

DRAFT

Sen. Fahrenkamp. You felt then that it was a matter of 50% or nothing, is that correct?

Cherie Shelly. Well considering the constraints we hear on financing legislation this session . . . .

Sen. Hackney. They'll be back for the other 50% next year.

Sen. Sturgulewski. Just briefly, I would be interest if there is any documentation or other testimony about the difficulty of insurance and any coverage in those areas. You've made a statement and if you have any further information on that I would appreciate it.

Cherie Shelly. I'll try to get you some backup on that.

Sen. Sturgulewski. Fine. Thank you.

Sen. Hackney. Thank you Cherie. Bob Cooksey?

Bob Cooksey. Thank you Mr. Chairman. I'm Bob Cooksey with NEA and I am here today in Bob Van Houte's absence and since I'm his assistant in this lobby activity, I'll probably be before you from time to time when he is out of town and tied up in some other matter. I'm here in support of the concept of SB 24. It for the retireed folks, these expenses come at a time when their salaries are significantly reduced and if the person is trying to buy the insurance as an individual, as I understand, it is more difficult for them to get. We surely would support the idea of having it provided for them. I feel even without additional cost in order to get the program going we surely support the idea of sharing the costs. This impact upon their income is even more significant, I feel, once they have been in retirement for 3 or 4 years. Especially with the current inflation.

Sen. Hackney. Bob, do you have any comments on the half cost as compared to any other schedule there?

Bob Cooksey. Well, my preference would be that those folks would not have to contribute toward the costs. I don't know the cost figures, but we would surely go along with the idea of sharing that cost in order for them to get the benefits at all. I could see that without some kind of coverage that even what may look like a good retirement income could be wiped out quickly with medical costs, major eye surgery, something of that nature.

Sen. Hackney. Further questions? Thank you.

Bob Cooksey. Thank you. We will be around if you have anymore questions.

Sen. Hackney. Is there anyone else who wanted to testify on SB 24? If not, we will hang onto this until Friday and ask Mr. Arnoldt to come back with the information that he will develop. I think we only have a couple of people who want to testify on SB 35 and I suspect that will go along pretty fast, so let's take up SB 35. An Act relating to adult education and Jim Beima, I guess you are on tap.

Sen. Ray. The idea of this bill is more or less self-explanatory. It allows those people who are retired from the state system and are over 65 to participate in the auditory, visual and dental insurance. The people pay 1/2 of the cost of the insurance and their retirement system from which he's receiving benefits shall pay the other 1/2.

We have a problem with these people who, because of the terrible inflation costs in auditory, visual and dental insurance that the people in that age group need it now more than they have ever needed it and they are less equiped to pay for it. So, by paying for it here rather than through some type of medicaid, general medical it just depends on how we want to pay for it. We are going to pay for it sooner or later. This way the recipient pays 1/2.

Sen. Hackney. According to testimony we had heard previously, the cost of a plan like this would be somewhere in the neighborhood of $300 per year. Would you have an objection to an amendment to the bill that would require the person electing to have this insurance pay the full cost of it? That would make the service available to them at a price that no other way could they ever hope to obtain it, but at the same time it would remove the fiscal burdens from the retirement system.

Sen. Ray. I would have no objection to that Mr. Chairman. A half of loop is better than no loop.

Sen. Hackney. Personally I am very supportive of this but it was the price tag . . .

Sen. Fahrenkamp. I think perhaps you may have in mind CSHB 26, which is coming through with identical wording except that the person electing to have the insurance under these paragraphs pay the cost of insurance. I think the whole thing here is whether or not our retirees, whether or not we feel they should have the help of half way assistance on this after they have reached 65 or whether or not they should pay it off for themselves. I am wondering what this is going to do to some of our low bracketed people, and if we will still touch the problem at all under CSHB 26.

Sen. Sturgulewski. As I remember, we had some superb testimony on this whole thing and the need is there, the impact is very great. But the problem we ran into is that nobody has a plan like this. I think we are probably going to have to come under some type of a group plan in order to make it available for these people. I think just the fact that it's there, we're probably going to take care of a major part of the problem. Were you able Mr. Chairman to check that out and find in fact that that kind of insurance is available. Do we know that this is an appropriate way to go.

You don't have the same kind of thing where you are able to set your rates because you know just a number of people that are going to be involved. It's a little bit different kind of thing. You are offering a service without having the normal number of people plugged into it. Here it's going to be a very optional thing. Are they going to have those programs actuarily sound. Can we check that at all.

Sen. Hackney. I like the approach of making it available. And here again Senator Fahrenkamp I think what we've got to think about is whether or not we can continue to afford to offer all these side benefits to those who retired. This is a _____ that they are actually paying for, but the cost of it is peanuts compared to what they would be if they could buy it on the open market, and they can't.

Sen. Ferguson. I'd like to move that we, on page 1, line 17 delete "one-half" and line 18 put a "." after "insurance" and strike the rest of the sentence.

Sen. Ray. I would object to that. Not for the reason you anticipate. The retirement system is the system we are talking about that would allow these people to go in. If you delete any reference to the retirement system, they don't have a vehicle. So, rather than say under this paragraph shall pay the full cost of the insurance, I would ask for the indulgence of they shall pay "90%" of the cost of the insurance and the retirement system from which they are receiving the benefits shall pay the other 10%. That will give them an umbrella at a considerably reduced cost to the state.

Sen. Ferguson. I'll so move.

Sen. Sturgulewski. Why the 10%/

Sen. Ray. For the simple reason that if you don't have an unbrella or vehicle in order to put these people into an insurance program, that's what we are talking about.

Sen. Sturgulewski. But as a matter of fact, you could have it that any percentage or no percent if you had wording that would bring them in the plan. It's not necessary is it, to make a contribution?

Sen. Ray. You could make it 95/5% if you want, as long as there is some percentage requirement underneath . . .

Sen. Sturgulewski. Let's take a look at the dollars. What are we talking about because we do have the municipalities in and there is an impact there. 10% would be $64,000 there and we are talking about $190,000 or thereabouts. I don't want to debate the issue, but I would like to see it as a minimal thing. I think we are suppose to be in here as a cost-conscience legislature and I realize that is up to Finance, but what we really need is a vehicle for these poor people that can't get hold of any insurance. I think that's concern. Would anyone

go for a 95/5%?

Sen. Hackney. 90/10 is the motion that was made

Sen. Ray. I would promise my colleague that if it is an unreasonable figure certainly I would assist Sen. Hackney in increasing the contribution level of the retiree.

Sen. Ferguson. I move that we move out SB 24 as amendedwith individual recommendations.

Sen. Hackney. No objections? So ordered.

distributing multiple language

Original sponsors: Duncan and Miller

Offered: 2/12/79
Referred: Finance

IN THE HOUSE BY THE STATE AFFAIRS COMMITTEE

CS FOR HOUSE BILL NO. 26

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to insurance coverage for persons receiving benefits under the public employees' and teachers' retirement systems."

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

* Section 1. AS 39.30.090 is amended by adding a new paragraph to read:

(15) A person receiving benefits under AS 14.25 or AS 39.35 may obtain auditory, visual, and dental insurance for himself under this section. The level of coverage for persons over 65 shall be the same as that available before reaching age 65 except that the benefits payable shall be supplemental to those afforded under the federal old age, survivors, and disability insurance program, if any. A person electing to have insurance under this paragraph shall pay the cost of the insurance. The commissioner of administration shall adopt regulations implementing this paragraph.

NRTA
AARP / LEGIS

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill 24 (Senate Finance Amendments)
Title Insurance Coverage for Persons Receiving Benefits Under the PERS
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Administration - Division of Retirement and Benefits
Program Category Affected Retirement and Benefits (PERS)
BRU, Program, or Subprogram(s) Affected 02-96-8-01-01-01
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES		9.8	10.4	11.0	11.7	12.4
200	TRAVEL						
300	CONTRACTUAL		0.3				
400	COMMODITIES		0.2	0.2	0.2	0.2	0.2
500	EQUIPMENT		0.2				
600	LAND & STRUCTURES						
700	TRS STATE MATCH						
100	BENEFITS		319.6	351.6	386.8	425.5	468.1
	TOTAL		330.1	362.2	398.0	437.4	480.7

FUNDING (Thousands of Dollars)

GENERAL FUND		261.7	287.9	316.8	348.4	383.4
FEDERAL FUNDS		14.7	16.2	17.8	19.6	21.5
VETERAN'S FUND		0.6	0.7	0.8	0.9	0.9
FISH & GAME FUND		1.9	2.1	2.3	2.6	2.8
HIGHWAY FUND		4.2	4.6	5.0	5.5	6.1
AIRPORT FUND		9.3	10.2	11.2	12.3	13.6
CAPITAL FUND		27.2	29.9	32.9	36.2	39.8
PERS		10.5	10.6	11.2	11.9	12.6
TRS						

POSITIONS

FULL TIME		4	4	4	4	4
PART TIME						
TEMPORARY						

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

1. Audio, dental, vision coverage will be extended to present and future retirees.
2. Retiree would pay 90% of the cost and the retirement system would pay 10% of the cost.
3. Estimate FY 80 covered State payroll to be $241,000,000.
4. Estimate future State payrolls will increase at 10% annually.
5. Increase in State employer contribution rate would be .1326% of covered payroll.
6. Administrative costs per attachment (Page 2).

Paul B. Arnoldt

IV. DATE 3/22/79 PREPARED BY Paul B. Arnoldt, Director
AGENCY Division of Retirement & Benefits
PHONE 465-4460

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)
Office of the Governor (Keith Specking)

33-001 (Rev. 12/78)

The following administrative funds would be required to implement the provisions of this bill.

1. Personal Service - one permanent full-time position Accounting Clerk III (range 10) - salary and merit increases at 6% per year.

FY 80 monthly salary	$1,254 X 12 =	$15,048
Plus benefits at 30.23%	=	$ 4,549
		$19,597

2. Miscellaneous Expenses - initial cost office equipment, annual commodity, replacement costs, and printing/mailing costs.

FY 80	= $1,300
Succeeding FY's	= $ 300

Administrative costs will be shared equally between the Public Employees' Retirement System and the Teachers' Retirement System.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill 24 (Senate Finance Amendment)
Title Insurance Coverage for Persons Receiving Benefits Under the TRS
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Administration - Division of Retirement and Benefits
Program Category Affected Retirement and Benefits (TRS)
BRU, Program, or Subprogram(s) Affected 02-96-8-01-01-02
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES		9.8	10.4	11.0	11.7	12.4
200	TRAVEL						
300	CONTRACTUAL		0.2				
400	COMMODITIES		0.1	0.1	0.1	0.1	0.1
500	EQUIPMENT		0.3				
600	LAND & STRUCTURES						
700	TRS STATE MATCH		193.3	212.6	233.9	257.3	283.0
100	BENEFITS		44.3	48.7	53.6	59.0	64.9
	TOTAL		248.0	271.8	298.6	328.1	360.4

FUNDING (Thousands of Dollars)

GENERAL FUND		237.6	261.3	287.5	316.3	347.9
FEDERAL FUNDS						
VETERAN'S FUND						
FISH & GAME FUND						
HIGHWAY FUND						
AIRPORT FUND						
CAPITAL FUND						
PERS						
TRS		10.4	10.5	11.1	11.8	12.5

POSITIONS

FULL TIME		½	½	½	½	½
PART TIME						
TEMPORARY						

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

1. Audio, dental, vision coverage will be extended to present and future retirees.
2. Retiree would pay 90% of the cost and the retirement system would pay 10% of the cost.
3. Estimate FY 80 covered TRS payroll to be $231,000,000.
4. Estimate future State payrolls will increase at 10% annually.
5. Increase in combined TRS State Match and district contribution rate will be .1674% of covered payroll.
6. Administrative costs per attachment (Page 2).

Paul B. Arnoldt

IV. DATE 3/22/79 PREPARED BY Paul B. Arnoldt, Director
AGENCY Division of Retirement & Benefits
PHONE 465-4460

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)
Office of the Governor (Keith Specking)

33-001 (Rev. 12/78)

ATTACHMENT

Bill/Resolution No. SB 24
(Senate Finance Amendments)

ASSUMPTIONS:

1. Estimated FY80 Payroll (Total System) = $231,000,000
2. State Contribution Rate to Fund Bill = .0837%
3. State TRS Matching Rate to Fund Bill = .0837%
4. School District Rate to Fund Bill = .0837%

COST ANALYSIS:

	Employer	Payroll		Rate	Cost	Appropriation
1.	Department of Education	$ 6,000,000	X	.0837%	$ 5.0	To Their Budget
2.	University of Alaska	$ 47,000,000	X	.0837%	$ 39.3	To Their Budget
					$ 44.3	
3.	State TRS Matching	$231,000,000	X	.0837%	$193.3	To TRS Match
4.	State TRS Regular Budget:					
	Personal Services				$ 9.8	To Personal Services
	Travel				$ -0-	To Travel
	Contractual				$ 0.2	To Contractual
	Commodities				$ 0.1	To Commodities
	Equipment				$ 0.3	To Equipment
	COST TO STATE IN FY80				$248.0	
5.	All School Districts	$178,000,000	X	.0837%	$149.0	
	TOTAL COST IN FY80				$397.0	

REMARKS:

** FREE**

CONFERENCE COMMITTEE REPORT

DATE: 4/29/79

Mr. President:
Mr. Speaker:

The Free Conference Committee which has had

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 307 (making transfers between appropriations made for fiscal year ending June 30, 1979 to Dept. of Natural Resources; eff. date) and SENATE COMMITTEE SUBSTITUTE FOR COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 307 (making transfers between appropriations made for fiscal year ending June 30, 1979 to Dept. of Natural Resources and extending an appropriation made to Dept. of Natural Resources) under consideration, recommends that

SENATE COMMITTEE SUBSTITUTE FOR COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 307 (FCC) (making transfers between appropriations made for fiscal year ending June 30, 1979 to Dept. of Natural Resources and extending an appropriation made to Dept. of Natural Resources)

be adopted.

Senate Members:

Senator Colletta, Chairman

Senator Rodey

Senator Ray

House Members:

Rep. Schaeffer, Chairman

Rep. Freeman

Rep. Montgomery

H/S 55 (Rev. 11/78)

SB

32

COMMITTEE REPORT

SENATE

1/16/79

FURTHER: Judiciary

Date: 2/16/79

Mr. President:

The Committee on Health, Education & Social Services has had SB 32 adopting the Interstate Corrections Compact

[V] WITH INDIVIDUAL REC.

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Gene Hart
Betty Fabian-Kamp

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Dorothy Nathe

Elaine Hochsprung
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

SB #32 "An Act adopting the Interstate S. HESS 79-30
Corrections Compact"

By: The Rules Comm. By Request

Introduced 1-16-79
Logged 1-16-79
Referred - Judiciary
Comm. Meeting 2-16-79
" Action - passed ~~with letter~~
~~of intent~~ to Judiciary

Sue Green - Bond Office
Janice Yates - HSS
Letter of Correction
Position paper & FN Request

SB 32

Amy Webb, Division of Corrections
Walter Jones, Division of Corrections

Amy Webb. We're supporting adoption of the interstate corrections compact. This compact would be a viable means to place prisoners in institutions outside of the state in other state institutions in order that they could receive special treatment (inaudible) If their families were residing in another state it would be a step in the rehabilitative program to keep them near their family so they could continue their family relationship.

It would also offer Alaska citizens the opportunity to return to Alaska to serve time were they to become involved in criminal activity outside the state.

Sen. Fahrenkamp. I'd understood already that prisoners could be taken out of state now.

Amy Webb. The majority of our outside prisoners are in the federal bureau of prisons. That is not included under the state.

Sen. Fahrenkamp. If I am arrested and wind up in a correctional facility and I want to get a certain training that they are offering in Florida, the State of Alaska would pay my way down right?

Amy Webb. If you were classified to that facility.

Sen. Fahrenkamp. If I were qualified and classified, what qualifications would make a person qualified, if they had a traning there that you couldn't get here?

Amy Webb. That would be one consideration. Your custody level, your behavior in the institution, you would probably be given some testing here to see if you were intellectually and physically able to be involved in that type of program.

Sen. Fahrenkamp. Once there and the times comes to get out of the institution, then we ship them back here to let them out?

Amy Webb. Right, unless they don't want to return.

Sen. Fahrenkamp. We would train them while in the institution and ship them wherever they went in the exchange program and when they get out, if they want to come back, we pay their way.

Amy Webb. That's correct.

Sen. Ferguson. Under the federal bureau plan, the feds classify the prisoners and send them to a state that they think that those prisoners should go. Under this state plan, who classifies these people?

Amy Webb. We would classify the people that we had jurisdiction over. An Alaska citizen in another state could request to come back to Alaska to serve time if at that time the classification was done by the sending state. The state that has jurisdication would approach us.

Sen. Fergusn. Do we pay the same rate the other states pay for being custodian of the prisoners?

Amy Webb. No, we would pay the man day cost of care at that state at that time which is usually less than it is compare d to Alaska

Sen. Ferguson. The reason I aska that question, the fiscal note is one of those where we get a zero. Under the federal system I think it goes anywhere from $16 per day for prisoner care up to about $46 per day.

Amy Webb. I have not followed the states; Florida is $25 per day for a woman.

Walter Jones. There are more than one reason for wishing to become a member of this compact. The main reason is that we would be able to expand our program capability and it will probably be fiscally cheaper to go this route than not to go this route. However, the federal bureau of prisons won't be able to continue to take Alaskan prisoners who are management problems that need maximum security in order to safeguard their life forever. They are running 33% over capacity in their own facilities; they have to go before Congress and get their money to build their facilities. They are concerned that someday Congress is going to cut them off and say get rid of those state prisoners that you take care of and you will have more room for federal prisoners. We are trying to look ahead in this matter. We are not saying that we should send our Alaskan prisoners all over the country, but we are saying we should have some options to take care of specialized needs of prisoners wherever the program will help reintegrate the individual back into the community. Especially if this prisoners resources are in another state where he will go eventually anyway. The theory is that it is easier for a person to go from one custody to a lesser custody, finally on work release and then out on parole. We already have the interstate compact for probation and parole which allows us to supervise each other's probations and parolees in any state in the union.

What this compact does is allow us to do the same thing with prisoners. Therefore they have a much more enhanced and flexible program in terms of security or rehabilitative services.

Sen. Ferguson. I don't have a problem with sending some prisoners to other places. What I'm looking at is, all of a sudden we send 5 prisoners out and they send 15 to us.

Walter Jones. To take care of that problem, each state has its own capability to reject to accept. If we are full up and don't have any room or if we can't handle that type of management problem we can say no, and they can say the same to us.

Sen. Sturgulewski. Are you also able to do that if you have financial limitations at that period of time? Does your ability to say no go into that area?

Walter Jones. Yes.

Sen. Fahrenkamp. In transporting these prisoners back and forth, do you not have to have an officer accompany these prisoners?

Amy Webb. A State Trooper would accompany them.

Sen. Fahrenkamp. How do we manage the budgeting?

Walter Jones. That would be the State Troopers expense. Our fiscal note was the expense to our department, we can't speak for another department.

Sen. Fahrenkamp . Then, this will bring about an increase in expenditures in that will bring about more travel from another department.

Walter Jones. Perhaps not, it may bring about more travel. I dougt if it will bring about more money on tha basis that because of the decreased cost of institutionalization in the South '48 as copared to the manday costs of an institution in the Alaska facility.

Sen. Ferguson. Are our jails in Alaska at the maximum?

Walter Jones. Yes.

Sen. Ferguson We passed a bond bill, how long will it take for those projects to be done, about 3 years?

Walter Jones. I would guess if everything goes according to schedule a miminum time of 1981 to 1984.

Sen. Ferguson. The feds are at a maximum. In Alaska I assume we get some federal prisoners from Alaska that we have to send outside to federal prisons.

Walter Jones. I don't know about the federal situation, I know we take care of a few federal prisoners for the feds, but its much less so than in terms of how many we send out. We have

4

167 adult prisoners with the federal system right now. I estimate we have less than 30 federal prisoners in our state now.

Sen. Ferguson. Will the federal prisoners, will they be able to particiate in this program.

Walter Jones. That might be a possibility, it depends on what kind of arrangement we could make with the director of the federal bureau of prisons. I don't know yes or no. We can only speak for Alaska prisoners on this bill that are under state jurisdication.

Sen. Fahrenkamp. Moved the bill out with individual recs

Sen. Ferguson. I object. Is there another referral for this bill? Then I have no objection, I still think that there is a financial implications.

Sen. Ferguson. Could you have your staff write a letter to judicial to see if thye would ask for a fiscal note?

Sen. Hackney. OK

POSITION PAPER/Department of Health and Social Service

POSITION PAPER

SENATE BILL NO. 32

"An Act adopting the Interstate Corrections Compact; and providing for an effective date."

The Department of Health and Social Services and the Division of Corrections are in support of Senate Bill No. 32.

Alaska is presently a party to the Western Interstate Corrections Compact along with 11 other states. There are presently 16 member states to the Interstate Corrections Compact; 5 of those states are also parties to the Western Corrections Compact. In effect, joining the Interstate Corrections Compact would increase Alaska's out-of-state placement resources for prisoners by 50 percent; 11 additional states.

The Interstate Corrections Compact was initiated in order to allow an exchange of prisoners for the purpose of treatment and long-range release planning. Also, the Compact provides a means of placing prisoners out of state for protective purposes.

Alaska has prisoners with special needs. Membership in the Interstate Corrections Compact would expand the Division of Corrections ability to meet these special needs, and provide the most effective rehabilitation programs on an individual basis without increasing the cost of care.

Alaska would maintain jurisdiction over prisoners confined out of state. Alaska would also have the authority to inspect out-of-state facilities and to communicate with Alaska inmates.

Recommended by: _____ 1/26/79
Charles E. Sothan, Acting Director — Date
Division of Corrections

Approved by: _____ 2/1/79
Helen D. Beirne, Commissioner — Date
Department of Health & Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Proposed Legislation

Title An Act Adopting Interstate Corrections Compact

Requested by Department of Health & Social Services Date 1/9/79

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services

Program Category Affected Administration of Justice

Budget Request Unit(s) Affected Adult Confinement

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
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)

IV. DATE January 9, 1979 PREPARED BY Leland Dalby

AGENCY Division of Corrections

PHONE 465-3376

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

33-001 (Rev. 10/78)

Furnished by the senate Judiciary Committee

January 15, 1979

President of the Senate
Alaska State Legislature
Juneau, Alaska 99811

Dear Mr. President:

Under authority of art. III, sec. 18 of the Alaska Constitution, I am transmitting a bill which would make Alaska a party to the Interstate Corrections Compact.

Under current law, Alaska is a party to the Western Interstate Corrections Compact, along with eleven other states. This measure is similar to that compact; however, it allows the state a broader choice of correctional facilities nationwide in which prisoners may be incarcerated than are presently available. By joining the Interstate Corrections Compact, Alaska will be able to place offenders in an additional eleven states. It is not necessary to withdraw from the Western Interstate Corrections Compact in order to become a party to this compact.

Enactment would enable the Division of Corrections to enter into contracts with party states for incarceration o_ our prisoners. Thus a wider range of rehabilitative programs would be available without the increased costs attendant in establishing such programs within our own correctional facilities.

Jurisdiction over persons confined out-of-state is retained by Alaska although such persons would still be subject to the rules of the institution where confined. The state also retains the power to inspect the facilities utilized and to visit the inmates.

Sincerely,

Jay S. Hammond /kws

Jay S. Hammond
Governor

would open for specialized treatment

IV. DATE January 9, 1979 PREPARED BY Leland Bailey

AGENCY Division of Corrections

PHONE 465-2376

Furnished by the Senate Judiciary Committee

POSITION PAPER

SENATE BILL NO. 32

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The Department of Health and Social Services and the Division of Corrections are in support of Senate Bill No. 32.

Alaska is presently a party to the Western Interstate Corrections Compact along with 11 other states. There are presently 16 member states to the Interstate Corrections Compact; 5 of those states are also parties to the Western Corrections Compact. In effect, joining the Interstate Corrections Compact would increase Alaska's out-of-state placement resources for prisoners by 50 percent; 11 additional states.

The Interstate Corrections Compact was initiated in order to allow an exchange of prisoners for the purpose of treatment and long-range release planning. Also, the Compact provides a means of placing prisoners out of state for protective purposes.

Alaska has prisoners with special needs. Membership in the Interstate Corrections Compact would expand the Division of Corrections ability to meet these special needs, and provide the most effective rehabilitation programs on an individual basis without increasing the cost of care.

Alaska would maintain jurisdiction over prisoners confined out of state. Alaska would also have the authority to inspect out-of-state facilities and to communicate with Alaska inmates.

Recommended by: _____ 1/26/79
Charles E. Sothan, Acting Director — Date
Division of Corrections

Approved by: _____ 2/1/79
Helen D. Beirne, Commissioner — Date
Department of Health & Social Services

POSITION PAPER/Department of Health and Social Services

Page 1
line 19 improve How ??

How many prisoners to we have from out of State?

Page 2
line 12 does this include juveniles?

line 27 what does 'extra-Library' mean?

Page 3
line 6 define —

27 how does this work? Inspection: visiting

Page 5
line 22 [illegible]

SB
33

SB # 33 S. Hoss

1/16/79 w. P.m. F/N w Position paper delivd.
1/16/79 - hel.

Introduced 1-16-79
Passed 1-16-79
Referred - Finance
Comm. meeting 1-26-79 - 2-23-79 held
Comm. action

STATE OF ALASKA
DEPT. OF HEALTH AND SOCIAL SERVICES

JAY S. HAMMOND, GOVERNOR

DIVISION OF MENTAL HEALTH
ALASKA PSYCHIATRIC INSTITUTE

2900 PROVIDENCE AVENUE
ANCHORAGE 99504

February 22, 1979

Senator Glenn Hackney
Pouch V
(Mail Stop Number 3100)
Juneau, Alaska 99811

Dear Senator Hackney:

Thank you for giving us an opportunity to comment on Senate Bill 33.

I have reviewed the wording of the bill and find it entirely acceptable in the conduct of operations at our hospital.

Thank you for your kind consideration and courtesy.

Very truly yours,

Mason W. Robison, M.D.
Superintendent
Alaska Psychiatric Institute

MWR/jb

cc: Verner Stillner,M.D.
Director
DMH&DD



ALASKA
MEDICAL RECORD ASSOCIATION

Feb. 19, 1979

Senator Glenn Hackney, Chairman
Health, Education & Soci l Services Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney: Re: S.B. 33 (Hospital Inspection Act)

Members of the Alaska Medical Record Association have recently reviewed a copy of the Senate Bill 33. Our membership has voiced several concerns regarding the bill and its implications.

1) We feel that it would directly affect the medical record departments in terms of cost containment, i.e., time, supplies and storage. Each individual consent wouldn't cost much but the accumulation of costs would not meet the criteria of keeping health care costs down. This cost, whether born by the facility or by the federal government is eventually passed on to the patient either directly or through taxes.

2) The proposed bill is a duplication of already existing federal regulations which authorize the surveyors to examine the Medicare and Medicaid records and which also state specifically what is necessary for an adequate medical record. Since most, if not all, hospitals in Alaska have more than a 10% Medicare/Medicaid admission rate, we feel that it is not serving any useful purpose to examine the records of those patients who are not Medicare and/or Medicaid patients.

3) Many patients may not be signing an 'informed consent' depending on how the consent is worded, on how it is presented and that the fact that in effect the patient would be signing 'under duress" (More paperwork to fill out before being admitted.)

I trust that our views on the subject of this bill will be informative and helpful to you.

Sincerely,

Marlene LaPlante

Mrs. Marlene LaPlante, ART
President, Alaska Medical Record Association
Box 80
Cordova, Alaska 99574

Mary -

File w/ SB 33

please

D

PROVIDENCE
HOSPITAL

3200 PROVIDENCE DRIVE - POUCH 6604
ANCHORAGE, ALASKA 99502
PHONE: (907) 276-4511

SISTERS OF
PROVIDENCE

SERVING IN THE WEST SINCE 1856

February 19, 1979

The Honorable Glenn Hackney, Chairman
Committee on Health, Education & Social Services
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

Thank you for the opportunity to express our thoughts on Senate Bill 33 (An Act relating to the inspection of hospitals and their functions; and providing for an effective date)

Senate Bill 33 includes two sections on which we will comment:

1. Section 18.20.080 (a). Inspections; Submission of Plans for Alterations.

2. Section 3. AS 18.20.085 (b) relating to the inspection of additional medical records and requiring the hospitals to get the appropriate consent for such inspection.

Our primary concern regarding the bill is the intent. As we already are subject to inspections by the State, Medicare and VA, as well as follow-up inspections to determine compliance, it seems as if this bill is promulgating duplicate efforts in information.

In the state of Texas, the legislature passed a law relating to inspections of hospitals which has merit. Those hospitals receiving accreditation under inspections by the Joint Commission on Accreditation of Hospitals are deemed automatically approved for state licensure. Also, a state agency seeking an inspection of a hospital in Texas must first use all data coordinated by other agencies before conducting an inspection. There is much duplicative data available, and the Texas Hospital Association estimates that they will save in excess of $12 million dollars by cutting down inspection time.

MEMBERS OF THE SISTERS OF PROVIDENCE CORPORATION—ALASKA: PROVIDENCE HOSPITAL, ANCHORAGE—WASHINGTON: PROVIDENCE MEDICAL CENTER, SEATTLE—THE DePAUL RETIREMENT RESIDENCE AND MOUNT ST. VINCENT NURSING CENTER, SEATTLE—PROVIDENCE HOSPITAL, EVERETT—ST. PETER HOSPITAL, OLYMPIA—ST. ELIZABETH HOSPITAL, YAKIMA—OREGON: PROVIDENCE HOSPITAL, MEDFORD—PROVIDENCE MEDICAL CENTER, PORTLAND—PROVIDENCE CHILD CENTER, PORTLAND—ST VINCENT HOSPITAL AND MEDICAL CENTER, PORTLAND—CALIFORNIA: PROVIDENCE HOSPITAL, OAKLAND—PROVIDENCE HIGH SCHOOL, BURBANK—SAINT JOSEPH MEDICAL CENTER, BURBANK

Additionally, as the Division of Health and Social Services already has access to Medicaid medical records, we don't see the merit of requesting inspection of additional records. The time and expense of obtaining consent from patients to release their medical records to state inspectors as well as the time and expense of pulling the charts and refiling them is an unnecessary burden to place on hospitals.

Thank you for the opportunity of responding to SB 33, and if there are other bills relating to health care in which our response would be helpful, please feel free to call on us at any time.

Sincerely,

AL M. CAMOSSO
Administrator

CC: Senator Mike Colletta
Senator Frank Ferguson
Senator Arliss Sturgulewski

Valdez Community Hospital

Box 550
VALDEZ, ALASKA 99686

OPERATED BY
LUTHERAN HOSPITALS AND HOMES SOCIETY
FARGO, NORTH DAKOTA 58102

February 19, 1979

Glenn Hackney
State Senator
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

I support Senate Bill No. 33. However, with the expertise of employees now in the medical records departments I feel that the percentage of records inspected could/should be minimal. One of the primary responsibilities of medical record department personnel is to check for completeness so a brief review should be adequate.

Consent for reviewing the record from the patient should be no problem if he/she understands the purpose of the review. If this is a routine procedure on admission it would eliminate attempting to locate this person at the time of review. I do have one question. Normally, consents are good only for a specified time - usually 60-90 days - depending upon the policy of the hospital. If we are required to get a current consent from the patient - this could involve a lot of time and expense and possibly very little response.

Thank you for calling attention to SB 33 and requesting comments.

Sincerely,

Valda B. Stasch

Valda B. Stasch
Administrator

Fairbanks Memorial Hospital
1650 Cowles St.
FAIRBANKS, ALASKA 99701

OPERATED BY
LUTHERAN HOSPITALS AND HOMES SOCIETY
FARGO, NORTH DAKOTA 58102

February 20, 1979

Senator Glen Hackney
Chairman
Health, Education and Social Services
Committee
Pouch V
Juneau, Alaska 98111

Dear Senator Hackney:

Thank you for your letter of February 9, 1979, regarding Senate Bill 33. We appreciate an opportunity to air our views on this very important bill.

1. Section 18.20.080 - Inspection Submission of Plan. Fairbanks Memorial Hospital is very much against this section being changed. We believe that the changes included in this section will accomplish nothing other than to create hard feelings between the hospital and the State of Alaska surveyors. The hospital recognizes the responsibility of the Department of Health and Social Services to make sure that patient safety is maintained in a health care facility, but in the past when unannounced "surprise" inspections were conducted, it was the experience of this hospital that nothing positive came out of these.

   Since most hospitals in this state are much smaller than Fairbanks Memorial Hospital, they do not have the back-up administrative people to put in charge when the administrator is out of town or away from the facility. I personally know of several situations where health surveyors have presented themselves at a facility and demanded the staff bow to their every need. This not only disrupted services but, I believe, provided a very unsafe atmosphere for the patients. In both of these facilities of which I personally speak, several professional people were ready to walk off the job after receiving "orders" from the inspectors.

   I believe that if additional inspections are necessary that: (1) They should be announced. This will give the hospital

time to investigate the matter and to put its resources together so as to save the Department additional time when visiting the facility. (2) The visit should be preceded by a letter stating exactly the nature of the visit and what complaint they have received. This will give the facility a better chance to again look into the nature of the complaint and possibly in some instances could save surveyors travel time and expenses. I believe that no hospital in this state is interested in jeopardizing patient safety, but if you have seen the Department survey a hospital and the disruption and antagonism that exists between the inspectors and the staff, you would easily recognize that in many cases this jeopardizes the patient more than the original complaint might.

2. The second change would be changing the age of a patient from 19 years to 18 years. The hospital has no objection to this change since the hospital is required to keep all patient records for a minimum of nine years past discharge date.

3. The third change involved an inspection process for medical records by the state surveyors. The hospital is very much against this since Fairbanks Memorial Hospital and all hospitals in the United States are undergoing grave criticism for the cost to the patient. This portion of Senate Bill 33 will again increase that cost to each patient since it will be the responsibility of the hospital to see that releases are signed on patients other than Medicaid patients. Fairbanks Memorial Hospital currently runs an occupancy of approximately 10% Medicaid patients. We believe that this sampling of the medical records quality maintained at the hospital should give the licensing team adequate documentation as to whether our records are deficient. My other question to the Department would be if 10% of the records are not adequate to maintain the sampling, how many would be required? If the Department feels that the Medicaid patients are not adequate for a sampling basis, the State of Alaska should be responsible for getting those release forms signed rather than the hospital. This could be performed by hospitals giving those patients that had been admitted over the past year names and addresses to the state and, in turn, the state could write to each of those patients and attempt to get a release form signed.

I am also enclosing comments on the bill sent to you by the Alaska State Hospital Association. Again, we appreciate you letting us comment on this and look forward to your continued support of the hospital.

Sincerely,

Tom Mingen
Administrator

TM/mw

Janice Dale

Office copy

Introduced: 1/16/79
Referred: Health, Education & Social Services and Finance

IN THE SENATE

BY THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

SENATE BILL NO. 33

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the inspection of hospitals and their functions; and providing for an effective date."

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

* Section 1. AS 18.20.080(a) is amended to read:

Sec. 18.20.080. INSPECTIONS; SUBMISSION OF PLANS [INSPECTION AND CONSULTATION] FOR ALTERATIONS. (a) The department shall make annual inspections and investigations of all hospital facilities and functions it is required by secs. 10 - 130 of this chapter to regulate. Additional inspections may be made when necessary to determine compliance with department standards. The department shall adopt regulations setting out inspection procedures in detail, including a description of the circumstances in which an inspection in addition to the annual one may be considered necessary, and the procedural safeguards which must accompany it.

* Sec. 2. AS 18.20.085(a) is amended to read:

(a) Unless specified otherwise by the department a hospital shall retain and preserve records which relate directly to the care and treatment of a patient for a period of seven years following the discharge of the patient. However, the records of a patient under 18 [19] years of age shall be kept until at least two years afte. the patient has reached the age of 18 [19] years or until seven years following the discharge of the patient, whichever is longer. Records consisting of X-ray film are required to be retained for five years.

Would be defined in regulations

* Sec. 3. AS 18.20.085(b) is amended to read:

(b) The department shall by regulation define the types of records and the information required to be included in the records retained and preserved under (a) of this section and set out a detailed procedure for an inspection process to assure that the records are complete. Medical records from which a patient can be identified may be examined by the department only if the patient has granted written consent as to them. The regulations may require hospitals to offer patients who have not already signed information release forms the opportunity to consent to the inspection of their records by only department surveyors in connection with licensing the facility. The regulations may also set statewide limits on the percentage of the total number of records which surveyors may examine in any hospital. The department may by regulation specify records and information to be retained for longer periods than those set out in (a) of this section.

* Sec. 4. This Act takes effect immediately in accordance with AS 01.-10.070(c).

Dick Peters

Introduced: 1/16/79
Referred: Health, Education & Social Services and Finance

IN THE SENATE

BY THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

SENATE BILL NO. 33

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

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* Sec. 4. This Act takes effect immediately in accordance with AS 01.-10.070(c).

POSITION PAPER / Department of Health and Social Services

POSITION PAPER

SENATE BILL NO. 33

"An Act relating to the inspection of hospitals and their functions; and providing for an effective date."

The Department of Health and Social Services supports Senate Bill No. 33. Recent Alaska Court decisions have found warrantless administrative searches to be unconstitutional in some regulated industries and that hospital licensing surveyors may not spot-check patient records without written consent from the patient. These spot-checks were conducted only for the purpose of determining compliance with record keeping regulations.

In light of these recent court decisions it is necessary to amend AS 18.20.080 to provide for a comprehensive structure of statutes and hence Departmental regulations which set out specific inspection procedures. These new regulations will define inspection procedures so that licensees are put on notice as to what is expected of them and what limitations are imposed on the inspectors.

If the proposed amendments are enacted, the Department is prepared to implement them as soon as possible by regulation, so that the inspection of all regulated functions can continue, limited only by the consent requirement for checking patients' records.

Recommended by: Richard Raney — 1/25/79 (Date)

Coordinator
Office of State Health Planning and Development

Approved by: Helen D. Beirne — 1/25/79 (Date)

Helen D. Beirne
Commissioner
Dept. of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill No. 33
Title An Act relating to the inspection of hospitals and their functions
Requested by the Rules Committee and by the Governor Date January 16, 1979

II. FISCAL DETAIL
Agency Affected Health and Social Services
Program Category Affected Health
BRU, Program, or Subprogram(s) Affected Health Certification and Licensing
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES	0					
200 TRAVEL	1.1					
300 CONTRACTUAL	1.7					
400 COMMODITIES	0					
500 EQUIPMENT	0					
600 LAND & STRUCTURES	0					
700 GRANTS, CLAIMS, ETC.	0					
TOTAL	2.8	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND	2.8					
FEDERAL FUNDS	0					
OTHER (Specify Fund Source)	0					

POSITIONS

FULL TIME	0					
PART TIME	0					
TEMPORARY	0					

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

All assumed costs for the travel and contractual lines are based on current information relative to airfare rates, advertising order rates, room rental and anticipated telephone charges.

The proposed regulation amendments will require public hearings before final adoption by the department. Costs associated with these hearings include the advertising of the regulations in state newspapers and legal transcription services at the public hearings. The travel amount requested is for representatives of the Departments of Law and Health and Social Services to travel to Anchorage for the public hearings and to meet with Alaska Hospital Association members concerning the prepared regulations.

These costs are a one time expenditure.

IV. DATE January 24, 1979 PREPARED BY Richard Renninger
AGENCY Health and Social Services
PHONE 465-3037

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

33-001 (Rev. 12/78)

ALASKA STATE LEGISLATURE

ELEVENTH Legislature FIRST Session

SENATE BILL NO. 33

By THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

"An Act relating to the inspection of hospitals and their functions; and providing for an effective date."

hospital inspection

Introduced in the Senate 1/16/, 19 79

HISTORY IN THE SENATE

19 79

1 16 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
Sent to House

SECRETARY OF THE SENATE

HISTORY IN THE HOUSE

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 Speaker
Returned to Senate

CHIEF CLERK OF THE HOUSE

HISTORY IN THE SENATE

19

Received from House

To enrolling

Reported correctly enrolled

Sent to Governor

..... by Governor

Filed with Lt. Governor

Chapter No. .....

11-001

A-33

January 15, 1979

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, I am transmitting a bill providing explicit authority for the inspection of hospitals and their functions when licenses are granted or renewed.

Alaska and United States Supreme Court decisions (Woods & Rohde v. State, 565 P.2d 138 [Alaska 1977]; Marshall v. Barlow's Inc., 46 U.S.L.W. 4483 [May 23, 1978]) have recently found warrantless administrative searches to be unconstitutional except in certain traditionally regulated industries. In such regulated industries there must be a comprehensive structure of statutes and regulations which set out the inspection procedure in detail so that licensees are put on notice as to what is expected of them and what limitations are imposed on the inspectors. The same system must be present to justify the issuance of a warrant in an unregulated industry.

In addition, in an appeal from an administrative hearing decision, an Alaska superior court judge has ruled that hospital licensing surveyors may not spot-check patients' records to determine compliance with record-keeping regulations unless the patient has granted previous written consent. (Cordova Community Hospital v. State, unpublished oral opinion, 3d Dist. Superior Court, No. 77-19025 [Alaska, Sept. 5, 1978]) That court held that the present term "hospital facilities" in AS 18.20.080 can be interpreted to refer only to the physical plant. Therefore, sec. 1 of the attached bill would extend inspection authority to all functions being regulated.

Sec. 2 of the bill merely changes the records retention age to bring it into conformity to AS 25.20.010 which sets the age of majority at 18, while sec. 3 prohibits the examination of records by Department of Health and Social Services surveyors without the patient's consent.

If the proposed amendments are enacted, the Department of Health and Social Services is prepared to implement them as soon as possible by comprehensive regulations, so that the licensing inspections can continue, limited only by the consent requirement for checking patients' records.

Sincerely,

S/JSH

Jay S. Hammond
Governor

POSITION PAPER/Department of Health and Social Services

POSITION PAPER

SENATE BILL NO. 33

"An Act relating to the inspection of hospitals and their functions; and providing for an effective date."

The Department of Health and Social Services supports Senate Bill No. 33. Recent Alaska Court decisions have found warrantless administrative searches to be unconstitutional in some regulated industries and that hospital licensing surveyors may not spot-check patient records without written consent from the patient. These spot-checks were conducted only for the purpose of determining compliance with record keeping regulations.

In light of these recent court decisions it is necessary to amend AS 18.20.080 to provide for a comprehensive structure of statutes and hence Departmental regulations which set out specific inspection procedures. These new regulations will define inspection procedures so that licensees are put on notice as to what is expected of them and what limitations are imposed on the inspectors.

If the proposed amendments are enacted, the Department is prepared to implement them as soon as possible by regulation, so that the inspection of all regulated functions can continue, limited only by the consent requirement for checking patients' records.

Recommended by: Richard Kemp — 1/25/79 (Date)

Coordinator
Office of State Health Planning and Development

Approved by: Helen D. Beirne — 1/25/79 (Date)

Helen D. Beirne
Commissioner
Dept. of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill No. 33
Title An Act relating to the inspection of hospitals and their functions
Requested by the Rules Committee and by the Governor Date January 16, 1979

II. FISCAL DETAIL
Agency Affected Health and Social Services
Program Category Affected Health
BRU, Program, or Subprogram(s) Affected Health Certification and Licensing
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES	0					
200 TRAVEL	1.1					
300 CONTRACTUAL	1.7					
400 COMMODITIES	0					
500 EQUIPMENT	0					
600 LAND & STRUCTURES	0					
700 GRANTS, CLAIMS, ETC.	0					
TOTAL	2.8	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND	2.8					
FEDERAL FUNDS	0					
OTHER (Specify Fund Source)	0					

POSITIONS

FULL TIME	0					
PART TIME	0					
TEMPORARY	0					

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

All assumed costs for the travel and contractual lines are based on current information relative to airfare rates, advertising order rates, room rental and anticipated telephone charges.

The proposed regulation amendments will require public hearings before final adoption by the department. Costs associated with these hearings include the advertising of the regulations in state newspapers and legal transcription services at the public hearings. The travel amount requested is for representatives of the Departments of Law and Health and Social Services to travel to Anchorage for the public hearings and to meet with Alaska Hospital Association members concerning the prepared regulations.

These costs are a one time expenditure.

IV. DATE January 24, 1979 PREPARED BY Richard Renninger
AGENCY Health and Social Services
PHONE 465-3037

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

33-001 (Rev. 12/78)

ALASKA STATE HOSPITAL ASSOCIATION INC.

5531 ARCTIC BLVD. SUITE 7
PHONE 277-1633

ANCHORAGE, ALASKA 99502

January 30, 1979

Senator Glenn Hackney, Chairman
Health, Education & Social Services Committee
Pouch V
Juneau, Alaska 99811

Re: S.B. 33 (Hospital Inspection Act)

Dear Senator Hackney:

The Alaska State Hospital Association recently received a copy of Senate Bill (SB 33) (An Act relating to the inspection of hospitals and their functions; and providing for an effective date.). After reviewing the bill, several concerns surfaced as to the intent and/or necessity of the bill.

1. Hospitals throughout Alaska and the nation are making a concerted effort to comply with the American Hospital Association's (Voluntary Effort) VE for Cost Containment guidelines. Existing regulations already subject hospitals and long term care facilities to many expensive and time consuming inspections annually. In studies in Michigan and South Carolina it has been confirmed that government regulations (state and federal) add $21 to $25 to every patient's bill. Most of the regulations being proposed under this proposed bill (18.20.080, 18.20.085) either duplicate or unnecessarily add to already existing regulations covered in Medicare and Medicaid regulations.

2. If you should go further and implement these regulations we would like to point out that Section 1 18.20.080 does not include a requirement for a pre-notification of intent to survey nor a statement of the purpose for the survey. ASHA recommends that a reasonable advanced notice be required on the part of the surveyor and that the purpose of the visit be clearly stated to allow the institution time to prepare for the visit. Through this communication staff disruptions can be reduced and the surveyors time will be more efficiently utilized.

3. Section 3 18.20.085(a) is similar to existing practices of our membership and in fact is written in the federal guidelines under Medicare (Section 405.1026 page 8044 - sub-section f and g) and clearly indicates what is considered a completed medical record. This appears to be a clear duplication and not necessary.

4. Section 3 18.20.085(b) amended section (a) lines 8 - 11, proposes that written consent be obtained by hospitals for medical record inspection authorizations from patients who have not already signed consent forms for release of information. Should such regulations be initiated, the burden of labor and expense in obtaining those releases should <u>not</u> rest with the hospitals, but <u>should</u> rest with the state. As written, the regulations would necessitate additional staffing and expense in restructuring a new medical records filing system which seems totally inappropriate.

VALLEY HOSPITAL

BOX H - PALMER, ALASKA 99645 - (907) 745-4813

February 13, 1979

Senator Glenn Hackney, Chairman
Senate Committee on
Health, Education & Social Services
Pouch V
State Capitol
Juneau, Alaska 99811

RE: Senate Bill #33
Hospital Inspections

Dear Senator Hackney:

Thank you for the opportunity to express my opinion of Senate Bill #33. I strongly oppose the passage of Senate Bill #33 for the following reasons:

1) The bill is a duplication of existing federal regulations. Current federal regulations provide for the inspection of all Medicare and Medicaid patient medical records as well as health and safety inpsections of all facilities which provide care to Medicare/Medicaid beneficiaries. Why is it necessary for the state to have duplicate regulations?

2) Medicare has been in existence since 1965 and Medicaid in Alaska since about 1971 or 1972. In that time surveyors have surely been able to determine that Medicare and Medicaid patients are treated equally or better than other hospital patients. The method of payment has nothing to do with the quality of care provided in health facilities. Methods of payment may vary the quantity of services provided and in this aspect, the Medicare/Medicaid patients are far ahead of the patient who pays his/her own hospital bill. In 1978 Medicare/Medicaid patients were 21.9% of Valley Hospital's patient census. The Dept. of Health, Education and Social Services, Section of Health Certification and Licensing currently has the authority to review any and all of these patients' medical records. This is an adequate sample of patient records and to require inspection of additional medical records is unnecessary, time consuming, costly to us all, threatens the privacy of medical matters, and does not improve in <u>any way</u> the quality of services provided to Medicare/Medicaid patients.

3) The Dept. of Health, Education and Social Services will impose the burden of acquiring consents for inspection of medical records on the hospital rather than acquire consent themselves. This added administrative burden will result in higher hospital costs for <u>all patients</u> with little if any effect on quality or quantity of care.

Thank you again for requesting my comments. In the future I will be happy to continue to respond to any hospital legislation which comes before you.

Attached is a copy of a very informative and clearly written letter I recently received from the Executive Director of the Alaska State Hospital Association. His comments as you can see, I support wholeheartedly. Thank you again.

Sincerely,

Robert G. Ogden
Administrator

RGO/krs
cc: Alaska State Hospital Association
Senator Frank Ferguson
Mike Coletta
Bettye Fahrenkamp
Arliss Sturgulewski

Kodiak Island Hospital
P.O. Box 1187
KODIAK, ALASKA 99615

OPERATED BY
LUTHERAN HOSPITALS AND HOMES SOCIETY
FARGO, NORTH DAKOTA 58102

Mr. Glenn Hackney,
State Senator,
Pouch V,
Juneau, Alaska 99811

Dear Senator Hackney,

RE: S.B. 33 HOSPITAL INSPECTION ACT

I would recommend that some change be made in Section 1 18,20.080 to indicate that advance notice be given to health care institutions before the arrival of Survey Teams from Medicare/Medicaid. In the past when we have not had advance notice it has been a great inconvenience to rearrange schedules and get requested records to the inspectors within a reasonable time after they arrive.

I protest the idea of the hospital being responsible for obtaining patient consent for review of their records by Medicaid/Medicare reviewers. I feel this should be a responsibility of the reviewer.

Sincerely,
Robert L. Groff
Robert L. Groff,
Administrator.

ALASKA STATE HOSPITAL ASSOCIATION INC.

5531 ARCTIC BLVD, SUITE 1
PHONE 277-1633

ANCHORAGE, ALASKA 99502

Mary - please run each a copy please in each committee members bill packet with SB 33.

Glenn Hackney - for your info

January 30, 1979

Senator Glenn Hackney, Chairman
Health, Education & Social Services Committee
Pouch V
Juneau, Alaska 99811

Re: S.B. 33 (Hospital Inspection Act)

Dear Senator Hackney:

The Alaska State Hospital Association recently received a copy of Senate Bill (SB 33) (An Act relating to the inspection of hospitals and their functions; and providing for an effective date.). After reviewing the bill, several concerns surfaced as to the intent and/or necessity of the bill.

1. Hospitals throughout Alaska and the nation are making a concerted effort to comply with the American Hospital Association's (Voluntary Effort) VE for Cost Containment guidelines. Existing regulations already subject hospitals and long term care facilities to many expensive and time consuming inspections annually. In studies in Michigan and South Carolina it has been confirmed that government regulations (state and federal) add $21 to $25 to every patient's bill. Most of the regulations being proposed under this proposed bill (18.20.080, 18.20.085) either duplicate or unnecessarily add to already existing regulations covered in Medicare and Medicaid regulations.

2. If you should go further and implement these regulations we would like to point out that Section 1 18.20.080 does not include a requirement for a pre-notification of intent to survey nor a statement of the purpose for the survey. ASHA recommends that a reasonable advanced notice be required on the part of the surveyor and that the purpose of the visit be clearly stated to allow the institution time to prepare for the visit. Through this communication staff disruptions can be reduced and the surveyors time will be more efficiently utilized.

3. Section 3 18.20.085(a) is similar to existing practices of our membership and in fact is written in the federal guidelines under Medicare (Section 405.1026 page 8044 - sub-section f and g) and clearly indicates what is considered a completed medical record. This appears to be a clear duplication and not necessary.

4. Section 3 18.20.085(b) amended section (a) lines 8 - 11, proposes that written consent be obtained by hospitals for medical record inspection authorizations from patients who have not already signed consent forms for release of information. Should such regulations be initiated, the burden of labor and expense in obtaining those releases should <u>not</u> rest with the hospitals, but <u>should</u> rest with the state. As written, the regulations would necessitate additional staffing and expense in restructuring a new medical records filing system which seems totally inappropriate.

Since most hospitals in Alaska have medicare/medicaid admissions in excess of 10% of their total admissions, it would seem that those charts should be an adequate sample of patients' records and that inspection of additional charts is totally unnecessary, time consuming and not in the best interest of cost containment or patient privacy. To my knowledge, there is no evidence to support any allegations that medicare/medicaid records differ in completeness or content from other admissions.

The Alaska State Hospital Association is hoping to have a bill introduced this year similar to the Texas law which requires surveys to exempt hospitals certified by the Joint Commission on Accreditation of Hospitals as deemed hospitals requiring surveyors to utilize the information obtained from the JCAH findings. In addition, the bill would require spacing of surveys to reduce the cost and disruption that is created by frequent surveys and some of the repetition in data gathering.

I trust this information will be helpful to your Committee as you consider this amendment, particularly its necessity and its intent.

Sincerely,

Max F. Kersbergen
Executive Director

MFK:cmb

cc: Alaska State Hospital Association Membership

ALASKA STATE HOSPITAL ASSOCIATION INC.

5531 ARCTIC BLVD, SUITE 1
PHONE 277-1633

ANCHORAGE, ALASKA 99502

December 1978

ALASKA HOSPITAL DIRECTORY

°Alaska Psychiatric Institute
2900 Providence Drive
Anchorage, Alaska 99504
Administrator: Roxolana Pomeroy
Phone: 277-6551

Alaska Hospital & Medical Center
2801 DeBarr Road (Pouch 8-AH)
Anchorage, Alaska 99508
Administrator: E. E. Webb
Assoc. Admin.: Charles Rigden
Phone: 276-1131

Bartlett Memorial Hospital
Mile 3 - Glacier Highway
P. O. Box 3-3000
Juneau, Alaska 99801
Administrator: James R. Burns
Phone: 586-2611

Central Peninsula General Hospital
Box 1268
Soldotna, Alaska 99669
Administrator: Simon B. Hancock
Phone: 262-4404

*Cordova Community Hospital
Box 160
Cordova, Alaska 99574
Administrator: Edward Hanssen
Phone: 424-7552

Fairbanks Memorial Hospital
1650 Cowles
Fairbanks, Alaska 99701
Administrator: Tom Mingen
Phone: 452-8181

Faith Hospital
Central Alaskan Missions, Inc.
Box 5
Glennallen, Alaska 99588
Administrator: James S. Pinneo, M.D.
Phone: 822-3203

*South Kenai Peninsula Hospital
P.O. Box 275
Homer, Alaska 99603
Administrator: Michael Herring
Phone: 235-8101

*Ketchikan General Hospital
3100 Tongass Avenue
Ketchikan, Alaska 99901
Administrator: Sister Barbara Haase
Phone: 225-5171

*Kodiak Island Hospital
Box 1187
Kodiak, Alaska 99615
Administrator: Robert L. Groff
Phone: 486-3281

*Norton Sound Regional Hospital
Box 966
Nome, Alaska 99762
Administrator: Bill Nettles
Phone: 443-5411

*Petersburg General Hospital
Box 589
Petersburg, Alaska 99833
Administrator: Florence M. LeRoy, R.N.
Phone: 772-4291

Providence Hospital
3200 Providence Drive
Anchorage, Alaska 99504
Administrator: Al Camosso
Phone: 276-4511

Seward General Hospital
Box 365
Seward, Alaska 99664
Administrator: C. Keith Campbell
Phone 224-5205

Sitka Community Hospital
Box 500
Sitka, Alaska 99835
Administrator: Alex McAllister
Phone: 747-3241

Valdez Community Hospital
P.O. Box 350
Valdez, Alaska 99686
Administrator: Val Stasch
Phone: 835-2249 or 835-2240

*Long-Term Care Beds

°Non-Member

*Valley Hospital
Box H
Palmer, Alaska 99645
Administrator: Robert Ogden
Phone: 745-4813

*Wrangell General Hospital
Box 80
Wrangell, Alaska 99929
Administrator: Emma G. Ivy, R.N.
Phone: 874-3356

NURSING HOMES (Type II)

*Careage House Health Care Center
2200 E. 42nd Avenue
P.O. Box 3-488
Anchorage, Alaska 99501
Administrator: Roy Dunn
Phone: 272-9483

*Careage North Health Care Center
1949 Gillam Way
P.O. Box 847
Fairbanks, Alaska 99701
Administrator: Donna Stephens, R.N.
Phone: 452-1923

*Nakuyia Health Care Center
4895 Cordova Street
Anchorage, Alaska 99503
Administrator: John Houser
Phone: 279-8414

°*Harborview Developmental Center
P.O. Box 487
Valdez, Alaska 99686
Administrator: Leora R. Rutledge
Phone: 835-4344

*Hope Cottage
2805 Bering Street #2A
Anchorage, Alaska 99503
Director: Roger O. Weed
Phone: 278-9641

*St. Ann's Nursing Home
416 Sixth Street
Juneau, Alaska 99801
Administrator: Jack Buck
Phone: 586-3883

*Wesleyan Nursing Home
Box 456
Seward, Alaska 99664
Administrator: Mildred L. Pelch, R.N.
Phone: 224-5241

*Long-Term Care Beds

U. S. PUBLIC HEALTH SERVICE (Type I)

Alaska Native Medical Center
P.O. Box 7-741
Anchorage, Alaska 99510
Service Unit Director: John Muth, M.D.
Hospital Admin. Officer: Kenneth W. Isaak
Phone: 279-6661 or 265-3250

Alaska Native Hospital
Bethel, Alaska 99559
Service Unit Director: L.H. Shimanek
Phone: 543-2251

°Alaska Native Hospital
Barrow, Alaska 99723
Service Unit Director: Jim Hughes
Phone: 852-4611

°Alaska Native Hospital; Kanakanak
Dillingham, Alaska 99576
Service Unit Director: Lloyd N. Hermansen
Phone: 842-3291

°Alaska Native Hospital
Kotzebue, Alaska 99741
Service Unit Director: Joe Ryan
Phone: 442-3251

Alaska Native Hospital
Box 577
Mt. Edgecumbe, Alaska 99835
Service Unit Director: Arthur C. Willman
Administrator Officer: Hugh Moffatt
Phone 966-8333

°Alaska Native Hospital
Tanana, Alaska 99777
Hospital Admin. Officer: Eric Deeter
Phone: 366-7601
Service Unit Director: Tom Hardwick
528 5th Ave. Suite 210
Fairbanks, Alaska 99701
Phone: 452-1905

Also send mailings to:

James M. Armbrust, Chief, A-CHC
Alaska Area Native Health Service
P. O. Box 7-741
Anchorage, Alaska 99510
Phone: 279-6661

Marvin Trepus, President
Health Care Services, Inc.
P. O. Box 1210
Green Valley, Arizona 85614
Phone: (602) 625-2400

° Non-Member

INSTITUTIONAL MEMBERS
(Other than Type I & II)

Alaska Treatment Center
3710 East 20th Street
Anchorage, Alaska 99504 III
Director: Robert Mullen

Blue Cross of Washington/Alaska, Inc.
15700 Dayton Avenue
P. O. Box 327
Seattle, Washington 98111 IV
Phone: (206) 361-3000

Municipality Health Department
825 "L" Street
Anchorage, Alaska 99501
Director: Robert "Bert" Hall
Phone: 264-4621
FOR
Anchorage Home Health Agency
825 "L" Street
Anchorage, Alaska 99501 V
Supervisor: Maria Connors
Phone: 264-4111

MILITARY (Type I)

°Bassett Army Hospital
Fort Wainwright, Alaska 99703
Commanding Officer: Col. F. Feltus
Exec. Officer (Admin.): Col. T. Pittman
Phone: 352-3172

USAF Hospital - Elmendorf
Elmendorf, Alaska 99506
Hospital Administrator: Col. C. Freistedt
Phone: 752-3500 or 752-4033

°USAF Clinic, Eielson
Eielson AFB, Alaska 99702
Hospital Commander: Lt. Col. R. Hathaway
Phone: 372-1157 or 372-2215

°Station Dispensary Adak
Naval Station, Box 11 *Inter-Alaska
FPO Seattle, Washington 98791
Hospital Admin: Lt. Comm. Mann
Phone: 579-8425

°Station Dispensary - Coast Guard Base; Kodiak
Box 2
Kodiak, Alaska 99615
Flight Surgeon:
Phone: 487-5235

ALASKA PIONEER HOMES

°Pioneer Home
923 West 11th Street
Anchorage, Alaska 99501
Administrator: B. L. McMurtrey
Phone. 276-3413

°Pioneer Home
Box 198
Sitka, Alaska 99835
Administrator: Roberley R. Potter
Phone: 747-8250

°Pioneer Home
Airport Way
Fairbanks, Alaska 99701
Administrator: Stella Muckenthaller, R.N.
Phone: 456-4372

°Pioneer Home
P. O. Box 760
Palmer, Alaska 99645
Administrator: Arleen Goodman
Phone: 745-4241

°Non-Member

Ketchikan General Hospital
3100 TONGASS AVE.
KETCHIKAN, ALASKA 99901
907 – 225-5171

February 13, 1979

The Honorable Bettye Fahrenkamp
Alaska State Senator
Pouch "V"
Juneau, Alaska 99811

Dear Senator Fehrenkamp:

In answer to your request of February 2, 1979, regarding Senate Bill 33, I am enclosing a copy of a letter which the Executive Director of our Hospital Association wrote to Senator Glenn Hackney on January 30, 1979. This will state some of the concerns of the Hospital Association in general. It also highlights our concern for cost containment in as much as it is possible for hospitals to contain costs.

In regard to Ketchikan General Hospital and our specific response to the legislation, I would like to offer the following comments:

1. We undergo continuing surveys from all of the various agencies which is getting close to the point of being actual harrassment. Medicare and Medicaid plus the state licensing in this state are very thorough in their inspections. The last licensing survey was conducted by two people and lasted three days in our facility. I might add that during that time both myself and my staff were totally tied up with these activities. We feel these inspections could be carried on in a much better way which would insure the proper delivery of care to Alaskans.

2. I believe other states have passed legislation in which the inspectors, regardless of which agency they represent, must review documentation from the latest survey to be held in the facility to see if there is any need for a check-up and an abbreviated survey would be more cost effective.

3. I do take exception to Section 3. AS 18.20.085(b). The size of medical records in our facility has doubled and at this point is getting close to having been tripled in the last five years because of the requirements of federal and state agencies. I might add that the labor costs of handling that extra paper and producing that extra paper as well as documenting and monitoring are becoming prohibitive both in cost and in frustration levels. Each health facility fully realizes the importance of a medical record to a patient's continuing care. We must be able to retrieve, as soon as possible, the patient's past history to know whether the pain in the side is actually a possible appendicitis or whether the appendix was removed in earlier surgery. The importance of those records goes on and on from allergic reaction to various drugs and to basic health defects in the person's past. Trying to get one more piece of paper signed by a patient to release his record to be seen by a surveyor is incomprehensible to me. I have been deeply concerned about those records, especially in the way that certain surveyors from various agencies conduct themselves when in the department surveying them.

KGH

Senator Bettye Fahrenkamp
Senate Bill 33

We are also a JCAH accredited hospital at this time and will be surveyed again this summer, which will be an extensive survey of three days in length of three surveyors - an administrator, a physician, and a nurse. We comply with their standards voluntarily and try our best to meet what we feel is cost effective and for the betterment of care of the Alaskans in our community.

I am deeply concerned, in general, with the way the federal government and state levels are continually creating new departments to monitor new things. We are spending so much time complying with the regulations of these monitoring agencies that I fear the patient is the one who is suffering because of the time involved with professional staff working on documentation which often times is confusing and contradictory. We are doing our utmost as a member of the Alaska State Hospital Association and as a responsible health care institution to contain our costs and still provide high quality care for our patients. We are also continuing, as most Alaska hospitals are, to develop needed diagnostic services in our communities which are much more cost effective here in Alaska than they would be by traveling outside.

I would like to add one final note in that I think that inspections by state agencies should be announced inspections and giving at least ten days notice to the facility. In small general hospitals in Alaska, there are not that many levels of management to conduct the surveyors properly through the facility and answer their questions. Staff are also out of town with shared services at other facilities as well as on vacation and days off. It is very costly when they have to be called back in on time and one-half to answer questions of the surveyor.

If I can be of any further help, please feel free to contact me.

Sincerely,

Sister Barbara Haase

Sister Barbara Haase
Administrator

SBH:ek

Enclosure

cc: Max Kersbergen, Executive Director
Alaska Hospital Association

Fairbanks Memorial Hospital
1650 Cowles St.
FAIRBANKS, ALASKA 99701

OPERATED BY
LUTHERAN HOSPITALS AND HOMES SOCIETY
FARGO, NORTH DAKOTA 58102

January 26, 1979

Fairbanks Memorial Hospital's Position on Senate Bill No. 33 - An Act Relating to the Inspection of Hospitals and their Function

Section 18.20.080

Fairbanks Memorial Hospital is very much against the Department of Health and Social Services making unannounced visitations to hospitals. As we read this section of the proposed regulations, Department of Health and Social Services would have the ability to make inspections at any time they deemed necessary. The hospital's position is that we have no problem with any inspection and/or visitation if the following area included in the inspection:

1. Advance notice that an inspector will be there so that the administrator might be on the premises. In small hospitals throughout the state this has been a problem with the State Department of Health and Social Services going in to a facility while the administrator is out of town ordering their staff to do certain things. This seems totally unreasonable and does not accomplish any purpose.

2. That a complaint or reason for an investigation be given to the hospital administrator in writing before the survey is conducted. This will give the hospital the ability to look into the problem and have the information available during the survey that would be required by the inspector. It will also give the hospital the ability to respond to the surveyor about certain problems so that in certain instances surveys would not be necessary. The State Department of Health and Social Services for some time has attempted to conduct unannounced surveys throughout the state. This has not only created hard feelings and animosity between the hospitals and the surveyors involved, but has not served any purpose that the hospitals have been aware of. The feeling of the hospital is that if something is endangering the patients' health in a facility, the state should have the opportunity to inspect a facility and to make recommendations for corrections. We still believe that this can be done on an announced basis. It should noted that if this is to occur, I believe the current staff of the Department of Health and Social Services inspecting

teams have to be increased in order to provide these additional inspections. This hospital was relicensed in December of 1978 for a six-month period through June 1979. It should be noted that there was no inspection before the license was granted. If regular inspections cannot be conducted, how would one expect that additional inspections could be carried out?

Section 2 AS 18.20.084

The hospital is very much against this change in this section under Senate Bill 33 due to the reasons listed below:

1. This would put the burden on the hospital in order to get this release form signed by each patient so that the Department of Health and Social Services could review these records.

2. We believe that the Medicaid/Medicare patients that are seen in Fairbanks Memorial Hospital are representative of the total number of patients. Therefore, it seems somewhat inconsistent that additional patients or records be utilized for surveys.

3. This would put additional costs on each hospital in getting the form signed and keeping the forms on file. We feel that this cost is very prohibitive in these days of increasing costs.

4. This hospital runs approximately 10% Medicare patients. If this is not representative of the total number of patients admitted, how many records would be required to be representative?

5. If the Department of Health and Social Services feels that they should look at additional records, it should be up to the Department of Health and Social Services to get the authorization signed rather than having the hospital responsible for such.

6. Each patient that is seen at Fairbanks Memorial Hospital is offered the opportunity of signing an information release form. This is used for each patient's insurance company. An additional form would have to be promulgated for the Department of Health and Social Services on each patient that is not covered by Medicare or Medicaid. Last year Fairbanks Memorial Hospital had approximately 7,000 admissions and 23,000 out-patient visits. This would put an extensive load of work on the hospital for the convenience of the Department of Health and Social Services.

7. The change in AS 18.20.085 reads that "hospitals would offer patients release forms for their consent to the inspection of their records". This would mean that additional steps

would have to be taken by the hospital to keep the records separated between the ones that had consented and the ones that had not consented.

Tom Mingen
Administrator
Fairbanks Memorial Hospital

THE ALASKA HOSPITAL AND MEDICAL CENTER, Inc.



February 12, 1979

Senator Bettye Fahrenkamp
Alaska State Senate
Pouch V
Juneau, Alaksa 99811

Dear Senator Fahrenkamp:

This is in repsonse to your letter of February 2, 1979 in which you ask for my comments on Senate Bill 33.

I do not feel that the changes and provisions of Senate Bill 33 would serve any useful purpose and would only tend to escalate costs of hospital operation and services. I am attaching a copy of a letter from Mr. Max Kersbergen, Executive Director of the Alaska State Hospital Association, to Senator Glenn Hackney in regard to Senate Bill 33.

I concur fully with Mr. Kersbergen's statements and position.

Sincerely,

Ernest E. Webb

Ernest E. Webb
Administrator

EEW:drl

Enclosure

cc: Max Kersbergen

2801 DeBarr Road • Pouch 8-AII • Anchorage, Alaska 99508 • Phone: (907) 276-1131

VALLEY HOSPITAL ASSOCIATION, INC.

BOX H, PALMER, ALASKA 99645

Senator Bettye Farhenkamp
Pouch V
Juneau, Alaska 99811

February 13, 1979

Dear Senator Fahrenkamp:

Thank you for your letter requesting my opinion of Senate Bill #33. As you can see from my letter recently transmitted to Senator Hackney, Valley Hospital opposes Senate Bill #33.

I appreciate very much your interest in our opinion and will be happy to continue to respond as other hospital legislation comes before you.

Thank you again.

Sincerely,

Robert G. Ogden
Administrator

RGO/krs

VALLEY HOSPITAL

BOX H · PALMER, ALASKA 99645 · (907) 745-4813

February 13, 1979

Senator Glenn Hackney, Chairman
Senate Committee on
Health, Education & Social Services
Pouch V
State Capitol
Juneau, Alaska 99811

RE: Senate Bill #33
Hospital Inspections

Dear Senator Hackney:

Thank you for the opportunity to express my opinion of Senate Bill #33. I strongly oppose the passage of Senate Bill #33 for the following reasons:

1) The bill is a duplication of existing federal regulations. Current federal regulations provide for the inspection of all Medicare and Medicaid patient medical records as well as health and safety inpsections of all facilities which provide care to Medicare/Medicaid beneficiaries. Why is it necessary for the state to have duplicate regulations?

2) Medicare has been in existence since 1965 and Medicaid in Alaska since about 1971 or 1972. In that time surveyors have surely been able to determine that Medicare and Medicaid patients are treated equally or better than other hospital patients. The method of payment has nothing to do with the quality of care provided in health facilities. Methods of payment may vary the quantity of services provided and in this aspect, the Medicare/Medicaid patients are far ahead of the patient who pays his/her own hospital bill. In 1978 Medicare/Medicaid patients were 21.9% of Valley Hospital's patient census. The Dept. of Health, Education and Social Services, Section of Health Certification and Licensing currently has the authority to review any and all of these patients' medical records. This is an adequate sample of patient records and to require inspection of additional medical records is unnecessary, time consuming, costly to us all, threatens the privacy of medical matters, and does not improve in <u>any way</u> the quality of services provided to Medicare/Medicaid patients.

3) The Dept. of Health, Education and Social Services will impose the burden of acquiring consents for inspection of medical records on the hospital rather than acquire consent themselves. This added administrative burden will result in higher hospital costs for <u>all patients</u> with little if any effect on quality or quantity of care.

Thank you again for requesting my comments. In the future I will be happy to continue to respond to any hospital legislation which comes before you.

Attached is a copy of a very informative and clearly written letter I recently received from the Executive Director of the Alaska State Hospital Association. His comments as you can see, I support wholeheartedly. Thank you again.

Sincerely,

Robert G. Ogden
Administrator

RGO/krs
cc: Alaska State Hospital Association
Senator Frank Ferguson
Mike Coletta
Bettye Fahrenkamp

ALASKA STATE HOSPITAL ASSOCIATION INC.

5531 ARCTIC BLVD, SUITE 1
PHONE 277-1633

ANCHORAGE, ALASKA 99502

January 30, 1979

Senator Glenn Hackney, Chairman
Health, Education & Social Services Committee
Pouch V
Juneau, Alaska 99811

Re: S.B. 33 (Hospital Inspection Act)

Dear Senator Hackney:

The Alaska State Hospital Association recently received a copy of Senate Bill (SB 33) (An Act relating to the inspection of hospitals and their functions; and providing for an effective date.). After reviewing the bill, several concerns surfaced as to the intent and/or necessity of the bill.

1. Hospitals throughout Alaska and the nation are making a concerted effort to comply with the American Hospital Association's (Voluntary Effort) VE for Cost Containment guidelines. Existing regulations already subject hospitals and long term care facilities to many expensive and time consuming inspections annually. In studies in Michigan and South Carolina it has been confirmed that government regulations (state and federal) add $21 to $25 to every patient's bill. Most of the regulations being proposed under this proposed bill (18.20.080, 18.20.085) either duplicate or unnecessarily add to already existing regulations covered in Medicare and Medicaid regulations.

2. If you should go further and implement these regulations we would like to point out that Section 1 18.20.080 does not include a requirement for a pre-notification of intent to survey nor a statement of the purpose for the survey. ASHA recommends that a reasonable advanced notice be required on the part of the surveyor and that the purpose of the visit be clearly stated to allow the institution time to prepare for the visit. Through this communication staff disruptions can be reduced and the surveyors time will be more efficiently utilized.

3. Section 3 18.20.085(a) is similar to existing practices of our membership and in fact is written in the federal guidelines under Medicare (Section 405.1026 page 8044 - sub-section f and g) and clearly indicates what is considered a completed medical record. This appears to be a clear duplication and not necessary.

4. Section 3 18.20.085(b) amended section (a) lines 8 - 11, proposes that written consent be obtained by hospitals for medical record inspection authorizations from patients who have not already signed consent forms for release of information. Should such regulations be initiated, the burden of labor and expense in obtaining those releases should not rest with the hospitals, but should rest with the state. As written, the regulations would necessitate additional staffing and expense in restructuring a new medical records filing system which seems totally inappropriate.

Since most hospitals in Alaska have medicare/medicaid admissions in excess of 10% of their total admissions, it would seem that those charts should be an adequate sample of patients' records and that inspection of additional charts is totally unnecessary, time consuming and not in the best interest of cost containment or patient privacy. To my knowledge, there is no evidence to support any allegations that medicare/medicaid records differ in completeness or content from other admissions.

The Alaska State Hospital Association is hoping to have a bill introduced this year similar to the Texas law which requires surveys to exempt hospitals certified by the Joint Commission on Accreditation of Hospitals as deemed hospitals requiring surveyors to utilize the information obtained from the JCAH findings. In addition, the bill would require spacing of surveys to reduce the cost and disruption that is created by frequent surveys and some of the repetition in data gathering.

I trust this information will be helpful to your Committee as you consider this amendment, particularly its necessity and its intent.

Sincerely,

Max F. Kersbergen
Executive Director

MFK:cmb

cc: Alaska State Hospital Association Membership

Senator — This is copy of letter sent to every hospital in Alaska.

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

Glenn Hackney, Chairman
Frank Ferguson, Vice Chairman
Mike Colletta
Bettye Fahrenkamp
Arliss Sturgulewski

February 9, 1979

Robert Ogden
Administrator
Valley Hospital
P.O. Box H
Palmer, Alaska 99645

Re: Senate Bill 33

Dear Mr. Ogden,

We have in our committee SB 33, An Act relating to the inspection of hospitals and their functions; and providing for an effective date.

Enclosed is a copy of the bill, along with the Department of Health and Social Services' Position Paper and fiscal note.

Please review this bill as to any effects the legislation may have on your institution, pro or con, as I will certainly appreciate receiving your comments.

Sincerely,

Glenn Hackney

Glenn Hackney
State Senator

Enclosures: SB 33
H&SS Position Paper
& Fiscal Note

This bill will be before Committee Friday Feb 23rd @ 3:30 P.M. in Room 206 Capitol Bldg.

ADDRESS

ATTN. ADMINISTRATOR'S NAME

Re: SB #33

We have our Committee SB 33 relating to the inspection of hospitals and their functions.

Enclosed is a copy of the bill along with Dept of Health & Social Services' Position Paper and fiscal note.

Please review and if you have any comments pro or con as to effect if any the legislation may have on your institution. I will certainly appreciate receiving your comments.

With kindest regards

OK let's send out right away. Federally funded Hospitals, of course, aren't affected so don't send them a copy.

B

1-30-79

Glen

I dropped letter.
Also obtained list
of all hospitals in Ak.
with addresses & names
of administrators.

M.

2:30 PM
1-26-79

Glenn:

Chris Beardsley, Sw.
Prominent Rep (Kenai)
Re: 1833 - said spoke with Ag
Collette earlier today as to
some input we needed if
you pleased!! Called Collette
office but he said he would be
there shortly at our Inlet.
Mr Beardsley owned like 7m-
Trace Ind. 276-4511-Alt. 1145

M.

Mary

Assembly Apts -

#105

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
HEALTH FACILITIES CERTIFICATION AND LICENSING
POUCH H-06G, JUNEAU, ALASKA 99811 (Listing of Certified Health Facilities)

Provider #	Beds #	Hospital	Administrator	Address	City	Zip	Phone
* 02-0017	154	The Alaska Hospital and Medical Center, Inc.	Ernest Webb	2801 DeBarr Road, Pouch 8-AH	Anchorage	99508	276-1131
* 02-4000	200	Alaska Psychiatric Institute	Roxolana Pomeroy	2900 Providence Avenue	Anchorage	99504	277-6551
02-0008	67	Bartlett Memorial Hospital	James Burns	P.O. Box 3-3000	Juneau	99802	586-2611
02-0024	30	Central Peninsula General Hospital	Simon Hancock	P.O. Box 1268	Soldotna	99669	262-4404
02-0010	12	Cordova Community Hospital	Tom VanBrocklin, Acting	P.O. Box 160	Cordova	99574	424-7552
* 02-0012	155	Fairbanks Memorial Hospital	Tom Mingen	1650 Cowles Street	Fairbanks	99701	452-8181
02-0016	5	Faith Hospital	James Pinneo, M.D.	P.O. Box 5	Glennallen	99588	822-3203
* 02-0004	44	Ketchikan General Hospital	Sister Barbara Haase	3100 Tongass Avenue	Ketchikan	99901	225-5171
02-0013	44	Kodiak Island Hospital	Robert L. Groff	P.O. Box 1187	Kodiak	99615	486-3281
02-0005	13	Norton Sound Regional Hospital	William Nettles	P.O. Box 966	Nome	99762	443-5411
02-0009	13	Petersburg General Hospital	Florence M. LeRoy, R.N.	P.O. Box 589	Petersburg	99833	772-4291
* 02-0001	250	Providence Hospital	Al M. Camosso	3200 Providence Drive-Pouch 6604	Anchorage	99502	276-4511
02-0011	29	Seward General Hospital	C. Keith Campbell	P.O. Box 365	Seward	99664	224-5205
02-0002	24	Sitka Community Hospital	Alex S. McAllister	P.O. Box 500	Sitka	99835	747-3241
02-0014	13	South Peninsula Hospital	Michael Herring	P.O. Box 275	Homer	99603	235-8101
02-0025	15	Valdez Community Hospital	Valda B. Stasch	P.O. Box 550	Valdez	99686	835-2249
02-0006	17	Valley Hospital	Robert Ogden	P.O. Box H	Palmer	99645	745-4813
02-0007	9	Wrangell General Hospital and Long Term Care Facility	Emma Ivy, R.N.	P.O. Box 80	Wrangell	99929	874-3356

Provider #	Beds #	PHS-ANH	Service Unit Director		City	Zip	Phone
* 02-0026	170	PHS-ANH Alaska Native Medical Center	Ward Hurlburt, M.D.	Box 7-741	Anchorage	99510	279-6661
* 02-0019	10	PHS-ANH Barrow	T. C. Smith, Acting SUD		Barrow	99723	852-4611
* 02-0018	42	PHS-ANH Bethel	Vern Shimanek		Bethel	99559	543-2251
* 02-0021	29	PHS-ANH Kanakanak	Lloyd Hermansen		Dillingham	99576	842-5201
* 02-0020	40	PHS-ANH Kotzebue	Joseph R. Ryan		Kotzebue	99752	442-3321
* 02-0027	82	PHS-ANH Mt. Edgecumbe	Arthur C. Willman		Mt. Edgecumbe	99835	966-2202
* 02-0023	20	PHS-ANH Tanana	Merlin Day, Acting Hosp. Administrative Officer		Tanana	99777	366-7601

*JCAH Accredited

Revised 10/78

POSITION PAPER / Department of Health and Social Services

POSITION PAPER

SENATE BILL NO. 33

"An Act relating to the inspection of hospitals and their functions; and providing for an effective date."

The Department of Health and Social Services supports Senate Bill No. 33. Recent Alaska Court decisions have found warrantless administrative searches to be unconstitutional in some regulated industries and that hospital licensing surveyors may not spot-check patient records without written consent from the patient. These spot-checks were conducted only for the purpose of determining compliance with record keeping regulations.

In light of these recent court decisions it is necessary to amend AS 18.20.080 to provide for a comprehensive structure of statutes and hence Departmental regulations which set out specific inspection procedures. These new regulations will define inspection procedures so that licensees are put on notice as to what is expected of them and what limitations are imposed on the inspectors.

If the proposed amendments are enacted, the Department is prepared to implement them as soon as possible by regulation, so that the inspection of all regulated functions can continue, limited only by the consent requirement for checking patients' records.

Recommended by: Richard Kenig — 1/25/79 (Date)

Coordinator
Office of State Health Planning and Development

Approved by: Helen D. Beirne — 1/25/79 (Date)

Helen D. Beirne
Commissioner
Dept. of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill No. 33
Title An Act relating to the inspection of hospitals and their functions
Requested by the Rules Committee and by the Governor Date January 16, 1979

II. FISCAL DETAIL
Agency Affected Health and Social Services
Program Category Affected Health
BRU, Program, or Subprogram(s) Affected Health Certification and Licensing
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES	0					
200 TRAVEL	1.1					
300 CONTRACTUAL	1.7					
400 COMMODITIES	0					
500 EQUIPMENT	0					
600 LAND & STRUCTURES	0					
700 GRANTS, CLAIMS, ETC.	0					
TOTAL	2.8	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND	2.8					
FEDERAL FUNDS	0					
OTHER (Specify Fund Source)	0					

POSITIONS

FULL TIME	0					
PART TIME	0					
TEMPORARY	0					

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

All assumed costs for the travel and contractual lines are based on current information relative to airfare rates, advertising order rates, room rental and anticipated telephone charges.

The proposed regulation amendments will require public hearings before final adoption by the department. Costs associated with these hearings include the advertising of the regulations in state newspapers and legal transcription services at the public hearings. The travel amount requested is for representatives of the Departments of Law and Health and Social Services to travel to Anchorage for the public hearings and to meet with Alaska Hospital Association members concerning the prepared regulations.

These costs are a one time expenditure.

IV. DATE January 24, 1979 PREPARED BY Richard Renninger
AGENCY Health and Social Services
PHONE 465-3037

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

33-001 (Rev. 12/78)

SB

34

AB 34 "An Act relating to Placement of Children in State Custody"

Introduced 1-16-79
Logged 1-16-79
Referrals - NONE
Committee Meeting 1-17-79
" action - Held in abeyance

0634

V

January 15, 1979

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, I am transmitting a bill relating to the placement of children in state custody.

The bill would exempt delinquent children from a provision which requires that, in the absence of a showing supported by clear and convincing evidence that harm to the child will result, all children in the custody of the Department of Health and Social Services be turned over to blood relatives upon demand. The department believes that this provision overlooks the potential dangers to society presented by delinquent children as well as their frequent need for a program of rehabilitation. In addition, I believe that it was not the legislative intent, in enacting sec. 37, ch. 126 SLA 1977 (which added (e) to AS 47.10.230), to prevent placement of delinquent children in an institution. The bill would thus limit the mandate contained in AS 47.10.230(e) to children who have been placed in state custody after an adjudication that they are children in need of aid.

Sincerely,

S/JSH

Jay S. Hammond
Governor

ALASKA STATE LEGISLATURE

ELEVENTH Legislature FIRST Session

SENATE BILL NO. 34

By THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

"An Act relating to the placement of children in state custody."

placement of children

Introduced in the Senate 1/16/, 19 79

HISTORY IN THE SENATE

19 79

1 16 Read first time and referred to Committee on Health, Education & Social Services

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
Sent to House

SECRETARY OF THE SENATE

HISTORY IN THE HOUSE

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 Speaker
Returned to Senate

CHIEF CLERK OF THE HOUSE

HISTORY IN THE SENATE

19

Received from House

To enrolling

Reported correctly enrolled

Sent to Governor

..... by Governor

Filed with Lt. Governor

Chapter No. .....

Article 2. Juvenile Institutions.

Section
150. General powers of department over juvenile institutions

Sec. 47.10.150. General powers of department over juvenile institutions. The Department of Health and Social Services may

(1) purchase, lease or construct buildings or other facilities for the care, detention, rehabilitation and education of children in need of aid or delinquent minors;

(am § 25 ch 63 SLA 1977)

Effect of amendments. The 1977 amendment substituted "children in need of aid" for "dependent" in paragraph (1). As the rest of the section was not affected by the amendment, it is not set out.

Article 3. Care of Children.

Section
230. Powers and duties of department over care of child

Supplement

Sec. 47.10.230. Powers and duties of department over care of child. (a) Subject to (e) and (f) of this section, the Department of Health and Social Services shall arrange for the care of every child committed to its custody by placing him in a foster home or in the care of an agency or institution providing care for children inside or outside the state. The department may place a child in a suitable family home, with or without compensation, and may place a child released to it, in writing verified by the parent, or guardian or other person having legal custody, for adoptive purposes, in a home for adoption in accordance with existing law.

(d) In addition to funds paid for the maintenance of foster children under (b) of this section, the department shall pay the costs of caring for physically or mentally handicapped foster children, including the additional costs of medical care, habilitative and rehabilitative treatment, services and equipment, special clothing, and the indirect costs of medical care, including child care, transportation expenses, and respite care. In this subsection "respite care" means child care not to exceed 12 hours in any 30-day period; it also means child care for a period not to exceed seven days in a year for the purpose of providing emergency protection for the child when the foster parent is away from the home because of an emergency and no other care is available for the child or when the foster parent is on vacation and the child, because of age or infirmity, cannot be placed in any other type of temporary care facility.

(e) A child may not be placed in a foster home or in the care of an agency or institution providing care for children if a blood relative exists who requests custody of the child. However, the department may retain custody of the child and provide for its placement in the same manner as for other children if it makes a determination, supported by clear and convincing evidence, that the custody of the child by the blood relative will result in physical or emotional damage. In making that determination, poverty, including inadequate or crowded housing, on the part of the blood relative, is not considered prima facie evidence that physical or emotional damage to the child will occur. This determination may be appealed to the superior court to hear the matter de novo.

(f) If a blood relative of the child specified under (e) of this section exists and agrees that the child should be placed elsewhere, before placement elsewhere the department shall fully communicate the nature of the placement proceedings to the relative. Communication under this section shall be made in the relative's native language, if necessary. Nothing in this section or in (e) of this section applies to child placement for adoptive purposes.

(am § 1 ch 76 SLA 1976; am §§ 36, 37 ch 126 SLA 1977)

Effect of amendments.

The 1976 amendment added subsection (d).

The 1977 amendment added "Subject to (e) and (f) of this section" to the beginning of subsection (a) and added subsections (e) and (f).

As the rest of the section was not affected by the amendments, it is not set out.

Editor's note. — Section 1, ch. 126, SLA 1977, effective July 1, 1977, provides: "PURPOSE. Common law and statutory procedures governing the remedies for enforcement of support for financially dependent minor children by responsible parents have not proven sufficiently effective or efficient to cope with the increasing incidence of financial dependency. The increasing workload of courts, district attorneys, and the attorney general has made such remedies uncertain, slow and inadequate, thereby resulting in a growing burden on the financial resources of the state, which is required to provide public assistance grants for basic maintenance requirements when parents fail to meet their primary obligations. The state, therefore, exercising its police and sovereign power, declares that the common law and Alaska statutes pertaining to the establishment and enforcement of child support obligations shall be augmented by additional remedies in order to meet the needs of minor children. It is declared to be the public policy of this state that this Act be construed and administered to the end that children shall be maintained from the resources of responsible parents, thereby relieving, at least in part, the burden presently borne by the general citizenry through welfare and welfare-related programs.

Section 35, ch. 126, SLA 1977, provides: "INTENT. It is the intent of secs. 36 and 37 of this Act to provide for placement of children in surroundings which are socially and culturally desirable and with persons who are able to meet their special needs. Placement of children with blood relatives will work to prevent loss of identity and self-esteem, and provide for increased family and cultural stability, security and solidarity."

regulations which the department considers proper, if it appears to the satisfaction of the department that there is a reasonable probability that the juvenile will remain at liberty without violating the law. (§ 10 art II ch 145 SLA 1957)

Sec. 47.10.210. Youth counsellors. The department may employ youth counsellors. Youth counsellors shall exercise the duties of probation officers and shall prepare preliminary investigations for the information of the court. They shall also carry out other duties in the care and treatment of minors which are consistent with the intent of this chapter. Youth counsellors have the powers of a peace officer with respect to the service of process, the making of arrests of minors who violate state or municipal law, and the execution of orders of the court relating to juveniles. The youth counsellors shall assist and advise the courts in the furtherance of the welfare and control of minors under the court's jurisdiction. (§ 11 art II ch 145 SLA 1957)

Sec. 47.10.220. Grants-in-aid. The Department of Health and Social Services may accept grants-in-aid from the federal government or private foundations and may accept other gifts consistent with the purposes of this chapter. (§ 13 art II ch 145 SLA 1957; am § 6 ch 104 SLA 1971)

Effect of amendment. — The 1971 amendment substituted "Department of Health and Social Services" for "Department of Health and Welfare."

Article 3. Care of Children.

Section		Section	
230.	Powers and duties of department over care of child	250.	Standards of care
240.	Adequacy of home or institution	260.	Payment of costs

Sec. 47.10.230. Powers and duties of department over care of child. (a) The Department of Health and Social Services shall arrange for the care of every child committed to its custody by placing him in a foster home or in the care of an agency or institution providing care for children inside or outside the state. The department may place a child in a suitable family home, with or without compensation, and may place a child released to it, in writing verified by the parent, or guardian or other person having legal custody, for adoptive purposes, in a home for adoption in accordance with existing law.

(b) The department may pay the costs of maintenance which are necessary to assure adequate care of the child, and may accept funds from the federal government which are granted to assist in carrying out the purposes of this chapter, or which are paid under contract entered into with a federal department or agency. No child under the care of the department may be placed in a family home or institution that does not maintain adequate standards of care.

(c) The department may receive, care for, and make appropriate placement of minors accepted for care for a period of up to six months on the basis of an individual voluntary written agreement between the minor's parent, legal guardian, or other person having legal custody and the department. The agreement may include provisions for payment, in whole or in part, to the department for the minor's care and treatment. The agreement entered into shall not operate to prohibit a minor's parent, legal guardian, or other person who had legal custody from regaining care of the minor at any time. (§ 1 art III ch 145 SLA 1957; am § 5 ch 100 SLA 1971; am § 6 ch 104 SLA 1971)

Effect of amendments. — The first 1971 amendment added subsection (c).

The second 1971 amendment substituted "Department of Health and Social Services" for "Department of Health and Welfare" in the first sentence of subsection (a).

Sec. 47.10.240. Adequacy of home or institution. (a) A representative of the department shall visit, as often as is considered necessary, every foster home or institution in which a child is placed, and if not satisfied as to the care given, may remove the child from the foster home or institution and place him elsewhere.

(b) The person or institution receiving a child shall submit the reports the department requires as to the education, health and welfare of the child and the conditions under which he is living. (§ 2 art III ch 145 SLA 1957)

Sec. 47.10.250. Standards of care. The Department of Health and Social Services shall establish standards of care and regulations desirable for the welfare of every child under its care. (§ 3 art III ch 145 SLA 1957; am § 6 ch 104 SLA 1971)

Cross references.—As to the general powers of the department over juvenile institutions, see AS 47.10.150. As to the operation of juvenile detention homes and facilities, see AS 47.10.180.

Effect of amendment. — The 1971 amendment substituted "Department of Health and Social Services" for "Department of Health and Welfare."

Standards and formal conditions for use of adjustment rooms in juvenile detention homes. — See T.M. v. Director of McLaughlin Youth Center, Superior Court, No. 72-449 (1973).

Department ordered to promulgate standards for operation of juvenile detention homes. — See T.M. v. Director of McLaughlin Youth Center, Superior Court, No. 72-449 (1973).

Sec. 47.10.260. Payment of costs. The department shall pay the proper and necessary costs of the court and witnesses and other expenses necessarily incurred in the enforcement of §§ 230 — 260 of this chapter. (§ 4 art III ch 145 SLA 1957)

POSITION PAPER/Department of Health and Social Services

POSITION PAPER

SENATE BILL NO. 34

"An Act relating to the placement of children in state custody."

The Department of Health and Social Services and the Division of Corrections is in support of this legislative amendment.

Under present statute, 47.10.230(e), a delinquent child could be removed from the custody of the Department of Health and Social Services (i.e., foster care, treatment facility or detention facility), upon the request for custody by a blood relative. This is viewed as a potentially dangerous situation in cases where the delinquent youth has committed violent crimes (assault, rape, robbery by use of firearms, etc.) and who continues to have the propensity to commit such acts. Returning a child with this type of behavior to the community may jeopardize the state's responsibility to protect society.

In addition, removing a youth from the milieu of a structured setting or treatment program could be detrimental to the rehabilitation process. To date, no delinquent has been removed from the Department's custody under this statute (enacted two years ago in conjunction with the new Children's Code legislation) because there has been no case in which a blood relative has requested custody. This does not preclude this happening in the future.

Presently, the Division of Corrections has 661 children under probation supervision. Approximately 630 of these childrer are residing in their own homes. Even though these children have been adjudicated delinquent, the majority of the children are under supervision in the community. Only in cases where a youngster has special treatment needs which cannot be met in the community or where the youngster presents a potential danger to himself/herself or to the community is a child placed in an institutional setting.

It should be noted that legislation allows review hearings at any time concerning youth commitments; thus, the youth's rights are adequately protected. Any citizen or relative may file for a review hearing.

Recommended by: Walter B. Jones, Jr. Date: 1-17-79

Director
Charles E. Sothan
Division of Corrections

Approved by: Helen D. Beirne Date: 1-17-79
Helen D. Beirne, Commissioner
Department of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Proposed Amendment to 47.10.230 (e)

Title Amend to exclude youngsters who have been adjudicated delinquent minor by Court.

Requested by Department of Health and Social Services Date 1/9/79

II. FISCAL DETAIL

Agency Affected Department of Health & Social Services

Program Category Affected Administration of Justice

Budget Request Unit(s) Affected Juvenile Confinement

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
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)

IV. DATE January 9, 1979 PREPARED BY Leland T. Dalby

AGENCY Division of Corrections

PHONE 465-3376

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

33-001 (Rev. 10/78)

SB

35

COMMITTEE REPORT

SENATE

FURTHER: None

1/16/79

Date: 1/31/79

Mr. President:

The Committee on Health, Education & Social Services has had SB 35

realting to adult education

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[X] do pass with attached amendments (s).

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ _____ Committee

MEMBERS SIGNING DO PASS

Mike Cocchiarella

Curtis Sturgulewski

MEMBERS HAVING OTHER RECOMMENDATIONS:

Glenn Hackney
CHAIRMAN

S 60 (Rev. 12/78)

SB 35 "An Act relating to ~~SESS~~ 79-80 Educ.

By: Rules Comm. By Request of Gov.

Introduced 1-16-79
Logged 1-16-79
Referral - NONE
Comm. meeting 1-31-79
" action - Passed with amendments.

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

To: _____ SENATE BILL No. 35

HOUSE BILL No. _____

PAGE: 1 LINE: 19

Page 1, line 19: after "education" delete ";" and add "or those activities governed by the Alaska Commission on Postsecondary Education."

S 70

AMENDMENT #1

OFFERED IN THE SENATE: BY: SENATE HESS

To: _____ SENATE BILL No. 35

HOUSE BILL No. _____

PAGE: 1 LINE: 19

Page 1, line 19: after "education" delete ";" and add "or those activities governed by the Alaska Commission on Postsecondary Education."

adopted. voice vote

Meeting of 1/31/79 SB 35 - relating to adult education

Jim Beima - Alaska Commission on Postsecondary Education

My only concern is with the last line of the bill where it says . . . "but not including degree programs of post-secondary education." At the present time there are 27 schools other than community colleges that come under the regulation of the Postsecondary Commission who offer certificate programs and or other programs that have to be licensed and have their agents registered. This would definitely hit in there. I think it should actually read "but not including degree and certificate programs of post secondary under regulation by Chapter 25." Under Chapter 25 they must be licensed and have their agents registered. That would allow the adult education to operate at the secondary schools and other places that are public facilities but outside of licensed schools. What I think the department of education is after is to do adult training in public schools and things of this type to support community interest

SB 35 is in conflict with chapter 25, I would say which has already designated the responsibility of the Postsecondary Education Commission.

Asked to give an outline of Adult Basic Education . . .

The programs I administer come under the Veterans Administration and we have to appprove all of the schools that offer programs which the veterans enroll. Fundamentally, they are school operations and not secondary schools or community schools. We do not go out and review adult programs in welding for the community, such as body fender welding.

Marylu Maddan - Department of Education

We asked that this bill be introcuded essentially as a clean up piece of legislation which would give a statutory authority for our current activity in the adult education area. Right now we have that authority through the budget process which gives us the authority to receive and disburse grant funds in several basic areas adult basic education and the GED program, fire service training and adult vocational education, including CETA. The bulk of these funds come from the federal government with the Department of Education being the eligible recipient in the state. We then disburse them to public schools, community college systems, whatever institutions actually provide the education. We also operate the Alaska Skill Center which is essentially an adult facility.

The proposed legislation would simply amend Titles 14 and 44 which speak to the duties of the department by giving us authority to administer programs. We added the final sentence in an attempt to avoid confusion with community college and university structure in that we did not want to get into degree or credit programs. If that is confusing, we would certainly look to the type of amendment that Mr. Beima suggested.

Senator Hackney - what portion of your budget funds come from the feds as compared to general fund?

Marylu Maddan - I can't give exact figures. All of the CETA monies, about $212,000 is all federal. Of our ABE budget of $1,173,000, about 50% general fund and 50% federal; fire service training's $91,000 is totally state and in the adult vocational education area half is federal.

It is not mandated by the federal government that we have statutory authority. The problem that we do have in receiving federal money is that our authority comes only through the budgetary process and we would prefer to have it stated as part of the duty of the department. I do not want to give the impression that unless this passes the department won't get federal funds, because that is not true.

I think Mr. Beima's point was the term "administer" could cause confusion with the postsecondary's mandate to administer the certification of nondegree programs.

Ms Maddan and Mr. Beima discussed the amendment and came back to the meeting with a mutually agreeable amendment which the committee adopted. Amendment is attached.

Introduced: 1/16/79
Referred: Health, Education & Social Services

IN THE SENATE

BY THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

SENATE BILL NO. 35

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to adult education."

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

* Section 1. AS 14.07.020 is amended by adding a new paragraph to read:

(12) 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.

* Sec. 2. AS 44.27.020(1) is amended to read:

(1) administer the state's program of education at the elementary, [AND] secondary, and adult levels, including, but not limited to, programs of vocational education and training, vocational rehabilitation, library services, [AND] correspondence courses, adult basic education, and fire-service training, but not including degree programs of post-secondary education or those activities governed by the Alaska Commission on Postsecondary Education.

AMENDMENT #2

OFFERED IN THE SENATE: SB BY: RAY

To: ~~SB~~ SENATE ~~BILL~~ No. ~~SB~~ 35

HOUSE BILL No. _____

PAGE: 1 LINE: 15

after first Comma add "and"
after second "and" add "certain

LINE 17 & 18
delete "adult basic education"

adopted

STATE
of ALASKA

MEMORANDUM

TO: The Honorable Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

DATE: February 6, 1979

FILE NO:

TELEPHONE NO:

FROM: Marshall L. Lind, Commissioner
Department of Education

SUBJECT: Senate Bill 35

Senate Bill 35 was introduced by the Governor in order to formalize the responsibility of the Department in administering a number of programs for the adult population of the state. These programs are authorized by an appropriation by the legislature each year. It is not the intent of the Department to enter into the direct operation of programs, except for continuation of the Alaska Skill Center.

We anticipate administering the programs as we have in the past, using various educational institutions as direct delivery agencies. We realize there is some concern that the Department might become an operational agent for adult programs across the state. Such direct operations authority is not spoken to in the bill, nor is it considered with overall Department responsibility.

By establishing the responsibility on an ongoing basis, we could develop better long range plans and be able to articulate programs with other Departmental programs. Also, this legislation will provide the legal entity for the receipt of Federal funds.

If additional information is needed, please contact us.

cc: Marilou Madden
Gerald Hiley
Senator Ray
Senator Kerttula
Senator Rodey
Senator Stimson

Introduced: 1/16/79
Referred: Health, Education & Social Services

IN THE SENATE

BY THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

SENATE BILL NO. 35

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

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Office copy

MA 2830

Introduced: 1/16/79
Referred: Health, Education & Social Services

IN THE SENATE

BY THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

SENATE BILL NO. 35

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

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

Chap. 14 outlines duties of Dept. of Ed.

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January 15, 1979

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, I am transmitting a bill relating to adult education. The bill amends portions of AS 14.07.020 and AS 44.27.020, which set out the authority of the Department of Eduction, to provide clearly that one of the functions of that department is the operation and administration of various adult education programs in the state. Although the department has provided these kinds of programs, and funds have been provided for them by the legislature for years, nothing in the statutes relating to education clearly encompasses these kinds of programs at the present time.

The Department of Education's authority to undertake activities in the adult education area has not yet been challenged; however, the department is concerned about the vagueness of the law in this area and wants it clarified before such a challenge is raised. The bill would make clear that the authority of the department would not extend to degree programs of post-secondary education such as those offered by the University of Alaska.

Sincerely,

J/SH

Jay S. Hammond
Governor

SB

40

SB 40 S HOUSE "An Act Relating to Parental Rights"

Introduced 1-16-79
Logged - 1-18-79
Referred Judiciary

Sen Beasley notified (Bob Davis)
Flo Ellers " John Coffey
Marjorie Hall "
Wm Thompson Dept of Ed.

2/7/79 - died.

AMERICA'S FUTURE, INC.
542 MAIN STREET
NEW ROCHELLE, N.Y. 10801

Whatever Happened To The PUBLIC SKOOLS



By Solveig Eggerz

Whatever Happened to the Public Schools and Why?

by Solveig Eggerz

CUMULATIVE MEDIOCRITY

It has become glaringly apparent that all is not right with the public schools. Dissatisfaction has been mounting for a number of years among parents' groups. Their major objective: to bring standards back to the schools. However, only recently has the stark evidence of declining test scores awakened the taxpaying public at large to the problem of cumulative mediocrity in the schools. Typical of the new awareness is the headline in a 1977 *Wall Street Journal* (May 14) article, "Test Grades are Low in Six Largest Cities" and the subhead, "More Than Half of 10th Graders Fail English and Math Exams Administered by the State."

All major publications have carried similarly bleak accounts of sinking test scores in basic subjects, reflecting the low standards prevailing in schools nationwide. Because the same philosophies generally have pervaded most of our public school systems for many years, the decline in achievement can in large part be attributed to the successful promulgation of these philosophies.

The educational establishment, presumably in pursuit of the "modernist" notion that nothing (especially learning) should involve hard work, saw some subjects as dull and some textbooks as too dry to capture the imagination. So it went to the other extreme: Everything was to be fun and if it didn't feel good it was not worth doing. Because, in this view, a student who does not select his own curriculum is not a happy student, a plethora of electives was offered. Many concerned subjects which educators of sterner substance would have labelled frivolous.

Then there was the rising star of sociology and the view of some leading sociologists that the schools are the most appropriate instruments for bringing about social change. For students, this meant spending many hours participating in "rap sessions" on the issues of the day such as the Vietnam war, race relations and pollution.

In addition, there is within the educational establishment the school of thought known as humanistic psychology. It tends to view the schools as something akin to a mental health clinic and the teacher's role as that of psychologist. Under this philosophy the teacher's primary function is not to transmit knowledge but to guide children through role-playing, group therapy, or values clarification to an enhanced feeling of self-awareness. The effect of the introduction of these philosophies, if measured in time-consumption alone, has been to displace traditional school subjects.

These trends or philosophies have had widespread impact on the public schools, helped along by extensive "studies," conducted often with

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ABOUT THE AUTHOR

Solveig Eggerz received her B.A. from the University of Kansas and her M.A. from the Catholic University of America where she is presently preparing her dissertation for the Ph.D. in the Department of Comparative Literature. Miss Eggerz has been a member of the faculty at Catholic University and has written widely for such publications as the Washington *Daily News*, *Private Practice*, and the Washington *Star*. Her study of social engineering in the public schools was published by the American Conservative Union Education and Research Institute.

federal funds, by professional educators. As a result, many schools became experimental laboratories for testing all sorts of theories thought up by educators to qualify for available government money.

In retrospect, these so-called innovations such as the "new math," the open classrooms, and absurd reading methods have proven to be, at best, ineffective. Some experimental techniques such as those designed to probe hidden problems in the child's psyche, in many cases have proven to be disastrous, especially in the hands of a lay person.

The subjects that were either displaced or distorted through these philosophies and the curricula that developed around them, are what are now known as traditional subjects. Considered in a previous age the basic concern of the schools — indeed absolutely essential to any sound learning process — they are reading, computation, and composition. The building blocks of future good citizenship, history, and geography were downgraded in favor of the catch-all subject called social studies. Because of its vaguely defined parameters, this social-studies category is particularly susceptible to bombarding students with almost any philosophy, ideology or method, no matter how far out, dreamed up by the "new" educators.

Those shocked by recent test scores must understand that the deterioration of the schools was a slow process. The problem only recently has burst upon the national consciousness because test scores tell a story that thousands of words spoken by watchdogs of the schools failed to bring home to the public at an earlier stage. Just as the consequences of lowered standards took a long time to show up in the current and shocking picture of full-blown mediocrity, so it will not be a fast, effortless process to pull the schools back to their traditional task of turning out educated youngsters who will become future good citizens of a Free Society.

But *it can be done*. There are examples of school districts across the country where community determination to raise standards has borne fruit. This study outlines what is wrong and describes the causes of the malady. Most importantly, its purpose is to furnish parents, officials, and educators with a guide on how to steer clear of the pitfalls to mediocrity, the first step toward quality education. It is written in the hope that energetic people will choose to change a bad situation. The schools are too important an element in the shaping of an individual and a nation's life to be allowed to perish because they were ignored rather than repaired.

TEST SCORES AND PREVAILING PHILOSOPHIES

The trust of parents and taxpayers in the public schools' ability to educate children has been severely shaken by the drastic decline in achievement test scores in all major subjects. Scores on the College Entrance Examination Board's Scholastic Aptitude Test (SAT) dropped for 14 consecutive years. Scores on the tests administered by the American College Testing Program (ACT) fell during the last 11 years for which data are available.

The SAT measures verbal and mathematical reasoning skills. It thus serves as a means for predicting academic performance of students about to enter college. Since 1963 the average national scores on the verbal and mathematical sections of the SAT have dropped 44 and 30 points respectively, on a scale of 200-800 points. In 1975 alone the average score dropped 10 points for the verbal section and eight points for the mathematical.

In the spring of 1975, the National Assessment of Educational Progress (NAEP) reported a 2% decline in science knowledge between 1969 and 1973, the equivalent of a half year's loss of learning. In November, 1975, NAEP released a report on writing mechanics. It showed that students' overall writing skills had declined from 1970 to 1974. The test indicated a sharp decline in vocabulary among 13- and 17-year-olds who were found to write in a more "primer"-like fashion and to show a greater tendency to write incoherent sentences than did their counterparts tested four years earlier. A 1977 test found a continuation of these tendencies.[1*]

According to a study conducted by social scientists Annegret Harnischfeger and David E. Wiley, test scores increased steadily from the 1940's to the mid 1960's. Their conclusion is based on data from nine major tests, including the SAT, American College Testing Program and the Iowa Tests of Educational Development. But, note the authors, scores in English, writing, literature, vocabulary, reading, social studies, mathematics, and natural sciences have been sinking in recent years. The authors state that the declines are "more dramatic in recent years and most evident for higher grades. They are especially pronounced in verbal tests, but hold for nearly all tested areas."[2]

This really awful situation reflected in the test scores is not an overnight transformation of public-school education from high to low quality. Rather, the test scores show the cumulative effect of the downgrading of basic learning skills over a number of years in favor of something which those in charge of the schools consider more important. The fact that educators have not expressed deep shock over the test-score decline indicates that these changes are not accidental. Educators have chosen quite consciously to de-emphasize the teaching of intellectual skills in favor of the inculcation of social awareness and what can loosely be called the psychological enhancement of the individual student. Catherine Barrett, the former president of the National Education Association, stated in 1972 (*Saturday Review*, March):

"We will need to recognize that the so-called 'basic skills,' which currently represent nearly the total effort in elementary schools, will be taught in one-quarter of the school day. The remaining time will be devoted to what is truly fundamental and basic."

What do Mrs. Barrett and other educators consider more basic and fundamental than the teaching of the basic skills? NEA literature makes it clear, as in its publication on "Curriculum for the Whole Student"[3]:

"The curriculum must move away from an emphasis on the retention of facts to an emphasis on the processes of inquiry, comparison, interpretation and synthesis....In addition to purely intellectual growth, the curriculum should regard emotions, attitudes, ideals, ambitions and values as legitimate areas of concern for the educational process." The NEA publication goes on to ask a question. It reveals that the largest and most influential teachers' association in America is only tangentially concerned about the traditional goal of equipping youngsters with the intellectual tools necessary for life:

"Isn't it possible to design a curriculum that has as its central core the exploration, revitalization, and sympathetic consideration of the

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[1*]In order not to divert the reader with numerous footnotes, all sources are given at the end of the pamphlet.

learner's sense of himself as a self-directed human?"

The change in the substance of this "central core" has led to the displacement in the schools of cognitive learning in favor of psychological or "affective" education. This "educationalese" can be confusing, but "cognitive" learning is simply the imparting of knowledge, while "affective" education draws on the human potential and self-actualization movements of such men as encounter-group expert Carl Rogers, and Abraham Maslow, founder of the Third Force movement in psychology. Adapting these latter for school use, development of emotional skills takes precedence over basic skills. The perceptive capacities of sensing and feeling are often valued over rational thinking.

The idea that a prerequisite for awakening the intellect is the tapping of the emotions was introduced to the schools largely as a new approach to overcoming the learning difficulties of disadvantaged children. As with many other educational philosophies, this one was extended to cover all children. According to one analyst, Marie Fantini[4], "Increasingly, educational theories and practices are being judged on whether they succeed with the urban poor and others who are accounted educational failures. If they do they will probably be effective with other learners as well." And, bemoaning a lingering faith in cognitive learning, Fantini made the following statement:

"Our proposal is to reverse the direction of the prevailing cognitive emphasis. We suggest that knowledge alone does not adequately produce the behavior necessary to such a society. The chances of affecting behavior will be greater if the learner's feelings and concerns are recognized and made to direct the cognition that logically should follow and if cognition is used to help the learner cope with his concerns."

This approach runs counter to the classical view of education, which considers the harnessing of impulses and emotions an important part of the civilizing process. Also, it certainly would seem to put the cart before the horse. First you tell little Johnny to "do his own thing" (including swatting the teacher with a baseball bat across the rump if he feels like it) and then you tell him to sit down and learn the alphabet—or even expect him, in what Fantini thinks "logically should follow," to *ask* to learn it.

In addition, there were those ever-present "social remodelers," especially prevalent in the academic world, who felt that the social changes agitated for in the 1960's could be accelerated by employing the classroom as an instrument for social change. Operating on the premise that in order for genuine change to occur, people's emotions must be appealed to, affective education was implemented toward the realization of stated goals. These included the elimination of prejudice, the propagation of egalitarianism, and attempts at resolving a host of emotions surrounding the American involvement in Vietnam. Other social questions which the schools have come to consider within their purview are drug abuse, sex and death education, and parenthood. Among those who view the schools as instruments for social change are humanistic psychologists like Alfred Altschuler[5] who states:

"At the frontier of psychology and education a new movement is emerging that attempts to promote psychological growth directly through educational courses. Psychologists are shifting their attention away from remedial help for the mentally ill to the goal of enhanced human potential in normal individuals. Educators, on the other hand, are beginning to accept these courses along with the unique content and pedagogy as appropriate for schools."

Frequently these various philosophies permeate school curricula in an indirect manner. But their eventual impact as indicated by test scores is direct and clear. Harnischfeger and Wiley[6] note in their study that the declines in test scores are most evident for higher grades because the effects are cumulative. Basic courses, they note, have been displaced by "special" courses such as Black History, science fiction or media analysis where American history or English used to be. They found a "sizable drop" in enrollment in traditional college preparatory courses, including an 11% decrease in English enrollments. The list of courses offered to secondary school students in a Virginia school system[7] reads like a college catalogue in its scope but resembles a guide for Saturday afternoon projects at a summer day camp in many of its focus areas.

Under social studies, the curriculum guide lists a series of vaguely defined courses which focus on the "world." These include world history, world cultures, world studies, world civilization, and world religions. A closer look at the world history course reveals that the emphasis is not on the facts of world history but on the mastery of the methods of sociology. The course, says the guide, "involves students in the study of key concepts like nationalism, imperialism, industrialization, conflict, and interdependence, and stresses the development of an awareness of the diversity of the historical processes in different civilizations in the world."

Totally lacking among the social studies courses is a history course to provide factual information upon which any of the described sociological studies might be based. Even the most nearly traditional course in the list "United States and Virginia Studies," promises that "Students develop social science skills through an inquiry into selected themes, concepts, events, and personalities in our nation's history from colonial times to the present."

The National Center for Education Statistics of the US Department of Health, Education and Welfare has published a *Summary of Offerings and Enrollments in Public Secondary Schools*,[8] which points out that the number of pupils enrolled in traditional courses has decreased "presumably because there are so many other choices available." Among the courses labelled by NCES as "short course offerings of current interest" are ethnic literature, American Indian problems, the U.S. Constitution, and intergroup relations. Furthermore, the study found that:

"Enrollments in ancient history, grade 9 community civics, problems of democracy, general science, and Latin have declined sharply since 1960-61, but sociology, consumer education, earth-space sciences, environmental courses, and drama courses are increasingly absorbing the attention of high school pupils in the United States."

The Council for Basic Education,[9] one of the most assiduous observers of the public schools, compared the 1972-73 survey with a 1960-61 study and found an increase in the number of course titles from 1,100 to over 2,000. The Council blames the fall-off in enrollment in traditional courses on the "proliferation" of courses offered. Instead of enrolling in English, mathematics, history or geography, students choose criminology, oceanography, first-aid, modern dance, crafts,

photography, welding, child development, nutrition, housing and home furnishings, cosmetology, record-keeping or ornamental horticulture.

"It is the fundamental and massive shift from basic academic requirements to an array of electives that seems to be the most direct contributor to the achievement decline in schools and colleges," write Jack McCurdy and Don Speich [10] in a survey of the state of the public schools which appeared in the Los Angeles *Times*.

INNOVATIONS AND CONSEQUENCES

All this cumulative mediocrity in the schools of course spawns numerous excuses from educators. They claim that what they don't offer in fundamental skills they make up for in the area of "creative" abilities; criticized for not teaching children facts, they explain that children are learning more about "life" through role-playing activities than they could by reading a traditional book on the subject. This kind of thinking leads to such programs (reported in CBE *Bulletin*, January 1976) as 1,400 fifth-graders in Tempe, Arizona, being taught survival skills of 200 years ago. The children spent over two hours a day for three weeks weaving baskets, spinning wool, quilting rugs, rolling flour into tortillas, and making soap. So if little Mary can't read, she learned about "life" — and she can make soap!

Many educators blame television, parental neglect, the children or the tests themselves for declining achievement. But the light is dawning on some at least, who put the blame squarely on the schools and their course content. In a nationwide survey [11] funded by the Kettering Foundation, 266 school administrators listed permissiveness, lower grading standards, and a "general decline in the teaching of fundamentals," as key causes for achievement decline.

In fact, students in the public schools today are bound to perform poorly on tests oriented toward fundamental skills. Robert L. Ebel, professor of educational philosophy at Michigan State University, explains why (in *Phi Delta Kappan*, December 1976):

"The kinds of educational achievement that enable a student to handle easily the tasks making up such tests have not been a high-priority item for public school administrators and teachers in recent decades. The kinds of instructional innovations that have been advocated and adopted widely, emphasizing pupil self-direction in the choice of what to learn and self-pacing in deciding how hard to work to learn it, are not calculated to maximize the achievement of task-oriented goals of learning. The atmosphere of many high school classrooms is not conducive to the pursuit of excellence in learning."

For years the schools have been in a perpetual state of enthusiasm over the latest "innovative learning technique," a situation which has obfuscated the ineffectiveness of most of these frequently flashy methods. A variety of unusual school designs including the open classroom and the school without walls has been tried. Yet many schools had to return to a more traditional seating arrangement, frequently after deciding that the innovation is too disturbing for youngsters. In the most absurd cases, schools have had walls between classrooms torn down only to reconstruct them several years later. Other innovations include multimedia emphasis in the place of books, team teaching, independent study, and a variety of psychological methods such as behavioral modification, role-playing, group therapy, sociograms, and self-awareness games. [12]

The stimulus for the development of innovations often comes through the availability of federal funds. So it was ironical that the U.S. Office of Education in 1976 completed a $1.8 million, seven-year study [13] on the effectiveness of innovative teaching only to find that non-traditional teaching methods do not make children learn better. The study, carried out by the American Institute for Research in Palo Alto, California, involved 1,500 teachers and 30,000 students in schools with innovative education programs.

Then, in the spring of 1977 the U.S. Office of Education completed a $3 million study, conducted by Abt Associates of Cambridge, Massachusetts. It found that highly structured programs which emphasize basic skills have had more success in raising the achievement of low-income children than have open classrooms. The study, designed to evaluate the federally funded Follow-Through program, produced data which refute the notion upon which many federally-financed, innovative programs have been based. It found that attempts to raise a child's self-esteem in the open classroom, as a prerequisite to learning, have generally failed, and that the process is actually the reverse — children gain more self-esteem as a *consequence* of academic achievement.

The federal government has spent about $500 million on Follow-Through, including $59 million in 1977, since the program began in 1968 as a research experiment to test a variety of educational philosophies. For nine years the federal government has been funding the use of both structured and open-classroom programs in schools in about 100 cities in order to determine how low-income children learn best. The most successful program was found to be Distar, a *structured* program developed by the University of Oregon. Among the least successful was the open education model, developed by the Education Development Center of Cambridge, Massachusetts (the developer of the controversial social studies program, MACOS), where students ranked at the 18th percentile in reading scores and at the 14th in mathematics. [14]

Among the most destructive innovations have been those affecting attitudes toward learning. An example is the belief that the child itself is best equipped to determine what is best for him or her. Classrooms structured around this idea are divided into "learning stations," which children visit at their leisure, depending on whether they're interested in studying mathematics or the mating habits of elephants in pictures. One teacher when asked to compare the various learning stations in terms of popularity, said the arts-and-crafts learning station was always a hub of activity, while remarkably few pupils gravitated toward the mathematics station.

The sad thing about innovations is that they are introduced experimentally into the schools and are often not removed until the experiment has run its full course, that is until the experiment has been proven a failure, as evidenced by the seven year Palo Alto study. The use of the schools as testing grounds for social concepts and experimental techniques; the permeation of course content with the philosophy of social relevance; the emphasis on "creative" rather than intellectual activity is not a new state of affairs. A somewhat similar situation in the 1940's had disastrous consequences for student achievement. Frank E. Armbruster, who authored the recent Hudson Institute study [15] of test scores and school procedures which found the decline in scholastic performance to be unrelated to economic background, race or geographic location, summarized his findings as follows:

"There was a similar decline during a period of laxity and innovation in the 1940's, until parents rebelled and forced schools to tighten up their standards. After that, scores rose throughout the 1950's, but they turned around again in the 60's, when educators started dwelling on more social 'relevance' instead of grades and homework, which means fewer papers for teachers to correct as well."

It will take more than a mere change of mood to undo all this. Selectively placed federal aid has stimulated the elaboration of many educational ideas which were of dubious value at their inception. Federally-funded dissemination of such techniques has helped create a nationally uniform curriculum as evidenced by the ubiquitous nature of certain curricula and approaches to teaching. Among these have been attitude-changing activities, characterized by privacy invasions, which would be considered illegal in other federally run areas. Public housing residents, for example, subsidized by the U.S. Department of Housing and Urban Development, would be protected from the privacy-invasive questions put to 1,800 students in 13 New Jersey school districts under a Title III program of the Elementary and Secondary Education Act. The New Jersey Scales, developed by two faculty members at Rutgers, ask students whether they strongly agree, agree, disagree, or strongly disagree with the following statements:

We need each other.
Old people talk about stupid things.
Women should be given greater opportunities.
Some people are racially superior to others. [16]

The results of such questionnaires are frequently stored in a student's dossier as a permanent record of a child's attitudes at a certain age. Some states are equipped to feed such material into state-wide data banks, where it amplifies a student's "profile." In Florida a state-wide computer stores information on all school pupils from the ninth grade up, including social security number, grade, school, address, type of curriculum, extracurricular activities, nationality, sex, race, religion, marital status, health and physical disabilities, languages spoken at home, family background, academic record, and test scores.[17]

Inferior instruction on the elementary and secondary level has of course led to a lowering of standards in higher education in order to accommodate the new breed of high school graduates. Here, too, we find the same correlations between the increased number of electives and a drop in achievement. A study by the Carnegie Council on Policy Studies points to a 22% drop in general education requirements between 1967 and 1974. According to the findings of McCurdy and Speich, student achievement showed a progressive decline in the subject areas where the number of electives increased. College textbooks have been simplified or "adapted" to suit lower reading levels and remedial reading and writing courses are being taught by Ph.D.'s heretofore unable to find employment. A few examples should serve to give a general picture of the effect of poor public school education on college standards:

The percentage of entering freshmen at the University of California at Berkeley who require remedial instruction in composition, has risen from 25% to 48% in the last seven years. The proportion of freshmen failing an English placement exam at Temple University has increased by more than 50% since 1968. The decline in the ability to write English has been so severe among incoming freshmen at Stanford that the university requires three-fourths of the freshmen, who score 700 or above on the College Board's multiple-choice English achievement test, to study composition.

As high school diplomas become less and less a guarantee that graduates are proficient in fundamental skills, many colleges become the final stage in a general degradation of education. With proliferation of remedial reading and writing (mathematics professors are now adding remedial computation to the list) at colleges across the country, they become simply glorified high schools. And this sad and sorry condition permeates our whole society. It helps explain why employers sometimes must demand college degrees for file clerks (in the hope that they know the alphabet) or for gasoline pumpers (in the hope that they know how to make change).

TEXTBOOKS AND TEACHER GUIDES

Raising the shockingly low educational standards in the schools, as we said, is not an easy task. Textbook companies have invested millions of dollars in the promulgation of certain ideas and approaches to learning. Vast sums of money have been spent on the promotion of such materials and a sudden campaign for the removal of present textbooks would have the equivalent effect of the cyclamate ban on the soft drink industry. The schools' reliance on multi-colored, fully illustrated books and their accompanying teacher manuals partially explains the schools' reluctance to change back to phonics and traditional math from look-say reading methods and new math, even after evidence began mounting in favor of the former two methods. The schools were and still are replete with attractive arrays of instructional materials for teaching variations on look-say and new math.

Ironically, textbook companies may yet be able to capitalize on some of the consequences of inferior instruction. A new subdivision of the $392 million college book publishing industry produces books written in simplified language for those students who cannot read English at the same level as their peers of past decades. Responding again to lowered reading levels, textbook publishers are also simplifying the English in their guidebooks on how to read textbooks. The guide published by the Association of American Publishers for college freshmen, previously written on a twelfth-grade reading level, now appears on a ninth-grade level.

Textbook companies, again responding to lowered standards, are flooding the schools with adaptations of classics such as Charles Dickens' *Oliver Twist* or *David Copperfield*. Providing materials for victims of the sunken standard is proving profitable for Scholastic, a commercial publisher of supplementary instructional material, which produces a magazine written on the *second-grade* level for use by *junior high school* students.

Were parents to peruse their children's textbooks carefully they might find more things objectionable than a degraded vocabulary. Many textbooks distort facts. They introduce philosophies which many parents may not only disagree with but which are inimical to accepted American principles and way of life. Among these is the notion that everything is in a state of perpetual flux and that an attitude of cultural relativism is the proper stance to take. Instead of transmitting the facts of an agreed-upon body of knowledge, many books denigrate traditional values. A high school psychology textbook [18] contains the following passage:

"...to truly induce completely creative thinking, we should teach children to question the Ten Commandments, patriotism, the two-party system, monogamy and the laws against incest."

It should come as no surprise that tests indicate students are painfully unaware of basic historical facts. Many textbooks do not teach history but promote attitudinal change regarding American history in particular. A fifth-grade textbook [19] contains the following statement:

"No nation on earth is guilty of practices more shocking and bloody than is the United States at this very hour. Go where you may and search where you will. Roam through all the kingdoms of the Old World. Travel through South America. Search out every wrong. When you have found the last, compare your facts with the everyday practices of this nation. Then you will agree with me that, for revolting barbarity and shameless hypocrisy, America has no rival."

Quite a picture to present to the unformed minds of ten-year-olds — and with the money of American taxpayers to boot!

In an attempt to make English "relevant" to ghetto children, textbooks sometimes adopt street language. They discard the traditional approach, and the primary purpose of teaching: to inform and elevate. Instead, they descend to the level of the child's language. Which raises the question: Why bother with schools and teachers at all? And with the high incidence of violence in the schools, what is the purpose of interjecting terror into the idyllic world of Mother Goose as, for example:

> "Jack be nimble/Jack be quick/Snap the blade/and give it a flick/Grab the purse/it's easily done/Then just for kicks/just for fun/Plunge the knife/and cut/and run." [20]

In the social studies field, an elementary text, *Our World* [21], states that, "Mastery of knowledge is no longer the central feature of the educational program" and that children "should begin to learn the language of uncertainty and tentativeness."

"Uncertainty and tentativeness" — and worse — are certainly theirs if we judge by many of the social-studies texts from which they are taught, especially in our high schools. The extremely valuable, and unique, Textbook Evaluation Project of America's Future, Inc., has turned up numbers of examples of social-studies textbooks which not only provide students with "uncertainty and tentativeness," but actually give them an often distorted or highly inaccurate picture of America and its institutions. Not so incidentally, though, one of the greatest values of this fine project is that it has also turned up other textbooks which are objective, balanced, sound teaching instruments. Any interested parent or citizen can receive without charge a complete list of all texts reviewed by a distinguished panel of evaluators (each an academic expert in his field), a list of 200 recommended texts, and copies of individual reviews. [22]

Just two examples [23] (there are far too many others) should suffice to indicate the seriousness of this textbook problem. One would suppose that a textbook called *The Americans - a History of the United States*, would be just that, particularly when its authors carry so prestigious a designation as "By the Staff of the Social Studies Curriculum Center, Carnegie-Mellon University."

But AF's Textbook Evaluation reviewer, Dr. Robert R. Neff, professor of history at Asbury College, notes that "About all the student learns [on the American Revolution] is that a fictional 1770 businessman was discontented with British taxation, and that John Adams played an important role in the Boston Massacre. The chapter ends with a skit about Valley Forge and a story on the question 'To Help or Not to Help a Stranger?'" Dr. Neff also notes that "The authors have few heroes in this volume but one who towers above most others is Cesar Chavez!"

In the field of economics, a text called *Elements of Economics* by Wallace C. Peterson would lead one to believe the volume explains for young students the elements of the free enterprise system on which American prosperity and well-being is based (and whose taxes, incidentally, support the public schools). But you couldn't be more mistaken, as associate professor of history and business administration at Grove City College, John A. Sparks, points out in his evaluation. On the contrary, when the author speaks of "more equal income distribution," reviewer Sparks asks: "And how is this to be accomplished? By encouraging capital accumulation and thereby making all workers more productive and prosperous? No. Peterson is advocating government redistribution programs of taxing and transferring wealth and income." In other words, the chief so-called "Elements" in this text are those of the socialist, central-planning view of economic policy.

Then there are something called "values clarification kits" developed by Sidney Simon, professor of education at the University of Massachusetts. They are designed to help students discover their own values. While many teachers are deficient in grammar and composition, most recent graduates of schools of education are familiar with Simon's values clarification methods, which use moral dilemmas in the interest of teaching children "how values work." Among the exercises is the venting of feelings by one student toward another before the classroom, followed by a role reversal. Teachers are taught not to instill any particular values in children for there are no "right" values, but to guide them toward their own values regarding moral dilemmas about lying, cheating or stealing. A typical moral dilemma used as a teaching exercise in *Values and Teaching* by Louis E. Raths, Merrill Harmin and Sidney B. Simon might be the following multiple choice question:

"Under what circumstances would *you* try to pass a toll machine without paying the fee? _Only if I were certain that I would not be caught. _If I felt I had a good chance of not getting caught. _Never, under any circumstances. _Only if I needed the money desperately, like for family food supplies." [24]

The level of the philosophy of those whose ideas dominate the schools is shown in an article by Simon which appeared in *Scholastic Teacher* (Oct. 1974). Deploring the neglect of students' "skin hunger needs," Simon suggests developing "skin strategies" for the classrooms including temple massages and back rubs!

Examination of these and other school textbooks and teacher guides is a disquieting exercise in more ways than one, because the proliferation of non-academic material indicates that some academic materials have been replaced. To make time to probe students' values and feelings, a traditional subject must be reduced or squeezed out of the curriculum entirely. The same is true of assigned reading in the schools. The more time spent on assigned fiction about teenage pregnancy, drug addiction and other social problems, the less there is for reading the great books of western civilization. In the short run, youngsters

will suffer from a mediocre education as a result. But, in the long run, a civilization which persists in ignoring its great works by withholding them from its school children cannot hope to survive for long. A number of authorities have noted the linkage between the study of good books with the survival of civilization, among them Russell Kirk.[25] The purpose of literary culture, he says, is "the guarding and advancement of the permanent things, through the power of the word." To reject humane letters "is an act of childish impatience and arrogance. The consequences of that rejection are not restricted to juvenile years, but may endure to the end of life. When the great books are forgotten or burnt — why, as George Orwell reminds us in *1984*, 'Here comes the chopper to chop off your head.'"

When investigating what the schools are teaching it is imperative to ask also: what are the schools not teaching?

DECLINE IN WRITING SKILLS

The radical decline in students' ability to express themselves in writing is causing educators some worry. The fact that students are increasingly incoherent in their writing may be evidence of a decrease in their ability to think logically. The run-on sentences, incoherent paragraphs and general awkwardness in student writing tests administered by the National Assessment of Educational Progress are, however, according to optimists, simply evidence that students have not been taught the mechanics of writing. An NAEP study of the tests states that, "All of these changes point to a movement away from established writing conventions toward those of written discourse....More 17 year olds may be writing as they speak."[26]

In response to revealed student deficiencies some schools have instituted writing programs to make up for years of neglect in such areas as composition and grammar. Unfortunately, many teachers are not equipped to teach to meet upgraded standards. In some cases technological innovation is coupled with an attempt to improve standards and the results are not constructive. An example occurred in a Virginia school district where thousands of dollars were spent on dictaphone machines to assist students in writing. In spoken language they read their thoughts into the machine, which then repeats back to them their words to be copied, complete with errors, as essays.

Wall Street Journal columnist, Vermont Royster (Dec. 4, 1974) disturbed over the number of "adapted" classics he found in his daughter's school, refers to the intelligent students who are unable to express themselves as "the heartbreaking ones." He writes:

"It is truly painful to watch such students struggle with reading and flounder as they try to express their thoughts. The pain is in knowing that an intelligent young person has been cheated of what ought to be his educational birthright, an understanding of his own language."

Those who debunk the teaching of language and point to the ascendancy of electronic communications as a reason for de-emphasizing reading and writing, run the risk not only of creating a generation of functional illiterates but of depriving students of the set of symbols that makes logical thinking possible. As Royster notes, "those to whom written language is a mystery find, like some primitive people, that the world itself is a mystery." Without a firm grasp on language man cannot arrange in his mind the symbols for ideas and things which enable him to think clearly, a prerequisite for coherent writing. Professor Donald R. Tuttle describes the implications of continued deterioration of language skills for western civilization:

"Words have been the channel of man's thoughts, the embodiment of his spirit, the interpreter of his emotions, the basis of his society, the chief of his weapons against the barriers of space and the ravages of time. Without language, man would be but the most miserable of beasts, his power of reflective thought, his greatest resource, as impotent as if it never had been."[27]

Poorly equipped with language skills, the new breed of student is doomed to depend on the imagination of the listener or the reader to fill in the gaps of "you know what I mean" or "it's like...you know." Products of poor schooling struggle to externalize their thoughts through a small number of rather pitiful phrases. The incessant repetition of a slim vocabulary of four letter words among college students grows perhaps less out of the desire to shock than from the fact that students haven't other words with which to express themselves.

Those who teach foreign languages to college students are often faced with students incapable of learning another language because they haven't mastered their own. A glossary at the end of a short story by Thomas Mann is of no benefit to the student who knows neither the meaning of the German word nor of its English equivalent.

Those school systems which purport to teach "communication skills" instead of English but fail to produce literate graduates, are not living up to the promise implicit in the title of the subject. Instead of teaching students a means for communication, the schools are producing individuals incapable of expressing to another person a sensation, an idea, a nuance of a feeling, or anything whatsoever that is not entirely concrete. The denigration of language by the schools severs a man from his thoughts, severs one human being from the next, and is a serious step toward the creation of a handicapped society.

HISTORY AND SOCIAL STUDIES

The New York *Times* (May 2-4, 1976) American History, Knowledge, and Attitude Survey, administered to 1,856 college freshmen on 194 U.S. campuses, showed that one-third of the respondents thought the chief aim of colonial resistance on the eve of the Revolution was representation in Parliament rather than self-taxation.

Columbia professor William Leuchtenberg said of the test results: "The main conclusion one must draw is unmistakable: that this group of students knows remarkably little American history. Their knowledge of the Colonial period is primitive. Two-thirds do not have the foggiest notion of Jacksonian Democracy. Less than half even know that Woodrow Wilson was President during World War I. If this is the state of knowledge of American history, what can one anticipate about knowledge of the history of the rest of the world?"

The traditional role of the good history teacher is to weave dates into a meaningful whole as milestones marking high points in an exciting and true story. Instead, teachers today are increasingly discounting historical facts. Perhaps typical is the New Jersey educator (reported by CBE *Bulletin*, Feb. 1976) who said: "We teach history as a social science with economic, political, social, behavioral, and geographical ramifications. No longer do you get a chronological list you have to memorize — the 100 Great Dates. Who remembers them?"

William V. Shannon of the New York *Times* (Aug. 29, 1975) considers the debunking of history as one more expression of the anti-intellectualism which he finds typical of educators:

"The evisceration of history is part of the persistent debasement of serious education by 'educators' who really believe that the great majority of students are incapable of learning anything more difficult than they themselves cared to learn. What these educators have done to drive history out of the curriculum, they have also done to ancient and modern languages and to English literature."

The National Education Association has played a key role in degrading the level of education in most subjects. NEA biographer Edgar B. Wesley describes in his book *NEA: The First Hundred Years* how the NEA steered young people away from classical subjects toward those that better met society's "needs". The impact of this view upon education is aptly described by former Columbia professor Jacques Barzun[28]:

"Vagueness is bound to prevail when the aim of the school is no longer instruction in subjects, but education in attitudes to meet the needs of life. From the premise that life demands other qualities than learning, which is true and important, we have come to the conclusion that in a school scholastic ability and scholastic subjects are indecent and ought to be disguised....While biology and algebra are made genteel, play-acting goes on with 'living predicaments,' 'panoramas,' 'junior town meetings,' and 'research projects,' all of which can be used in many directions, like a transfer on a busline. The dogma goes far: a year ago or so, a good parochial high school in the Middle West was taken off the accreditation list because it did not offer Home Economics and Industrial Arts. These last-named subjects are no doubt important, and to some, who will shortly become wives and machinists, very important. But to argue that they are a necessary part of the curriculum to a community that does not want them shows the distance traveled since Jefferson's and Franklin's naive belief that public schools were for spreading literacy."

In the pursuit of "relevance" students learn social-studies material in a thematically rather than chronologically ordered pattern. The result is that students may be exposed to black history or the story of women's rights from the Salem witch trials up to the Equal Rights Amendment, while remaining unfamiliar with the facts surrounding the War of Independence or the Civil War. Instead of studying the details of a given period of history, students may be directed to pursue the theme of "Revolution" in all its forms (for example: industrial, Marxist, French), causing them to cover centuries and continents at a fast clip and frequently leaving them with a very blurred idea of what actually happened at a specific time in history.

The social studies approach is often mind-deadening as it whisks students superficially over a wide range of time and geography, loosely connected by an elusive theme. Using the inquiry method the student does not simply learn a body of knowledge but, in the style of a social scientist, questions the data and draws conclusions from them. Federal aid has played a major role in the promotion of the sociological approach to what used to be history, geography and government. Describing the concomitant preoccupation with social needs of the day, a New York *Times* (Apr. 30, 1972) analysis of social studies states:

"Largely as an outgrowth of such developments, a diffuse but massive and nationally based curriculum development effort was undertaken in the early sixties by numerous teachers, academics and curriculum specialists. The federal government poured millions of dollars into literally dozens of such projects. The resulting new materials are only now bursting fully upon the educational scene as virtually every textbook publisher in the country adopts the concept-and-inquiry approach at least in part."

The impact of federal aid on the dissemination of social studies curricula cannot be underestimated. Federal aid to education began in significant doses as recently as the mid-1960's as part of the Great Society program. It has since then more than doubled from $2 billion in 1966 to more than $5 billion as of this writing. Beginning in 1965 regional laboratories for educational research were established to provide federal funds for high level education studies.[29] The fact that more money to pay for such studies was available than there were good ideas to research may be at the root of some of our educational problems today. A number of dubious psychological theories, developed with the help of federal funds, were turned into educational methods for application in the schools.

Since 1967, the taxpayer supported National Science Foundation has been influential in the development of school curricula, under legislation permitting it to dip into "social science" studies. This $800-million-a-year independent federal agency spent millions to launch the "new math" program which, over a decade later, is still in schools nationwide. NSF also spent over $7 million to develop a fifth-and sixth-grade social studies course called *Man: A Course of Study* or MACOS.[30]

With federal funds, MACOS found its way into 1,700 public schools across the country. Through booklets, photographs and films students taking MACOS are introduced to adultery, wife swapping, cannibalism, murder, female infanticide, and senilicide. In the interest of cultural relativism pupils are made to look at grisly animal deaths and are encouraged to consider the ways of one of the most primitive human groups on earth as just another life style. The authors adopt a neutral tone, expressing no empathy for the sufferings of the many victims featured in this social studies course. Instead of learning history and geography, under MACOS school time is devoted to the study of the life cycles of several animal groups, which are then compared to the habits of the Netsilik Eskimo. Peter P. Dow describes the purpose of the course:

"We hope this course will awaken in children an awareness of the fact that what we regard as acceptable behavior is a product of our culture. Children must learn that their judgments of others are shaped by the culture in which we live."

As a result of Congressional opposition, notably from former Arizona Representative John B. Conlan, to MACOS, NSF's curriculum development budget for 1977 was cut from a requested $4 million to $1.4 million. This affected somewhat dissemination programs to promote a high school sequel to MACOS called *Exploring Human Nature* which NSF spent $2.5 million to develop. A 1975 NSF grant to the Educational Development Center, which developed both social studies curricula, went toward a series of promotion conferences to train local-

school administrators and teachers in how to use MACOS and its sequel. *Exploring Human Nature* features a genetic view of human behavior. The teacher's guide suggests "moral dilemmas" for dealing with such issues as population control. The students are faced with a choice between reducing births or increasing deaths. The guide states:

"As the population crunch becomes more severe and as more is learned about the genetic basis of particular human traits, it is likely that there will be increasing advocacy of various sorts of eugenic measures....It will be proposed...that society identify what are thought to be the most beneficial and most harmful existing genes, and that policies then be instituted to promote widespread reproduction of the former, while the latter are systematically culled out."[31]

By attending schools where the factual approach to history is ignored in favor of sociology, students are being deprived of what in the past was considered the fundamental fruit of education — an understanding of their own culture by studying its past. Students ignorant of history are cut off from their past and thus vulnerable to the seductive power of every passing fad, moral, social, economic, and political. Such individuals will suffer from what proponents of basic education call "collective amnesia"[32] as they grope blindly into the future without the benefit of "guideposts of precedent" to help shape their course. For these "historyless" individuals, equipped only with the methods of sociology, current affairs are not connected with the frequently repetitive story of mankind but remain objects of perpetual awe. Unable to anticipate the consequences of political or social or moral or economic actions because of this severance with the past, the products of the "historyless" culture will prove to be unenlightened voters in the deepest sense of the word.

MATHEMATICS

A series of declines in basic math test scores have disillusioned many regarding the variety of innovative methods loosely labelled "new math" which has been predominant in the schools since the early 1960's. Developed by the late Max Bierbaum (before his death he repudiated his own innovation), new math emphasizes the importance of *understanding* math theory. For example, to learn the theory behind computation, students are taught that $2+3 = 3+2$, not because both equal five, but because "the commutative law of addition holds." Students who have learned this verbal discussion of basic arithmetic often cannot multiply two numbers because learning multiplication tables by rote has been de-emphasized in favor of the "mastery" of such theories.

The analytic approach to mathematics may be of some value to the small number of students for whom theoretical mathematics will be a career. But to promote it at the expense of basic arithmetic means to handicap students in their daily lives in a manner analogous to the failure of the schools to transmit reading skills. Morris Kline, author of *Why Johnny Can't Add*,[33] considers new math to be of "unproven worth." He says:

"Even if it were the ideal curriculum for the training of mathematicians one could not be content. The new mathematics is taught to elementary and high school students who will ultimately enter into the full variety of professions, businesses, technical jobs, and trades or become primarily wives and mothers. Of the elementary school children, not one in a thousand will be a mathematician; and of the academic high school students, not one in a hundred will be a mathematician. Clearly then, a curriculum that might be ideal for the training of mathematicians would still not be right for these levels of education."

Criticism of math teaching methods has been mounting in the wake of declining test scores. Educators respond to it in much the same manner they do to criticism of the lack of reading skills. They suggest that solace might be found in the realm of technology. Just as some educators claim that, since we have television and other electronic communications media, students needn't work so hard at learning to read, so do math teachers now suggest the use of calculators *instead* of learning basic computation. A study funded by the National Science Foundation and conducted over an 18-month period as a response to criticism of math teaching methods, was presented at a 1975 (*Wall Street Journal*, Nov. 14) meeting of the Conference Boards of the Mathematical Sciences. The 157 page report recommends that:

"...beginning no later than the end of the eighth grade, a calculator should be available for each mathematics student during each mathematics class. Each student should be permitted to use the calculator during all of his or her mathematical work, including tests."

Professors of higher mathematics, well grounded in math theory, emphasize the importance of a basic ability to compute as a foundation for doing mathematics. This is the reverse of the sequence recommended by "new math" promoters. J. J. Uhl, professor of mathematics at the University of Illinois, says, "Calculators won't replace computational skills. That's like saying now that we have wheel chairs we don't have to walk any more. New math educators are on the frontiers of their knowledge. Because they don't understand the mathematics upon which the theories are based, they emphasize terminology instead of technique."

REACTIONS AND COUNTERMEASURES

Educators, understandably, have played down the seriousness of this whole problem of cumulative mediocrity in the schools. McCurdy and Speich note that "the relatively few school official who concede that there is a decline in student achievement channel the blame for it everywhere but within the walls of the nation's high schools and colleges."[34]

However, in view of growing dissatisfaction with the schools' performance, educators may not be able to ignore the situation much longer. A new kind of lawsuit has attracted attention to the problem. A high school graduate sued the San Francisco school system for its alleged failure to teach him how to read. In New York, high school graduate Edward Donohue, sued the Copiague school district for $5 million for "educational malpractice." Despite his high school diploma, the unemployed carpenter said he cannot even read a menu printed in English.[35] Of the 1977 graduating class in the Northern Virginia suburbs, most of which are wealthy bedroom communities of the nation's capital, two valedictorians said they would have liked to learn more reading and writing skills.

On another front, a 1975 Gallup poll of parents indicated that fewer than ever before would rate their schools A for excellent and that a

majority would send their children to a school strict on discipline and strong on its emphasis of the three "R's".

Those school systems, however, that are ready to upgrade standards are facing the very serious problem of a glut of teachers untrained to teach basic skills. Many are tenured recipients of annual pay increases, solidly backed by teacher unions in their resistance to change. The New York State Education Department's attempt to institute competency-based teacher instruction met with teacher union opposition. Under the plan education students get academic credit according to their mastery of specified skills expressed in teaching situations.

Elizabeth Wooten Cowan, director of English programs for the Modern Language Association, a body of college professors who support quality education, points to poor teacher preparation as a key cause for today's poorly equipped public school products. "Until potential teachers study the intricacies of teaching reading and writing and the mechanisms of learning them as thoroughly as they do the literary history of England, there's not much chance of improvement." [36]

The level of teacher mediocrity which some school systems confront was demonstrated in Montgomery County, Maryland. Tests for teachers in grammar, punctuation and spelling were recently adopted. Half the teachers applying for English teaching positions flunked the test. An investigation conducted in that county to determine the cause for declining test scores on national tests revealed the truism that teachers who are better prepared in English grammar are more likely to teach it. [37]

Some school districts are trying to solve teacher and student deficiencies concurrently. The District of Columbia has instituted a competency-based curriculum to replace "social promotion" and has added recertification requirements for teachers. School Superintendent Vincent E. Reed proposed that applicants for teaching jobs be tested in the fields they want to teach before they are hired. The level of the concern in this school district, which traditionally scores low on national achievement tests, was expressed by Carol L. Schwartz, vice president of the D.C. Board of Education. She stated (Washington *Post*, May 17, 1977):

"We are graduating students without the basic fundamental skills, we are employing some teachers who are academically deficient, we are so busy using our students as guinea pigs in the educational experiments of the day that their education is getting lost in the process."

But there is also good news in many school districts across the nation as low test scores and community pressure motivate school systems to upgrade standards in fundamental skills. This means institution of graduation requirements, abolition of social promotion and a re-examination of teacher staff and hiring policies.

In some cases results have been immediate. The institution of promotion tests requiring the mastery of a body of material before granting advancement to the next grade has caused the Emporia, Virginia, school system to move from near the bottom of national rankings to above average in many subjects.

In Louisiana, State Representative Louis B. Jenkins introduced in the legislature a bill that would require teachers to pass an English language proficiency examination in order to teach in the school system.

As part of its campaign for quality education, the Virginia State Board of Education voted to require minimum competence in four basic areas for high school graduation. The areas are: functional literacy, computational skills, a basic knowledge of the history and culture of the United States, and either a job entry skill or the ability to pursue higher education.

Denver, Colorado, home base of the Education Commission of the States, since 1962 has had a proficiency exam to test high school seniors for a minimal grasp of basic skills and has instituted remedial classes to which the failing ones can be referred. The state legislature decided to give the test as early as ninth grade in order to give students maximum time to correct weaknesses in remedial classes. The Denver test, viewed in other states as a model, tests students in four areas: numerical, spelling, language, and reading skills.

Arizona requires that graduating students be able to read, write and compute on at least a ninth-grade level. The Oregon State Board of Education asked local school districts to develop minimum competency standards for high school graduation to go into effect in 1978.

Among the most interesting cases of the new movement toward standards are those of ghetto school systems where the emphasis on basic education taught in a structured atmosphere has had good results. These are the schools where educators have too often blamed failure on the students and not the schools. The Council for Basic Education describes four such schools in a booklet by George Weber entitled, "Inner-City Children Can Be Taught to Read: Four Successful Schools."

The Argus Community School, located in the South Bronx slums of New York City, teaches young people, over half of whom have crime records, how to read, write and do arithmetic. Through a combination of discipline and an emphasis on the three R's students at Argus average more than 1.5 years of reading progress for each year of attendance. Students have advanced more in reading skills in a year at Argus than in six or seven years of regular school.

In some school districts the exertion of leadership toward achieving quality education by the school superintendent has brought positive results. In Richmond, Virginia, school superintendent Thomas C. Little introduced his own reading program directed especially at high school students whose reading scores are in the 25th percentile or below and at middle school students who are two or more grades below the national norm.

The latest innovation in many school districts is the so-called "alternative" school, which exists parallel to traditional schools but offers more emphasis on basic skills within a structured setting. More accurately, they should be called *fundamental* or *basic* schools, because an alternative school can also be one which is very permissive or "unstructured" — that is, even more permissive than the regular schools in a system. Parents should be aware of this distinction.

The Miami-Dade County school system in Florida has started six such *fundamental* schools. Dress codes, homework and good penmanship are back in style at many fundamental alternative schools. The Basic Alternative School in Prince George's County, Maryland, emphasizes arithmetic, reading taught by the phonics method, and history. The Fitler School in Philadelphia, Pennsylvania, rejects social

promotion and focuses largely on fundamental skills.

The example of the Pasadena Unified School District should serve to demonstrate what concerned members of the community can achieve. Pasadena schools were in a state of crisis in 1972. Massive busing had led to an exodus of students to private schools. Progressive education was predominant and sinking test scores reflected the low level education had reached. When three of five school board seats were up for election a group of citizens concerned with basic education offered candidates and won all three seats. Under the leadership of school board president Dr. Henry S. Meyers, Jr., the new board decided to offer a fundamental alternative school, one that differed from already established unstructured alternative schools.

Therefore, they established several Fundamental Schools where the emphasis is on basic subjects, homework is assigned, social promotion is abolished, periodic testing is conducted, students are grouped according to ability, and discipline is maintained. Test scores in these new schools soon rose, which made them very popular. When the John Marshall Fundamental School was established in 1973 in Pasadena, 450 students left private schools to enroll in the new alternative school.

According to estimates of the Council of Basic Education, there are several dozen fundamental alternative schools in at least twenty-two cities, most of them started in the last couple of years. Edward B. Fiske (N.Y. *Times*, Mar. 20, 1977) writes:

"Underlying them all is a growing sense among parents, school board members and others that the educational process has somehow gotten out of hand and that children simply aren't learning the way they should."

IT'S NOT TOO LATE

Concern over public school systems that don't educate a nation's children goes beyond a justified sense of outrage at institutions that cheat the individual child out of his right to an education. A society that hopes to preserve itself cannot do so by creating a generation of illiterates and, according to U.S. Office of Education statistics, functional illiterates now number 23 million.

People who emerge from a public-school education without the ability to obtain facts by reading, without the facility to put their thoughts into writing, and without having learned to examine a group of facts analytically are vulnerable to the most dangerous of passing fads, political and social. A nation comprised of a large number of public-school products thus handicapped, can hardly hope to remain a Free Society for long.

Equally dangerous for society as the failure to teach students the basic skills, is the manner in which schools are neglecting to convey to students a sense of their history and an understanding of the basic elements of a Free Society. If, given the choice between security and freedom, man naturally favors security, then a love of freedom is not instinctive but must be learned. Given the historic precedents that bear out this theory, the present state of the schools and its predictable consequences must become a matter of grave concern.

Recent attempts on the part of communities and concerned educators to reverse this trend are heartening signs and evidence that it is not yet too late. They are an indication that, even when deterioration is widespread, people in a Free Society can still bring about change, if they are willing to dedicate themselves to the task.

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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

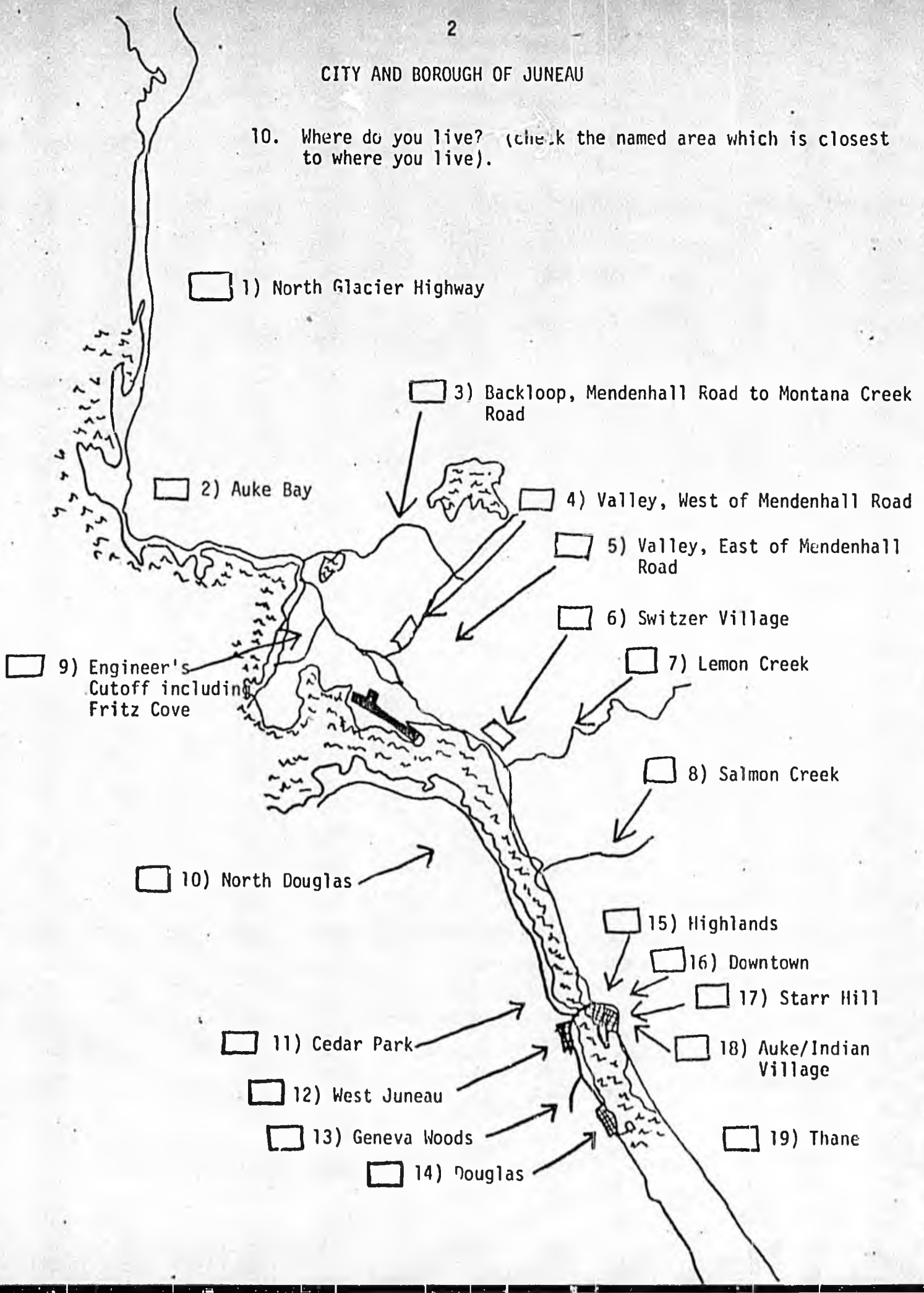
8. How many rooms are in your home? (Do not count bathrooms, closets, or other storage space.)

____

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 rep-tation 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 rep-utation 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
____ Teacher
____ Friend
____ Relative
____ Policeman
____ Agency (name)
_____

____ School Nurse
____ State Trooper
____ School Counselor
____ Minister, priest, or religious rep.
____ Community School Coordinator
____ 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		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 least 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

Sen. Bradley > Amdt. orgs. that urges sponsorship of bill
> Barbara ——→ PBE;

> Fiscal implications ?

Van Hecke
Hard to get parent to come at all.
Knows of no case where parents have been
kept away from records.
Has also unwarranted searches of students
persons or lockers.
Much of material naturally covered.
Parents protected but kids aren't.

Nat Cole –
Dept. opposes; protection already afforded by other areas of Federal or State law or regulation.
Legislation only as good as local boards.

Sen. Bradley +
Mentions films shown in Ark. schools
Many other controversial programs have been shown before review.

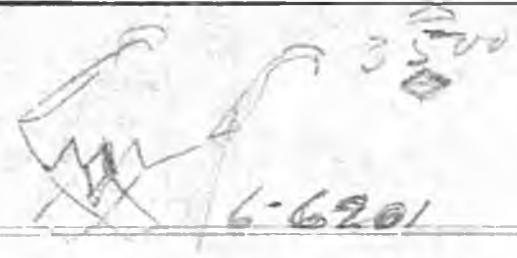
Page 1 Line 16 [beyond felt and]

Page 2 Line 2 [written]

Page 4 Line 2 'videotape'

3 what about oral test?

NAME	DEPT. REPRESENTING
Bob Cooksey	NEA-AK
ALAIRE STANTON	Assn. of ALASKA School Boards.
Caroline Wohlforth	" " "
Lea Stella	Alaska School Activities Assoc
Bob VanHoutte	
Nat Gale	



6-6201

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② Specie 4.5
③ Appr. Lift 1.5
④ Rang

Office Copy

Introduced: 1/16/79
Referred: Judiciary

IN THE SENATE BY BRADLEY

SENATE BILL NO. 40

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to parental rights."

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

* Section 1. AS 14.30 is amended by adding new sections to read:

ARTICLE 5. PARENTAL RIGHTS.

Sec. 14.30.450. PURPOSE. The purpose of AS 14.30.450 - 14.30.540 is to protect the rights of parents and guardians in regard to their minor children enrolled in the schools of the state. The educational well-being of the child is best served when there is mutual cooperation and confidence between parents and school personnel.

Sec. 14.30.460. ACCESS TO INSTRUCTIONAL MATERIAL AND PROGRAMS. The district school board or regional educational attendance area school board shall keep on file and make available for inspection to parents or guardians all instructional materials being used in the district. The materials may be inspected during regular office hours.

Sec. 14.30.470. PARENTAL APPROVAL OF CERTAIN PROGRAMS. Before placing a student in a program which is specifically funded as an experimental, innovative, pilot, or research program, the local board shall inform the parent or guardian that the child is being placed in such a program. If the parent or guardian objects, the child shall be placed in a regular program of instruction.

Sec. 14.30.480. TESTING PROCEDURES. A personality or attitude adjustment test shall be administered under the following circumstances:

(1) The tests shall be made available to parents or guardians for inspection at the school where the test is to be administered.

(2) Parents or guardians shall be informed of the nature of the test and written consent shall be obtained from the parent or guardian before the administration of the test to a student.

(3) The students are informed that the tests are voluntary and not a school requirement.

Sec. 14.30.490. CONTENT OF STUDENT'S RECORDS. Student records shall include an annual evaluation of the student's progress in the basic skills of reading, language, and computation, measured in terms of grade level norms set by the local school district board.

Sec. 14.30.500. ACCESS TO STUDENT RECORDS BY PARENTS. A school shall, upon request, make available to the student, parent or guardian of a student the content of the student's records. The parent or guardian may choose to be accompanied by another person or persons during a review of the contents of the student's records.

Sec. 14.30.510. CORRECTION OF STUDENT RECORDS. (a) If a parent or guardian disputes the accuracy of an item in the student's records, he may give notice in writing to the principal specifying in what manner he believes the item in the records is inaccurate. Within 15 days after receiving a notice of the alleged inaccuracy, the principal shall, in writing, either deny the alleged inaccuracy, admit the inaccuracy, or state that there has not been sufficient time to complete an investigation.

(b) If the principal states that there has not been sufficient time to complete the investigation, he shall immediately investigate the matter to determine its accuracy. When the principal completes the investigation and determines whether the item is accurate or inaccurate, he shall inform the parent or guardian. If the principal determines that the item is inaccurate, he shall immediately correct the item in the records and inform anyone who has previously received a report

containing the inaccurate information.

(c) The parent or guardian may attach a written statement to a disputed item that cannot be resolved under this section.

Sec. 14.30.520. PERMISSIBLE USE OF STUDENT RECORDS. (a) Student records are confidential and may be made available only

(1) to the student, parent, or guardian of the student;

(2) to the professional staff working with the student;

(3) to a court ordering their production;

(4) under written instructions of a parent or guardian for their transfer to another school or institution;

(5) under any other written instructions from a parent or guardian; and

(6) for verification of pupil attendance, bus transportation, or similar expenses to state or federal agencies.

(b) A school employee may not use student records for a personal, nonprofessional reason.

Sec. 14.30.530. ENFORCEMENT. (a) A person whose rights under AS 14.30.450- 14.30.520 are violated may apply to the superior court for an order protecting and enforcing the rights.

(b) A school district or regional educational attendance area found under (a) of this section to have violated rights protected under AS 14.30.450 - 14.30.520 is liable for the assessment of costs and attorneys fees under Rule 82 of the Alaska Rules of Civil Procedure; as appropriate, the court may also assess against the school district extraordinary costs of the plaintiff, including but not limited to costs of travel.

Sec. 14.30.540. DEFINITIONS. In AS 14.30.450 - 14.30.540,

(1) "academic test" means an instrument used to assess a student's academic achievement;

? add video tape

(2) "instructional material" means a textbook, teacher manual, film or filmstrip;

(3) "personality or attitude adjustment test" means a written test or questionnaire other than an academic test for the collection of information relative to a student's personality, envirorment, home life, parental or family relationships, economic status, religious beliefs, patriotism, sexual behavior or attitudes, or psychological or sociological problems;

(4) "school" means a public elementary or secondary school of the state maintained by an organized school district or by a regional educational attendance area;

(5) "student" means a person enrolled in a school maintained by an organized school district or by a regional educational attendance area;

(6) "student records" means all information on the student recorded and retained by the school.

People For Better Education, Inc.

P.O. BOX 4-2850 • ANCHORAGE, ALASKA 99509

March 16, 1978

Senator W.E. "Brad" Bradley
Pouch V
Juneau, Alaska 99801

Dear Senator Bradley:

I will be in Juneau to testify before H.E.S.S. Committee on Monday, March 20, 1978. Can you possibly spare me a few minutes out of your busy schedule, anytime Monday through Wednesday?

I will contact your office Monday. Thank you for your consideration.

Sincerely,

Marroyce Hall, Chairman
People For Better Education, Inc.

Letters To The Editor

Juvenile Crime

Dear Editor:

A recent published article tells of parents forced to pay for vandalism by teenagers. Another lists crimes committed without names of teenagers. We coddle them, tolerate them, pay for their crimes. This permissive society stinks. Condone it because you can't control it, turn your back so as not to see.

Give the parents back the control and discipline of the teenagers. Throw out the tax wasting social agencies and legislators that sponsored the runaway laws, give the police back the authority they need to curb the increase in juvenile crime and put every pothead in jail. This sounds tough, but it comes from experience with a teenager who receives advice that the law doesn't have a thing to say and neither does the parent.

If the parent as a voter took a stand right now and drew the line, decided to change things to eliminate the we-can't-help-you attitudes, if those of us who have suffered because a decaying morals Legislature allowed the current drug laws, would stand up and tell those politicians that next year they will find themselves on the outside looking for a job, the tide would turn.

Enforce the curfew law, Repeal the lenient drug laws. Jail drug pushers and throw away the key. Make anyone who breaks the law, at any age, pay the price. Those are simple rules to follow, the 10 Commandments and the use of common sense.

Donald C. Patterson
4847 Becharof

Religious Broadcasts

Dear Editor:

In regard to the letter on religious broadcasts that appeared in your paper March 22: I am sure that history will record that Madeline Murray O'Hare was a great patriot. Mrs. O'Hare alone successfully carried the fight to prevent the teaching of mysticism and supersition in government-owned schools.

I am in opposition to Mrs. O'Hare in her opinion that churches should be taxed. This is not because I believe churches should have a special category, but because I believe all taxes are immoral.

I totally agree with her objection to religious broadcasts. These programs are either presented as public service broadcasts or they are paid for by tax-exempt funds — for example, the PTL Club aired over Channel 2.

I wish Mrs. O'Hare all success in her new endeavor.

Herbert Mallicoat
Box 6765

Sex Education

Dear Editor:

I am writing this letter as a concerned parent residing in the Anchorage area.

There has been much concern over the issues of sex education and the way it is being taught to our young people in public schools.

My reason for writing is that I would like to see a film study arranged on the concerns and issues of sex education. This would be done so that parents have the opportunity to see what is being taught, that they may better be informed and able to air their feelings and opinions on these issues.

That this is an unpopular opinion among some teachers and members of the school board should be of no concern. What should be taken into consideration is that your child is your responsibility. I sincerely feel that a film study can be arranged for the parents and other concerned citizens. Sex education should be open to public opinion and no longer kept in the closet or whitewashed.

Mary B. Clark
7150 Henderson Loop

The Port

Dear Editor:

I am writing to you as president of the United States Merchant Marine Academy Alumni Association for northeast Ohio.

I examined your Port of Anchorage dock area. It is one of the finest I have ever seen. It is one that any city would be justifiably proud to have and utilize.

I then read your story of the retiring Chamber of Commerce head, Claire Banks, who spearheaded the drive to establish the Port of Anchorage docks. All citizens and businesses of the Anchorage area truly own him a debt. Because of his efforts they can live better for less.

James J. Bambrick
Cleveland Heights, Ohio

Parental Rights Bill In Senate

A bill entitled "An Act relating to parental rights." Sponsored by Senators Bradley, Huber and Orsini, SB 495 includes sections that "protect the rights of parents and guardians in regard to their minor children enrolled in the schools of the state. It finds that the educational well-being of the child is best served when there is mutual cooperation and confidence between parents and school personnel."

The act provides that school boards will keep on file and make available for parental inspection, all instructional materials used.

It also requires that before a student may be placed in an experimental, pilot or research program that the parents shall be informed and then give the parents an option to refuse to have their child in such a program.

Of particular interest to parents is the section on testing procedures which states that no personality or adjustment test may be administered except under certain conditions: (they must be available for parental examination; parents must be informed and written consent given; and the tests must be voluntary.

This type of test includes tests that collect information relative to a student's personality, environment, home life, parental or family relationships, economic status, religious belief, patriotism, sexual behavior or attitudes, or psychological or sociological problems.

The bill also provides that student records shall include a yearly evaluation of the student's progress in the basic skills of reading, language and computation measured in terms of national standard grade level norms.

It further provides that a school shall make records available, upon request, to parents or guardians and that the parents may be accompanied by another person or persons while examining the student's records.

Under the terms of this bill these school records may be challenged by a parent and either corrected or may have a written report placed in these records by the parent. The bill also limits use of the records to a very limited number of people.

Letters in support of SB 495 can be sent to your State Senator or the sponsoring senators, Pouch V, Juneau, AK 99811.

Comments Sought From Churches

State Senator Mike Coletta has provided ***ALERT*** with an advance copy of Senate Bill 504 entitled "An Act Relating to the Regulation of Charitable Organizations and the Solicitation of Contributions for Charitable Purposes." He has indicated that he will address any questions that might be raised about this bill.

Among other things this bill:

- Requires that charitable organizations soliciting contributions within Alaska register with the Attorney General's office. A $10 fee will be charged.
- Certain educational institutions, all organizations who solicit contributions only from their members and fund raising or relief of an individual are exempt from the registration requirement.
- The organizations required to register must also file annual reports listing, among other things, gross income, expenses and net income inuring to the benefit of the charity.
- Professional fund-raisers must register with the Attorney General's office. A registration fee and bond are required.
- I.D. cards must be carried by all persons soliciting contributions and the cards must be produced upon request of any potential contributor.

Senate bill 504 is very lengthy and should be evaluated by both churches and charities to insure that the interpretation of this bill will reflect the intent of the sponsor and serves the best interest of the community.

ALERT suggests that churches or individuals interested in further information should obtain a copy of the bill by calling the Alaska State Legislature Offices — phone 278-3668. Address your comments on SB 504 to Churches Alert, P.O. Box 10-445, Anchorage, AK 99511.

Lawyer Confident Parental Rights Ruling Will Prevail

Washington (NC) — An official of the Catholic League for Religious and Civil Rights has praised a U.S. District Court ruling that parents must be notified before public agencies dispense contraceptives to their minor children, and expressed confidence that the decision will be upheld on appeal.

Stuart D. Hubbell, executive director of the Catholic rights organization, called the recent ruling by District Court Judge Noel P. Fox of the Federal District Court for Western Michigan "a very strong opinion in law."

The Catholic League, which argued the case, "made a good record in court, establishing all the facts we wanted to establish," said Hubbell, a Traverse City, Mich., attorney.

In his most recent decision, Judge Fox reaffirmed his own ruling in the case of *Doe v. Irwin*. He had been ordered by the Sixth Circuit Court of Appeals to review the case in light

Continued on page 6

It Just Isn't Fair!

Milwaukee (NC) — It just wasn't fair.

At one table students sat down to china, place mats, silverware, fresh fruit, cookies, fruit cocktail, salt and pepper, and soy sauce in a crystal creamer.

Waiters served them piping hot chop suey loaded with big chunks of meat, and the milk seemed to flow from a bottomless pitcher.

But by the time the waiters got around to tables on the far side of the cafeteria, the only thing left was a little bit of rice, and that was cold.

The students at Milwaukee's Divine Savior-Holy Angels High School bore the disparity in the meals with good humor, though, because what seemed a case of bad planning was actually a lesson in world food distribution. All 400 girls taking part had volunteered, so they were prepared for what might—or might not—be served.

The World Hunger lunch, which left most of the girls with

Continued on page 7

World Refugee Population at 13 Million

Washington (NC) — There are more than 13 million refugees throughout the world, with Africa experiencing the largest growth in refugee population but the Middle East still facing the "most volatile political situation," according to the 1978 World Refugee Survey Report of the U.S. Committee for Refugees.

The report said that in Africa 1.5 million people have been displaced by the civil war in Angola; 800,000 have fled conflicts in Ethiopia; half the population of Equatorial Guinea—145,000 people—have left the country because of "severe human rights violations [by one of] the most brutal regimes in the world"; and about 50,000 have sought to escape guerrilla war in the Western Sahara.

The two million Palestinian refugees throughout the Middle East may be further threatened by "new tensions between Egypt and her Arab neighbors," the report said. In addition, there are 200,000 people internally displaced on the island of Cyprus because of Turkish occupation; 300,000 Kurds who have been forcibly relocated in Iraq; and an estimated 400,000 Lebanese displaced within the country by fighting there.

In Latin America, 80% of all citizens live under military dictatorships and "human rights violations have been widespread," said the report, which noted particular concern for 10,000 refugees living in Argentina. But, it said, "in a positive development, several Latin American nations have announced plans to return to civilian life, and have promised free elections and the release of political prisoners."

Five million refugees remain internally displaced in Indochina, "and the border war there between Cambodia and Vietnam threatens to increase this number dramatically," the report said. It called the plight of the "boat people"—those who leave Vietnam by sea and are often turned away at other Southeast Asian ports—"the most dramatic example of refugee vulnerability."

The report also outlined "one of the least noticed refugee problems"—the presence in Bangladesh of almost 400,000 Biharis, non-Bengali-speaking Moslems who fled India in 1947 and are living in makeshift refugee camps awaiting repatriation to Pakistan.

"The enormity of the world refugee problem bears tragic witness to the need for international safeguards ensuring the right of every individual to seek and be granted asylum," said Gerald E. Connolly, executive director of the committee. He added that less than half of the member nations of the United Nations have ratified existing refugee protection treaties and that no Asian nation has entered into such an international agreement.

"The shame of it all," Connolly added, "is that the international community seems to have become inured to the sight of millions and millions of persons who feel the need to flee war, civil strife, racial injustice and political oppression."

Archbishop Calls for Alternate Solution to Teen Pregnancies

New York (NC) — The solution to the problem of teenage pregnancies and abortions lies not in "massive contraceptive indoctrination" but in education that will help them "grow up as sexually mature adults," said Archbishop Joseph L. Bernardin of Cincinnati in the Jan. 22 issue of the *New York Times*.

Writing in the newspaper's op-ed pages on the fifth anniversary of the U.S. Supreme Court decisions lifting most state restrictions on abortion, the archbishop said that there is a consensus in this country that abortion "is not desirable in and of itself."

Opinions differ, however, on solutions to the problem of teenage pregnancies, said Archbishop Bernardin, immediate past president of the National Conference of Catholic Bishops. Many promote the wider dissemination of contraceptives and contraceptive information among teenagers, but past experience shows that such a policy "will motivate them to precocious sexual activity but by no means to the practice of contraception," he said.

Archbishop Bernardin called that approach "a cheap solution that will not work and that, if it did work would not meet the real developmental needs of teenagers searching for sexual identity."

In addition, he said, the current availability of contraceptives and contraceptive information indicates that "if sexually active teenagers do not practice contraception, it is not because they lack opportunity."

The alternative solution, although not an easy one, lies in "turning things around, and instead of telling teenagers that they can have sex without consequences, telling them the truth: There is no such thing as sex without consequences, whe-

Continued on page 6

Equatorial Guinea: Torture Capital of the World

London (NC) — Two political prisoners who escaped from Equatorial Guinea said its ruler ordered a reenactment of the Way of the Cross, a crucifixion and a mock Mass as a way of torturing and killing dissidents.

The report of the two men, who asked not to be named, was publsihed by Amnesty International, the London-based organization concerned with human rights.

The two escapees said that President Francisco Macias Nguema, who after a nine-year rule proclaimed himself president for life, has made Guinea "a huge torture center in which the only way out is to the cemetery."

Previous reports said the ruler has driven religion underground by a relentless persecution. The bishops were expelled, as well as the Spanish missionaries, churdhes were turned into army barracks or warehouses, schools and seminaries closed and religious services banned.

Some refugee sources in neighboring Gabon said a priest can be executed for offering Mass, and those attending it can be harshly punished. There have also been reports that Ma-

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The Schools Are Changing

By Jenkin Lloyd Jones

TWO TINY straws in the wind:

The bulletin of our neighborhood junior high school reports that the Parent-Teacher Association lacks only 10 of having 100 percent membership among parents. And an item speaks of a successful new tutoring program being conducted by parents and calls for volunteers skilled in English grammar.

The first straw is tiny, indeed. PTA membership costs only a buck a year, and this is small conscience money for fathers and mothers who let their kids run loose and never help with the homework. Still, near-unanimous membership in what is supposed to be a school uplift program is a little something.

But the drive for volunteer tutors may mean more. The great, grim fact, long hidden beneath thick blankets of educationese and tortured theory, that most American schools are failing is now emerging.

The effort to eliminate nationwide standard testing on the grounds that tests are "irrelevant" and "culturally biased" has weakened. The diminishing competency scores are bare and bleak. The anger is growing.

So we have the lashing-out and the scapegoat-hunting. Some taxpayers, unable to control the gobbling Moloch in Washington, have vented their wrath on local school levies. In places like Toledo, Cleveland and Youngstown, schools simply ran out of money.

MUCH OF THIS is only rational, a tax revolt where revolt is possible. But the fact that public expenditures for primary and secondary education have risen 400 percent since 1960 is generating a demand for cost accounting. This is not the most propitious time for militant teachers' picket lines.

Oddly, screams about the erosion of learning first began arising from those citadels of "liberalism," our universities.

Professors were finding that many students could no longer read their texts. All good professors want to teach, and the prospect of watering down instruction to the "Me, Tarzan — You, Jane" level, and inflating grades to the point of fantasy, appalled them.

There were many alibis, some based on truths. TV was blamed — the orientation of children to spoken words of limited vocabulary, instead of written literature. There's not much in Charlie's Angels or Police Woman to prepare for college.

Blame was placed on the fact that children of the bottom socioeconomic group (read that chiefly blacks) were staying in school longer and participating in tests. Many wanted to go to college. Such young people didn't figure in the test scores of 25 years ago. All true.

But here the greatest error was made. Instead of trying to teach where teaching was difficult, the theorists began arguing that teaching was not all that important. What was important was "life adjustment" and developing the "whole child."

IT WAS ASSERTED that the ghetto resident was raised in another language, and that any dialect, however ungrammatical, had equal validity. Everybody had to pass. Otherwise, schools were being cruel.

This, of course, was the worst of cruelty. Neither the world, in general, nor employers, in particular, will be impressed by the patois of the slums. And, language aside, there is no way that the world will accept the guess that the square root of 64 is, maybe 7, or that airplanes are held up by pressure instead of vacuum.

Toleration of wrong answers led us into the chaos of open admission to a few colleges and now has the Supreme Court wandering around in the thicket of affirmative action. Down this road lie increased racial tensions and endless frustration.

In the old days, when schools insisted on right answers, many miracles occurred. As Frank Arbruster of the Hudson Institute has pointed out in his book, "our Children's Crippled Future," the old slum schools took immigrant youngsters who were fresh off the boat, and in a short time the majority coped and many went on to eminence.

TODAY WE HEAR the cry that we must set up bilingual school systems because Puerto Rican and Mexican schoolchildren find English difficult. Thus their handicaps are to be coddled and prolonged.

Well, a lot of fancy wallpaper that was pasted up with water is coming off the wall. Many of the pedagogical theorists of the past three decades are backing up. Increasingly, legislatures under public pressure are demanding minimum competency standards for high school aduation.

The heat is on for fewer baloney courses and more theme-writing. The Rev. Jesse Jackson thunders at black parents who haven't cared. And, as our little junior high school bulletin says, well-educated fathers and mothers are being sought who will be willing to hypo the grammar.

The effort by America's educational establishment to substitute compassion for integrity may be drawing to a close.

The good news is that the bad news is out.

Jenkin Lloyd Jones is editor of the Tulsa Tribune and a long-time nationally syndicated columnist. He is a past president of the U.S. Chamber of Commerce.

Dear Editor:

Knowing The Daily News is concerned with in - depth coverage of controversial issues, we ABC Committee members feel that further information regarding your recent editorial comments on the ABC fundamental school would be appreciated.

In plotting a map of the results of the pu[illegible] interest survey of last May, our committee found a strong response from many sections of Anchorage. To minimize transportation requirements and save energy, we believed any projected ABC schools should be located in areas where high interest prevailed. Northern Lights School indicated high interest. Such was not the case at Denali School.

As plans were developed, the ABC Committee was led to believe that no more than one school should be considered on a pilot program for the first year. Consequently, our committee, after considerable study, recommended Northern Lights School as the first fundamental school in Anchorage. Criteria was based on the following considerations:

1. Northern Lights is in an area of diminishing enrollment.

2. The location is a quiet neighborhood but close to major arterials.

3. Other elementary schools are in proximity for those not wishing this program.

4. Widespread neighborhood acceptance was indicated by a PTA survey.

5. The size conformed with the desired 400 student enrollment.

6. The school is not heavily encumbered with federal programs.

7. The school reflects a good cross - section of the community ethnically, culturally, racially, and socio - economically.

The School District recommendations for two schools at the Jan. 23 School Board meeting came as a surprise to many persons. The parents of Denali School children had not yet had a opportunity to express their preferences, and our committee had had no time to assess the location and parental attitudes so essential to this program. Arbitrary decisions in the sensitive area of neighborhood schools can be divisive. Of course we were concerned.

In addition, the Monday Daily News reported that Breakthrough, the citizens' planning group, has endorsed a plan to create "a new headquarters library on the site of the Denali School," not to mention the new federal building a block away, other high - rise developments in the area, and the projected A-C Street couplet. What is the inevitable fate of Denali School is a question that must be answered.

ber to evaluate public response to all elementary school programs has not yet been released by the District to the School Board or the ABC Committee. With all due respect for the fine staff and people of the Denali area, our committee believes that recommendations of the Denali site by the District were premature. The problems surrounding the Denali School future must be evaluated on a long - range basis. The School Board should be commended for their vision in delaying a final decision in order to evaluate the proposed ABC program in Denali School in terms of the total community benefit.

Shirley English
ABC Committee chairman

Capital sense

Dear Editor:

It seems to me that we have been hearing far too much propaganda about the cost of moving the capital, and little information that would inform the people so that they could vote intelligently.

Everyone who survives in Alaska knows how to do "comparison shopping." The decision to move the capital is a decision not to leave it in Juneau. In order to make an intelligent decision the voters must know the cost over the same time period to allow the capital to remain in Juneau.

Our legislators will be doing us all, the people of Juneau, included a disservice if we do not have these facts before us when election day arrives.

Let's have some sense about the capital move issue.

Bob Hesseltine

Crucial information

Dear Editor:

At the monthly meeting of the Alaska Geological Society, Greg Furness of W.G.M. and Leo Mark Anthony of the University of Alaska discussed some important information concerning metallic mineral discoveries and potential on Admiralty Island in Southeastern Alaska.

Within the last few years, an ore deposit on the northern part of the island has been delineated by core drilling. Its estimated value is one-quarter billion dollars. Work elsewhere on the island has identified other mineralized areas with excellent potential. Moreover, it is the opinion of Furness, Anthony and other knowledgeable observers that there are many other significant mineralized areas on the island which have not as yet been identified by current exploration activities.

Why is this information so crucial? The reason is that Congress is considering proposals to classify essentially all of Admiralty Island as wilderness. If the island is so classified, mineral development and further exploration will be effectively terminated, and the United States will be unable to use the mineral resources of the island. I feel that this would be a short sighted decision, and a restrictive wilderness status should not be given to the island until the full extent of its potential has been determined. If at that time, with full knowledge of the resources being precluded from development, the judgment is made that the best use of the island is as wilderness, that would be a decision based on reason and not emotion. Unfortunately, I don't think that the reasoned approach will win out.

It would be bad enough if the rush to wilderness at Admiralty Island were an isolated case. It is regrettable that it is not. Vast regions of Alaska are being considered for wilderness classification as part of the d-2 legislation currently before Congress. In many instances, the mineral and other economic resources of the areas have not been adequately evaluated. I think that it would be inappropriate and potentially disastrous to prevent development in large areas of Alaska before the country knows what it is giving up.

David M. Courtis

Last Session
Passed HESS
+ Judiciary
+ Was in Rules
as of June
nitpicked by NEA, Dept of Law,
& laywomen organizations (3-4 meetings)

Marge Hall C, People for Better Education
Mr. + Mrs. Thetford + others

SB 40, "PARENTAL RIGHTS"

1. This bill was introduced as a result of complaints by many parents of school children and the insistence of members of the following Anchorage organizations:

   a. The People for Better Education

   b. The Alaska Federation of Women, and

   c. The Parent Teachers Association.

2. The purpose of the bill is to protect the rights of parents and guardians of children enrolled in the State's elementary and secondary public schools. This, of course, will also result in protecting the children from being subjected to certain instructional material and personality or attitude adjustment tests, which also includes certain personal-information questionnaires, considered inappropriate by most parents and guardians.

3. The purpose of the bill is also to give some rights to parents and guardians of school children which are not now considered by all School Principals or Local School Boards as rights of these parents. Some of these are as follows:

   a. The availability for inspection by parents and guardians of all instructional materials to which their children are subjected.

Another right of Parent

b. The notification of parents of any experimental program of instruction before placing their child in such programs and the right to object to and select a regular program of instruction for their child. This procedure also applies to personality or attitude adjustment tests before administering them to a student. (The parent must first be notified).

Another right of Parent

c. The availability to a parent or guardian their child's student records to include an annual evaluation of the student's progress in the basic skills.

another right

d. The proper maintenance and correction of students records. Parents have in the past received considerable harassment in this regard and have even had to go to court to get justice. This should be unnecessary if our statutes properly cover the right of all parties concerned and

another right

e. The confidentiality of student's records. There have been instances in some schools where the principal did not permit parents to

scrutinize the child's student records because he stated if all parents requested to do so, it would be too much trouble. Conversely, some people other than a student, teacher, parent or guardian have requested to see a student's record that should not have been permitted to see the records. Some have had ulterior motives in mind, such as comparing their child's record with another child's and publicized it.

4. Section 530 on page 3 deals with the provision for court action if any portion of the aforementioned rights are violated.

Any questions?

Flo Ellers
RR4, Box 4621
Juneau, Alaska 99803
February 16, 1978

Senator Joseph L. Orsini
Pouch V
Juneau, Alaska 99811

Dear Senator Orsini,

I support SB495, "An Act relating to parental rights."

It has been my experience in the past as a mother to have no say or foreknowledge of the contents of a sex education class material being offered to my daughters. It is the right of the parents and also the responsibility to teach their children. If it is the wishes of the parents to have such a class taught to their children, then they should be notified and be given that option.

I want to share briefly with you how I handled such a situation. My two daughters, ages twelve and thirteen came home one afternoon and proceeded to tell me how a health instructor was teaching them the pronunciation, spelling and defition of four-letter words of the common street vernacular. I called my pastor and he in turn notified a school board member. I then set up an appointment with the principal and the teacher involved to find out the reasoning behind such teaching practices. As I recall, she gave me a very weak explanation with the support of the principal, I might add and announced to me that tomorrow's class would be on all of the known contraceptives and how to use them! I asked her if I could monitor the class and she replied very hesitantly that I could. I wish I had now and taped her class so that all the mothers would have the opportunity to know exactly what was being taught their children but I suspect that we would have had a fiasco of the same manitude as Watergate. On another occasion, one of my daughters told me that she was required by her "Math" teacher to submit an essay on "Witchcraft"! Somehow that just does'nt add up. I pulled my youngest daughter (four years ago) out of an astrology class that does not bear up under scientific scrutiny and is in fact a cult.

I am hoping that the parents will also have the option to choose whether they want their children to be subjected to the 'evolution theory' which is what it says it is, a theory; but somehow the teachers present it in such a way as to appear as the truth. The whole truth needs to be presented here. If we are going to teach a theory then why not present the other side of the coin which is to present the view according to the Word of God, the Bible and allow each child to make up his own mind without propagating a half-truth or rather only one version. If they are only going to present one view and not the other, then let's throw it all out!

My personal belief is to present both views which is equality for all. It's about time to give God equal time in the classrooms.

As a mother of four daughters, I appreciate what you are attempting to do.

Sincerely,

Flo Ellers

cc: Senators Bradley and Huber
Rev. Bo Melin
Bill Johnson, President, School Board

Alan R. & Heidi J. Winter
3062 North Circle
Anchorage, Ak. 99507

April 20, 1978

Senator Bradley
Pouch V
Juneau, Ak. 99811

Dear Sen. Bradley,

My wife and I are in support of this bill # SB 495 concerning parents right to know about their children's education and records. We ould like you, as a senator to support this bill as you vote.

Thank you.

Sincerely,

Alan R. Winter

Heidi J. Winter

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

1978 MAR 15 PM 2 57

02025 POM ANCHORAGE ALASKA 15 03-15 1134A AST

PMS SENATOR BRAD BRADLEY

JUN

STRONGLY SUPPORT PASSAGE OF SB495 PARENTAL RIGHTS ACT

DON DIVENS 5710 RADCLIFFE DR ANCHORAGE 99504

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

1978 MAR 16 PM 9 02

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PMS SENATOR BRAD BRADLEY

JUN

PLEASE SUPPORT SB495 PARENTS ACCESS TO ALL MATERIALS

MYRNA DIAL 1503 NUNAKA DR ANCHORAGE 99504

TELEGRAM

ACME ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

#

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PMS SENATOR BRAD BRADLEY

JUN

I URGE YOU TO GET SB495 PARENTS RIGHTS BILL OUT

OF C COMMITTEE AND PASSED

MR AND MRS ALVIN SYREN BOX 3578 ANCHORAGE 99501

October 4, 1977

Senator W. E. "Brad" Bradley
P.O. Drawer 8670
Anchorage, Alaska 99508

Dear Senator Bradley,

We appreciated your taking the time from your busy schedule to view the films, "The Lottery", and "The Discussion of The Lottery".

The school board will make a decision on these materials at the board meeting, Monday, October 10th. The educators have taken a strong position that these films are a vital, and necessary teaching tool. Virtually all parents were appalled at the use of this material.

As you, and Senator Sumner, are members of the HESS Committee, your testimony is vital to the parent's position.

Chat Chatterton indicated, if this issue were not settled before the Legislature met, he would help to set up a showing in Juneau. I hope we can win this issue without these measures.

If your schedule does not permit you to appear, we would appreciate a letter that could be read with our presentation. Thank you again.

Sincerely,

Marroyce Hall

Marroyce Hall, Chairman
People For Better Education

Parents Oppose Program For Wendler Junior High

By BARBARA WOLD
Times Staff Writer

Public testimony that a proposed school-within-a-school at Wendler Junior High School would not be in the best interests of the students was heard last night during a meeting of the Anchorage School Board.

Parents living in the Wendler attendance area testified against the optional program, saying that the junior high school is currently overcrowded, has large classes and uses portable classrooms.

The parents also requested that parents in the Wendler attendance area be polled on the proposed alternative program.

The proposal for the alternative program was recommended by a committee of parents also living in the Wendler attendance area.

The board approved a feasiblity study by the administration on establishing the alternative program at Wendler. The study will include the issues expressed by the parents.

Designation of Denali Elementary School as Denali Fundamental Curriculum School for the 1978-1979 school year was approved.

Also approved were administrative procedures for staff selection for the Denali fundamental school and the Anchorage Basic Curriculum School to be located at Northern Lights School next year.

The board also scheduled a workshop with the college preparatory task force on preparing college-bound students in the district. The workshop will be Wednesday at the administration building.



Students, Parents Have Right To See Scholastic Records

By LOUISE COOK
Associated Press Writer

You want to look at your child's scholastic record and the principal turns you down. Do you have the right to demand the information?

A school dress code requires that boys' hair be kept above the collar. Your son wants to wear his longer. Can he?

In both case, the answer is "yes."

Supreme Court decisions and federal laws enacted since the start of the 1960s have given public school students new legal rights and the government is trying to help youngsters and their parents learn what they are — and are not — entitled to.

A guide, published by the Youth Development Bureau of the Office of Health, Education and Welfare, details student rights in areas like religion, free speech, discrimination and records and outlines steps to take in case of possible violations.

"Your Legal Rights and Responsibilities" is available, at no charge, from the Consumer Information Center, Dept. 652F, Pueblo, Colo., 81009.

Here are some key issues for students:

STUDENT RECORDS

The 1974 Family Educational Rights and Privacy Act gives certain rights to eligible students or their parents or guardians. (An eligible student is one who is 18 or over or is attending any school after graduation from high school.) Under the law, an eligible student or his or her parent or guardian has the right to review and inspect the student's records, except for records made and kept by one person such as a psychologist or social worker. The parent or student also is entitled to challenge the records in a hearing to make sure they are not misleading or inaccurate. With a few exceptions, officials must get written permission from a student or parent before revealing the records to anyone else.

The law covers all schools receiving federal funds. Further information is available from: The Family Educational Rights and Privacy Act Office, Department of Health, Education and Welfare, 330 Independence Ave. S.W., Washington, D.C. 20201.

SEX DISCRIMINATION

Title IX of the Education Amendments of 1972 prohibits schools from treating boys and girls differently because of sex. Schools cannot provide separate classes or activities for male and female students, deny students the right to take a particular course because of sex, apply different rules about physical appearance to boys and girls, make different disciplinary rules or enforce them differently on the basis of sex or refuse to let a female student to take part in a class or activity because she is pregnant. (The school may, in some cases, require a pregnant student to get a doctor's approval for participation in a particular class.)

Because of these rules, a school cannot force boys to cut their hair shorter than girls, and it cannot prevent a girl from taking shop or a boy from taking home economics.

There are some exceptions to the requirement for joint classes. Schools may, for example, provide separate classes for sex education; they also may separate students by sex within physical education classes for participation in contact sports.

Violations of the law should be reported to the Director of the Office of Civil Rights at the HEW address listed above.

SUSPENSION

Under a 1975 Supreme Court ruling, school officials suspending a student for 10 days or less must tell the student what rule has been broken, write it down and give the student a copy. If the student denies the offense, the officials must explain why they believe the rule has been broken. The student must have a chance to give his or her version of what has happened.

The court ruling involved brief suspensions only; the court mentioned that longer suspensions or expulsions might require more formal procedures, but it did not spell them out.

Nothing in the Supreme Court action or the law protects students from properly imposed suspensions. In addition, a student whose conduct is dangerous to other persons or who continually threatens to disrupt school, may be suspended immediately; a hearing according to the rules set down by the court should be held as soon as possible.

Survivor Gives Credit To God

SEATTLE (AP) — Hal Corbett survived 17 hours in the ocean without a lifejacket, and credits his survival to God.

His wife, a passenger and Corbett's dog all died in the airplane crash off the island of Hawaii Dec. 31.

"It was only through prayer that I survived," he said during a stop here.

Corbett's single-engined Piper Cherokee was inbound for a landing at the town of Kona when it threw a propellor blade and went into the ocean, sinking quickly.

The passenger was trapped inside. Corbett's wife Diane and their dog escaped, but drifted away and died a few minutes later. Diane could not swim.

But Corbett, 49, stayed afloat through the night and the following day until he was rescued by a pleasure boat. He lacked any floatation gear.

Corbett was born in Tacoma and lived in Seattle, graduating from Queen Anne High School in 1945. He attended Seattle Business College, and was managing a hotel in Bend, Ore., in 1947 when he took a flying lesson.

Since then, his life has been one of adventure, including searching for Spanish treasure and operating flight schools.

Corbett says he was never very pious, and his attitudes have not changed. "I haven't changed as far as going to church every Sunday. No, I don't do that," he said.

March 22, 1978

Glenn Harkey, Chair.
H. E. & S.
Room V
Juneau, Alaska 99811

Dear Sen. Harkey:

Please support Senate Bill #495 regarding parental rights. The bill is much needed and long overdue.

Sincerely,

Mr. Shirley Coplin
3416 Vassar Dr.
Anchorage, Alaska
99504

TELEGRAM

ACA ALASKA COMMUNICATIONS, INC.
PHONE: [illegible]-6440
JUNEAU, ALASKA 99801

#

02145 POM ANCHORAGE ALASKA 15 03-16 0435P AST

PMS SEN GLENN HACKNEY

JUN

I SUPPORT SB495

NANCIE P NICHOLAS 4227 JAMES DR ANCHORAGE ALASKA 99504

TELEGRAM

ACA ALASKA COMMUNICATIONS, INC.
PHONE: [illegible]-6440
JUNEAU, ALASKA 99801

#

02207 POM ANCHORAGE AK 15 3-16 920P AST

PMS HON SEN HACKNEY

JUN

REGARDING SENATE BILL 495

I WOULD URGE YOUR SUPPORTING THIS BILL

ROBERT L MERRILL

3909 DUNSMUIR CT

ANCHORAGE AK 99504

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

#

02100 POM ANCHORAGE ALASKA 15 03-16 933A AST

PMS SENATOR GLENN HACKNEY

JUN

PLEASE SUPPORT SB495 PARENTS ACCESS TO ALL MATERIALS

MYRNA DIAL 1533 NUNAKA DR ANCHORAGE 99504

1978 MAR 16 PM 5 28

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

#

02105 POM ANCHORAGE ALASKA 15 03-16 [illegible] AST

PMS SENATOR GLENN HACKNEY

JUN

WE SUPPORT PARENTS RIGHT BILL 495. ALSO YOUR ABORTION

CONSENT BILL 245 CAN WE HELP

SUE AND DOUG BROWN 7733 HONEYSUCKLE ANCHORAGE 99502

1978 MAR 16 PM 5 28

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

02018 POM ANCHORAGE ALASKA 15 03-15 1136A AST
MAR 15 PM 2 40
PMS SENATOR GLENN HACKNEY

JUN

MEMBERS PEOPLE FOR BETTER EDUCATION URGE AFFIRMATIVE COMMITTEE
SUPPORT ON SB495 PARENTS RIGHTS ACT

MARROYCE HALL CHAIRMAN PEOPLE FOR BETTER EDUCATION

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

MAR 15 PM 2 34

02034 POM ANCHORAGE ALASKA 15 03-15 1105A AST
PMS SENATOR GLENN HACKNEY

JUN

I URGE YOU TO GET SB495 PARENTS RIGHTS BILL OUT OF
COMMITTEE AND PASSED

MR AND MRS ALVIN SYREN BOX 3578 ANCHORAGE 99501

TELEGRAM

[illegible] ALASKA COMMUNICATIONS [illegible]
PHONE: [illegible]
JUNEAU, ALASKA [illegible]
[illegible] 15 PM 2 55

02023 POM ANCHORAGE ALASKA 15 03-15 1134A AST

PMS SENATOR GLENN HACKNEY

JUN

STRONGLY SUPPORT PASSAGE OF SB495 PARENTAL RIGHTS ACT

DON DIVENS 5710 RADCLIFFE DR ANCHORAGE AK 99504

[illegible]

02033 POM ANCHORAGE AK 15 03-15 [illegible]P AST

PMS SENATOR GLENN HACKNEY

JUNEAU AK

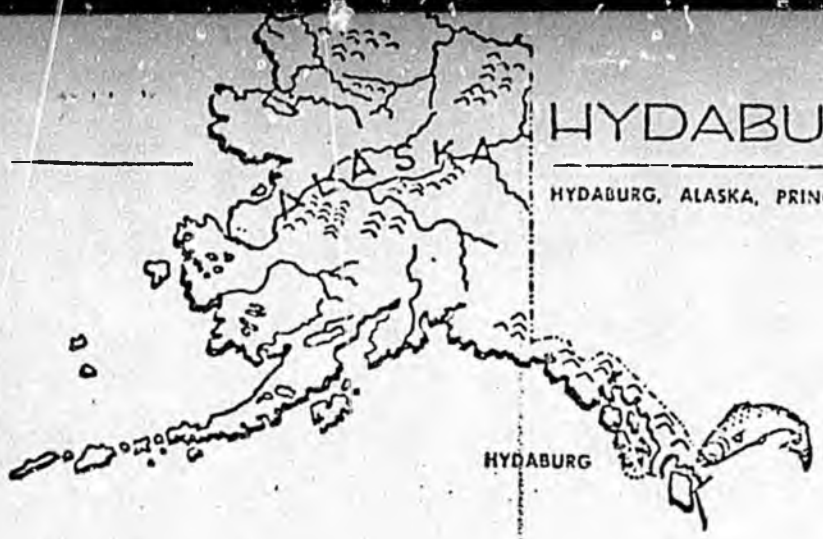
STRONGLY SUPPORT PASSAGE OF SB495 PRESENT EDUCATIONAL

TRENDS HAVE AROUSED MUCH PARENT CONCERN

ALYCE HANLEY

4007 BRENTWOOD CIR

ANCHORAGE AK 99502



HYDABURG CITY SCHOOL

HYDABURG, ALASKA, PRINCE OF WALES ISLAND 99922

March 28, 1978

file

Glenn Hackney
Senator
Chairman
Health, Education and Social Services
Pouch V
Mail Stop 3100
Juneau, Alaska 99801

Dear Mr. Hackney

I object in the negative to the information introduced with Senate Bill No. 495.

On one hand the intent as expressed in the Purpose (Sec. 14.30.450 is justifiable. However in reality the inclusion of Acess to Instructional Material and Programs (Sec. 14.30.460) would be feasible if the State of Alaska through an appropriate appropriation of the budget would purchase for every school district at cost, all the educational materials published in the United States, since we draw literally from every reasonable source to teach. It would be hopeful that the appropriation would include the many file cabinets to accomodate the vast numbers of educational publishings.

Secondly, please clarify what is stated as "personality or adjustment," line 27.

Aside from the mentioned glaring inconsistencies- I feel that Senate Bill No. 495 is almost adequate.

I therefore object to the passage of this bill.

Sincerely,

Sasha I. Sobleff

Sasha I, Sobleff
Social Studies Department

SIS:jw

SB

41

COMMITTEE REPORT

SENATE

FURTHER: Judiciary
FINANCE - 1/30/79

1/16/79

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had SB 41

relating to exemption from income tax for senior citizens

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[X] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

_____

Goodell

Ferguson

_____

_____

_____

_____

_____

_____

MEMBERS HAVING
OTHER RECOMMENDATIONS:

_____

_____

_____

_____

_____

_____

Glenn Hadeny
CHAIRMAN

S 60 (Rev. 12/78)

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

To: _____ SENATE BILL No. SB 41

HOUSE BILL No. _____

PAGE: 1 LINE: 16

line 16: after "years" delete "," and insert ", provided that only one exemption may be claimed by a married couple filing jointly or separately."

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

TO: _____ SENATE BILL No. SB 41

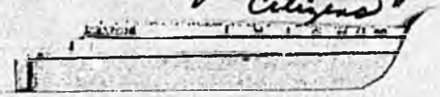
HOUSE BILL No. _____

PAGE: 1 LINE: 12

line 12: change "65" to "62"

SB #41 "An Act relating to ~~exemption~~ SHESS-79-80
from Income Tax for ~~Senior~~ Citizens"

By Bradley



Introduced 1-16-79
Logged 1-16-79
Referred Judiciary - Finance
Comm. Meeting 2-14-79
" Acted - passed with amendments

Notified Sen Bradley
Dave Kael
Revenue Dept
office on Aging

AMENDMENT

Line 16 , provided that only one exemption may be claimed by a married couple filing jointly or separately.

How about ~~a date~~ of an age of 62 for retirement?

amendment to do that passed

	Arch. Consumer	
72-73	5.9	Index
73-74	13.1	
74-75	12.4	
75-76	7.6	
76-77	7.7	
77-78	8.5	

Dorothy Bell
Important and of mental health to those who have to worry about
Suggests $10,000 exemption and 15-year residency

Barry Jenkins

Dan Blatnick
6866 checks sent out last month
Est. 7-00-13 on personnel rolls

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6443
JUNEAU, ALASKA 99802

#

02149 NL TDA FAIRBANKS ALASKA 50 02-13 820P

1979 FEB 14 AM 1 01

PMS SEN GLENN HACKNEY

JUN

WE OF THE FAIRBANKS LABOR CHAPTER OF THE NATIONAL COUNCIL OF SENIOR CITIZENS REQUEST YOUR SUPPORT OF SB41. HOPE THAT YOU CAN URGE OTHERS TO SEE IT OUR WAY ALSO. SINCERELY

ALFRED W WHITSETT, PRESIDENT N.C.S.C.

804 LAKEVIEW FAIRBANKS AK 99701

Mailed copies for committee

LA11 1167 11.47 JA01 0015 12.18 02/13/79

TO SENATORS HACKNEY AND BRADLEY

FROM EDNA ADRIAN
GRAY PANTHERS
1280 E 17TH, APT. 336
ANCHORAGE AK 99501 276-2886

"URGE FAVORABLE CONSIDERATION OF SB 41 - ALASKA INCOME TAX EXEMPTION FOR SENIOR CITIZENS."

CD EOM/

BLANK ACCORF BUSINESS FORMS, INC.

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-8442
JUNEAU, ALASKA 99802

1979 FEB 13 PM 12 30

02005 ANCHORAGE AK 25 02-13 1102A AST

PMS SENATOR GLEN HACKNEY, CHAIRMAN HEALTH AND SOCIAL SVCS COMM

0497

RM 105 SENATE BLDG

JUNEAU AK

OPAG URGES PASSAGE OF SENATE BILL 41 WHICH PROVIDES FOR ALASKA INCOME TAX EXEMPTION UP TO DLRS10,000 FOR RESIDENTS OF 65 YEARS OF AGE.

OLDER PERSONS ACTION GROUP INC.

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: [illegible]-6442
JUNEAU, ALASKA 99802

#

02645 POM TDA FAIRBANKS ALASKA 15 02-13 835P EST

1979 FEB 14 AM 1 01

PMS SEN GLENN HACKNEY

JUN

DEAR SENATOR WE THE MEMBERS OF TEAMSTERS RETIREES CLUB LOCAL 959

REQUEST YOUR SUPPORT OF SB41

W G ACKERMAN PRESIDENT RETIREES CLUB 1170 COPPETT

FAIRBANKS

2/14/79

MEMO

TO: SEN HACKNEY

FROM: PAUL Paul

I spoke with Gary Jenkins, Director, Audit Division, Dept. of Rev, this morning re: SB 41 - exempting $10,000 income from AK income tax for those 65 years and over, if they meet the residency requirement.

The language in the bill that threw me a little was the verbage "who has continuously maintained a domicile". It doesn't say the individual has to reside in the state but it says instead "continuously maintained a domicile". I was curious as to whether a person moving outside but still maintained a residence in the state would be eligible. Jenkins said that if the guy moved out and is living down south 12 months out of the year, they would consider him as moving his domicile and would not be eligibe for exemption. This would particulary apply if the guy is residing outside renting property in the state. In this case, Jenkins said the guy would not be residing (domiciling) in the state and would be taxed accordingly. He said, however, where an individual was just going outside three or four months of the year, then they would have no problem with a person like that being eligible under this bill. However, it might be a good idea that they define "continuously maintained a domicile" as it applies to this bill.

Also, I ask him to give me a ball park figure on the number of people this bill would affect and he said he doesn't have the "foggiest." Usually, he said, he doesn't mind tossing out a ball park figure, but in this case he just doesn't know.

Introduced: 1/16/79
Referred: Health, Education & Social Services and Judiciary

IN THE SENATE BY BRADLEY

SENATE BILL NO. 41

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to exemption from the income tax for senior citizens; and providing for an effective date."

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

* Section 1. AS 43.20.031(b) is amended by adding a new paragraph to read:

(4) $10,000 of the gross income as defined in sec. 61 of the Internal Revenue Code of a person who is 65 years of age or older who has continuously maintained a domicile in the territory or state for 25 years, or who has intermittently maintained a domicile in the territory or state for a cumulative total of 35 years with no period of absence longer than two years.

* Sec. 2. This Act takes effect immediately in accordance with AS 01.10.-070(c) and is retroactive to January 1, 1979.

STATE of ALASKA

MEMORANDUM

TO: R. D. Stevenson
Special Assistant
Department of Revenue

DATE: February 8, 1979

FILE NO:

TELEPHONE NO:

FROM: Gary L. Jenkins
Director
Audit Division

SUBJECT: Senate Bill No. 41

The proposed bill would exempt $10,000 of gross income from Alaska income tax of an individual 65 years of age or older who meets the domicile test stated in the bill. There are several points which I think the Legislature should consider in dealing with this proposal. First, the way it is currently structured, if a husband and wife were age 65 and over and both meet the domociliary requirements, it would appear that they could exempt up to $20,000 of income from the individual income tax.

In its deliberations, I think the Legislature should also consider the tax benefits which are already provided to the elderly either through the Internal Revenue Code or by Alaska Statutes. These benefits include such things as, (1) the elderly tax credit, which for Alaska purposes has an effective rate of 2.4% of applicable income; (2) the recently enacted $100,000 capital gain exemption from the sale of a residence for those age 55 and over; (3) the elderly currently receive the Alaska longevity bonus which is tax free for Alaska purposes; (4) any qualified pensions and annuities currently received by the elderly are exempt from Alaska taxation; (5) the recently enacted $100 individual tax credit would operate to exempt up to $12,500, of gross income which would normally be taxable, from being taxed.

Obviously, this is a question of public policy on which the Legislature must decide. There would appear, however, to be a question whether this additional exemption from tax is really necessary.

04-D3LH

STATE OF ALASKA

DEPARTMENT OF REVENUE

JAY S. HAMMOND, GOVERNOR

OFFICE OF THE COMMISSIONER

POUCH S — JUNEAU 99811

February 9, 1979

The Honorable Glenn Hackney
Chairman
Senate Health, Education and
Social Services Committee
Room 105 - Assembly Building
Juneau, Alaska

Re: Senate Bill No. 41

Dear Senator Hackney:

Senate Bill No. 41, an Act relating to exemption from the income tax for senior citizens, was introduced in the Senate on January 16, 1979 and was referred to the Senate Health, Education and Social Services and Judiciary Committees. The bill was given a further referral to the Senate Finance Committee on January 18, 1979.

For the consideration of the Senate Health, Education and Social Services Committee, I am enclosing a copy of a Fiscal Note prepared by Mr. Gary Jenkins, Director, Audit Division, Department of Revenue concerning the proposed legislation.

Sincerely,

R. D. Stevenson

R. D. Stevenson
Special Assistant

cc: The Honorable Robert Ziegler
Chairman
Senate Judiciary Committee

The Honorable John C. Sackett
Chairman
Senate Finance Committee

John Messenger
Deputy Commissioner
Department of Revenue

Gary Jenkins, Director
Audit Division
Department of Revenue

ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill No. 41

Title An Act relating to exemption from the income tax for senior citizens

Requested by Health, Education & Social Services and Judiciary Committees. Date 2/8/79

II. FISCAL DETAIL

Agency Affected Revenue

Program Category Affected Fiscal Services

BRU, Program, or Subprogram(s) Affected Audit Division

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars) None

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
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 Fund Source)						

POSITIONS None

FULL TIME						
PART TIME						
TEMPORARY						

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

See attached memo to R. D. Stevenson dated 2/8/79

IV. DATE February 8, 1979 PREPARED BY [signature]

AGENCY Department of Revenue, Audit Division

PHONE 465-2320

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

STATE
of ALASKA

MEMORANDUM

TO: R. D. Stevenson
Special Assistant
Department of Revenue

DATE: February 8, 1979

FILE NO:

TELEPHONE NO:

FROM: Gary L. Jenkins
Director
Audit Division

SUBJECT: Senate Bill No. 41

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In its deliberations, I think the Legislature should also consider the tax benefits which are already provided to the elderly either through the Internal Revenue Code or by Alaska Statutes. These benefits include such things as, (1) the elderly tax credit, which for Alaska purposes has an effective rate of 2.4% of applicable income; (2) the recently enacted $100,000 capital gain exemption from the sale of a residence for those age 55 and over; (3) the elderly currently receive the Alaska longevity bonus which is tax free for Alaska purposes; (4) any qualified pensions and annuities currently received by the elderly are exempt from Alaska taxation; (5) the recently enacted $100 individual tax credit would operate to exempt up to $12,500, of gross income which would normally be taxable, from being taxed.

Obviously, this is a question of public policy on which the Legislature must decide. There would appear, however, to be a question whether this additional exemption from tax is really necessary.

"(a) *Husband and wife.*

"In the case of a husband or wife who files a separate return for the taxable year, the $30,000 amount specified in section 56 shall be $15,000."

—P.L. 94-455, Sec. 1901(b)(4), deleted ", notwithstanding the provisions of section 1371(b)(1)," after "such corporation shall" in para. (d)(2), for tax. yrs. begin. after '76.

—P.L. 94-455, Sec. 1906(b)(13)(A), substituted "Secretary" for "Secretary or his delegate" in subsec. (b), for tax. yrs. begin. after '76.

In '71, P.L. 92-178, Sec. 308, added a sentence to the end of para. (g)(2), for tax. yrs. begin. after 12/31/69.

In '69, P.L. 91-172, Sec. 301(a), added Code Sec. 58, for tax. yrs. end. after 12/31/69.

Subchapter B.—Computation of Taxable Income

Part

I. Definition of gross income, adjusted gross income, taxable income, etc.
II. Items specifically included in gross income.
III. Items specifically excluded from gross income.
IV. Determination of marital status.
V. Deductions for personal exemptions.
VI. Itemized deductions for individuals and corporations.
VII. Additional itemized deductions for individuals.
VIII. Special deductions for corporations.
IX. Items not deductible.
X. Terminal railroad corporations and their shareholders.

In '77, P.L. 95-30, Sec. 101(e)(3), amended the item for Part IV. Prior to amendment, that item read as follows:

"IV. Standard deduction for individuals."

In '76, P.L. 94-455, Sec. 1901(b)(4)(C), substituted "taxable income, etc." for "and taxable income" in the item for Part I.

In '62, P.L. 87-870 added part X.

PART I.—DEFINITION OF GROSS INCOME, ADJUSTED GROSS INCOME, TAXABLE INCOME, ETC.

In '76, P.L. 94-455, Sec. 1901(b)(4)(i), substituted TAXABLE INCOME, ETC." for "AND TAXABLE INCOME" in the heading for Part I.

Sec.

61. Gross income defined.
62. Adjusted gross income defined.
63. Taxable income defined.
64. Ordinary income defined.
65. Ordinary loss defined.

In '76, P.L. 94-455, Sec. 1901(b)(4)(A), added the items for Code Secs. 64 and 65.

Sec. 61. Gross income defined.

(a) General definition.

Except as otherwise provided in this subtitle, gross income means all income from whatever source derived, including (but not limited to) the following items:

(1) Compensation for services, including fees, commissions, and similar items;
(2) Gross income derived from business;
(3) Gains derived from dealings in property;
(4) Interest;
(5) Rents;
(6) Royalties;
(7) Dividends;
(8) Alimony and separate maintenance payments;
(9) Annuities;
(10) Income from life insurance and endowment contracts;
(11) Pensions;
(12) Income from discharge of indebtedness;
(13) Distributive share of partnership gross income;
(14) Income in respect of a decedent; and
(15) Income from an interest in an estate or trust.

(b) Cross references.

For items specifically included in gross income, see part II (sec. 71 and following). For items specifically excluded from gross income, see part III (sec. 101 and following).

In '76, P.L. 94-455, Sec. 2117, provided the following with respect to cancellation of certain student loans, effective for discharges of indebtedness made before 1/1/79:

"SEC. 2117. CANCELLATION OF CERTAIN STUDENT LOANS.

"(a) *In General.*

"In the case of an individual, no amount shall be included in gross income for purposes of section 61 of the Internal Revenue Code of 1954 by reason of the discharge of all or part of the indebtedness of the individual under a student loan if such discharge was pursuant to a provision of such loan under which all or part of the indebtedness of the individual would be discharged if the individual worked for a certain period of time in certain geographical areas or for certain classes of employers.

"(b) *Student Loan.*

"For purposes of this section the term "student loan" means any loan to an individual to assist the individual in attending an educational organization described in section 170(b)(1)(A)(ii) of such Code—

"(1) by the United States, or an instrumentality or agency thereof, or a State, territory, or possession of the United States, or any political subdivision thereof, or the District of Columbia, or

"(2) by any such educational organization pursuant to an agreement with the United States, or an instrumentality or agency thereof, or a State, territory, or possession of the United States, or any political subdivision thereof, or the District of Columbia under which the funds from which the loan was made were provided to such educational organization."

—P.L. 94-455, Sec. 2119 covers the application of Code Sec. 61 (as it relates to costs of goods sold) to publisher's prepublication expenditures. See note to Code Sec. 174.

In '60, P.L. 86-780, Sec. 3, provided with respect to employee moving expenses that:

"Any amount received after December 31, 1949, and before October 1, 1955, from a corporation which—

"(1) was formed exclusively for the purpose of, and was engaged exclusively in, operating without profit a scientific laboratory for the Atomic Energy Commission, and

"(2) operated solely on funds appropriated to the Atomic Energy Commission,

by an individual as reimbursement for moving himself and his immediate family, household goods, and personal effects to a new place of residence in order to accept employment with such corporation shall, for Federal income tax purposes, be treated as an amount which was not includible in the gross income of the individual, to the extent that such amount did not exceed the actual expenses paid or incurred by the individual for such purposes, if the individual was advised, at the time of his employment, by an authorized officer, employee, or agent of such corporation that the amount of such reimbursement would not be includible in gross income. If refund or credit of any overpayment resulting from the application of this section is prevented on the date of enactment of this Act [9/14/60], or within six months after such date, by the operation of any law or rule of law (other than chapter 74 of the Internal Revenue Code of 1954, relating to closing agreements and compromises, and the corresponding provisions of prior law), refund or credit of such overpayment may, nevertheless, be made or allowed if claim therefore is filed within six months after such date. No interest shall be paid or allowed on any

overpayment resulting from t
sentence."

Sec. 62. Adjusted gross in

For purposes of this subt
income" means, in the c
income minus the following

(1) Trade and business
allowed by this chapter
this subchapter) which a
business carried on by t
business does not consis
vices by the taxpayer as a

(2) Trade and business d

(A) Reimbursed exper
by part VI (sec. 161
of expenses paid or i
connection with the pe
as an employee, unde
expense allowance arra

(B) Expenses for tra
deductions allowed b
lowing) which consist
and lodging while aw
red by the taxpayer
formance by him of se

(C) Transportation e
ed by part VI (se
nsist of expenses of
ed by the taxpayer
formance by him of se

(D) Outside salesmen
part VI (sec. 161 and
able to a trade or
taxpayer, if such trad
performance of servi
employee and if such
away from the emplo
ness for the employer.

(3) Long-term capital
by section 1202.

(4) Losses from sale o
deductions allowed by
ing) as losses from the

(5) Deductions attribut
The deductions allowe
following), by section
production of income),
depletion) which are att
the production of rents

(6) Certain deductions
beneficiaries of propert
property, or an income
trust, or an heir, legate
deduction for depreciati
the deduction allowed b

(7) Pension, profit-sha
chase plans of self-emp
of an individual who
meaning of section 401
by section 404 and
attributable to contribu
individual.

(8) Moving expense de
by section 217.

(9) Pension, etc., pla
corporations. The de
1379(b)(3).

(10) Retirement savin

overpayment resulting from the application of the preceding sentence."

Sec. 62. Adjusted gross income defined.

For purposes of this subtitle, the term "adjusted gross income" means, in the case of an individual, gross income minus the following deductions:

(1) Trade and business deductions. The deductions allowed by this chapter (other than by part VII of this subchapter) which are attributable to a trade or business carried on by the taxpayer, if such trade or business does not consist of the performance of services by the taxpayer as an employee.

(2) Trade and business deductions of employees.

(A) Reimbursed expenses. The deductions allowed by part VI (sec. 161 and following) which consist of expenses paid or incurred by the taxpayer, in connection with the performance by him of services as an employee, under a reimbursement or other expense allowance arrangement with his employer.

(B) Expenses for travel away from home. The deductions allowed by part VI (sec. 161 and following) which consist of expenses of travel, meals, and lodging while away from home, paid or incurred by the taxpayer in connection with the performance by him of services as an employee.

(C) Transportation expenses. The deductions allowed by part VI (sec. 161 and following) which consist of expenses of transportation paid or incurred by the taxpayer in connection with the performance by him of services as an employee.

(D) Outside salesmen. The deductions allowed by part VI (sec. 161 and following) which are attributable to a trade or business carried on by the taxpayer, if such trade or business consists of the performance of services by the taxpayer as an employee and if such trade or business is to solicit, away from the employer's place of business, business for the employer.

(3) Long-term capital gains. The deduction allowed by section 1202.

(4) Losses from sale or exchange of property. The deductions allowed by part VI (sec. 161 and following) as losses from the sale or exchange of property.

(5) Deductions attributable to rents and royalties. The deductions allowed by part VI (sec. 161 and following), by section 212 (relating to expenses for production of income), and by section 611 (relating to depletion) which are attributable to property held for the production of rents or royalties.

(6) Certain deductions of life tenants and income beneficiaries of property. In case of a life tenant of property, or an income beneficiary of property held in trust, or an heir, legatee, or devisee of an estate, the deduction for depreciation allowed by section 167 and the deduction allowed by section 611.

(7) Pension, profit-sharing, annuity, and bond purchase plans of self-employed individuals. In the case of an individual who is an employee within the meaning of section 401(c)(1), the deductions allowed by section 404 and section 405(c) to the extent attributable to contributions made on behalf of such individual.

(8) Moving expense deduction. The deduction allowed by section 217.

(9) Pension, etc., plans of electing small business corporations. The deduction allowed by section 1379(b)(3).

(10) Retirement savings. The deduction allowed by section 219 (relating to deduction of certain retirement savings) and the deduction allowed by section 220 (relating to retirement savings for certain married individuals).

(11) Certain portion of lump-sum distributions from pension plans taxed under section 402(e).—The deduction allowed by section 402(e)(3).

(12) Penalties forfeited because of premature withdrawal of funds from time savings accounts or deposits.—The deductions allowed by section 165 for losses incurred in any transaction entered into for profit, though not connected with a trade or business, to the extent that such losses include amounts forfeited to a bank, mutual savings bank, savings and loan association, building and loan association, cooperative bank or homestead association as a penalty for premature withdrawal of funds from a time savings account, certificate of deposit, or similar class of deposit.

(13) Alimony. The deduction allowed by section 215.

In '76, P.L. 94-455, Sec. 502(a), added para. (a)(13), for tax. yrs. begin. after '76.

—P.L. 94-455, Sec. 1531(b)(1), added "and the deduction allowed by section 220 (relating to retirement savings for certain married individuals)" after "(relating to deduction of certain retirement savings)" in para. (a)(10), for tax. yrs. begin. after '76.

—P.L. 94-455, Sec. 1901(a)(8), redesignated para. (a)(11) as added by Sec. 6(a) of P.L. 93-483, as para. (a)(12), for tax. yrs. begin. after '76.

—P.L. 94-455, Sec. 1901(a)(9), substituted "trade or business, to the extent" for "trade or business to the extent" in para. (a)(12), as redesignated by Sec. 1901(a)(8) of this Act, for tax. yrs. begin. after '76.

In '74, P.L. 93-483, Sec. 6(a) added para. (11), titled "Penalties forfeited because of premature withdrawal of funds from time savings accounts or deposits.", effective with respect to tax. yrs. begin. after 12/31/72.

In '74, P.L. 93-406, Sec. 2002(a)(2) added subsec. (10), effective for tax. yrs. begin. after 12/31/74.

—P.L. 93-406, Sec. 2005(c)(9) added subsec. (11), effective with respect to distributions or payments made after '73, in tax. yrs. begin. after '73.

In '69, P.L. 91-172, Sec. 531(b), added para. (9), for tax. yrs. of electing small business corporations begin. after 12/31/70.

In '64, P.L. 88-272 added par. (8) for expenses incurred after '63, in tax. yrs. end. after '63.

In '62, P.L. 87-792 added par. (7), for tax. yrs. begin. after '62.

Sec. 63. Taxable income defined.

(a) Corporations.

For purposes of this subtitle, in the case of a corporation, the term "taxable income" means gross income minus the deductions allowed by this chapter.

(b) Individuals.

For purposes of this subtitle, in the case of an individual, the term "taxable income" means adjusted gross income—

(1) reduced by the sum of—

(A) the excess itemized deductions, and

(B) the deductions for personal exemptions provided by section 151, and

(2) increased (in the case of an individual for whom an unused zero bracket amount computation is provided by subsection (c)) by the unused zero bracket amount (if any).

(c) Excess itemized deductions.

For purposes of this subtitle, the term "excess itemized deductions" means the excess (if any) of—

(1) the itemized deductions, over

(2) the zero bracket amount.

his federal income tax return and of a recomputation of tax or determination of deficiency (whether with or without assessment). A full statement of the facts shall accompany this notice. The notice shall be filed within 60 days after the final determination of the modification, recomputation or deficiency, and the taxpayer shall pay the additional tax or penalty under this chapter. For purposes of this section, a final determination shall mean the time that an amended federal return is filed or a notice of deficiency or an assessment is mailed to the taxpayer by the Internal Revenue Service, except that in no event will there be a final determination for purposes of this section until the taxpayer has exhausted his rights of appeal under federal law.

(e) The department may credit or refund overpayments of taxes, taxes erroneously or illegally assessed or collected, penalties collected without authority, and taxes that are found unjustly assessed or excessive in amount, or otherwise wrongfully collected. The department shall set limitations, specify the manner in which claims for credits or refunds are made, and give notice of allowance or disallowance. When a refund is allowed to a taxpayer, it shall be paid out of the general fund on a warrant issued under a voucher approved by the department. (§ 7 ch 115 SLA 1949; am § 2 ch 132 SLA 1951; am § 4 ch 5 SLA 1953; am § 2 ch 169 SLA 1972; am § 3 ch 70 SLA 1975)

Effect of amendment. — The 1975 amendment so changed this section as to make a detailed comparison impracticable.

Delegation of legislative authority valid. — The legislative authority conferred by this section appears to be within the test laid down in Bowles v. Willingham, 321 U. S. 503, 64 S. Ct. 641, 88 L. Ed. 892 (1944), in which the administrator of the Office of Price Administration was empowered to fix maximum rents which, in his judgment, would be generally fair and equitable in any defense rental area whenever in his judgment that action was necessary or proper in order to effectuate the purposes of the act, and further empowered to make adjustments for such relevant factors as he may determine and deem to be of general applicability, and to provide for such adjustments and reasonable exceptions as in his judgment are necessary and proper in order to effectuate the purposes of the act. Alaska S.S. Co. v. Mullaney, 12 Alaska 433, 84 F. Supp. 561 (D. Alas. 1949), aff'd, 12 Alaska 594, 180 F.2d 805 (9th Cir. 1950).

Quoted in Hickel v. Stevenson, Sup. Ct. Op. No. 351 (File No. 624), 416 P.2d 236 (1966).

Am. Jur. 2d reference. — 71 Am. Jur. 2d, State and Local Taxation, § 589.

Sec. 43.20.031. Taxable income of residents; deductions; exemptions. (a) The taxable income of a resident of the state is his entire taxable income as defined in § 63 of the Internal Revenue Code with the following modifications:

(1) a taxpayer whose income includes a cost-of-living allowance which is exempt from federal income tax shall determine and include that amount as part of his income as if the cost-of-living allowance were not exempt;

(2) the benefits allowed to taxpayers under Internal Revenue Code §§ 1301 — 1307, as amended, are allowed only to taxpayers who have been residents of the state for the full base period as well as for the

computation year as defined in these sections; the commissioner shall adopt regulations governing benefits under these sections of federal law allowable to spouses eligible to file a joint Alaska return for the computation year when one spouse has not been a resident of Alaska for the full base period;

(3) the benefits of nonrecognition of gain on the sale or exchange of certain property under §§ 1031, 1033 and 1034 of the Internal Revenue Code (26 U.S.C. §§ 1031, 1033 and 1034) are allowed only to taxpayers who purchase or exchange the property within the state, except that the benefits of § 1034 shall be allowed regardless of the location of the property for taxpayers who have attained the age of 65 on or before the time of the purchase or exchange.

(b) The following exemptions are allowed in computing taxable income under this section:

AS43.20.031(b)

(1) service pay received by members of the armed forces of the United States or auxiliary branches of the armed forces;

(2) pensions and annuities received from qualified plans approved under §§ 401 — 415 of the Internal Revenue Code (26 U.S.C. §§ 401 — 415) as amended;

(3) income of a person derived from the sale of halibut taken from waters outside the territorial limits of the state and regulated by an international body or treaty organization if the person selling halibut in the state which is taken from outside the territorial limits of the state executes and submits to the department within 30 days after each sale a separate exemption certificate on a form approved by the department and the attorney general.

(c) In computing the tax under this chapter, the taxpayer is not entitled to deduct any taxes based on or measured by net income.

(d) Banks and savings and loan associations chartered by the federal government or the state are exempt from income tax under this chapter.

(e) An affiliated group of corporations may make or the commissioner may require them to make a consolidated or combined return for the taxable year in place of separate returns. For purposes of calculating the amount of tax payable by the group under a consolidated filing, Internal Revenue Code §§ 1501 — 1552, as amended, apply.

(f) A natural person is entitled to a tax credit not to exceed $50 for the amount of political campaign contributions made within the tax year, including but not limited to a contribution or gift to a person or organization for use exclusively (1) for political campaigns for candidates for President or Vice President of the United States, whether or not they will be voted on in a primary election in Alaska; United States senator from Alaska; United States representative from Alaska; governor or lieutenant governor of Alaska; the Alaska legislature; delegate to an Alaska constitutional convention; electoral confirmation as a judge or justice of a court in Alaska; and municipal office in Alaska; (2) for groups seeking to influence the outcome of a ballot proposition

or question; or dues to a nonprofit organization organized primarily for the purpose of influencing elections. The credit allowed by this subsection is in place of the credit allowed by § 41 of the Internal Revenue Code and the deduction allowed by § 218 of the Internal Revenue Code for contribution to candidates for public office.

(g) A person who wilfully makes and subscribes to a certificate referred to in (b) (3) of this section which is not true and correct as to every material fact is punishable by a fine of not more than $10,000, or by imprisonment for not more than five years, or by both.

(h) A taxpayer who purchases an entry permit under AS 16.43 in carrying on a trade or business is entitled to a deduction of the amount of the price paid during the tax year as if it were allowable under § 162 of the Internal Revenue Code (26 U.S.C. § 162). (§ 5 ch 70 SLA 1975; am §§ 3 — 5 ch 125 SLA 1976; am § 8 ch 73 SLA 1977; am § 6 ch 133 SLA 1977)

Cross reference. — As to disclosure of contributions, see AS 24.45.121.

Effect of amendments. — The 1976 amendment added paragraph (3) to subsection (a), rewrote paragraph (2) of subsection (b), and substituted "any taxes based on or measured by net income" for "from the adjusted gross income state income taxes" at the end of subsection (c).

The first 1977 amendment added subsection (h).

The second 1977 amendment, in the first sentence of subsection (f), inserted the item designations, inserted the language beginning "for candidates for President or Vice-President" and ending "municipal office in Alaska" in present item (1), and inserted "for groups seeking to influence the outcome of a ballot proposition or question" in present item (2).

Editor's note. — Section 1, ch. 115, SLA 1977, provides: "For purposes of AS 43.20.031 for tax years before January 1, 1976, an individual is taxable on his entire income as defined in that section except that income does not include wages earned outside the United States."

Am. Jur. 2d reference. — 71 Am. Jur. 2d, State and Local Taxation, § 518 et seq.

Sec. 43.20.035. Taxable income of nonresidents and part-year residents. (a) The taxable income of nonresidents or part-year residents of this state is taxable income as determined under § 31 of this chapter when attributable to sources in the state as provided in § 40 of this chapter with the following adjustments:

(1) a nonresident or part-year resident who claims the standard deduction as defined in Internal Revenue Code § 141 is allowed the deduction in the proportion provided in (b) of this section;

(2) a nonresident or part-year resident is entitled to claim the personal exemptions as defined in § 151 of the Internal Revenue Code in the proportion provided in (b) of this section;

(3) a nonresident or part-year resident who itemizes deductions is allowed a deduction for those items deductible under the Internal Revenue Code which arise from sources in the state.

(b) The ratio for prorating allowed by this section is the taxpayer's adjusted gross income from Alaska sources divided by the taxpayer's adjusted gross income from all sources. The ratio may not exceed 100 per cent. The adjusted gross income for purposes of this subsection

TELEGRAM

RCA ALASKA COMM INC., INC.
PHONE: 586-6442
JUNEAU, ALASKA 99802

1979 FEB 13 PM 4 32

02045 POM ANCHORAGE ALASKA 15 02-13 928A AST

PMS SENATOR HACKNEY CHAIRMAN HEALTH AND SOCIAL SERVICES COMMITTEE

JUNEAU 0506

URGE PASSAGE OF SB41 PROVIDING INCOME TAX EXEMPTION FOR SENIORS

LORENA SHOWERS PRESIDENT ANCHORAGE CHAPTER AMERICAN ASSN OF

RETIRED PERSONS POBOX 1978 ANCHORAGE 99510

LA11 1167 11.47 JA01 0015 12.18 02/13/79

TO SENATORS HACKNEY AND BRADLEY

FROM EDNA ADRIAN
GRAY PANTHERS
1280 E 17TH. APT. 336
ANCHORAGE AK 99501 276-2886

"URGE FAVORABLE CONSIDERATION OF SB 41 - ALASKA INCOME TAX EXEMPTION FOR SENIOR CITIZENS."

ED EOM/

BLANK MOORE BUSINESS FORMS, INC.

04-D3LH

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF REVENUE

OFFICE OF THE COMMISSIONER

POUCH S – JUNEAU 99811

February 9, 1979

The Honorable Glenn Hackney
Chairman
Senate Health, Education and
Social Services Committee
Room 105 - Assembly Building
Juneau, Alaska

Re: Senate Bill No. 41

Dear Senator Hackney:

Senate Bill No. 41, an Act relating to exemption from the income tax for senior citizens. was introduced in the Senate on January 16, 1979 and was referred to the Senate Health, Education and Social Services and Judiciary Committees. The bill was given a further referral to the Senate Finance Committee on January 18, 1979.

For the consideration of the Senate Health, Education and Social Services Committee, I am enclosing a copy of a Fiscal Note prepared by Mr. Gary Jenkins, Director, Audit Division, Department of Revenue concerning the proposed legislation.

Sincerely,

R. D. Stevenson

R. D. Stevenson
Special Assistant

cc: The Honorable Robert Ziegler
Chairman
Senate Judiciary Committee

The Honorable John C. Sackett
Chairman
Senate Finance Committee

John Messenger
Deputy Commissioner
Department of Revenue

Gary Jenkins, Director
Audit Division
Department of Revenue

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill No. 41
Title An Act relating to exemption from the income tax for senior citizens
Requested by Health, Education & Social Services and Judiciary Committees. Date 2/8/79

II. FISCAL DETAIL
Agency Affected Revenue
Program Category Affected Fiscal Services
BRU, Program, or Subprogram(s) Affected Audit Division
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars) None

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
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 Fund Source)						

POSITIONS None

FULL TIME						
PART TIME						
TEMPORARY						

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

See attached memo to R. D. Stevenson dated 2/8/79

IV. DATE February 8, 1979 PREPARED BY [signature]
AGENCY Department of Revenue, Audit Division
PHONE 465-2320

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

33-001 (Rev. 12/78)

SB
48

SB 48 HS HCR 79-80 An act establishing a [illegible]

By: Bradley [illegible]

Introduced 1-16-79
Logged 1-16-79
Referred Finance
Comm. meeting 2-21-79
Comm. action held

notified

herein F/N herein
Memo from Gary Jobins

notified
Pastor Mr. Nerem 6-1750
Gary Jobins (Dept of Rev. Audit Div. 2-20/79
Sen Bradley

21 0238 15.29 JA01 0018 15.30 93/21/79

TO: SENATE HESS COMMITTEE (HACKNEY, FERGUSON, COLLETTA, FAHRENKAMP, STURGULEWSKI)

FROM: ANN HELEN WEBB (PSYCHOLOGIST EMPLOYED IN FAIRBANKS)
117-2 BRIGHAM WAY, FAIRBANKS, AK 99701
479-5798 (HOME) 452-1575 (WORK)

RE: SB 48

MESSAGE: I STRONGLY SUPPORT THIS BILL. I HAVE A ELEMENTARY SCHOOL AGE DAUGHTER AND WOULD PREFER TO CHOOSE HER SCHOOL WITH THE KNOWLEDGE THAT MY CHOICE IS NOT A FINANCIAL BURDEN. I AM WILLING TO PAY LOCAL TAXES TO SUPPORT LOCAL SCHOOLS AND WOULD PREFER TO ENROLL MY DAUGHTER IN PRIVATE SCHOOL WITH A TAX BREAK FOR MYSELF.

FBKS LIO/AW?EOM

04-D3LH

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF REVENUE

OFFICE OF THE COMMISSIONER

POUCH S – JUNEAU 99811

February 5, 1979

The Honorable Glenn Hackney
Chairman
Senate Health, Education & Social
Services Committee
Alaska State Legislature
Juneau, Alaska

Re: Senate Bill No. 48

Dear Senator Hackney:

Senate Bill No. 48, an Act establishing a tuition credit under the Alaska net income tax, was introduced in the Senate on January 16, 1979 and was referred to the Senate Health, Education & Social Services and Finance Committees.

For the consideration of the Senate Health, Education & Social Services Committee, I am enclosing a copy of a Fiscal Note prepared by Mr. Gary Jenkins, Director, Audit Division, Department of Revenue concerning the proposed legislation.

Sincerely,

R. D. Stevenson
Special Assistant

cc: The Honorable John C. Sackett
Chairman
Senate Finance Committee

John Messenger
Deputy Commissioner
Department of Revenue

Gary Jenkins, Director
Audit Division
Department of Revenue

2-001B (Rev. 10/76)

STATE
of ALASKA

MEMORANDUM

TO: R. D. Stevenson
Special Assistant
Department of Revenue

DATE: February 1, 1979

FILE NO:

TELEPHONE NO:

FROM: Gary L. Jenkins
Director
Audit Division

SUBJECT: Senate Bill No. 48

It is extremely difficult to estimate the actual dollar effect of the tuition credit proposed by SB 48 because of the almost total lack of information available regarding the number of students attending vocational schools and schools of higher education. In discussions with various personnel in the Department of Education, I was advised that last year's enrollment in private elementary and secondary schools in the state was 3,130 and that there is a possible 800 to 900 in other private schools on which they did not have information. The staff working with the higher education loan funds advised me there were approximately 3,000 students going to school on loans and they estimated that number could be as high as 50 percent of the total number of students going to schools of higher education. Last, I have assumed there are at least 1,000 students going to approved vocational schools.

Assuming there are 4,000 students in private elementary, and secondary schools, 1,000 in vocational schools, and 6,000 in schools of higher education, the total potential cost of this tuition credit would be $5,500,000.

One serious problem I see with the bill is in the definition of "eligible educational institution". This definition states that it is a school which "meets accreditation or approval criteria established by the department by regulation". To allow us to effectively administer this law, if enacted, it is recommended that the requisite accreditation or approval criteria be specifically defined in the Statute or that they be established by the Department of Education rather than Revenue.

Dept. by regulation/accreditation could screen out every private school they wished.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill No. 48

Title An Act establishing a tuition credit under the AK net income tax

Requested by Health, Education & Social Services and Finance Committees Date February 1, 1979

II. FISCAL DETAIL

Agency Affected Revenue

Program Category Affected Fiscal Services

BRU, Program, or Subprogram(s) Affected Audit Division

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars) None

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
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 Fund Source)						

POSITIONS None

FULL TIME						
PART TIME						
TEMPORARY						

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

See attached memo to R. D. Stevenson dated 2/1/79.

IV. DATE February 1, 1979 PREPARED BY Gary Lank

AGENCY Department of Revenue, Audit Division

PHONE 475-2320

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

33-001 (Rev. 12/78)

Petersburg Public Schools

D. W. Schultz, Superintendent

P. O. BOX 289

PETERSBURG, ALASKA 99833

March 14, 1979

Senator Hackney, Chairman
Health, Education, and Social
Services Committee
Alaska State Legislature
Juneau, Alaska

Dear Senator Hackney:

The Petersburg School Board strongly opposes SB 48 and the $500.00 tax break for people enrolling their children in private and religious schools. We feel that this bill would erode financial support for the public schools and reduce the effectiveness of the programs now offered to the children of Alaska.

Thank you for your attention on this matter.

Sincerely,

Mike Dean, Pres.

cc: Rep. Ernie Haugen

KODIAK ISLAND BOROUGH SCHOOL DISTRICT
P.O. BOX 886
KODIAK, ALASKA 99615
TELEPHONE: (907) 486-3131

March 16, 1979

The Honorable Glen Hackney
Senate Finance Committee
Alaska State Senate
Pouch V State Capitol Bldg.
Juneau, Alaska 99811

Re: SB48 Educational Tuition Credit

Dear Senator Hackney:

I oppose SB48 for both financial and philosophical reasons:

(1) According to the information I have received, the fiscal impact of these tax credits would be $5,000,000 in State revenue in a year when we can least afford it; and

(2) This would support a dual-system of schools in the State. We are assuming our obligations to provide an education to all Alaskan students through one system, the public schools, and I do not feel that it would be appropriate for the State to support two systems.

Within the one State-supported school system we can and do provide a number of alternatives for students, and I feel we should continue these efforts and to rely on the local school boards to reflect community needs in their decision-making.

Sincerely,

John E. Anttonen
Superintendent

/mke

Southwest Region Schools

P.O. Box 196
Dillingham, Alaska 99576
Phone (907) 842-5288



March 9, 1979

The Honorable Glenn Hackney, Chairman
Health, Education and Social Services Committee
Alaska Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

I am writing to express concern regarding Senate Bill 48, which would provide tuition tax credits. The loss of revenue to the State resulting from passage of SB 48 would be substantial and would come at a time when revenue is in short supply. However, the most serious objection to the bill is that it would violate the basic constitutional principle of separation of church and state by indirectly supporting religious education.

Your efforts to insure the defeat of SB 48 will be appreciated.

Sincerely,

Robert Van Slyke

Robert Van Slyke, Ed.D.
Superintendent

RVS:bd





WRANGELL PUBLIC SCHOOLS

P. O. BOX 651
WRANGELL, ALASKA 99929
GATEWAY TO THE STIKINE
Telephone (907) 874-3395
ROBERT McCONNELL, Superintendent of Schools

March 12, 1979

The Honorable Glenn Hackney, Chairman
Health, Education, & Social Services
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

I would like to voice my protest against Senate Bill 48 on tuition credit as written.

Other than a loss in state revenue is in the offering. As written the bill also allows state funds to be expended to parents who send their children to private and religious schools. It seems to be that, other than maybe being illegal, this would also reduce the probable income to state financial educational institutions. I would very much like to see a tuition credit for income tax since I have children in college. However, I would not like to have it if it also means the state is trying to help support private schools, which should be the sole responsibility of the people who wish their services. Anything that distracts from public education is concern of mine.

Sincerely,

Robert W. McConnell
Superintendent

RWM:sk



Delta/Greely School District REAA #15

Glen Chowning, Superintendent
P.O. Box 527
Delta Junction, Alaska 99737

907-895-4658
895-4659

March 8, 1979

The Honorable Glenn Hackney
Alaska State Senate
Pouch V, State Capitol Building
Juneau, AK 99811

Dear Senator:

I am writing in regard to Senate Bill 48 which would provide for a $500 tuition tax break for people enrolling their children in private and religious schools.

I am concerned about two things: 1) the impact of the bill on State revenue, and 2) the impact of the bill on public school funding.

I strongly oppose the passage of S. B. 48 on the grounds that it would be indirect support of parochial schools by the State, and that it would have a direct impact on the taxpayers, plus the public schools of this State.

I urge you not to pass this legislation.

Sincerely,

Glen Chowning

Glen Chowning
Superintendent

GC:lla

cc: Representative Moss

Robert Greene, Executive Secretary
Association of Alaska School Boards

MATANUSKA-SUSITNA BOROUGH SCHOOL DISTRICT
BOX AB PALMER, ALASKA 99645 PHONE 745-4822

NORMAN S. ROUSEY
SUPERINTENDENT OF SCHOOLS

March 8, 1979

The Honorable Glen Hackney
Chairman
Senate Health, Education &
Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Sir:

The Matanuska-Susitna Borough School District strongly opposes SB 48 for an act establishing a tuition credit under the Alaska net income tax.

When tax dollars are at a premium, we cannot support a tax break that would be a loss of some five million dollars in State revenue. This same tax break has been judged unconstitutional in a federal court under New Jersey law.

Sincerely,

MATANUSKA-SUSITNA BOROUGH SCHOOL DISTRICT

Norman Rousey

NORMAN S. ROUSEY
Superintendent

NSR:ccs

ST. MARY'S SCHOOL DISTRICT

P.O. Box 171 • St. Mary's, Alaska 99658

WILLIAM MAILER
Superintendent

Honorable Senator Hackney
Senate, Health, Education and Social Services
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

With this letter I would like to express my strongest opposition to the passage of SB 48 which would provide a tuition tax break for people enrolling their children in private or religious schools in Alaska.

The projected $5 million loss of State revenue comes at a very poor time for Alaska education. I encourage you to work to defeat this bill.

Thank you for your time and consideration of this request.

Sincerely,

William Mailer

William Mailer

WM:deb

Alaska Pacific University

Anchorage, Alaska 99504 907-276-8181

A STATEMENT TO THE SENATE HEALTH AND SOCIAL SERVICES COMMITTEE

As a representative of Alaska Pacific University, I would like to voice our support for Senate Bill 48 and Senate Joint Resolution 14, currently under consideration by the Senate Health and Social Services Committee.

The escalating costs of education, both public and private, have had a profound effect on the numbers of students in Alaska who are going on to a post-secondary education after graduation from high school. Although there is an apparent surplus of college-trained professionals in some areas, there continue to be serious shortages in others. Alaskan colleges and universities are faced with the responsibility of--in fact are charged by the public with--the development of accessible professional programs, the staffing and administration of those programs, and with informing the public of the availability of those programs in an efficient and economical manner. Increasing costs are adversely restricting these responsibilities. Ultimately the burden for maintaining well-educated leadership in Alaska rests with the taxpayer, with respect to public institutions, and the individual student or the parents of students enrolling in private institutions. Often that burden is too great. The alternative is increased reliance upon state or federal financial assistance programs. Invariably, these include educational loans, the availability of which is becoming more and more limited. Most of us are aware of the tremendous default rates for government loans; these defaulted loans not only escalate the costs of program administration, they also encumber the graduating student with considerable liabilities at the beginning of a career, liabilities in the form of debts that are more often than not uncollectable.

A reasonable tuition credit against taxes is an alternative that encourages participation in higher education and provides relief directly to those who need

it most--the career-bound students or students who seek a change in careers.

For these reasons, Alaska Pacific University supports Senate Bill 48 and Senate Joint Resolution 14, and we encourage their passage.

Thank you.

James E. Stevens
Assistant Dean

GRACE BAPTIST ACADEMY
(A Ministry of Grace Baptist Church)
1801 E. 68th Avenue
Anchorage, Alaska 99507

Alaska State Legislature
Teleconference hearings
Legislative Information Office
1024 West Sixth Avenue
Anchorage, Alaska
February 28, 1979

With respect to SJR No. 14, I want to commend Senator Bradley for his keen understanding of the attempt of the IRS to force the closing of many of the Christian schools that have come into existence in the last two decades. His insight into the value of a "free marketplace of ideas" in order to keep our nation great clearly indicates that he is a man who has valuable ideas to promote in State and National governmental circles in behalf of the people he represents.

If the clear violation of the First Amendment as proposed by the IRS were to go unchallenged by our elected officials, we would lose hope of our survival as a church because both compliance or noncompliance with that proposal would dictate the demise of our Christian schools. We are praying for the passage of SJR14.

On the subject of Senate Bill No. 48 Senator Bradley's intent is welcomed with great enthusiasm by citizens who, whether by religious conviction or because they seek an educational and disciplinary philosophy differing from that offered by most public schools, have been paying double for the education of their children. Such discrimination against certain taxpayers is borne by them to demonstrate their sincere concern for the education and welfare of their children.

Relief from the double cost burden, or even a 50% credit as proposed strikes me as a right approach to the present inequity. But I see in SB48 that the "eligible educational institutions" are required to "meet accreditation or approval criteria established by the department by regulation."

Inasmuch as past attempts by the department to regulate private schools have included such regulations as would abridge our rights and could conceivably force us to compromise our religious convictions, I would respectfully ask that part (d) of SB48 and any reference to "eligible educational institutions" be excluded from the bill. This becomes a necessity to us because of the First Ammendment Rights, and would be in accord with the thinking of Senator Bradley as expressed in SJR #14.

Rev. Ludwig Zerbe, Pastor
Grace Baptist Church

Name William J. Hovey (T)

Representing Anchorage Christian School

Address 6401 Northern Lights

Here to TESTIFY ✓

Here to OBSERVE ____

Phone ____

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

William J. Hovey
(signature)

Have you participated in other legislative teleconferences? ____ How many? ____ Would you have participated in this hearing if the network were not available? ____

PLEASE PRINT

Name Jerry O'BRIEN (T)

Representing Anchorage Christian School

Address 6501 Dibarr

Here to TESTIFY ✓

Here to OBSERVE ____

Phone 338-4025

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Jerry O'Brien
(signature)

[illegible]

PLEASE PRINT

Name Burton Carney (T)

Representing Harvester Christian Church

Address 9101 Brayton Drive, 99507

Here to TESTIFY ✓

Here to OBSERVE ____

Phone 344-0528

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Burton Carney
(signature)

Have you participated in other legislative teleconferences? No How many? ____ Would you have participated in this hearing if the network were not available? No

Name JERRY PREVO Here to TESTIFY

Representing ALASKA ASSOC. OF CHRISTIAN SCHOOL

Address 6401 E. NORTHERN LIGHTS Here to OBSERVE

Phone 333-4812

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Jerry Prevo
(signature)

Have you participated in other legislative teleconferences? NO How many? ____ Would you have participated in this hearing if the network were not available? YES

PLEASE PRINT

T

Name Shila Hansen Here to TESTIFY X

Representing Anchorage Christian Schools

Address Here to OBSERVE

Phone

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Shyla M. Hansen
(signature)

PLEASE PRINT

T

Name Ron King Here to TESTIFY

Representing Anchorage Christian Schools

Address 6401 E. Northern Lights Here to OBSERVE

Phone 337-9575

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Ronald H. King
(signature)

Have you participated in other legislative teleconferences? No How many? ____ Would you have participated in this hearing if the network were not available? Yes

Name Roy Frank Here to TESTIFY YES

Representing The Citizens Log Comm (State)

Address SRB - 516 PALMER AK Here to OBSERVE ____

Phone 745-4128

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Roy Frank
(signature)

Have you participated in other legislative teleconferences? no How many? ____ Would you have participated in this hearing if the network were not available? no

PLEASE PRINT

Name GLENN W. CLARY Here to TESTIFY X

Representing Self

Address 5700 College DR. Here to OBSERVE ____

Phone 3376708

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Glenn W. Clary
(signature)

PLEASE PRINT

Name Bill Leight Here to TESTIFY ✓

Representing SELF

Address 3011 Kerry Cir Here to OBSERVE ____

Phone 337 2495

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

William W. Leight
(signature)

Have you participated in other legislative teleconferences? ✓ How many? ____ Would you have participated in this hearing if the network were not available? yes

PLEASE PRINT

(T)

Name Betty Burrows Here to TESTIFY ✓

Representing mutual - parent

Address 2801 Melvin Here to OBSERVE ____

Phone 243-3539

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Betty Burrows
(signature)

PLEASE PRINT

(T)

Name Margaret Green Here to TESTIFY ✓

Representing Town Thumb Montessori

Address 2605 Zuhr Ct Here to OBSERVE ____

Phone 272-5033

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Margaret Green
(signature)

Have you participated in other legislative teleconferences? Yes How many? 1 Would you have participated in this hearing if the network were not available?

PLEASE PRINT

(T)

Name Alberta R. Keyes Here to TESTIFY ✓

Representing Self

Address PO Box 10-1212 Here to OBSERVE ____

Phone 344-5397

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Alberta R. Keyes
(signature)

Have you participated in other legislative teleconferences? No How many? ____ Would you have participated in this hearing if the network were not available? Yes

How did you learn about this hearing? If yes, did you use the network:

Name Dorian Fagan [illegible] Here to TESTIFY

Representing E. [illegible] Church of God

Address 1211 S. Bragaw

Here to OBSERVE

Phone 333-2822

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

(signature)

Date: [illegible] this hearing

PLEASE PRINT

T

Name Jack Bacher

Here to TESTIFY

Representing Anchorage Christian Academy

Address 7845 Madelynne Dr

Here to OBSERVE

Phone 333-1414

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Jack L Bacher
(signature)

Date: [illegible] Would you have participated in this hearing

PLEASE PRINT

T

Name Fred B. Morgan

Here to TESTIFY X

Representing Self

Address Box 2329; Anch, AK. -99510

Here to OBSERVE

Phone 277-8522

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Fred B. Morgan
(signature)

Have you participated in other legislative teleconferences? yes How many? 2

Would you have participated in this hearing if the network were not available? No

Name Patricia a Steinmetz Here to TESTIFY (1) ✓

Representing My Self

Address 325-D Gulkana ST Here to OBSERVE ____

Phone 862-5268

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Patricia a Steinmetz
(signature)

Have you participated in other legislative teleconferences? No How many? ____ Would you have participated in this hearing if the network were not available? No

PLEASE PRINT

Name Joseph O. Steinmetz Here to TESTIFY (1) ✓

Representing MYSELF

Address 325 D GULKANA ST. Here to OBSERVE ____

Phone 862-5268

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadca : by radio or television stations. Please indicate your consent by signing below:

Joseph O. Steinmetz
(signature)

Have you participated in other legislative teleconferences? No How many? ____ Would you have participated in this hearing if the network were not available? no

PLEASE PRINT

Name RICHARD C SOUERNS Here to TESTIFY (1)

Representing SELF

Address SRA Box 1507B Anch AK 99507 Here to OBSERVE ____

Phone 349-4165

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Richard C Souerns
(signature)

Have you participated in other legislative Would you have participated in this hearing

Name JAMES E. STEVENS Here to TESTIFY

Representing ALASKA PACIFIC UNIVERSITY

Address ANCHORAGE, AK. 99504 Here to OBSERVE

Phone 276-8181

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

James E Stevens
(signature)

Have you participated in other legislative teleconferences? N/O How many? ____ Would you have participated in this hearing if the network were not available? YES

PLEASE PRINT

Name Ed Rinne Here to TESTIFY X

Representing My Self

Address 8310 Wellsley Ct Here to OBSERVE

Phone 344-4131

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Edwin J. Rinne
(signature)

Have you participated in other legislative teleconferences? N/O How many? ____ Would you have participated in this hearing if the network were not available? NO

PLEASE PRINT

Name Rev. Ludwig Zierke Here to TESTIFY

Representing Grace Baptist Church

Address 1801 E. 68th Ave. Here to OBSERVE

Phone 349-5426

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

(signature)

Have you participated in other legislative ... Would you have participated in this hearing

Name DENISE KNAPP Here to TESTIFY ___

Representing DELTA DENTAL PLAN OF ALASKA

Address 1400 W. 31st AVE. Here to OBSERVE ___

Phone 278-3624

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

D. Knapp
(signature)

Have you participated in other legislative teleconferences? no How many? ___

How did you learn about this hearing? From notice mailed to Alaska

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network:
___ instead of travel
___ instead of phone conversations

PLEASE PRINT

(T)

Name ALLEN BRAUN Here to TESTIFY X

Representing PRIVATE SCHOOLING

Address P.O. Box 10-785 Here to OBSERVE ___

Phone 344-7388

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Allen Braun.
(signature)

PLEASE PRINT

(T)

Name Mrs Evelyn M. Hadfield Here to TESTIFY ___

Representing ___

Address 9050 Lake Otis #2 Here to OBSERVE ___

Phone 276-3656

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Mrs. Evelyn M. Hadfield
(signature)

Have you participated in other legislative teleconferences? How many?

Would you have participated in this hearing

Name Dan Fick

Here to TESTIFY X

Representing MYSEC

Address 755 C 79

Here to OBSERVE ____

Phone 344-2013

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Dan Fick
(signature)

Have you participated in other legislative teleconferences? X How many? I

Would you have participated in this hearing if the network were not available? ____

How did you learn about this hearing? ALL

If yes, did you use the network: instead of travel

PLEASE PRINT

left

Name Denny BALASCIO

Here to TESTIFY ____

Representing ____

Address S.E.A Box 1631-C 99507

Here to OBSERVE X

Phone 399-7487

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

D.M. Balascio
(signature)

PLEASE PRINT

left

Name Rod Thompson

Here to TESTIFY X

Representing self

Address P.O. Box 2333

Here to OBSERVE ____

Phone 344-1026

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Rodney A. Thompson
(signature)

Have you participated in other legislative teleconferences? NO How many? ____

Would you have participated in this hearing

Name [illegible] Here to TESTIFY ____

Representing Left Dimmer Education

Address 2[illegible] 3rd Ave Here to OBSERVE ✓

Phone 275-8179

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

[illegible]
(signature)

PLEASE PRINT

Name NANCY N. MARKLEY Here to TESTIFY ____

Representing SENATOR MIKE GRAVEL

Address P.O. BOX 2283, ANCHORAGE 99510 Here to OBSERVE ✓

Phone 277-4591

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Nancy N. Markley
(signature)

Have you participated in other legislative teleconferences? NO How many? — Would you have participated in this hearing if the network were not available? ____

PLEASE PRINT

(Left to leave

Name Rob Mourant Here to TESTIFY X

Representing Alaska Student Lobby

Address 631 E 22nd Apt B11 99503 Here to OBSERVE ____

Phone 276-7312

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Rob Mourant
(signature)

Have you participated in other legislative teleconferences? NO How many? Would you have participated in this hearing if the network were not available?

Name Alan Daniels — Here to TESTIFY ____

Representing Anchorage Christian School

Address 6401 E. N. Lights Blvd. — Here to OBSERVE ✓

Phone ____

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Alan R. Daniels
(signature)

Have you participated in other legislative teleconferences? no How many? — Would you have participated in this hearing if the network were not available? ____

PLEASE PRINT

Name René Hunter — Here to TESTIFY ____

Representing Anchorage Christian Schools

Address 6401 E. Northern Lights — Here to OBSERVE ✓

Phone ____

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

René St. Hunter
(signature)

Have you participated in other legislative — Would you have participated in this hearing

PLEASE PRINT

Name Jim Julien — Here to TESTIFY ____

Representing Anchorage Christian Schools

Address 6401 E. Northern Lights — Here to OBSERVE ✓

Phone ____

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Jim Julien
(signature)

Have you participated in other legislative — Would you have participated in this hearing

Name Lori Hood Here to TESTIFY ____

Representing Anchorage Christian Schools

Address SRH Box 47A Anch. AK 99502 Here to OBSERVE ✓

Phone 344-0477

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Lori Hood
(signature)

PLEASE PRINT

Name Alicia Christie Here to TESTIFY ____

Representing Anchorage Christian Schools

Address 6401 Northern Lts. Here to OBSERVE ✓

Phone 337-9575

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

(signature)

Have you participated in other legislative teleconferences? ____ How many? ____ Would you have participated in this hearing if the network were not available? ____

How did you learn about this hearing? If yes, did you use the network:

PLEASE PRINT

Name KEVIN MAGUIRE Here to TESTIFY ____

Representing ANCHORAGE CHRISTIAN SCHOOLS (A.C.S.)

Address 6401 E. NORTHERN LIGHTS Here to OBSERVE ✓

Phone ____

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Kevin Maguire
(signature)

Have you participated in other legislative Would you have participated in this hearing

PLEASE PRINT

Name DOROTHY LEE

Representing THE SALVATION ARMY

Address 135 E. 9TH

Phone 277-2591

Here to TESTIFY ____

Here to OBSERVE X

& TO WRITE

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Dorothy Lee
(signature)

Have you participated in other legislative teleconferences? No How many? ____

How did you learn about this hearing?

Mailed notice

Would you have participated in this hearing if the network were not available? ?

If yes, did you use the network:
___ instead of travel
___ instead of phone conversations
___ instead of mailed testimony

Date: 2/28/79 Subject: SB 48, SB 214, SJR 14 Location: Anchorage

The following teachers and students from the Anchorage Christian School were prepared to testify on SB 48 and SJR 14 during the teleconference 2/28/79, but because of the large number of witnesses scheduled agreed to have four spokesmen express their views. (The spokesmen were Mr. O'Brien, Mr. Hovey, Mr. Moreland and Miss Hanson).

Ronald Kine
Terry Roache
Harold Lewis
Tim Bishop
Alecia Christie
Kelly Mason
Theresa Pierce
Steven van Dusen
Ellis Blacksheer
Rogert Bogner
Jimmy Julien
Delores March
Debbie Summers
Linell Wood
Lori Gam
Lori Schultz
Allen Daniels
Vicky Bailey
Paul Green
Nanette Hunt
Katie Julien
Monte Moreau
Shawn Brownell
Randy Lewis
Theresa Cordesi
Kevin McGuire
Nancy Carter
Jimmy Carter
Tony Orr
Melanie Smith
Beth Vickrey
Pam Bond
Donna Charles
Terry Tickerson
Lori Hall
Renee Heyter
Danny Church
Jeanie Day
Scott Willis
Philip Ullrich
Taylor Pinkney
Tammy McIntyre
McCollough
David Hovey

ALASKA'S LARGEST SUNDAY SCHOOL



Anchorage
Baptist Temple

6401 East Northern Lights
Anchorage, Alaska 99504
(907)333-6535

JERRY PREVO
PASTOR

ASSISTANT PASTORS

BILL LEIGHT
W. CARLIN DEMPSEY
DEL BROCK
JOHN EMERY
MARK MULLINS

SECRETARY

GRACE MITCHELL

March 1, 1979

The Honorable Glenn Hackney
Senator from Alaska
Pouch V
Juneau, Alaska 99811

Dear Sir:

I am very much interested in SB 48 regarding educational tuition credit. I believe it is a fair bill, and one that is overdue. Some fear that it will hurt the public school system, but I believe to the contrary, that it will strengthen the public schools. It will finally convince the public school administrators and people that they must do something to improve the educational programs for our children today.

I believe part D under section 1 should be amended to read that an "eligible educational institution is one which meets accreditation or approval by criteria established by the Alaska State Legislature." This could be done by adding the words at the end "or Section 4 of AS 14.40.010 (b)1." This is the Alaska Compulsory Education Statute that states that a child must attend a public school or one of the three other kinds of schools. Since those schools have been approved by the Legislature, they should automatically be approved as eligible educational institutions. We believe this needs to be spelled out clearly by the Legislature in order to prevent the Department of Education from coming up with regulations beyond those which the Legislature has already prescribed.

Of course, this will not give any relief to parents who send their children to a church-sponsored school unless House Joint Resolution 11 is passed, which will allow indirect aide to religious sponsored schools.

ALASKA'S LARGEST SUNDAY SCHOOL



Anchorage
Baptist Temple

6401 East Northern Lights
Anchorage, Alaska 99504
(907)333-6535

JERRY PREVO
PASTOR

ASSISTANT PASTORS

BILL LEIGHT
W. CARLIN DEMPSEY
DEL BROCK
JOHN EMERY
MARK MULLINS

SECRETARY

GRACE MITCHELL

Also, we are very much interested in SJR 14, protesting Internal Revenue Service regulations removing tax exempt status of certain private schools. Your support of this resolution will be very much appreciated. Action on this bill is very important, since IRS is steadily moving forward to invoke these unconstitutional regulations.

Thanks in advance for your help.

Sincerely,

Jerry Prevo

Dr. Jerry Prevo

HARVESTER CHRISTIAN ACADEMY
DIVISION OF SOUL HARVEST, INC.

9101 BRAYTON DRIVE
ANCHORAGE, ALASKA 99507
907-344-0528

February 28, 1979

Testimony before the House H.E.S.S. Committee
Legislative Information Office, Anchorage

SJR14

Good afternoon Senator Hackney and Committee members.

I am Burton Carney, Principal of Harvester Christian Academy in Anchorage which is the teaching ministry of Harvester Christian Church, Paul Glover, Pastor. Harvester Christian Academy is an active member of the Alaska Association of Christian Schools and affiliated with the American Association of Christian Schools.

I am strongly in favor of SJR14 and seek to enlist your support for its passage. The bill is well written and directly addresses the problem that church schools face in this state.

The U.S. government, acting through the IRS, presently requires each private religious school to register with the IRS, using their standard form 5578, which provides the IRS with certain information regarding the control of the school, and what exemption covers the school, and requires a statement of non discrimination. The schools are also presently required to include a policy statement of racial nondiscrimination in all of its brochures and catalogues dealing with student admissions, programs and scholarships. It must also presently make known its racially nondiscriminatory policy through publication in a newspaper, or communication through use of the broadcast media, of such nondiscriminatory policy.

The newly proposed guidelines go even further in extending the control of the IRS over private Christian schools. This includes a determination by the government as to the number of minority students actually enrolled, as well as an inquiry into the various activities of the school, covering such things as student admissions, the hiring of teachers and other staff personnel, the use of the building, which, in many cases is a church facility, and an examination of the curriculum to determine whether there is any special minority oriented curriculum or orientation programs.

With the new guidelines, the government proposes to control the school's ability to admit or deny admittance to any student applying to the school, as well as the school's ability to hire or fire the teachers. As many Christian schools only hire teachers who have the same religious belief, and admit only those students who either belong to the church or are willing to subscribe to the same religious beliefs, this decision to include private schools under the

proposed guidelines infringes upon the right of our churches and parents to have their children taught by someone who holds the same values as they do, and to have the necessary religious atmosphere, generated by a unanimity of faith among the students. This not only infringes upon the religious liberties of the parents, the students, and the teachers, it does so in a way that is completely contrary to the reasons why exemptions were originally given to churches and church schools.

We object to the new IRS proposal because it puts the financially expensive burden of proof as to whether churches are operated in a nondiscriminatory manner on the churches themselves. It really uses the GUILTY UNTIL PROVEN INNOCENT APPROACH which is contrary to the basic American way for doing things.

For these reasons I ask that you please support SJR14 and pass it quickly so that it may be sent on to Washington.

SB48

I also wish to speak today concerning SB48 Tuition Credits.

I appreciate the fact that SB48 recognizes the fact that parents exercising their freedom of choice by sending their children to private schools bear an undue financial burden. They must not only pay taxes for public education, but also tuition that averages $1,000 per child in this state. Tax relief is needed.

However, our church, its staff, and the church families are OPPOSED to the passage of SB48 unless an additional phrase is added to line 26 that includes the words, "OR school operated as a ministry of a church."

Without the additional wording being added, the State of Alaska would have to approve my church's educational ministry before our parents could receive the tax benefit. Not only does this violate the Constitutional separation of church and state, but sets a dangerous precedent for state intervention into church programs.

To be state approved implies that our school would have to conform to the same regulations as the public schools in this state. Our church schools purposefully operate in a manner different than the public schools. There is always the chance that an over-zealous official will attempt to interfere with our church school program, as has occurred in some other states, if we were to be state accredited or state approved.

I would seek to remind members of the Committee that SB323 was passed into law last year. Alaskan statutes NOW recognize as private schools not only those that are state accredited or state approved, but ALSO those private schools which have their own teacher training and academic programs as long as they can demonstrate that the children are learning equally well as their public school counterpart.

Since an Alaskan statute NOW recognizes as a school one that is NOT state approved or state accredited, please add wording to SB48 that would likewise recognize this change in our laws.

I do want to say that if this Committee does not add this wording to protect the integrity of our church, we will find it necessary to do everything in our means to oppose its final passage into Alaskan law.

In summary, SB48 attempts to alleviate a definite problem that our parents face, but needs additional wording to PROTECT our church according to the principle of separation of church and state.

Thank you.

Burton Carney

Burton Carney

SB 180

ASSOCIATION OF ALASKA SCHOOL BOARDS
SUITE 3, 204 NORTH FRANKLIN STREET • JUNEAU, ALASKA 99801 • PHONE 586-1083

March 1, 1979

The Honorable Glenn Hackney
Alaska State Senate
Juneau, Alaska 99801

Dear Senator Hackney:

Attached is a copy of material from the Michigan Association of School Boards relating to a Federal Appeals Court decision on tuition tax breaks that I talked to yo· about yesterday.

Respectfully,

Bob Greene

Robert C. Greene
Executive Secretary

RCG:bld

Attachment

MICHIGAN ASSOCIATION OF SCHOOL BOARDS

421 w. kalamazoo,
lansing, michigan 48933 — (517) 371-5700

Mailed on alternating Thursdays each month to all Board Members and Superintendents

Board-o-Gram

February 15, 1979

EXECUTIVE ORDER CUTS?

Governor Milliken indicated at a press conference last week that he should know by March 1st, whether executive order reductions in the current year appropriations (1978-79) will be necessary. A statement made to the House Taxation Committee by Dr. Gerald Miller, Director of the Department of Management and Budget, pegged the chances of such a cut at 50-50. The Governor is currently working to reduce expenditures within his state departments in order to achieve sufficient savings to avoid an executive order reduction. If executive order cuts are necessary, school aid appropriations could be included. By our Michigan Constitution of 1963, such executive order reductions must receive the concurrence of the appropriations committees of the House and Senate.

MICHIGAN SCHOOLS HAD RECORD NUMBER OF "SNOW DAYS" LAST YEAR

Michigan schools lost a record 3,858 days of school last year because of inclement weather and other reasons, the State Board of Education reported last week. It represented an increase of 441 days compared to the previous school year (1976-77) when schools reported 3,417 "snow days." State Superintendent of Public Instruction John W. Porter said a late January snow storm that hit Michigan last year was responsible for the record number of "snow days" reported by Michigan schools.

NEW JERSEY TUITION TAX BREAK LOSES AGAIN ON APPEAL

A federal appeals court has affirmed a lower court ruling that a New Jersey law allowing parents a tax break for each child in nonpublic school violates the First Amendment to the U.S. Constitution by advancing religion. Under the law, parents were permitted to deduct $1,000 for each child in nonpublic school when computing gross personal income for state tax purposes. Last February, the U.S. District Court for New Jersey said the law did not pass constitutional muster.

That decision was affirmed Jan. 12 by the U.S. Court of Appeals for the 3rd Circuit. Accepting the trial court's finding that 714 of 753 nonpublic schools in the state are religiously affiliated and that the vast majority of private school children attend such schools, the appeals court concluded that the tax break was a charge made on the state for the purpose of religious education.

MORE ON CREDIT UNIONS AND SAVINGS AND LOANS

In the January 4, 1979 Board-O-Gram, we indicated that Proposal "C" which allows the state to invest in credit unions and loan associations would need implementing legislation to permit such investments by school districts. This information applies to the investment of school district surplus funds and does not apply to depositing funds accumulated under a deferred compensation program when so authorized by an employee of a school district.

COMMITTEE TO HOLD HEARINGS ON SCHOOL AID AND DEPARTMENT OF EDUCATION

Senator Kerry Kammer, Chairman of the Appropriations Subcommittee on State Aid and the Department of Education, has advised us that public hearings will be held throughout the State concerning the Department of Education. The following issues are of particular interest to the committee: (continued on back page)

SYNOPSIS OF IRS DEMANDS

1) Grant scholarships and provide other significant financial assistance to minority students.

2) Actively and vigorously recruit minorities.

3) Increase our percentage of minority students.

4) Employ minority teachers or professional staff.

5) Provide evidence of "good faith" by the following:

   a. ...continued and meaningful advertising programs or contact with minority leaders inviting applications from minorities...

   b. ...significant efforts to recruit minority teachers...

   c. ...participation with integrated schools in sports and other activities.

   d. ...making schools facilities available to outside, integrated civic or charitable groups, etc.

   e. ...special minority-oriented curriculum or orientation...

   f. ...minority participation in founding the school or using minority board members...

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6442
JUNEAU, ALASKA 99802

02149 NL TDA UNALAKLEET ALASKA 109 02-27 705P AST

PMS SENATOR GLENN HACKNEY CHAIRMAN

HEALTH EDUCATION AND SOCIAL SERVICES COMMITTEE

JUNEAU AK

SB48 HAS JUST COME TO OUR ATTENTION, WE ARE PLEASED TO BE ABLE TO LEND OUR SUPPORT TO THIS PROPOSED LEGISLATION. SINCE 1956 COVENANT HIGH SCHOOL HAS PROVIDED SECONDARY EDUCATION TO WESTERN ALASKANS, FINANCED LARGELY BY DONATIONS. MANY OF OUR GRADUATES, A LARGE MAJORITY OF WHOM ARE NATIVES, ARE IN PLACES OF LEADERSHIP IN ALASKA. INCREASINGLY WE ARE NOW HAVING TO DEPEND ON TUITIONS TO COVER RAPIDLY RISING COSTS. THIS PLACES AN UNFAIR BURDEN ON TAXPAYING PARENTS, WHO FINANCE BOTH PUBLIC AND PRIVATE SCHOOLS SUCH AS CHS. SB48 WOULD PROVIDE MUCH NEEDED RELIEF TO SOME OF THESSE PARENTS AND WOULD BE A WELCOME ASSIST TO CHS AND SIMILAR SCHOOLS WHICH ARE MAKING A VALUABLE CONTRIBUTION TO THE STATE, BUT ARE NOW FIGHTING FOR THEIR FINANCIAL SURVIVAL. WE AS A STAFF AND STUDENT BODY, THEREFORE, STRONGLY URGE PASSAGE OF THIS LEGISLATION.

ALFRED S. WHITE, PRINCIPAL, COVENANT HIGH SCHOOL

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE
JUNEAU, ALASKA

02097 POM ANCHORAGE ALASKA 15 02-27 625P AST

PMS SEN GLENN HACKNEY

JUN

WE SUPPORT SB48. PLEASE SUPPORT IT, TOO.

RON AND SYLVIA MCINTOSH 6204 EASTWOOD COURT ANCHORAGE 99504

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6442
JUNEAU, ALASKA 99802

02153 NL ANCHORAGE ALASKA 50 02-27 800P AST

PMS SEN GLENN HACKNEY

JUN

PLEASE PASS SB48. WE HAVE FOUND THE PUBLIC EDUCATION LESS THAN DESIRABLE, BUT DO NOT OBJECT TO SUPPORTING IT. HOWEVER, FOR THOSE OF US WHO CHOOSE PRIVATE EDUCATION WE FEEL THERE SHOULD BE SOME TAX RELIEF.

THE BLACKMAN FAMILY

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.

PHONE 586-5442

ALASKA 99502

02089 NL ANCHORAGE ALASKA 50 02-27 340P AST

PMS SENATOR GLENN HACKNEY

JUN

PLEASE SUPPORT SB48. DLRS500 TUITION CREDIT IS NEEDED NOW

DR AND MRS WILLIAM H BOWERS 6215 EASTWARD CT

ANCHORAGE AK

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: [illegible]-4443
JUNEAU, ALASKA 99802

#

02088 POM ANCHORAGE ALASKA 15 02-27 405P AST

PMS SEN GLEN HACKNEY

JUN

DO PASS SENATE BILL 48. HELP FIGHT INFLATION.

MR AND MRS MICHAEL BARNE

6430 MINK AVE

ANCHORAGE AK 99504

02269 PDM ANCHORAGE ALASKA 02-27 411P AST

PMS SEN GLEN HACKNEY

JUN

PLEASE PASS SB48. THIS WILL MEAN A BGREAT DEAL TO MANY HARD

WORKING PARENTS.

JOHN RUGGLES 7011 EAST 10TH ANCHORAGE AK 99504

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE [illegible]-3442
JUNEAU, ALASKA [illegible]02

02096 POM ANCHORAGE ALASKA 15 02-27 622P AST

PMS SEN GLENN HACKNEY

JUN

PASS SB48 DLRS500 TUITION CREDIT

RONALD H KENNEDY PO BOX 662 ANCHORAGE ALASKA 99510

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6442
JUNEAU, ALASKA 99802

02154 NL TDA EAGLE RIVER ALASKA 50 02-27 754P AST

PMS SEN GLENN HACKNEY

JUN

REFERENCE SB48. WE ARE IN FAVOR OF SB48 AND ITS DLRS500 PER CHILD EXEMPTION FOR PRIVATE SCHOOL. REQUEST YOU VOTE IN FAVOR OF THIS BILL.

VAL AND DENNIS BRITTON SR BOX 5417 EAGLE RIVER AK 99577

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6442
JUNEAU, ALASKA 99802

1979 FEB 28 AM 2 05

02155 NL ANCHORAGE ALASKA 50 02-27 1010P AST

PMS SEN GLENN HACKNEY

JUN

PLEASE BE ADVISE THAT WE ARE IN FAVOR OF SB48.

CARDINAL SCHOOL OF TRAVEL, R DROEGE

2437 INGRA ANCHORAGE AK 99504

Deliver to: Senator Hackney
105 assembly.
M. Cirauls
x4648

LA21 1253 12.15 JA03 0008 12.15 02/28/79

TO: SENATOR HACKNEY AND SENATOR BRADLEY

FROM: EVA WILLIAMS, FAIRBANKS BEAUTY SALON, 507 1/2 SECOND AVE.
FAIRBANKS, 99701 - 452-2552

RE: SENATE BILL 48

WE THE STUDENTS AND FACULTY OF THE FAIRBANKS BEAUTY SCHOOL
SUPPORT SENATE BILL 48.

VICKI [illegible]OWN, MARY DEFOREST, JOANNA SMITH, YVONNE A. WARD, STUDENTS
MARTH[illegible]ANSON, INSTRUCTOR AND EVA WILLIAMS, OWNER AND INSTRUCTOR.

MS[illegible]IAMS CAN BE REACHED ALL DAY FROM 8-5 AT THE ABOVE NUMBER.

FBX LIO/TC/

NOTE TO MARLENE:

COULD YOU PLEASE SEE THAT SENATOR HACKNEY
RECEIVES THIS MESSAGE BEFORE HIS COMMITTEE MEETS AT
3:30 P.M. ON THIS BILL. THANKS. /TC/ EOM

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6442
JUNEAU, ALASKA 99802

1979 FEB 27 PM 12 08

52611 POM TDA EAGLE RIVER ALASKA 15 02-27 945A AST

PMS SENATLE GLENN HACKNEY

JUN 1121

PLEASE PASS SB48. WE NEED DLRS500 TUITION TAX CREDIT TO

FIGHT INFLATION

SANDRA GLASPELL 610 MEADOWCREEK EAGLE RIVER AK

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC
PHONE 586-6412
JUNEAU, ALASKA 99802

02012 POM ANCHORAGE ALASKA 15 02-27 938A AST 1979 FEB 27 PM 12 11

PMS SENATOR GLENN HACKNEY

JUNEAU AK 1122

PLEASE PASS SB48. WE NEED DLRS500 TUITION TAX CREDIT TO FIGHT INFLATION.

ROBERT E MALIN MD 7420 TUTNA CIRCLE ANCHORAGE AK 99504

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.

PHONE 586-6442

JUNEAU, ALASKA 99802

1979 FEB 27 PM 12 11

#

02013 POM ANCHORAGE ALASKA 15 02-27 940A AST

PMS SENATOR GLENN HACKNEY

1123

JUNEAU AK

PLEASE PASS SB48. WE NEED DLRS500 TUITION TAX

CREDIT TO FIGHT INFLATION.

HEDY F MALIN 7420 TUTNA CIRCLE ANCHORAGE AK 99504

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE [illegible]
JUNEAU, ALASKA [illegible]

#

02131 NL ANCHORAGE ALASKA 50 02-26 548P AST

PMS SEN GLEN HACKNEY

JUN

WHEN ALASKA PROVIDES GOOD EDUCATION INSTITUTIONS FOR OUR CHILDREN, WE WILL SEND OUR CHILD TO PUBLIC SCHOOL. UNTIL THEN HE WILL STAY IN A PRIVATE INSTITUTION. ALASKAN SCHOOLS ARE THE PITS FOR AN EDUCATIONAL WASTELAND. PASS FB48 IF YOU CARE ABOUT OUR CHILDREN AND ALASKAS FUTURE.

RAYMOND WIBERG 604 EAST 7RTH AVENUE

ANCHORAGE ALASKA 99502

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PEONE: 586-6442
JUNEAU, ALASKA 99802

1979 FEB 26 PM 1 32

02042 POM ANCHORAGE ALASKA 15 02-26 [illegible]0A AST

PMS SENATOR GLENN HACKNEY

JUN 1972

DO PASS SB48 DLRS500 TUITION CREDIT NEEDED TO HELP

FIGHT FAMILY INFLATION

BURDUS FAMILY 2601 MELVIN ANCHORAGE AK 99503

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6442
JUNEAU, ALASKA 99802

#

02010 POM TDA EAGLE RIVER ALASKA 15 02-27 945A AST

PMS SENATOR GLENN HACKNEY

JUNEAU 1124

PLEASE PASS SB48. WE NEED DLRS500 TUITION TAX CREDIT TO

FIGHT INFLATION.

JAMES GLASPELL 610 MEADOWCREEK EAGLE RIVER AK

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6442
JUNEAU, ALASKA 99802

1979 FEB 27 PM 1 41

02016 POM ANCHORAGE ALASKA 02-27 1042A AST

PMS SENATOR GLEN HACKNEY

1126

JUNEAU AK

PASS SB48. NEED TUITION CREDIT NOW.

JOHN AUFRECHT MA AUDIOLOGIST 2137 EAST 37TH AVE

ANCHORAGE ALASKA 99504

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6442
JUNEAU, ALASKA 99802

1979 FEB 27 PM 2 08

02027 NL ANCHORAGE ALASKA 50 02-27 1135A AST

PMS SENATOR GLEN HACKNEY

JUNEAU 1127

PLEASE PASS SB48. THE TAX CREDIT WOULD HELP TO KEEP MY DAUGHTER IN A SCHOOL WHICH HAS ALLOWED HER TO DEVELOP AT HER OWN SPEED. WHICH FAR EXCEEDS CHILDREN HER OWN AGE IN PUBLIC SCHOOLS AND STILL REMAIN WITH CHILDREN OF HER OWN AGE

TERRY BEDARD

Please file with SB 48

(B)

Tues. 28 Feb.

Questions: what do you think the retroactive provision will do to the 80 budget and where do you think the $ is should cut to make up for the Revenue loss

→ Karen Lundgren
H - 123 - 26

Burton Carney - Hancock Counties creation of [illegible]
23-26 "opposed as a whole for [illegible]

Jerry O'Brien

Lou Harvey

Pete Kinney

Charles Hanson

Jerry Pollard
[illegible] Pollard
"Bill Shanahan [illegible] — 770

Bill Tyrrell

Adam Oleary

Mary Louise

[illegible] Tyrrell

Margaret Green - Montessori
(would not oppose addition of church)

Betty Burroughs - also Montessori

Fred Morgan

Jack Barker

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Marshall Fund
Speaking for State Rd. - opposed to bill
3200 in private & abandoned
220/90 secondary

Pointed that underwriting & fill dept would have to get involved.

Jenkins

Bond [illegible] - 2 consulted against
DOT, Council
[illegible]

Hoy martin
Will provide [illegible] for other Interim
connection until 2b fill

- Family -

- 140 -

Introduced: 1/16/79
Referred: Health, Education & Social Services and Finance

IN THE SENATE BY BRADLEY

SENATE BILL NO. 48

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act establishing a tuition credit under the Alaska net income tax; and providing for an effective date."

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

* Section 1. AS 43.20 is amended by adding a new section to read:

Sec. 43.20.037. EDUCATIONAL TUITION CREDIT. (a) An individual is allowed as a credit against the tax due under this chapter 50 per cent of the money paid by him during the year to eligible educational institutions as tuition for the individual, the individual's spouse, or of any dependents the individual is entitled to claim as personal exemptions under Internal Revenue Code sec. 151(e).

(b) The credit allowed under this section may not exceed $500 for each individual whose tution is paid by the taxpayer.

(c) No credit is allowable under this section for amounts paid during the year for the education of the spouse of a taxpayer unless the taxpayer is entitled to a personal exemption for the spouse under Internal Revenue Code sec. 151(b) or the taxpayer files a joint return with the spouse.

(d) In this section "eligible educational institution" means an institution of higher education, a vocational school, a secondary school or an elementary school which meets accreditation or approval criteria established by the department by regulation. OR A CHURCH SCHOOL

* Sec. 2. This Act is retroactive to January 1, 1978. 1979

* Sec. 3. This Act takes effect immediately in accordance with AS 01.10.-070(c).

SB 48

MEMO

TO: SEN. HACKNEY

FROM: PAUL

FEB 28

RE: Today's Committee Bills
SB 48
SJR 14
SB 214

SB 48

What Sen. Bradley wants to do with this bill is provide some relief for taxpayers who are paying the astronomical costs of tuition to send either themself, spouse, or kids to school. His means of obtaining this objective is by allowing for a tax credit (sec 1 (a)) to the individual on his income tax of 50% of the amount of tuition paid during that year not to exceed $500 for each individual (sec 1 (b)) (i.e. if he's going to school, his wife is going to school and his son is going to school, he could possibly get a tax credit of up to $1500, dependent on the amount of the tuition paid out for that year -- remember, according to this bill the tax credit is for 50% of the tuition paid not exceeding $500 for each individual).

A safeguard is provided in section 1(c) making sure that the credit is not granted twice when it can only be used once.. i.e. its saying that the only time that an individual can claim the spouse's tuition costs is when the taxpayer (individual) is entitled to a personal exemption for the spouse or they file jointly. This is to prevent a couple who has separated and who are filing separately from both using this tax credit when filing.

Section 1(d) defines "eligible education institutions" that this bill would deal with. It should be noted that Sen. Bradley includes elementary & secondary schools, as well as, institutions of higher education in this bill. So he is seeking relief for those parents who pay to have their kids go to private grade school and high school, and not just coming to the aid of those burdened with the high costs of college tuition.

Section 2 of the bill makes the bill retro to Jan '78.

Section 3 of the bill stipulates that the Act will take effect immediately.

Regarding this bill, I spoke with Paul Taylor, an acquaintance of mine, who is an auditor with the Audit Division, Dept of Revenue, in reference to the mechanics of this bill and he had these comments:

Section 1(a) - he said the only change he would make here would be to delete the word "personal" on line 14 and have it read simply "and dependents the individual is entitled to claim as exemptions under Internal Revenue Code (IRC) 151 (e)." The reason for this is

because the individual claims himself as a "personal" exemption (in which he can exempt $750 for himself personally) and his spouse and kids are his "additional" (not personal) exemptions (see IRC 151 (b) & (e) attached). He said this is just a technical change and not that big of a deal. He said "I guess you could read the language in such a way that his spouse and kids could be classified as personal exemptions without much difficulty.

Section 1(b) - He said he would insert the words on line 17, between individual and whose, the language "specified in section 1(a)", to clarify that this credit is for himself, spouse and dependents as stated in section 1(a). Credit would not apply if the individual is paying the neighbor kid's tuition or something like that. It has to apply to the individual or his spouse or kids.

Section 1(c) - He says as far as he is concerned this language is redundant. According to him, the only time an individual is entitled to claim his spouse as a personal exemption is when they file jointly (so there is no need to make the distinction). He said you might have a situation where a married man is the only one working and the wife is taking care of the kids and the husband files separately, claiming his wife as a dependent (which he doesn't think he can do), but, if he could, it would be to his disadvantage to file this way because he would be losing money, so he doesn't see why anyone would do it. So he says that you could just have it read "unless the taxpayer files a joint return with the spouse", instead of the language on line 20 stating "taxpayer is entitled to a personal exemption for the spouse under IRC sec. 151(b) or the taxpayer files a joint return with the spouse.

SJR 14

This resolution urges the IRS to delay promulgation of its regulations which would remove the tax-exempt status of private schools which do not meet stringent and capricious affirmative action requirements and quotas. Also, it urges Congress to weigh the effects of such regulations and take appropriate action.

SB 214

Your bill, providing financial assistance to elderly people who need emergency dental service or denture services and are not eligible to receive financial assistance under current federal programs such as medicaid or medicare.

NOTE: REMEMBER, WE ARE TELECONFERENCING TODAY.

Sec. 151. Allowance of deductions for personal exemptions.

(a) Allowance of deductions.

In the case of an individual, the exemptions provided by this section shall be allowed as deductions in computing taxable income.

(b) Taxpayer and spouse.

An exemption of $750 for the taxpayer; and an additional exemption of $750 for the spouse of the taxpayer if a joint return is not made by the taxpayer and his spouse, and if the spouse, for the calendar year in which the taxable year of the taxpayer begins, has no gross income and is not the dependent of another taxpayer.

(c) Additional exemption for taxpayer or spouse aged 65 or more.

(1) For taxpayer. An additional exemption of $750 for the taxpayer if he has attained the age of 65 before the close of his taxable year.

(2) For spouse. An additional exemption of $750 for the spouse of the taxpayer if a joint return is not made by the taxpayer and his spouse, and if the spouse has attained the age of 65 before the close of such taxable year, and, for the calendar year in which the taxable year of the taxpayer begins, has no gross income and is not the dependent of another taxpayer.

(d) Additional exemption for blindness of taxpayer or spouse.

(1) For taxpayer. An additional exemption of $750 for the taxpayer if he is blind at the close of his taxable year.

(2) For spouse. An additional exemption of $750 for the spouse of the taxpayer if a separate return is made by the taxpayer, and if the spouse is blind and, for the calendar year in which the taxable year of the taxpayer begins, has no gross income and is not the dependent of another taxpayer. For purposes of this paragraph, the determination of whether the spouse is blind shall be made as of the close of the taxable year of the taxpayer; except that if the spouse dies during such taxable year such determination shall be made as of the time of such death.

(3) Blindness defined. For purposes of this subsection, an individual is blind only if his central visual acuity does not exceed 20/200 in the better eye with correcting lenses, or if his visual acuity is greater than 20/200 but is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

(e) Additional exemption for dependents.

(1) In general. An exemption of $750 for each dependent (as defined in section 152)—

(A) whose gross income for the calendar year in which the taxable year of the taxpayer begins is less than $750, or

(B) who is a child of the taxpayer and who (i) has not attained the age of 19 at the close of the calendar year in which the taxable year of the taxpayer begins, or (ii) is a student.

(2) Exemption denied in case of certain married dependents. No exemption shall be allowed under this subsection for any dependent who has made a joint return with his spouse under section 6013 for the taxable year beginning in the calendar year in which the taxable year of the taxpayer begins.

(3) Child defined. For purposes of paragraph (1)(B), the term "child" means an individual who (within the meaning of section 152) is a son, stepson, daughter, or stepdaughter of the taxpayer.

(4) Student defined. For purposes of paragraph (1)(B)(ii), the term "student" means an individual who during each of 5 calendar months during the calendar year in which the taxable year of the taxpayer begins—

(A) is a full-time student at an educational organization described in section 170(b)(1)(A)(ii); or

(B) is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in section 170(b)(1)(A)(ii) or of a State or political subdivision of a State.

In '76, P. L. 94-455, Sec. 1901(a)(23), amended para. (e)(4), for tax. yrs. begin. after '76. "rior to amendment para. (e)(4) read as follows:

"(4) Student and educational institution defined. For purposes of paragraph (1)(B)(ii), the term 'student' means an individual who during each of 5 calendar months during the calendar year in which the taxable year of the taxpayer begins—

"(A) is a full-time student at an educational institution, or

"(B) is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational institution or of a State or political subdivision of a State.

For purposes of this paragraph, the term 'educational institution' means only an educational institution which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where its educational activities are carried on."

In '71, P. L. 92-178, Secs. 201(a)(1) and (b)(1) changed the personal exemption, additional exemptions, exemptions for dependents, and allowable gross income for dependents in subsecs. (b), (c), (d), and (e) as listed in the caution, above. The amendment provided that wherever it appeared in Code Sec. 151, $650 was to be changed to $675 for tax. yrs. begin. after 12/31/70 and before 1/1/72, and $750 for tax. yrs. begin. after 12/31/71.

In '69, P. L. 91-172, Secs. 801(a)(1), (b)(1), (c)(1) and (d)(1) changed the personal exemption, additional exemptions, exemption for dependents, and allowable gross income for dependents in subsecs. (b), (c), (d), and (e) as listed in the caution, above. The amendment provided that wherever it appeared in Code Sec. 151 $600 was to be changed to $625 for tax. yrs. begin. in '70, $650, for tax. yrs. begin. in '71, $700 for '72, and $750 for '73 and thereafter. Prior to amendment the figure for tax. yrs. begin. before '70 was $600.

— P. L. 91-172, Sec. 941(b), substituted "if a joint return is made by the taxpayer and his spouse" for "if a separate return is made by the taxpayer" in subsecs. (b) and (c)(2), for tax. yrs. begin. after 12/31/69.

Sec. 152. Dependent defined.

(a) General definition.

For purposes of this subtitle, the term "dependent" means any of the following individuals over half of whose support, for the calendar year in which the taxable year of the taxpayer begins, was received from the taxpayer (or is treated under subsection (c) or (e) as received from the taxpayer):

(1) A son or daughter of the taxpayer, or a descendant of either,

(2) A stepson or stepdaughter of the taxpayer,

(3) A brother, sister, stepbrother, or stepsister of the taxpayer,

(4) The father or mother of the taxpayer, or an ancestor of either,

(5) A stepfather or stepmother of the taxpayer,

(6) A son or daughter of a brother or sister of the taxpayer,

(7) A brother or sister of the father or mother of the taxpayer,

(8) A son-in-law, daughter-in-law, father-in-law,

mother-in-law, brother-in-
taxpayer or,

(9) An individual (other
any time during the ta
determined without reg
taxpayer) who, for the t
has as his principal pla
taxpayer and is a mem
hold.

(b) Rules relating to genera

For purposes of this sect

(1) The terms "brothe
brother or sister by the h

(2) In determining whet
specified in subsection (
subsection exists, a legal
vidual (and a child who
al's household, if placed
authorized placement a
such individual), or a fo
such child satisfies the
(a)(9) with respect to
treated as a child of such

(3) The term "depend
individual who is not
United States unless suc
the United States or of
United States. The prec
clude from the definition
the taxpayer legally ad
taxable year of the tax
principal place of abode
is a member of the taxp
taxpayer is a citizen or n

(4) A payment to a wif
gross income of the wife
not be treated as a payr
support of any dependen

(5) An individual is not
household if at any tim
the taxpayer the relation
and the taxpayer is in vi

(c) Multiple support agreem

For purposes of subsec
support of an individual
treated as received from the

(1) no one person co
support;

(2) over half of such
persons each of whom,
not contribute over half
been entitled to claim su
for a taxable year beginn

(3) the taxpayer contrib
support, and

(4) each person describ
than the taxpayer) who
of such support files a
manner and form as the
prescribe) that he will n
dependent for any taxa
calendar year.

(d) Special support test in

For purposes of subsec
individual who is—

(1) a son, stepson, dau
taxpayer (within the mea

TED STEVENS
ALASKA

THE ASSISTANT MINORITY LEADER

COMMITTEES:
APPROPRIATIONS
COMMERCE, SCIENCE AND TRANSPORTATION
GOVERNMENTAL AFFAIRS

United States Senate

WASHINGTON, D.C. 20510

January 19, 1979

Pastor George W. McNeven
Bethel Assembly of God
24 Fourth Street
Juneau, Alaska 99801

Dear George:

During the week of December 5th the IRS held hearings on these proposed regulations which would change the tax-exempt status of private schools. The opposition has been so overwhelming that the IRS is expected to revise these regulations after the House Ways and Means Committee holds hearings in January.

Last year I advised the Commissioner of the Internal Revenue Service of my strong objections to these proposed regulations and urged that they not be implemented.

With best wishes,

Cordially,

Ted

TED STEVENS
United States Senator

LIST OF WITNESSES FOR SENATE HESS TELECONFERENCE ON 2/28, as of 3:30pm - 2/27

Anchorage:

Dean Zinck, re: SB 48	student at University
Rob Moran, re: SB 48	Alaska Student Lobby Assn.
Kay Frank (Palmer)	Chairman, Citizens Legislative Committee
Burton Carney	
Janice Bigelow	
Rev. Jerry Prevo	
Albert Keyes	
Elaine Dollar	
Ludwig Zerbe	
Ed Rinner	
Jack Jocher	
Joseph Sternmetz	
Richard Soverns	parent of child attending Harvester Christian Academy

THESE FOUR PEOPLE, EITHER ADMINISTRATORS OR TEACHERS OF THE ANCHORAGE CHRISTIAN SCHOOL, WILL BE TESTIFYING:

MR. OBRIEN
MR. HOVEY
MR. ~~MORELAND~~ RON KING
MISS HANSEN

PASTOR MCNEVEN - SB48
GARY JENKINS - REV. DEPT. SB48
JANICE GATES

ROBERT HEMENWAY
SHIRLEY HEMINGWAY

Denise Knapp (Chugiak Baptist) SB 14

Jana Davrali SB 14

Please sign to testify

[illegible]	[illegible]	[illegible]
[illegible] LISA		[illegible]
CARL JENKINS	Alaska	SB 8
KEN KOHNEN	AHSA; ACSA	SB-~~45~~
BOB [illegible]	"	SB-48

More names of people ~~testifying~~
on today's bills via Teleconference:

James Stevens Alaska Pacific Univ SB 48

Patricia Steinmetz SB 48
SJR 14

Bill Leight SB 48
SJR 14

Glenn Clary SB 48
SJR 14

Nancy Markley will be observing -
She is from Gruenel's office

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

January 25, 1979

SUBJECT: State Aid to Private Education
(Work Order No. 6089)

TO: Representative Terry Martin

FROM: Kenneth E. Vassar
Legislative Counsel

Here are the documents I believe you were referring to this morning, with an extra. I have numbered them (1) - (3). Number 1 is the constitutional provision as it exists today. The last sentence of Article VIII, sec. 1, is the prohibition against state aid to private schools. Number 2 is the amendment that was before the voters in 1976. This section of the constitution has been subject to many attempted amendments in the past. To the best of my knowledge, the amendment proposed by Number 2 (HJR 73 -1976) is the only one to actually pass the legislature and be placed on the ballot. Number 3 is another attempted amendment which did not pass the legislature. It was also introduced in 1976. I have included it just to give you an idea of some of the alternatives that are available. The resolution I drafted for you would simply eliminate the last sentence of Article VIII, sec. 1. This, in my opinion, would remove any state constitutional obstacles and place us directly under the controlling language of the United States Constitution. If there is anything else I can do for you, let me know.

Incidentally, your tax credit bill has been prepared and should be delivered to you within the next day or two with a memo explaining the constitutional problems I see with the bill.

KEV:jdn

Enclosures

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

Introduced: 5/7/76
Referred: Judiciary

IN THE HOUSE BY THE SELECT COMMITTEE ON EDUCATION

HOUSE JOINT RESOLUTION NO. 73 am S

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINTH LEGISLATURE - SECOND SESSION

Proposing an amendment to the Constitution of the State of Alaska relating to state aid to private educational institutions.

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

* Section 1. Article VII, sec. 1, Constitution of the State of Alaska, is amended to read:

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, 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, however nothing in this section shall prevent direct aid to students in accordance with the law.

* Sec. 2 The amendment proposed by this resolution shall be placed before the voters of the state at the next general election in conformity with art. XIII, sec. 1, Constitution of the State of Alaska, and the election laws of the State.

This was voted down by the public in the 1976 election.

[illegible] 5/7/76
[illegible] Judiciary

IN THE HOUSE BY THE SELECT COMMITTEE ON EDUCATION

HOUSE JOINT RESOLUTION NO. [illegible] 5

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINTH LEGISLATURE - [illegible] SESSION

Proposing an amendment to the Constitution of the State of Alaska relative to state aid to private educational institutions.

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

* Section 1. Article VII, sec. 1, Constitution of the State of Alaska, is amended to read:

SECTION 1. PUBLIC EDUCATION. The legislature shall by general law establish and maintain a system of public schools open to all citizens of the State, and may provide for other public educational institutions which it and libraries as it deems desirable. No money shall be paid from public funds for the direct benefit of any religious or other private educational institution.

* Sec. 2. The amendment proposed by this Act shall be submitted to the voters of the State at the [illegible] election in which [illegible] appears on the ballot, and shall become effective [illegible] days after approval by the voters.

This was defeated by the voters in 1976 election.

ALASKA'S CONSTITUTIONAL CONVENTION

GOVERNMENTAL FUNCTIONS AND RESPONSIBILITIES

Health, Education, and Welfare

Article VII, on health, education, and welfare, is the briefest in the constitution. One section covers public education, two sections establish the University of Alaska as a single unified system of higher education, and two one-sentence sections provide for public health and welfare. Except for the proposed prohibition of public funds being used for direct benefit of private educational institutions, the article was not controversial. Lack of disagreement was due to the fact that the functions covered by the article were already being carried out under the territorial government.

Responsibility for Article VII was given to the Committee on Preamble and Bill Rights, primarily because the social services covered by the article were extensions of the rights and privileges of the people. The final draft was a series of concise statements requiring the legislature to provide for public education, health, and welfare.

In drafting the section on education, the committee included language that covered a standard feature of past and present statehood enabling bills, namely that "provision shall be made for the establishment and maintenance of a system of public schools which shall be open to all children of said state and free from sectarian control."

The only significant point raised in plenary consideration of the committee proposal was a suggested amendment to insert the words "and indirect" after "direct" in the draft provision "No money shall be paid from public funds for the direct benefit of any religious or other private educational institution." Proponents of the proposed amendment stressed the importance of protecting the integrity of public education, while its opponents argued for the provision of services to the individual student if otherwise in keeping with the constitution. The proponents of the amendment to prohibit "direct and indirect" aid to parochial and other private schools held that sectarian segregation in education is bad for school children and that inadequate restriction could lead to diversion of funds and weakening of public education. A majority (thirty-four to nineteen) opposed the amendment, agreeing with those who argued that more important than these considerations was the need to help each child attain the fullest level of individual development through programs such as free lunches, bus transportation, and even payment by the state welfare agency of room and board to parentless children, so long as the basic principle of separation of church and state was maintained.

A floor amendment to provide for a unified state library service was rejected by the delegates as falling into the area of legislation and therefore not being proper constitutional material.

A proposal to altogether strike the health and public welfare provisions was made by Seaborn Buckalew of Anchorage on the grounds that they were already covered by the general welfare clause and were also unnecessary in the constitution. However, Rolland Armstrong of Sitka and others argued for their inclusion as a matter of philosophy, and on a voice vote the amendment was defeated.

Before final adoption of the constitution, the convention added the two sections providing for the state university and its board of regents. Provisions for the university had been part of the executive article dealing with boards and commissions of that article. It was suggested during consideration of the executive branch proposal that the requirement for approval by the governor of the appointment of executive officers of principal departments headed by boards and commissions would not be appropriate to the university and the board of regents. As a result, a separate proposal on the unversity was offered by the Committee on the Executive Branch for inclusion in the article on general provisions. It was later transferred by the Style and Drafting Committee to the article dealing with education.

The provisions for a single state university system, established as a separate corporate body, and for a board of regents appointed by the government and confirmed by the legislature was modeled on the Hawaii constitution. As approved, the university was given constitutional status and removed from direct supervision of the governor.

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Constitutional Validity of State Aid to Pupils in Church-Related Schools—Internal Tension Between the Establishment and Free Exercise Clauses

DAVID J. YOUNG

Constitutional Validity of State Aid to Pupils in Church-Related Schools—Internal Tension Between the Establishment and Free Exercise Clauses

DAVID J. YOUNG*

I. INTRODUCTION

The Supreme Court's recent decision in *Wolman v. Walter*[1] raises again the question whether the "final page" has been written with respect to a troublesome period in the constitutional development of religion clause[2] principles. The United States Supreme Court has now addressed itself to a complete array of state aid programs designed to assist pupils attending church-sponsored educational institutions. After thirty years of intensive litigation the slate looks something like this:

Year	*Programs in Conformity with First Amendment*	*Programs Violative of First Amendment*
1947	School bus transportation[3]	
1968	Textbook loans[4]	
1970	Real property tax exemption for religious organizations[5]	
1971	Federal construction grants for church-related colleges[6]	Salary supplements for lay teachers[7] Secular education service contracts calling for state to pay nonpublic school for providing secular education[8]

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1. 97 S. Ct. 2593 (1977).

2. "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof." U.S. CONST. amend. I. The religion clause comprises two parts: the establishment clause prohibits the government from promoting religion and the free exercise clause prohibits the government from inhibiting religion.

3. Everson v. Board of Educ., 330 U.S. 1 (1947).

4. Board of Educ. v. Allen, 392 U.S. 236 (1968).

5. Walz v. Tax Comm'n, 397 U.S. 664 (1970).

6. Tilton v. Richardson, 403 U.S. 672 (1971).

7. Lemon v. Kurtzman [Early v. DiCenso], 403 U.S. 602 (1971) (*Early* was a case arising out of Rhode Island that was consolidated with the Pennsylvania case, *Lemon v. Kurtzman*, for purposes of appeal).

8. Lemon v. Kurtzman, 403 U.S. 602 (1971) (Pennsylvania statute declared unconstitutional).

1973	Tax-exempt bond assistance for construction at church-related colleges[9]	Grants to schools for cost of general testing and record-keeping[10]
		Tuition reimbursement for low income parents[11]
		Parental tax credits[11]
		Grants to schools for maintenance and repair[11]
		Parental reimbursement grants[12]
1975		Instructional equipment and material loaned to schools[13]
		On-premises health and remedial services[13]
1976	Direct, per-student grants to church-related colleges[14]	
1977	Standardized tests and scoring services[15]	Instructional equipment and material loaned to pupil[15]
	Speech and hearing diagnostic services[15]	Field trip transportation[15]
	Physician, dental, and optometric services[15]	
	Neutral-site therapeutic services[15]	
	Neutral-site remedial education services[15]	
	Programs for handicapped[15]	
	Neutral-site guidance and counseling[15]	
	Assistance grants for students attending church-related colleges[16]	

In its 1976 decision in *Roemer v. Board of Public Works*[17] the Supreme Court intimated that the end of the line was near:

> [T]he slate we write on is anything but clean. Instead, there is little room

9. Hunt v. McNair, 413 U.S. 734 (1973).
10. Levitt v. Committee for Pub. Educ., 413 U.S. 472 (1973).
11. Committee for Pub. Educ. v. Nyquist, 413 U.S. 756 (1973).
12. Sloan v. Lemon, 413 U.S. 825 (1973).
13. Meek v. Pittenger, 421 U.S. 349 (1975).
14. Roemer v. Board of Pub. Works, 426 U.S. 736 (1976).
15. Wolman v. Walter, 97 S. Ct. 2593 (1977).
16. Americans United for Separation of Church and State v. Blanton, 433 F. Supp. 97 (M.D. Tenn. 1977), *aff'd mem.*, 98 S. Ct. 39 (1977).
17. 426 U.S. 736 (1976).

> for further refinement of the principles governing public aid to church-affiliated private schools. Our purpose is not to unsettle those principles . . . or to expand upon them substantially, but merely to insure that they are faithfully applied in this case.[18]

Similarly in *Wolman*, Justice Blackmun observed: "Nonetheless, the Court's numerous precedents 'have become firmly rooted, . . .' and now provide substantial guidance."[19] Justice Stewart, the author of the majority opinion in *Meek v. Pittenger*,[20] saw himself as applying tests which constituted a distillation of the past decades of effort:

> These tests constitute a convenient, accurate distillation of this Court's efforts over the past decades to evaluate a wide range of governmental action challenged as violative of the constitutional prohibition against laws "respecting an establishment of religion," and thus provide the proper framework of analysis for the issues presented in the case before us.[21]

Notwithstanding these assurances by the Court that this area of the law is settled, the question still remains: has the thoughtful scholarship of the Supreme Court's most respected Justices provided a framework that will avoid continued controversy? This article will show that they have not. Despite the strong assertions in recent decisions by the Court that religion clause principles are well defined, the fact is that there have been periodic major shifts in the factors the Court considers in judging the constitutionality of a state aid program. These shifts have had a divisive impact on the Court. In recent years this division has resolved itself into a three-way split. This article attempts to identify the current trend of the Court in state aid cases by analyzing this split and the recent movement of the swing group of Justices.

II. Charting a Neutral Course Between the Free Exercise and Establishment Clauses—The Tripartite Split in the Court

Two issues must be addressed any time a state aid program is presented to the Court. The first, which may be called the establishment issue, is raised by opponents of state aid to sectarian schools. The argument is that such aid constitutes a prohibited "establishment of religion," or at least the first step toward such an establishment. The second issue, which may be called the free exercise issue, is advanced by proponents of the state assistance program. The proponents feel that since they pay education taxes a portion of the tax

18 *Id.* at 754.

19 Wolman v. Walter, 97 S. Ct. 2593, 2599 (1977).

20 421 U.S. 349 (1975).

21 *Id.* at 358.

proceeds should be used to help finance their children's education. Without an allocation of tax funds toward the education of their children, they are forced either to bear the financial burden of paying twice for their children's education—once through taxes and once through tuition—or to send their children to the public school. This, proponents assert, restricts their freedom of choice and inhibits their "free exercise" of religion.

In an attempt to reconcile the constitutional conflict between the establishment and free exercise clauses the Court developed a three-part test for judging the various state programs. "First, the statute must have a secular legislative purpose; second, its principal or primary effect must be one that neither advances nor inhibits religion . . . ; finally, the statute must not foster 'an excessive government entanglement with religion.' "[22]

Careful analysis reveals that the relative significance of the establishment clause and the free exercise clause in first amendment cases is sometimes ignored. Justice Brennan, who now maintains that almost all forms of assistance to pupils at church-related schools is violative of the establishment clause, recognized a place for the free exercise doctrine in his concurring opinion in *Abington School District v. Schempp*.[23]

> Attendance at the public schools has never been compulsory; parents remain morally and constitutionally free to choose the academic environment in which they rear their children to be educated. The relationship of the Establishment Clause of the First Amendment to the public school system is preeminently that of reserving such a choice to the individual parent, rather than vesting it in the majority of voters of each State or school district. The choice which is thus preserved is between a public secular education with its uniquely democratic values, and some form of private or sectarian education, which offers values of its own. In my judgment the First Amendment forbids the State to inhibit that freedom of choice by diminishing the attractiveness of either alternative—either by restricting the liberty of the private schools to inculcate whatever values they wish, or by jeopardizing the freedom of the public schools from private or sectarian pressures. The choice between these very different forms of education is one—very much like the choice of whether or not to worship—which our Constitution leaves to the individual parent. It is no proper function of the state or local government to influence or restrict that election.[24]

In spite of his recognition of free exercise values, Justice Brennan has been unwilling to concede that placing a condition—attendance at the *public* schools—upon a gratuitous state benefit can discourage the free exercise of religion by "diminishing the attractiveness" of the

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22. Lemon v. Kurtzman, 403 U.S. 602, 612-13 (1971) (citation omitted).
23. 374 U.S. 203 (1963).
24. *Id.* at 242 (Brennan, J., concurring).

church-related school. Such an attitude toward free exercise objectives led to Chief Justice Burger's plea:

> One can only hope that, at some future date, the Court will come to a more enlightened and tolerant view of the First Amendment's guarantee of free exercise of religion, thus eliminating the denial of equal protection to children in church-sponsored schools, and take a more realistic view that carefully limited aid to children is not a step toward establishing a state religion—at least while this Court sits.[25]

The Court's difficulty with this perplexing question has been aggravated by its necessity of fashioning majority votes on a patchwork, case-by-case basis. The opinion of the Court in *Walz v. Tax Commission*[26] reflects the difficulty encountered in attempts to fashion sweeping religion clause principles:

> The Establishment and Free Exercise Clauses of the First Amendment are not the most precisely drawn portions of the Constitution. The sweep of the absolute prohibitions in the Religion Clauses may have been calculated; but the purpose was to state an objective, not to write a statute. In attempting to articulate the scope of the two Religion Clauses, the Court's opinions reflect the limitations inherent in formulating general principles on a case-by-case basis. The considerable internal inconsistency in the opinions of the Court derives from what, in retrospect, may have been too sweeping utterances on aspects of these clauses that seemed clear in relation to the particular cases but have limited meaning as general principles.
>
> The Court has struggled to find a neutral course between the two Religion Clauses, both of which are cast in absolute terms, and either of which, if expanded to a logical extreme, would tend to clash with the other.[27]

In an amicus brief, Leo Pfeffer, who has argued a great number of the religion clause cases before the Supreme Court of the United States, described the past decades of constitutional history in this area as a "historic game of chess." Although cases were won or lost and governing principles seemed well defined, the fact is that the pieces of the jigsaw puzzle were being "forced together."[28] The compromise, case-by-case approach utilized by the Court has misled both proponents and opponents of state assistance to nonpublic pupils and has fostered continued litigation. Legislation was drafted in reliance on sweeping utterances that in retrospect proved to be illusory.

In practice the tripartite test articulated by the Court does little to balance the competing interests embodied in the two religion clauses. The Court itself now speaks of the test only as a guide with

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25 Meek v. Pittenger, 421 U.S. 349, 387 (1975).

26 397 U.S. 664 (1970).

27 *Id.* at 668-69.

28 Brief of National Coalition for Public Education and Religious Liberty Amicus Curiae at 10, Wolman v. Walter, 97 S. Ct. 2593 (1977).

which to identify instances in which the objectives of the establishment clause have been impaired. This tripartite test, however, serves more as a framework for structuring opinions than as a guidepost for determining the outcome. The objectives of the establishment clause, likewise, are too vague to be outcome-determinative. An analysis and understanding of the three-way split among the Supreme Court Justices,[29] however, may be more productive in predicting whether a given aid program will withstand religion clause challenge. Chief Justice Burger and Justices Rehnquist and White seem prepared to approve a broad range of meaningful child benefit programs in the form of grants, credits, scholarships, loans, and vouchers.[30] On the other hand, it is with a great deal of reluctance that Justices Brennan, Marshall, and Stevens approve even health-related services.[31] The middle is comprised of Justices Blackmun, Powell, and Stewart, and the outcome of future constitutional challenges will depend on the direction in which they lean.[32]

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29. The tension among the members of the Court is perhaps not fully revealed by the opinions themselves. The depth and intensity of these tensions may very well stand currently as a barrier to the formation of a predictable and stable five-Justice coalition. This internal tension is explainable in part by the frustration that must flow from the Court's apparent inability to formulate a comprehensive analysis in this troublesome area, and also by the compromises required to obtain five votes. The internal tension is also a natural by-product of a case-by-case legislative approach that has backfired because of a failure to consider fully the implications of pronouncements in a given case upon future challenges.

The tension and frustration within the Court is undoubtedly aggravated by the fact that the Court has had to make decisions that vitally affect the inculcation of religious belief, the extension of knowledge, and the education of children on the basis of abbreviated stipulations of fact, facial challenges, or evidentiary transcripts that barely pierce the surface of relevant educational and religious developments. The difficulties arising from inadequate factual development are further compounded by the lack of historical record or legislative history with respect to the religion clause. There were no public schools when the first amendment was adopted, and the structure of American education has changed markedly since then. The religion clause preceded general acknowledgment of the need for universal formal education. *See* Wisconsin v. Yoder, 406 U.S. 205, 214 (1972). Thus, the Court for decades has been forced into a situation of attempting to apply vaguely defined principles to an ever-shifting set of circumstances and considerations from which it has not yet been able to extricate itself.

30. *See, e.g.*, Wolman v. Walter, 97 S. Ct. 2593 (1977) (Burger, C.J., and White and Rehnquist, JJ., voted to uphold all six categories of aid presented to the Court); Roemer v. Board of Pub. Works, 426 U.S. 736 (1976) (Burger, C.J., and White and Rehnquist, JJ., voted to uphold direct, per-student grants to church-related colleges); Meek v. Pittenger, 421 U.S. 349 (1975) (Burger, C.J., and White and Rehnquist, JJ., voted to uphold all three types of aid presented to the Court).

31. *See, e.g.*, Wolman v. Walter, 97 S. Ct. 2593 (1977) (Brennan and Marshall, JJ., voted to strike down all six categories of aid presented to the Court; Stevens, J., voted to strike down four categories of aid and to uphold diagnostic and therapeutic services, the latter two with "misgivings"); Roemer v. Board of Pub. Works, 426 U.S. 736 (1976) (Brennan, Marshall, and Stevens, JJ., voted to strike down direct, per-student grants to church-related colleges); Meek v. Pittenger, 421 U.S. 349 (1975) (Brennan and Marshall, JJ., voted to strike down all three types of aid presented to the Court).

32. *See, e.g.*, Wolman v. Walter, 97 S. Ct. 2593 (1977) (Blackmun and Stewart, JJ., voted to uphold four of the six categories of aid presented to the Court and to strike down loans of instructional material and field trip transportation; Powell, J., voted to uphold five categories and to strike down loans of instructional material); Roemer v. Board of Pub. Works, 426 U.S. 736 (1976) (Blackmun and Powell, JJ., voted to uphold and Stewart, J., voted to strike down direct, per-student grants to church-related colleges); Meek v. Pittenger, 421 U.S. 349 (1975) (Stewart, Powell, and Blackmun, JJ., voted to uphold textbook loans and to strike down loans

In order to appreciate the current alignment of the Justices and the state of the law after *Wolman* it is necessary to consider the historical positions of the Court. It is important to note that prior to 1971 the Court generally affirmed state aid to church-related schools. In that year the Court abruptly shifted its position regarding aid to elementary and secondary schools. Now, after *Wolman*, it appears that the Court is swinging back toward approval of some programs.[33] This article focuses on these swings and pays particular attention to the pivotal cases *Walz v. Tax Commission*[34] and *Wolman v. Walter*.[35] As will be seen, *Walz* marked the end of Supreme Court approval of state aid to church-sponsored schools and began a period in which every state program, with the exception of aid to sectarian colleges, was struck down. *Wolman* is now the first case to turn away from the strict position the Court has held since *Walz*.

III. Pre-*Walz* Criteria: Secular Purpose and Effect

The first case to consider the relationship between state aid to church-sponsored education and the religion clause was *Everson v. Board of Education*.[36] New Jersey had enacted a law that would reimburse parents for the expense of busing their children to public and parochial schools. The *Everson* Court said that "the clause against establishment of religion by law was intended to erect 'a wall of separation between church and State.'"[37] The Court held that the New Jersey program had not made the slightest breach in the wall of separation. The Court further held that to prohibit the state from extending general welfare benefits to *all* of its children would be to violate the neutral position required by the first amendment.[38]

Between 1947 and 1968 *Everson* stood as the leading case in the religion clause field. The principles first set forth in *Everson* were further refined during the two decades following its decision[39] and were applied again to a nonpublic school aid case in the form of a two-part purpose-and-effect test[40] in *Board of Education v. Allen*.[41]

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of instructional material and on-premises health and remedial services). Note that the positions taken by these Justices have determined the holding of the Court.

33. For a graphic representation of the swings in the Court, see the chart in section I of this article.

34. 397 U.S. 664 (1970).

35. 97 S. Ct. 2593 (1977).

36. 330 U.S. 1 (1947).

37. *Id.* at 16.

38. *Id.* at 18.

39. *See, e.g.*, McGowan v. Maryland, 366 U.S. 420 (1961), which upheld the constitutionality of Sunday sales prohibition laws; Zorach v. Clauson, 343 U.S. 306 (1952), which upheld the constitutional validity of programs permitting public schools to release students during the school day who desire to attend off-premises religion courses.

40. The two-part test was first laid down in the context of a school prayer case, Abington School Dist. v. Schempp, 374 U.S. 203 (1963).

41. 392 U.S. 236 (1968).

> The test may be stated as follows: what are the purpose and the primary effect of the enactment? If either is the advancement or inhibition of religion then the enactment exceeds the scope of legislative power as circumscribed by the Constitution. That is to say that to withstand the strictures of the Establishment Clause there must be a secular legislative purpose and a primary effect that neither advances nor inhibits religion.[42]

In *Allen* the Court upheld a New York program whereby local school boards loaned approved textbooks to all children, including sectarian school students, in grades seven through twelve. Before the Court was able to find "a secular legislative purpose and a primary effect that neither advances nor inhibits religion,"[43] it was necessary for the Court to declare that the "processes of secular and religious training [in church-sponsored schools] are [not] so intertwined that secular textbooks furnished to students by the public are in fact instrumental in the teaching of religion."[44]

The *Allen* Court's recognition of the valuable role played by nonpublic education was obviously a key factor in the decision. Justice White, writing for the majority, utilized language that greatly increased the hope and expectations of proponents of aid to nonpublic school pupils:

> Underlying these cases, and underlying also the legislative judgments that have preceded the court decisions, has been a recognition that private education has played and is playing a significant and valuable role in raising national levels of knowledge, competence, and experience. Americans care about the quality of the secular education available to their children. They have considered high quality education to be an indispensable ingredient for achieving the kind of nation, and the kind of citizenry, that they have desired to create. Considering this attitude, the continued willingness to rely on private school systems, including parochial systems, strongly suggests that a wide segment of informed opinion, legislative and otherwise, has found that those schools do an acceptable job of providing secular education to their students. This judgment is further evidence that parochial schools are performing, in addition to their sectarian function, the task of secular education.[45]

Many nonpublic school parents, educators, and administrators read *Allen* as saying that carefully drafted aid programs that have the primary effect of aiding the secular educational functions in their schools would satisfy establishment clause restraints. It is difficult to quarrel or find fault with this interpretation. This is obviously why opponents of nonpublic school aid have sought repeatedly during the past nine years to convince the Supreme Court that *Allen* should be reversed. In recent years, however, the Court has given little

42 *Id.* at 243 (quoting Abington School Dist. v. Schempp, 374 U.S. 203, 222 (1963)).

43 *Id.*

44 *Id.* at 248.

45 *Id.* at 247-48.

more than lip service to the *Allen* principles[46] and has in fact emasculated its underpinnings. The two-part test has been accompanied by a third ingredient that has proved dominant in recent cases.

IV. Introduction of the Entanglement Test—The Impact of *Walz v. Tax Commission*

In 1970, the Supreme Court handed down a decision that has had perhaps a greater impact upon the education cases than any case since *Everson*. *Walz v. Tax Commission*[47] questioned the constitutional validity of real property tax exemptions for property used exclusively for religious purposes. The plaintiff, a real property owner, sought an injunction to prevent the granting of property tax exemptions to religious properties, arguing that such exemptions forced him to make a contribution to religious bodies contrary to the establishment clause. In determining the constitutional validity of such exemptions, the Court looked to whether taxation or exemption occasioned a greater degree of involvement between government and religion, thus evidencing its concern with the amount of entanglement between secular and sectarian interests. The Court commented in dictum: "Obviously a direct money subsidy would be pregnant with involvement and, as with most governmental grant programs, could encompass sustained and detailed administrative relationships for enforcement of statutory or administrative standards."[48] Although the Supreme Court had in prior decisions showed a concern about the degree of involvement between government and religion, this dictum gave birth to a third and separate constitutional test for judging religion clause cases. Now, in addition to determining that the legislative purpose and effect of a state program did not promote or inhibit religion, it became necessary for a court to inquire whether the administration of the program fosters "excessive government entanglement with religion."[49]

The first state aid to nonpublic school statutes to be tested subsequent to *Walz* were the Pennsylvania statute considered in *Lemon v. Kurtzman*,[50] and the Rhode Island statute considered in the companion case, *Earley v. DiCenso*.[51] The Rhode Island statute called for a salary supplement to lay instructors teaching secular subjects in the Rhode Island parochial schools. The Pennsylvania statute called for a contractual relationship between the nonpublic school and the state under which the state reimbursed the nonpublic schools for providing

46 *See, e.g.*, Lemon v. Kurtzman, 403 U.S. 602 (1971).
47 397 U.S. 664 (1970).
48 *Id.* at 675.
49 *Id.* at 674.
50 403 U.S. 602 (1971).
51 *Id.*

teacher salaries, textbooks, and instructional materials in specified secular subjects. Both statutes were declared violative of the first amendment. Chief Justice Burger, who had authored the *Walz* opinion, delivered the opinion of the Court in which the purpose and effect test in *Allen* became a tripartite inquiry:

> Every analysis in this area must begin with consideration of the cumulative criteria developed by the Court over many years. Three such tests may be gleaned from our cases. First, the statute must have a secular legislative purpose; second, its principal or primary effect must be one that neither advances nor inhibits religion . . . ; finally, the statute must not foster "an excessive government entanglement with religion."[52]

Both statutes passed the first prong of the tripartite inquiry; in neither the Pennsylvania nor the Rhode Island statutes did the Court find a nonsecular legislative purpose. The second inquiry, whether the principal or primary effect of the statutes was one that did not promote or inhibit religion, was a more difficult one for the Court to answer. Chief Justice Burger reasoned that it was possible for the legislatures of the respective states to identify secular aspects of a church-sponsored education and to design restrictions to insure that the state aid would benefit only the secular. The Court did not decide, however, whether the specific safeguards in the Pennsylvania and Rhode Island programs were sufficient to meet the primary effect test. Instead the Court condemned the programs because of the intrusiveness of the safeguards into the church-sponsored school: "This kind of state inspection and evaluation of the religious content of a religious organization is fraught with the sort of entanglement that the Constitution forbids. It is a relationship pregnant with dangers of excessive government direction of church schools and hence of churches."[53]

If meaningful assistance to the nonpublic educational sector appeared dead as a result of the *Lemon* decision, *Committee for Public Education v. Nyquist*[54] seemed to complete the process and seal the coffin. The Supreme Court in *Nyquist* declared unconstitutional, as violative of the establishment clause, direct grants to nonpublic schools for maintenance and repair of school facilities and equipment, tuition reimbursement to low income parents of children attending nonpublic schools, and income tax relief to all such parents. On the same day as *Nyquist*, the Court also announced *Sloan v. Lemon*,[55] which declared Pennsylvania's parental reimbursement

52 *Id.* at 612-13 (citation omitted)
53 *Id.* at 620
54 413 U.S. 756 (1973)
55 413 U.S. 825 (1973)

grants unconstitutional, and *Levitt v. Committee for Public Education*,[56] which declared unconstitutional the New York statute providing state reimbursement to nonpublic schools for testing and record-keeping. The cumulative impact of these decisions and that in *Lemon v. Kurtzman* was to place those who would seek to draft legislation providing nonpublic school assistance on the horns of a dilemma. If they included safeguards and procedures to insure that the assistance was limited to the secular aspects of nonpublic education, the restrictions would be classified as prophylactic contacts involving excessive government entanglement with religion. If the restrictions were removed, the program would fail because of the absence of assurance against advancement of religion.

Program safeguards and regulations were not the only kinds of church-state "entanglements" envisioned by the Court. In addition it saw a danger of "political divisiveness"[57] arising from the natural inclination of nonpublic schools to lobby in the legislatures for additional funds. Although he recognized that political debate and differences are normal and healthy manifestations of the democratic system of government, Chief Justice Burger declared that political division along religious lines was "one of the principal evils against which the First Amendment was intended to protect."[58] This test seemed based upon the assumption that as more assistance became available to nonpublic education, a greater demand would arise, and this demand would inevitably lead to political division along religious lines.

The negative attitude of the Supreme Court towards the "self-perpetuating and self-expanding propensities"[59] of state assistance to pupils at church-related educational institutions is reflected in Chief Justice Burger's belief that "[a] certain momentum develops in constitutional theory, and it can be a 'downhill thrust' easily set in motion but difficult to retard or stop."[60] The Court was obviously alarmed at the rapid step from *Allen* to *Lemon* and *DiCenso*. It was willing to allow bus rides and textbooks, but saw the prospect of much broader scale assistance when it looked at the teacher salary supplement program in *DiCenso* and the educational contract program in *Lemon*. The momentum was too much; the Court refused to adopt the philosophy of Justice Harlan that "[i]t is always possible to shrink from a first step lest the momentum will plunge the law into pitfalls

56 413 U.S. 472 (1973)
57 Lemon v. Kurtzman, 403 U.S. 602, 623 (1971)
58 *Id.*
59 *Id.* at 624
60 *Id.*

that lie in the trail ahead. I, for one, however, do not believe that a 'slippery slope' is necessarily without a constitutional toehold."[61]

The repressive constitutional doctrine that was based on a fear of political divisiveness was spawned by the Court during its "momentum blocking" stage of development. Chief Justice Burger's enunciation of this doctrine in *Lemon* was surprising, if not shocking, in view of fact that just one year earlier in *Walz*, he had espoused the right of religious organizations and churches to take strong positions on public issues without the slightest suggestion that this would disqualify their adherents from participating in public benefits. The Chief Justice had written:

> Adherents of particular faiths and individual churches frequently take strong positions on public issues including, as this case reveals in the several briefs *amici*, vigorous advocacy of legal or constitutional positions. Of course, churches as much as secular bodies and private citizens have that right. No perfect or absolute separation is really possible; the very existence of the Religion Clauses is an involvement of sorts—one that seeks to mark boundaries to avoid excessive entanglement.[62]

It is perhaps understandable that the Court was concerned by the momentum that had gathered between *Allen* and *Lemon*; it is unfortunate, however, that the response between 1971 and 1975 was a series of case-by-case compromises rather than the development of constitutional principles of more lasting guidance. Beginning in 1971, the Court began a cut and paste process in deciding how far the program could proceed without reaching the verge of forbidden territory under the religion clauses. It refused to accept the invitation of opponents of such educational programs to declare them all violative of the establishment clause. On the other hand, there seemed to be no logical basis for distinguishing one program from the other. Sweeping utterances, seemingly clear in one case, had to be altered to meet the Court's attitudes concerning the verge of forbidden territory in another. This seemed the result of judicial legislation. It was in recognition of these problems that Justice Rehnquist in his dissent in *Committee for Public Education v. Nyquist* noted that "[w]ithin the limits permitted by the Constitution, these decisions are quite rightly hammered out on the legislative anvil."[63]

Additional doctrines were developed by the Court that had the effect of further emasculating the theoretical underpinnings of *Allen*. The acceptance of dual and separable secular and religious roles in nonpublic education was replaced with a presumption that these are

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61. Walz v. Tax Comm'n, 397 U.S. 664, 699-700 (1970) (Harlan, J., concurring).

62. *Id.* at 670.

63. 413 U.S. 756, 813 (1973).

"religious-pervasive institutions,"[64] and that aid to the secular functions of the schools cannot be separated from the religious functions. Justice Stewart, writing for the majority in a later case, concluded:

> [I]t would simply ignore reality to attempt to separate secular educational functions from the predominantly religious role performed by many of Pennsylvania's church-related elementary and secondary schools and to then characterize Act 195 as channeling aid to the secular without providing direct aid to the sectarian. Even though earmarked for secular purposes, "when it flows to an institution in which religion is so pervasive that a substantial portion of its functions are subsumed in the religious mission," state aid has the impermissible primary effect of advancing religion.[65]

V. Dissenters' Reaction to the Harsh Impact of *Lemon* and *Nyquist*

The dissenting opinion of Chief Justice Burger in *Nyquist* reveals that the entanglement test, which he set forth in *Walz* and expanded in *Lemon*, had in *Nyquist* gone much further than he had anticipated. It was being utilized to bar forms of assistance that he felt provided benefits to children rather than churches and thus met constitutional standards. The tolerant attitude expressed by Chief Justice Burger in his *Nyquist* dissent may very well be attributable to a reconsideration of the potential tensions between the establishment and free exercise clauses. While commenting upon the application of the two clauses the Chief Justice stressed free exercise principles: "[T]he balance between the policies of free exercise and establishment of religion tips in favor of the former when the legislation moves away from direct aid to religious institutions and takes on the character of general aid to individual families."[66] Chief Justice Burger also reflected a different reaction to "momentum blocking" when he noted that "[i]t is no more than simple equity to support partial relief to parents who support the public schools they do not use."[67]

Justice White's dissent in *Nyquist* stated the free exercise argument even more forcibly:

> Under state law these children have a right to a free public education and it would not appear unreasonable if the State, relieved of the expense of educating a child in the public school, contributed to the expense of his education elsewhere. The parents of such children pay taxes, including school taxes. They could receive in return a free education in the public schools. They prefer to send their children, as they have the right

64. Committee for Pub. Educ. v. Nyquist, 413 U.S. 756, 783 n.39 (1973).

65. Meek v. Pittenger, 421 U.S. 349, 365-66 (1975) (quoting Hunt v. McNair, 413 U.S. 734, 743 (1973)).

66. Committee for Pub. Educ. v. Nyquist, 413 U.S. 756, 802 (1973) (Burger, C.J., dissenting).

67. *Id.* at 803.

> to do, to nonpublic schools that furnish the satisfactory equivalent of a public school education but also offer subjects or other assumed advantages not available in public schools. Constitutional considerations aside, it would be understandable if a State gave such parents a call on the public treasury up to the amount it would have cost the State to educate the child in public school, or, to put it another way, up to the amount the parents save the State by not sending their children to public school.
>
> In light of the Free Exercise Clause of the First Amendment, this would seem particularly the case where the parent desires his child to attend a school that offers not only secular subjects but religious training as well. A State should put no unnecessary obstacles in the way of religious training for the young. "When the state encourages religious instruction . . . it follows the best of our traditions."[68]

Justice Rehnquist's dissent in *Nyquist* reveals that he likewise would have upheld the tuition reimbursement and tax relief provisions of the New York statute in recognition of the "benevolent neutrality"[69] required in order to reconcile the tension between the free exercise and establishment clauses. His dissent recognized that financial restraints to free exercise exist when nonpublic school parents are compelled to pay for their own children's education as well as support public school services unused by them.

Notwithstanding the Chief Justice's shift in attitude and the strength of the Rehnquist and White dissents, an even more extreme and restrictive application of the tripartite test was made in the 1975 case *Meek v. Pittenger*.[70] *Meek* struck down a program that involved loaning equipment and providing health services to nonpublic schools. It was the culmination of the era of persistent Supreme Court disapproval of state aid to church-sponsored schools. Strangely, though, this disapproval did not extend to state aid to church-sponsored colleges. These cases, by their contrast, illuminate the hostility the Court's majority held toward religious education.

VI. Approval of State Aid in Higher Education Cases: A Religion-Effectiveness Test?

If a lawyer in 1971, after reviewing the *Lemon* opinion, were called upon to opine as to the constitutionality of federal legislation providing grants for the construction of buildings at church-related colleges, the thrust of his opinion would be quite predictable. After reciting the tripartite test, the lawyer would advise that it would be necessary to establish comprehensive restrictions in order to insure that the legislation did not result in advancement of religion. Absent restrictions, the legislation would fail the primary effect test because of the danger that the

68 *Id.* at 814 (White, J., dissenting) (quoting Zorach v. Clauson, 343 U.S. 306, 313-14 (1952))

69 *Id.* at 810 (Rehnquist, J., dissenting)

70 421 U.S. 349 (1975). See notes 77-86 *infra* and accompanying text.

mandated aid could be applied to a sectarian purpose. On the other hand, if the legislation contained adequate restrictions it would fail because of excessive government entanglement with religion. At least this would be the likely content of the opinion if that lawyer had not read *Tilton v. Richardson*,[71] which was announced the same day as *Lemon*. The tests and guiding principles read the same in *Tilton* as in *Lemon*, but the same tests apparently have different meanings when applied at different levels of education.

In sustaining the constitutionality of construction grants to church-related colleges, the Court was impressed by the fact that churches are less successful in the accomplishment of their religious missions in colleges than in elementary or secondary schools: "There is substance to the contention that college students are less impressionable and less susceptible to religious indoctrination."[72] Although many of the church-state cases relating to elementary and secondary education are decided on the basis of an assumed composite profile of church-related schools, the court in *Tilton* rejected that approach: "We cannot . . . strike down an Act of Congress on the basis of a hypothetical 'profile.' "[73] A comparison of *Tilton* and *Lemon* simply confirms the ad hoc approach that has been used by the Court in this area of the law. The Court seems more skeptical of the possibility of religious inculcation in church-related colleges and thus more tolerant of aid programs to them.

After approving federally funded construction grants to church-related colleges in *Tilton*, the Supreme Court next approved a state program for construction of church-related colleges with state-issued, tax-exempt bonds in the case *Hunt v. McNair*.[74] In *Hunt* the state-created authority that issued the bonds would take title to the facility and lease it back to the college, with reconveyance to the college upon full repayment of the bonds. The *Hunt* decision was announced the same day as *Nyquist*. The same words were used in describing the tests but these words again were applied differently. The Court refused to adopt a composite profile of the religious nature of post-secondary institutions and differentiated the colleges from the church-related elementary schools on the basis of the differing religious character of the institutions.

Perhaps the most surprising of all of the recent higher education cases was *Roemer v. Board of Public Works*.[75] The Court upheld a Maryland statute that provided direct annual subsidies to church-re-

71. 403 U.S. 672 (1971).
72. *Id.* at 686.
73. *Id.* at 682.
74. 413 U.S. 734 (1973).
75. 426 U.S. 736 (1976).

lated colleges in an amount equal to fifteen percent of the state's expenditure for students in state colleges. The Court again stressed the secular functions of the religious colleges and the religious function of church-related elementary and secondary schools.

Although colleges undoubtedly seek to accomplish their religious goals differently from elementary and secondary schools, it is indeed doubtful that a religious organization would sponsor and administer a church-related college if it did not consider it to be part of its religious mission. It seems obvious that the extent to which a religious organization is able to inculcate religious values or religious doctrine in students attending its colleges varies from college to college. In a recent case a district court in Tennessee observed:

> It should be noted here that the evidence adduced established that some, but not all, of the private schools [colleges] whose students benefitted from this program are operated for religious purposes, with religious requirements for students and faculty and are admittedly permeated with the dogma of the sponsoring religious organization.[76]

The Supreme Court has purportedly refused to use composite profiles in higher education cases, but the truth is that it has used standard profiles in evaluating the nonsectarian nature of colleges, just as it did in cases concerning aid to elementary and secondary schools. It assumes as a general proposition that church-related colleges are not as effective in their religious goals as elementary and secondary schools. Coupled with the Court's assumption that elementary and secondary sectarian schools are "religious-pervasive institutions," this presents a question whether the Court is establishing a preferred religion based on the effectiveness of its mission to inculcate religious values during the education process.

The difficulty with such an analysis is that it acts as a restraint upon the free exercise of religion. Simply put, the test seems to be that an educational institution may receive a share of education tax dollars only if it is ineffective in its religious mission. The trouble with this approach is that it places the Court in the position of making value judgments as to the desirability and effectiveness of religious beliefs and religious missions. The Court found a rationale to justify its compromise, but it may again find that it has entered an extremely uncomfortable thicket. This sort of evaluation of the "religion-effectiveness" of the institutions involved does not represent the neutrality that the free exercise clause requires. When the Court approves direct state aid to a Catholic college but denies a cultural field trip bus ride to a child attending a Jewish grade school it is advancing one form of religious activity and impeding another. Does this approach not establish a

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76. Americans United for Separation of Church and State v. Blanton, 433 F. Supp. 97, 100 (M.D. Tenn. 1977), *aff'd mem.*, 98 S. Ct. 39 (1977).

Court-preferred method of teaching religion, and place financial obstacles in the way of religious training that does not comply with the Court's preference?

VII. Strangling Entanglement—The Court's Shift from Strict Disapproval to Balancing

It must be recalled that for some time before *Wolman* no state aid to church-related elementary or secondary schools had been approved by the Court. The religion-effectiveness approach that apparently emerged in the higher education cases indicated a hostility of the Court towards effective religious education. The culmination of this period of strict disapproval of elementary and secondary aid came in the case *Meek v. Pittenger*.[77]

In *Meek* the Court was presented with a state program that loaned textbooks and instructional equipment and materials to the schools and provided on-premises health and remedial service to the students. Justice Stewart authored an opinion in *Meek* that brought himself and his fellow swing Justices, Blackmun and Powell, together in a coalition with the three Justices who were then most opposed to state aid to parochial schools—Justices Douglas, Brennan, and Marshall. His effort to state principles that would be guiding or controlling in future litigation, however, proved to be disastrous, as it brought internal tensions within the Court to a high point. Chief Justice Burger's dissent contained a bitter and stinging rebuke, reflecting his conviction that the Court was ignoring the free exercise clause and discriminating against children because of the exercise of religious choice by their parents. He charged that the consequence of the Court's holding was to "penalize *institutions* with a religious affiliation," to "affirmatively stifle . . . religious activity," and to "penalize *children* . . . who have the misfortune to have to cope with the learning process under extraordinarily heavy physical and psychological burdens." According to the Chief Justice, the *Meek* ruling "literally turns the Religion Clauses on their heads."[78]

Insofar as the legislative program in *Meek* provided auxiliary health and remedial services to nonpublic school children on the same basis as public school children, the free exercise implications of excluding the nonpublic school children were apparent. Should a child be denied an inherently secular diagnostic or remedial service simply because his parents had selected a church-related school? The Supreme Court had already held that "no State may 'exclude individual Catholics, Lutherans, Mohammedans, Baptists, Jews, Methodists, Non-believers, Presbyterians, or the members of any other faith, *because of*

77 421 U.S. 349 (1975).

78 *Id.* at 386-87 (Burger, C. J., dissenting).

their faith, or lack of it, from receiving the benefits of public welfare legislation.' "[79] Nevertheless, Justice Stewart stressed the establishment rather than the free exercise clause when he concluded that the services would be provided "in schools in which education is an integral part of the dominant sectarian mission and in which an atmosphere dedicated to the advancement of religious belief is constantly maintained."[80] He found that the state would be required to engage in unconstitutional surveillance to insure that a speech and hearing therapist, hired and controlled by the local public school district, would not sneak religion into speech therapy. It was obviously in response to Chief Justice Burger's stinging rebuke that a footnote to Justice Stewart's opinion[81] indicated that the Court did not challenge the right of the state to make free auxiliary services available to all students in the Commonwealth, including those who attended church-related schools. The footnote, however, failed to specify the constitutionally acceptable mechanism for providing such services to all children.

Meek reaffirmed *Allen* by upholding the constitutional validity of the textbook aid, but declared the supply of instructional material and equipment to be unconstitutional. The Court again justified this result on the basis of the "predominantly religious character of the schools benefiting from the Act."[82] A question arises, however, with respect to this rationale because the Court recognized that the materials and equipment were "self-polic[ing], in that starting as secular, nonideological and neutral, they will not change in use."[83] The Court did not explain how a secular piece of equipment that could not be used for religious purposes would have the primary effect of advancing religion in a church-related school. Neither did it explain how the lending of a secular package of math cards advanced religion when a math textbook containing the same information did not. Justice Rehnquist in his dissent pointed out that "[o]nce it is conceded that no danger of diversion exists, it is difficult to articulate any principled basis upon which to distinguish the two Act 195 programs."[84] The extent to which the entanglement test as enunciated in *Walz* had been expanded in *Meek* led Justice Rehnquist to observe: "[A]ppellees are left to wonder, with good reason, whether the possibility of meeting the entanglement test is now anything more than 'a promise to the ear to be broken to the hope, a teasing illusion like a munificent bequest in a pauper's will.' "[85]

79. Sherbert v. Verner, 374 U.S. 398, 410 (1963) (quoting Everson v. Board of Educ., 330 U.S. 1, 16 (1947))

80. Meek v. Pittenger, 421 U.S. 349, 371 (1975).

81. *Id.* at 368 n.17.

82. *Id.* at 363.

83. *Id.* at 365.

84. *Id.* at 391 (Rehnquist, J., dissenting).

85. *Id.* at 374 (quoting Edwards v. California, 314 U.S. 160, 186 (1941)(Jackson, J., concurring)).

Justice Rehnquist also took the majority to task for "throwing its weight" on the side of those who believe that society as a whole should be secular rather than religious.

> We are a religious people whose institutions presuppose a Supreme Being. We guarantee the freedom to worship as one chooses. We make room for as wide a variety of beliefs and creeds as the spiritual needs of man deem necessary. We sponsor an attitude on the part of government that shows no partiality to any one group and that lets each flourish according to the zeal of its adherents and the appeal of its dogma. When the state encourages religious instruction or cooperates with religious authorities by adjusting the schedule of public events to sectarian needs, it follows the best of our traditions. For it then respects the religious nature of our people and accommodates the public service to their spiritual needs. To hold that it may not would be to find in the Constitution a requirement that the government show a callous indifference to religious groups. That would be preferring those who believe in no religion over those who do believe. Government may not finance religious groups nor undertake religious instruction nor blend secular and sectarian education nor use secular institutions to force one or some religion on any person. But we find no constitutional requirement which makes it necessary for government to be hostile to religion and to throw its weight against efforts to widen the effective scope of religious influence.[86]

Since *Meek* had stretched the entanglement test beyond the breaking point and aggravated the inherent tension between the free exercise and establishment clauses, it was inevitable that a case like *Wolman v. Walter*[87] would follow on its heels. The Ohio legislation before the Court in *Wolman* was drafted for the specific purpose of testing the limits of *Meek*. It was suggested in *Meek* that some of the services may have been constitutional but the Court refused to treat the legislation as being severable.[88] The Ohio legislature sought to avoid having the Court strike down its entire program by enacting twelve separate categories of aid, in separately labeled paragraphs,[89] specifically designated as independent and wholly severable.[90] The Supreme Court acceded to the wishes of the legislature and treated the various aid provisions as severable, sustaining nine sections while rejecting the constitutionality of three.

The *Wolman* Court dealt with the various types of aid in separately numbered portions of its opinion, and not all portions mustered the same majority of the Justices. State aid categories approved by the Court are (1) textbook loans to pupils,[91] (2) standardized testing and

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86. *Id.* at 395-96 (quoting Zorach v. Clauson, 343 U.S. 306, 313-14 (1952)).

87. 97 S. Ct. 2593 (1977).

88. Meek v. Pittenger, 421 U.S. 349, 371 n.21 (1975).

89. OHIO REV. CODE ANN. § 3317.06(A)-(L) (Page Supp. 1976).

90. *Id.* § 3317.06 (Page Supp. 1976) states: "Moneys paid . . . shall be used for the following independent and fully severable purposes . . ."

91. Wolman v. Walter, 97 S. Ct. 2593, 2599-2600 (1977) (upheld by six Justices).

scoring,[92] (3) diagnostic services—speech, hearing, and psychological testing—provided on premises by professional employees of the local boards of education,[93] and (4) therapeutic services—speech, hearing, and psychological therapy, and programs for emotionally disturbed and handicapped children—provided off-premises by professional employees of the board of education.[94]

Programs whose constitutionality were rejected are (1) loans to pupils of instructional materials and equipment incapable of diversion to religious use[95] and (2) transportation for field trips that are the same as those provided in public schools.[96]

The Ohio statute sought to test the abuse of free exercise concepts in *Meek* by calling for the remedial educational services, provided to public school pupils, to be provided to nonpublic school pupils either at a public school, a public center, mobile home or a similar neutral site. Services less susceptible to the inculcation of religious beliefs such as health and diagnostic services were to be provided in the nonpublic school. It was difficult for the Court to ignore the free exercise implications of a denial of these services under such circumstances. Would the Court label a nonpublic school pupil as a sectarian citizen even when he was led off the school premises? Would the sectarian badge stand as a barrier to the receipt of secular, neutral, and nonideological services even in public facilities?

The plaintiffs in *Wolman* argued that even when nonpublic school children were off school premises, they were "an identifiable sectarian group," and that aid could not be provided to such a sectarian class. Did such an argument mean that these children were identifiable sectarian children when they went to the movies, when they went to a grocery store, when they participated in dances with other children, or when they went to a public library? The Supreme Court had already rejected programs that provided identical services to church-related school children at their school. The free exercise clause of the first amendment would have become meaningless if the Court had held that children must be denied therapeutic and remedial services by public employees, under control of the local public school district, at public facilities simply because they are registered pupils at church-related schools. Although the Court again passed up the opportunity to speak directly to the tension between the establishment and free exercise clauses, it upheld the constitutional validity of providing educational and therapeutic services at neutral sites and the constitutional

92 *Id.* at 2600-01 (upheld by six Justices)
93 *Id.* at 2601-03 (upheld by eight Justices)
94 *Id.* at 2603-05 (upheld by seven Justices)
95 *Id.* at 2605-07 (invalidated by six Justices)
96 *Id.* at 2607-09 (invalidated by five Justices)

validity of providing health and diagnostic services at the church-related school.

The Court in *Wolman* did not base its decision on free exercise principles, but seemed to adopt Chief Justice Burger's child benefit approach in noting that "[t]he dangers perceived in *Meek* arose from the nature of the institution, not from the nature of the pupils."[97]

VIII. Realignment of the Justices: A More Permissive Approach to Nonpublic School Aid

The *Wolman* decision was the first case since *Allen* in which the Court upheld meaningful assistance to children attending church-related elementary and secondary schools. Since the *Wolman* decision allowed $88,800,000 per biennium to continue to flow under the Ohio plan, it dispelled the notion created by *Meek* that any attempt to provide substantial aid to nonpublic school children would be blocked.[98] Although the $88,800,000 per biennium assistance is of extreme importance to children attending Ohio's nonpublic schools, the long-range implications of *Wolman* in the continuing development of first amendment principles relating to nonpublic school aid are of much greater import. For one thing, the *Wolman* decision suggests that Justice Powell is ready to join the Burger-Rehnquist-White voting block. Justice Powell's concurring opinion in *Wolman* reflects one of the most enlightened views expressed in this troublesome constitutional area.

Justice Powell noted that we have reached a point in the twentieth century far removed from the dangers that prompted the framers to include the establishment clause in the Bill of Rights. He argued that the risk of religious control over democratic processes or deep political divisiveness along religious lines was quite small when viewed against the contributions of the sectarian schools. The following extract from Justice Powell's concurring opinion indicates that *Wolman* does not present the final word, and that properly drafted legislation providing secular assistance to pupils rather than institutions may yet find a receptive court:

> Our decisions in this troubling area draw lines that often must seem arbitrary. No doubt we could achieve greater analytical tidiness if we were to accept the broadest implications of the observation in *Meek* v. *Pittenger* . . . that "[s]ubstantial aid to the educational function of [sectarian] schools . . . necessarily results in aid to the sectarian enterprise as a whole." If we took that course, it would become impossible to sustain state aid of any kind—even if the aid is wholly secular in character and is supplied to the pupils rather than the institutions. *Meek*

97 *Id.* at 2605.

98 *Id.* at 2610 (Brennan, J., dissenting).

> itself would have to be overruled, along with *Board of Education v. Allen*, . . . and even perhaps *Everson v. Board of Education* . . . . The persistent desire of a number of States to find proper means of helping sectarian education to survive would be doomed. This Court has not yet thought that such a harsh result is required by the Establishment Clause. Certainly few would consider it in the public interest.[99]

Justice Powell would have approved field trip transportation under the Ohio program and also a more restricted program of lending instructional materials and equipment to the pupils. This places him very close conceptually to the position advanced by Chief Justice Burger since 1973. Justice Blackmun's opinion for the Court[100] in *Wolman* may also be interpreted as setting the stage for a new approach in the area. It approves programs calling for substantial assistance to elementary and secondary school children, differentiates between children and the religious school they attend, and places greatly reduced stress upon the political divisiveness doctrine.

Those who saw *Wolman* as opening the door to a new and more permissive approach to aid to nonpublic school programs found their view supported by the October 3, 1977 Supreme Court affirmance of *Americans United for the Separation of Church and State v. Blanton*.[101] The legislation challenged in *Blanton* was a Tennessee program of assistance grants for pupils at public and church-related colleges. The three-judge district court sustained the Tennessee legislation on the basis of the child benefit theory promulgated in *Everson* and *Allen*, and on the basis of the "broad class of recipients" theory suggested in *Nyquist*.[102] Thus, precedent was found in the elementary and secondary school cases. Although the three-judge district court in *Blanton* did not specifically address the internal tension between the establishment and free exercise clauses, it noted that the purpose of the Tennessee program was to "provide needy students with the opportunity to attend the higher education institution of their choice, be it public, private, sectarian, or nonsectarian."[103] It also relied to a substantial degree upon the Supreme Court's dismissal of an appeal from a South Carolina decision for want of a substantial federal question. The South Carolina Supreme Court had approved a loan program to students at public and nonpublic colleges.[104] It sustained the legislation on the grounds that it was "scrupulously neutral as between religion and non-religion and as between various religions."[105]

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99. *Id.* at 2613 (Powell, J., concurring) (citations omitted).

100. *Id.* at 2597-609.

101. 433 F. Supp. 97 (M.D. Tenn. 1977), *aff'd mem.*, 98 S. Ct. 39 (1977).

102. *Id.* at 102-03 (citing Committee for Pub. Educ. v. Nyquist, 413 U.S. 756 (1973)).

103. *Id.* at 105.

104. Durham v. McLeod, 259 S.C. 409, 192 S.E.2d 202 (1972), *appeal dismissed*, 413 U.S. 902 (1973).

105. *Id.* at 413.

Does the Court's affirmance of *Blanton* mean that legislative programs providing loans, grants, scholarships, vouchers or tax credits to pupils at nonpublic educational institutions will be sustained if (1) such benefits are provided to a broad base of recipients, (2) the grants are to the pupils or their parents and not to the institutions, and (3) the legislative program is scrupulously neutral with respect to religion? Does the fact that Justices Marshall, Brennan, and Stevens would have noted probable jurisdiction in *Blanton* lend support to the theory that Justices Powell, Stewart, and Blackmun are leaning more in the direction of the Burger-Rehnquist-White bloc than in the direction of the Brennan-Marshall-Stevens bloc? The answer to these questions is not yet clear.

IX. Conclusion

Although the United States Supreme Court has now considered constitutional challenges to almost every conceivable form of legislation providing assistance to nonpublic school pupils, it does not appear that the final page has been written. The inherent tension between the free exercise and establishment clauses remains. The slate is "anything but clean" with respect to the criteria to be applied in future cases, but the criteria leave substantial room for "play in the joints" and new developments can be anticipated.

Public school financing is in a state of upheaval. Federal court remedies ordered in racial desegregation cases have caused short-range chaos. Some local school districts are uncertain whether to look to the local property tax, state funding, or the federal courts for resolution of their financial problems. School districts throughout the country are embroiled in litigation challenging the constitutionality of their formulae for public school financing. Public schools and nonpublic schools in some states have joined hands to search for common solutions.

Such joint efforts will undoubtedly look to decisions like *Wolman* for guidance. Public schools may want to move in the direction of per-pupil funding. Nonpublic schools would be well advised to concentrate upon child benefit assistance and upon legislation directed toward a broad class of beneficiaries. Thus, joint solutions for financial problems confronting public and nonpublic schools may lie ahead. Although these educational, financial, and constitutional problems are indeed perplexing, thoughtful scholarship directed toward the internal tensions in the first amendment between the establishment and free exercise clauses may bring a firmly rooted solution.

STATE OF ALASKA
THE LEGISLATURE

POUCH Y STATE CAPITOL
JUNEAU ALASKA 99811
907 465 3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM January 24, 1979

SUBJECT: Tuition Tax Credit
(Work Order #5843)

TO: Representative Terry Martin

FROM: Kenneth E. Vassar, Legislative Counsel KEV

Enclosed is the bill you requested allowing taxpayers to take a credit against their state income tax for amounts paid for tuition costs at private schools. As I discussed with you earlier, I believe this is in violation of Article VII, sec. 1, Constitution of the State of Alaska. That section provides in part:

> No money shall be paid from public funds for the direct benefit of any religious or other private educational institution.

It may be questioned whether the allowance of a tax credit is the same as a payment from public funds. Most courts which have faced the issue have found that tax exemptions do constitute such a payment. In considering Article IV, sec. 31, of the California state constitution, which prohibits the appropriation of public money except for a public purpose, the California Supreme Court has held that their constitution prohibits any plan by which the credit of the state is given or loaned, regardless of the form which the transaction takes. Veterans Welfare Board v. Jordan, 208 P. 284 (1922). Another california case found the cancellation of taxes to be a "thing of value" which came within Article IV, sec. 31; so far as procedure was concerned, the act of cancellation was the making of a gift. Ojai v. Chaffee, 140 P.2d 116 (1943). Finally, in Committee for Public Education v. Nyquist, 413 U.S. 756 (1973), the United States Supreme Court discussed New York's programs of tuition grants and tax relief for parents of children attending elementary and secondary nonpublic schools. At 413 U.S. 756, 791, the court stated:

> We see no answer to Judge Hays' dissenting statement below that '[i]n both instances [tuition grants and tax relief] the money involved represents a charge made upon the state for the purpose of religious education.'

In view of these cases, it seems certain that a tax credit is a payment of public funds. The next question under Article VII, sec. 1, is whether the credit would constitute a "direct" benefit to the private schools.

The delegates to Alaska's constitutional convention debated whether to use the phrase "direct or indirect benefit" rather than "direct benefit." The report of the Health, Education and Welfare committee to the convention would indicate that "indirect" benefits were meant to be limited to basic health and welfare benefits, provided to children attending the private schools. In its report, the committee stated:

> We feel that the words 'or indirect' would reach out into infinity practically.....We did feel it would shut out certain things that should not be prohibited. For instance, the welfare department was giving free care to the children of the community and it might be administered through the schools. We feared that 'indirect' would make it impossible to give any of these welfare benefits, for instance to children who were in private schools, and we do not feel that any prohibition should go that far. Alaska Constitutional Convention Proceedings, p.1517.

The decision of the Alaska Supreme Court in Matthews v. Quinton, 362 P.2d 932 (1961), reflects the broad interpretation of "direct" and narrow interpretation of "indirect" implied by the passage above from the constitutional convention. In Matthews, the court found that the expenditure of public funds to provide transportation for students at private elementary and secondary schools constituted a direct benefit to the schools. An interpretation of "direct benefit" consistent with Matthews and the report of the Health, Education and Welfare committee of the convention, would seem to require classifying a tax credit plan which is tied to tuition payments at private schools as a direct benefit to the schools.

Beyond any problem with Alaska's constitution, this bill also suffers from severe federal constitutional problems. The First Amendment to the United States Constitution prohibits laws "respecting an establishment of religion." In Nyquist, supra, the United States Supreme Court stated:

> A proper respect for both the Free Exercise and the Establishment Clauses compels the State to pursue a course of "neutrality" toward religion.....Special tax benefits, however, cannot be squared with the principle of neutrality established by the decisions of this Court. To the contrary, insofar as such benefits render assistance to parents who send their children to sectarian schools, their purpose and inevitable effect are to aid and advance those religious institutions. 413 U.S. at 793.

In summary, it is quite likely that this bill would be found unconstitutional, whether decided under the state or federal constitution.

KEV:nem

Enclosure

SB

49

SB 49 "An Act relating to the possession & control of Marijuana"

Introduced 1-16-79
Logged 1-16-79
Referred Judiciary
Comm. meeting 2-9-79 - held
" action

Notified
John Coffey
Chief Bordley
Peace Officers Assoc (Cris. Prosecution)
Dept of HESS
Dan Hickey (AK. Dept of Law Criminal Div.)
Louie Bencardino (Chief of Police Seward) Seward
Comm. Dept of State Troopers

Allan J. Roth
1752 Cottonwood
Fairbanks, Alaska - 99701

W. F. Brad Bradley
Pouch "V"
Juneau, Alaska - 99811

Dear Sir;

In support of your legislation to again control Marijuana I am sending you a note I found and removed from my fourteen year old daughter. She is a high school student here in Fairbanks. The letter should speak for itself.

I checked into the matter and it seems that [illegible] is a problem at [illegible] schools.

At a few drinks in my accident prone days I was the [illegible] but when it starts affecting my family or [illegible] the decision for [illegible] I am of a persuasion should be ignored. Common sense would indicate that the substance [illegible] has been for the private use of [illegible] but [illegible] problem in our schools.

[illegible] the matter and recommend actions [illegible] that should be [illegible]

the lives that drugs have ruined. Have spent fifteen years in various prisons. My knowledge is first hand, not something I've read.

I appeal to you and the legislators of Alaska. Give our children a chance and let police officials deal with this problem before it gets completly out of hand.

Respectfully

Allan J. Hoth
Beulah M Hoth

Hey Whats up Charbee!

Hey I was buzzing but that was it I wasn't really really stoned cause I've been smoking it and alot of it lately.

I am gonna take a couple ~~[illegible]~~ tranquilizers that will fuck me up alot. I am feeling 2 for a bud.

Shit so many people are following me now cause I finally get web and they don't get home. Shit when I don't have home they don't get me flight or give my speed so I am just getting people high that are cool like you and Sonny, Kelly, Michelle you guys are cool!

Well I'll write you back after you write me back Charbee?

I'll probably get you high again soon

Your friend always Beth

Hit me up when you want to.

Ordered. md.

The Anchorage Times, Thursday, December 14, 1978

Drug Confiscations Low

This is another in a series of stories on the local drug scene.

By PATTI DePRIEST
Times Staff Writer

Drug enforcement officials here last year seized a variety of drugs, worth about $1.8 million dollars on the street.

But that's only about 5 percent of the total drug sales in Alaska, they say, estimating about $35 million worth of drugs were sold to Alaskan buyers.

Marijuana and cocaine were the most prevalent in investigations and seizures. Marijuana seizures totaled $836,704 in street value with cocaine coming to $816,600, said Alaska State Trooper Joe Turner. A 12-year veteran of narcotics investigations, Turner coordinates statewide operations.

Drug enforcement officials arrived at those figures by estimating marijuana at $20 per ounce and cocaine at $100 per gram, Turner said. Some 2,614 pounds of marijuana were seized and 8,166 grams — about 300 ounces — of cocaine.

Although drug buyers and dealers agree cocaine sells for about $100 an ounce on the Anchorage market, they disagree with the $20 per ounce figure for marijuana, placing an average per ounce price at about $45. At $45, the street value of marijuana seized would more than double.

Amphetamines, known as speed on the street market, resulted in the seizure of 18,550 tablets, Turner said.

Other drugs seized included LSD, hashish and heroin, he said.

Most of the marijuana sold in Alaska comes from Mexico and South America, with some coming in from Hawaii, Turner and Donald Trudeau, head of the Anchorage Metropolitan Drug Enforcement Unit, said.

And another narcotics investigator said Seattle, California and Ore-

(See Page 4, Col. 1)

Police Cite Variety Of Drugs

(Continued from Page 1)

gon are major shipping points for Alaska-bound drugs.

The largest shipment of marijuana seized in Alaska was 1,100 pounds with an additional 600 pounds found at the residence of the suspect, Trudeau said.

In Anchorage, drugs find their way into the city through a number of entry points including the airport, persons driving up the Alaska Highway, trucking companies, air freight companies, the Anchorage port and the U.S. mail, the investigators said.

In Southeastern Alaska, investigators must contend with the ferry system and fishing boats as well, while in Fairbanks most drugs are flown or driven in, they said.

Customs officials seize drugs at the Alaska border, although they, too, estimate only about 5 percent of the drugs brought in are confiscated. There are no customs checks for air travelers.

The heroin problem has been dropping steadily in the last few years because of a crackdown by federal officials. It is "extremely hard to come by" and is limited to certain groups in Anchorage, Turner said, while the quality and percentage of heroin has dropped.

One state-funded study of heroin in Alaska estimated Anchorage to have about 700 heroin addicts in 1977.

But since addicts cannot find heroin of a high enough quality to keep their habit going, they have recently turned to the use of pharmaceutical drugs such as Percodan or morphine-based drugs, drug treatment counselors and police officials said.

For marijuana users, pot is easier to come by since it is legal to grow pot for personal use in Alaska. However, the majority of marijuana sold in Alaska is not homegrown but a brand known as Colombian which is exported from that South American country, investigators said.

One reason, Trudeau said, is that stronger marijuana is grown in other countries. Seeds from those plants may be grown in Alaska but after two or three seasons, the marijuana adopts the genes of the Alaska variety which is not as potent, he said.

The investigators said they think there is a definite drug problem in the schools and among young people. "They normally run to the lower end of the money scale or some medium price range," Trudeau said, because youths generally do not have as much money to spend on drugs.

Where do young people get their drug money? "Some have legitimate jobs, of course," Trudeau said, "But some get it by shoplifting and burglaries then selling the merchandise or by dealing other drugs. Some kids get an allowance."

The investigators said they have found dealers who sell only to juveniles and have found some young adults — "drop outs" — who hang around the schools and deal to the students. "But there is no tight, organized group working the schools that I've been able to find," Trudeau said.

Law enforcement officials uniformly cite what they think are lax drug laws as being one cause for their enforcement problems. In fact, they said, they have stopped prosecuting "small-time" marijuana possessors and try to get to the larger dealers.

Additionally, a recent Alaska Supreme Court decision that prohibts electronic "bugging" of suspects without a search warrant has hindered drug investigations, Turner and Trudeau said.

That decision, said Turner, "will hurt law enforcement in Alaska more than any other decision we've ever been hit with."

Elected pope in 752, Stephen died three days later.

Drug Hearing Is Postponed

VICTORIA, B.C. (AP) — A preliminary hearing for 17 persons charged with conspiracy to import 13 tons of marijuana into Canada has been adjourned to Jan. 4.

The hearing, which began Nov. 20 in Provincial Court, was expected to last six weeks.

On Wednesday, Judge Reg Moir refused to deal with an application by one of the defendants, Robert Sherman Miller, 34, of North Vancouver, for the return of the vessels Sunfish and Weatherly.

The vessels were seized by Royal Canadian Mounted Police in connection with a July 15 raid off the west coast of Vancouver Island near Tofino.

Marijuana: No Small-Time Operation

Gone are the counterculture days of the 1960s when marijuana dealers had long-hair, wore dirty bluejeans and drove dented vans.

And gone are the days when 100 pounds of marijuana was considered a "big deal."

Enter the new look and the bigger deal.

According to an investigative article in the November issue of Penthouse magazine, organized syndicates assisted by attorneys and accountants use trailer trucks, large multi-engine aircaft and ocean freighters to deliver at least 45,000 pounds of marijuana each day to the United States.

The business netted $12 billion retail last year, compared to a $15.8 billion cigarette market and a $7 billion beer business, writer Ed Rasen reported in Penthouse.

And Peter Bensinger, administrator of the Drug Enforcement Administration, puts the figure even higher. In a September speech to the International Association of Chiefs of Police in New York City, Bensinger said, "The money to be made is awesome, we estimate in excess of $15 billion.

"So far this year, in marijuana alone, we have seized over 2,000 tons, more than the total amount seized in the last three years combined."

Rasen, in the Penthouse article, said the "hippy dope dealers" of the 1960's have been replaced by "hip businessmen who sport short-hair, three-piece suits and college degrees."

"The new breed of traffickers are young, intelligent and upper middle class. They operate outside traditional crime families and ghetto areas, though, by any standard, large scale marijuana suggling can be considered organized crime."

"The typical new dope businessman is an attorney," Rasen said. He quotes a Miami drug enforcment official as saying large suggling operations have lawyers who provide them "with all the advice they need to operate."

"As marijuana dealing becomes a white-collar crime, the point of entry and country of origin are also changing," Rasen said. "Most grass used to come from Mexico by light plane, truck or car across the 2,000-mile Southwestern border. Now it's coming increasingly from Colombia and it's new point of entry is South Florida."

Rasen said one "marijuana broker" told him large deals are no longer cash transctions and there are no "hand-to-hand transfers."

"Now offshore corporations are formed and accounts are opened at banks in tax havens," Rasen said. "The funds are placed in escrow with release powers placed in the hands of bankers or trustees; they are governed by contracts written by attorneys. Then the monies are drawn back through holding companies which filter them through other banks to offshore corporations."



COACH QUITS—Citing drug prevalence, West Anchorage High School football coach Don Larson resigned Thursday. Larson says 60 to 75 per cent of his team uses drugs on a regular basis. *(AP wirephoto)*

Drug issue forces West coach to quit

ANCHORAGE, Alaska (AP)—A high school football coach has quit, saying he cannot coach a team infected by drugs and alcohol.

"Drug use has infected our schools and society. Its use extends from our elementary schools to a former school board member. I can't accept the fact that it has crept into our football program," said West Anchorage High School Coach Don Larson in a letter of resignation.

Larson said he discovered that players smoked marijuana at lunch, before practice and after games. "I just can't handle this sort of thing," he said.

School district officials denied drug use was a problem, but Larson, who led his teams to 11 winning seasons, said 60 to 75 percent of the varsity team used drugs "on a weekly basis during the season."

After accepting Larson's resignaton Friday "with regret," the district said it would investigate the coach's charges.

"I am resigning, not because of something as trivial as a won-lost record, but because my attitude toward our next year's team would be one of mistrust and suspicion," said Larson.

"The number one thing I want to develop in a football player is a positive attitude, and I can't coach when I have lost mine."

Alcohol and marijuana were most commonly used, he said, but "I've been told cocaine, PCP (Angel Dust) and Quaaludes" are used.

"After discussions with 11 players, ranging from 10th through 12th grade, I have drawn the conclusion that the use of drugs is too prevalent for my continuation as a football coach," Larson said in his letter to Principal Larry Graham.

"I cannot compromise my personal beliefs and principles on what I feel an athlete should be," the coach added.

Larson's teams have compiled the best overall record in the local Cook Inlet Conference over the past nine years, and his 34-member 1978 team finished second in the conference with a 5-2 record.

Graham said school officials initially did not accept the coach's resignation, hoping he would change his mind.

"There is no widespread use of drugs in the Anchorage School District," said school Superintendent John Peper.

"Sure, kids may smoke out in the woods, but there aren't any drugs on the school grounds," said district information officer Bill Blessington.

Anchorage police disagree, however. "If they don't think drugs are in the school, they're blind," said an Anchorage Metropolitan Drug Enforcement Unit official. "Kids have told me any drugs you want are in the schools."

DAILY NEWS MINER
SAT. DEC. 9, 1978

ALASKA PEACE OFFICERS ASSOCIATION

February 6, 1979

Senator Glenn Hackney
Pouch "V"
Juneau, Alaska 99811

Dear Senator Hackney:

In response to your message informing me of the Hess Meeting on SB 49, I sincerely appreciate your keeping me informed of this Hearing. Unfortunately, I will not be able to attend; however, I am attempting to locate an APOA member that can make the meeting and testify on behalf of the Alaska Peace Officers Association.

Aside from being the President of the Alaska Peace Officers Association, I am a Detective with the Fairbanks Police Department and Supervisor of the Areawide Narcotics Team.

Just today, officers under my supervision were successful in obtaining a Grand Jury indictment for an individual that has been a Marijuana dealer in the Fairbanks area for a large number of years. During the Grand Jury proceedings, a young man, eighteen years old, testified to having assisted the Areawide Narcotics Team in purchasing Marijuana from this dealer and obtaining needed information for a search warrant. During his testimony, a Grand Jury member asked the young man why he was motivated to help the police. The young man stated that he could see that the use of Marijuana was ruining his life and that since he had been using Marijuana, he found himself to be lazy and run-down.

Approximately three weeks ago, a Mr. Joe Hergenreter, of 515 7th Avenue, Fairbanks, Alaska 99701, came to my office and reported that his seven and nine year old sons were using Marijuana. He reported that they were getting the Marijuana from a nine year old neighbor boy whose parents permitted the use of Marijuana. I explained the difficulty in prosecuting any violations under these circumstances to Mr. Hergenreter. As you can see, there would be no effective way to handle this case without the involvement of Mr. Hergenreter and his two sons. Mr. Hergenreter may, himself, be willing to assist by testifying; however, he was not willing to subject his children to court proceedings. As you can see, an attempt to investigate and prosecute either the nine year old neighbor boy or his parents would become a "bucket of worms" and I am not sure that we could ever reach a court proceeding at all.

About a week prior to Mr. Hergenreter's report, I had conversation with a person whose name I have forgotten; however, he is the owner of the Giant Grinder restaurants here in Fairbanks. He reported to me that his thirteen year old daughter was getting Marijuana at school and from a young man in the neighborhood. I explained the necessity for a statement from his daughter in an effort to obtain information that would allow us to prosecute or obtain a search warrant for this individual's residence. After a lengthy explanation of the requirements of the police, this individual was ready to take care of matters himself.

These types of complaints are very common and there is little that the police can do to assist in these frustrating situations. It is disheartening to have to inform parents that there is very little that can be done without statements from juveniles and a lengthy court process.

Our statistics on the use of Marijuana in the schools is limited because we have no means of monitoring the activities in the schools. Our officers are too old to fit in or around schools. Most surveillance efforts are useless as officers in the areas are soon detected. As a practical matter, very few cases that involve juveniles are prosecuted through the District Attorney's Office. It is required that most juvenile offenses are handled through the Juvenile Intake Office and in many cases, there is no actual criminal prosecution. In the event that there can be some sort of criminal prosecution on the part of the juvenile, there is a low priority with reference to Marijuana cases where juveniles are involved in the District Attorney's Office. There may be some prosecution, should we be involved, with an adult selling to juveniles however.

I understand the District Attorney's position in these matters as it is my experience that my office can provide felony cases involving the sale of Cocaine and Heroin involving adults with very little difficulty. It has been my experience that the Areawide Narcotics Team has effectively clogged the court calendar on numerous occasions in the last four years.

The decriminalization of Marijuana in 1975 has finally had an effect on the populace. It can be observed that there is a definite problem within the school systems because of this decriminalization. It is evident by the problem in the Anchorage area where the football coach quit because of the students involved in drugs in that school. I have recently heard, while in Juneau, legislators making the comment that this situation had been blown out of proportion and that they are taking an adverse reaction to the publicity that has been raised. It is my opinion that these particular individuals are irresponsible and it is a shame that they are representing people of Alaska in their positions as legislators.

Prior to the decriminalization of Marijuana, a different set of circumstances existed concerning the involvement of juveniles with alcohol. During school hours, if a juvenile was involved with alcohol, it could be more easily detected than the use of Marijuana today. The individual who was intoxicated by alcohol could be identified by his particular actions and the strong odor of alcohol itself. It was also difficult to consume alcohol in the lavatories or other areas on the school grounds as the alcohol was not quite as easily concealed. Today, however, a "joint" of Marijuana or Marijuana cigarette can be easily concealed and quickly digested during a brief class break.

I feel that it is reasonable to assume that if Cocaine was decriminalized, it would be as prevalent in the schools as Marijuana is today. We already have a problem with Cocaine in our schools. I feel that the public is finally concerned that an action like this might happen. You should be aware that in the Supreme Court Decision in the Erickson Case, the Supreme Court suggested that the legislature take a closer look at the classification of Cocaine as there were some types of new scientific information that might lead one to believe that Cocaine was not as harmful as originally thought. I would submit that this was an irresponsible opinion by the Supreme Court in this matter. Once reading the Opinion, it is evident that the Supreme Court went beyond its duties of interpreting the law, but rather it suggested some liberal change in the law. It is also evident that the Supreme Court selected the scientists that would come up with findings that would satisfy the position they would like to take.

I believe that as time goes on, we will see that the Supreme Court will continue to circumvent the legislature and, therefore, continue the liberal decay in our criminal justice system.

Needless to say, I support SB 49 and any other legislation that would strictly prohibit possession of Marijuana. It would be appreciated if you would disseminate this letter amongst your colleagues. If I can be of any further assistance concerning this matter, please contact me and I will attempt to provide you with the necessary information.

Sincerely,

Craig A. Forster

Craig A. Forster, President
Alaska Peace Officers Association
656 7th Avenue
Fairbanks, Alaska 99701

Board members ponder pot law

A resolution proposing that Alaska's marijuana possession law be tightened did not pass, but Alaskan school board members have expressed their concern about growing drug and alcohol abuse among youngsters.

The Association of Alaska School Board members voted on a variety of resolutions during their conference Sunday in Fairbanks.

Originally a proposed resolution urged the Legislature to make illegal all sale, use or possession of marijuana. State law provides a civil penalty for possessing up to one ounce in public.

While members supported resolutions expressing AASB concern over drug and alcohol abuse, the change in marijuana laws was controversial.

Opponents said supporters were "moralizing" on that stand, and after a lengthy discussion the resolution was amended to drop the phrasing. Members from villages expressed concern about growing marijuana use in their areas.

In final form, the AASB "urges the Legislature to consider all possible means to reduce and eliminate drug and alcohol abuse particularly as it relates to schools."

Other resolutions include:

• Urging the Legislature to state that borough assemblies have no powers with respect to education except those granted by statute.

• Supporting school board elections at-large rather than by district.

• Continued opposition to binding arbitration with teachers.

• Asking that workman's compensation laws exclude as cumulative injury claims ulcers, hypertension and heart-related diseases and nervous conditions.

• Asking the Legislature to more clearly define the process for recalling school board members, to include misconduct, incompetence and failure to perform as reasons for recall and to outline a procedure for the accused to respond.

• Supporting full state funding for busing and pupil transportation.

• Supporting a change in the state's formula for giving money to school districts and increasing those funds.

• Continued opposition to giving unemployment compensation benefits to professional and non-professional employees during the summer.

• Urging that teacher tenure in Alaska be increased from two years to three years.

• Asking the Department of Education to investigate self-insurance on a district-sharing basis or other alternatives to the increasing costs of insurance.

• Asking the department to train teachers of gifted students.

• Supporting a 30-day grace period for students to show proof or receive immunizations.

• Urging that general equivalency degree applicants be at least 18 years old and out of school at least six months. Applicants now must be at least 17.

Daily News-Miner, Fairbanks, Alaska, Friday, Dec. 15, 1978—23

Coacl. respected

2577 Riverview Drive
Fairbanks, Alaska
Dec. 12, 1978

Dear Editor,

I recently read that the football coach of West Anchorage High School presented his letter of resignation to the district school board.

I, for one, am very proud of this man who is a very successful coach and who led his team to 11 winning seasons, yet is willing to give up a successful coaching job to point out to his school district and to the public that they have a serious drug problem in their school system.

He will not compromise his personal beliefs and principles regarding his athletes and is willing to resign. The only reply from the school superintendent, John Peper, is that there is no widespread use of drugs. Perhaps this would be an appropriate answer to protect his position and to take the heat from the district that might be generated from the parents, who just might wake up long enough to say "What's going on?" or "Why didn't someone tell us?"

Well, you have been told by a man who is willing to sacrifice his job for you!

No, either tell Superintendent John Peper, District Information Officer Bill Blessington and Principal Larry Graham to wake up and do their job along with the Anchorage School District or make some job changes. At first glance, I would send them packing because if you deny without considering the possibilities of a drug problem, then you are no use to anyone.

Parents, you are the ones to suffer along with your children. Don't let Coach Larson's sacrifice go for naught. It might be wise for our own school district to consider the possibilities of a drug problem. We might not have a person willing to sacrifice his job to tell the parents and public this fact.

Paul J. Wagner

Letters To The Editor

Coach Larson

Dear Editor:

Concerned ' parents here in Anchorage owe congratulations and thanks to Don Larson of West High. Because of his admirable dedication to atheletic purity, a vicious, and heretofore latent cancer has been exposed. It is high time somebody stood up against those, young and adult, who in their sordid quest for a dollar, willingly savage the lives of our young people.

I played football under Coach Larson for three years at West and I am well aware of his outstanding contribution to the positive growth of so many young men. However, if he is convinced that drug use is pervasive among his atheletes, then I support his decision to resign 100 percent. I'm convinced Larson's suspicious are accurate, having seen and heard much to support them.

Just as I am proud of Don Larson, I am disappointed with Superintendent Peper. The single fact that Dr. Peper has the utter audacity to imply that, by some stretch of the imagination, Larson has acted improperly, outrages my sense of ethics and fair play. In no way did Larson solicit the publicity his letter of resignation received. I know for a fact that it not been fo .he sensitive ear of a Times reporter, the reasons behind Larson's resignation might have gone unpublished.

Our school administration should thank Don Larson and do some serious soul searching in this matter. We need no-nonsense action, not defensive recrimination. Finally, we need coaches like Don Larson to help guide our young people.

John B. Thorsness
2315 Loussac Drive

The Anchorage Times welcomes letters from its readers on issues of the day. Letters must be exclusively addressed to the Anchorage Times and should be kept as brief as possible. All letters are subject to condensation. They must include signature and valid mailing address.

Cocaine may remain an issue

AP News Analysis

JUNEAU—When Gov. Jay Hammond bowed to growing political pressure and withdrew his proposal for revising Alaska's drug laws, many members of the Legislature breathed a sigh of relief.

Most had concluded that the bill, which would have lowered the penalty for first-time possession of small amounts of cocaine from a felony to a misdemeanor, was too sensitive of an issue to tackle during the current election-year session.

However, Friday's state Supreme Court decision upholding the constitutionality of Alaska's cocaine laws raised the prospect of renewed debate on the whole drug question, including a fresh attack on a 1975 law legalizing the possession of marijuana in the home.

While holding that the Legislature was within its constitutional rights to outlaw possession of cocaine, the high court took an unusual step in urging state lawmakers to take a fresh new look at the issue.

In a caveat at the end of a 65-page opinion written by Chief Justice Robert Boochever, the justices said that despite their unanimous decision "we do recommend that the Legislature review its treatment of cocaine in light of modern scientific evidence."

"In our analysis," the court said, "we have emphasized the harmful effects of the drug, as we endeavored to ascertain whether the legislation could be sustained.

"Our overall impression is that cocaine as presently used is less harmful to the health and welfare of society than opiates (such as heroin) and also may be less harmful than barbitrates and amphetamines, alcohol and, as to the physical harm, tobacco."

Daniel Hickey, the Department of Law's chief prosecutor, called the Supreme Court recommendation a "fairly strong statement for an appeals court" and "somewhat unusual in a criminal case."

"Every now and then you see a court express dissatisfaction on some state of affairs, but note that, as a matter of law, what they are concerned about is not something they cannot get involved in," Hickey said.

"That was our position throughout the entire matter," Hickey said. "The issue was not a judicial question but a matter of social policy."

Some House and Senate leaders reacted quickly to the decision, doubting the Supreme Court recommendation would prompt the Legislature to action. Others were reluctant to even discuss the issue.

"I think we'll follow the governor's lead and drop the whole thing," said Rep. Terry Gardiner, D-Ketchikan and chairman of the House Judiciary Committee. "I think most legislators agree."

In the Senate, Judiciary Chairman George Hohman, D-Bethel, dismissed questions about the likelihood of legislative action on the high court recommendation with the observation that: "I'm not in a position to say one way or another."

Some legislators, however, said they were anxious to raise the drug issue again, but not along the lines suggested by the Supreme Court.

Rep. Ed Dankworth, R-Anchorage, said he was preparing legislation in cooperation with the Alaska Police Officers Association for a wholesale revision of the state's drug laws.

"It's designed to put us back in the drug enforcement business," said Dankworth, a former head of the Alaska State Troopers.

Seldovia Considers Toughening Drug Laws

By DON HUNTER
Times Staff Writer

Seldovia city officials, concerned about reports of increased marijuana use among school-aged children, are looking into ways to strengthen local laws.

Acting on suggestions from police chief Gary Gunkel, the Seldovia City Council Wednesday appropriated $400 for a legal opinion on the chances for enacting local laws to better control the substance.

Gunkel argues that Seldovia's problem is rooted in state laws which make possession of up to one ounce of marijuana a misdemeanor punishable by a civil fine. And the state Supreme Cou . has ruled that possession of marijuana for personal use in the home is legal.

Some Seldovia residents grow marijuana plants in their greenhouses, which are burglarized by youngsters, Gunkel says.

The police chief believes that as many as "90 percent" of the school-age children "from the sixth grade on up" have at least experimented with the drug.

Gunkel feels that stricter local laws may be the answer.

At least one member of the city council disagrees, however. City Councilwoman Cheryl Reynolds says better education on drugs and drug use may be a better route.

Mrs. Reynolds cast the dissenting vote in the council's 4-1 decision to make the appropriation.

"Really, I feel quite mixed" about the police chief's argument, Mrs. Reynolds said. "I feel we're getting very emotional about an issue we should stay objective about.

"I don't think it is as serious as some people think," she said. "I haven't seen a major dr. g problem since I've been here." Gunkel's statistics are in her opinion "far out of line."

"Approaching it in a manner of making it illegal" may end up making criminals of people who really aren't criminals, Mrs. Reynolds said.

Council member Billy Kaho said Gunkel's report "was a bit of a shock to me."

The police chief "has come to the council three consecutive weeks" with reports of drug problems including "not only marijuana but also cocaine and other hard drugs," she said.

Mrs. Kaho compares the question of harsher local drug laws to the hours bars are allowed to stay open. State laws allow bars to stay open until 5 a.m., she said, but Seldovia's local laws require them to close at midnight.

She said the drug issue is a community concern, at least among her friends.

"I took a poll of my particular friends and they're scared to dea th for their kids," she said.

Hammond Changes On 'Grass' Stance

The Anchorage Times

This is another in a series of interviews with Alaska gubernatorial candidates and their stances on the state issues.

By RAY TYSON
Times Staff Writer

If he could do it over again, Gov. Jay Hammond says he would veto the liberal marijuana bill he let pass into law three years ago.

And, the incumbent Republican candidate for governor agrees with the Anchorage Parent-Teacher Association that proposed drug bills — one of which would make stiffer penalties for pushers — lack political support among lawmakers.

"Let me say that I have been disturbed over that same lack of action to date," Hammond said.

The parents' group was among eight organizations which submitted questions to the Anchorage Times for gubernatorial candidates.

The other organizations with specific concerns are the Alaska Bar Association, Older Persons Action Group, Anchorage Chamber of Commerce, Alaska Peace Officers Association and the Alaska Black Caucus.

"In regard to whatever drug abuse you're talking about, be it alcohol or other types of narcotics, I think there should be swift justice," Hammond said. "I don't care whether it is the bootlegger in the village or the guy who's hawking cocaine or smack on the street corner."

Hammond came under public criticism in 1975 when he declined to veto a legislative bill "decriminalizing" possession of marijuana. The law reduced the penalty for possession from a felony to a civil offense.

The Alaska Supreme Court later ruled the constitution guaranteed a person's right to smoke pot in the privacy of his home. Hammond suggested the public mistook that to mean the Legislature and governor "legalized" marijuana.

"They (public) feel the current status quo is the result of legislative action," Hammond said. "Not so. The Legislature still had the use of marijuana (being) illegal.

"In other circumstances it prescribed civil penalties in those instances of private use and possession of a small quantity — but (it was) still illegal.

"Had I vetoed that bill you would have removed any question as to whether the state law accommodated private use of marijuana...because we would have had nothing in the statutes even suggesting it was a civil penalty. The veto would have further liberalized it."

Hammond also has said he felt obligated to support the pot bill because the Legislature made every amendment to the legislation he suggested.

(See Page 3, Col. 1)

community organizations.

Do you support Sen. John Huber's amendment to have judges and attorneys general elected? — Alaska Bar Association.

"At one time I thought this might have some merit," Hammond said. "But I do not favor it. It seems you would further politicize (the situation).

"In many states which have had election (of attorneys general). . . . there has been a conflicting posture," where the attorney general competes with the governor for high office.

But Hammond suggested he would support placing an initiative on the ballot asking voters whether they support election of judges and attorneys general.

"I am a great supporter of the initiative process," Hammond said. "An initiative advisory would be helpful. I would welcome one."

Hammond said he personally supports the current system of selecting judges based on the lawyers' poll.

The poll provides the Judicial Council with possible candidates for judgeships. The nominees are submitted to the governor who makes

"Extreme demands would be immediately rejected by the electorate. How can someone from New York tell whether or not...the administration or school teacher or electorate will be impacted?"

Representatives of the collective bargaining unit, administration and the general public could serve on an arbitration panel, the governor said. The panel would take the last, best offer of each side and then draft a final package to be submitted to the voters.

But Hammond said public employees should be guaranteed certain basics, such as cost of living adjustments, before the issue goes on the ballot.

"I'm not saying this (arbitration) should be done," Hammond said. "But the question should be conveyed to the public."

The teachers' group also asked whether gubernatorial candidates favored 100 percent state funding of school operations and 80 percent funding of school construction.

"I introduced the bill for 80 percent funding," Hammond said. "As far as 100 percent funding, you bet I support it. It's constitutionally man-

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Hammond said he supports such state financed aid programs for Alaska's elderly "because most older persons groups I've spoken to agree such is the case."

Hammond said he has built five times more residential housing for the elderly than any administration since statehood and has bolstered nutrition programs.

And since he took office nearly four years ago, the governor said six multi-purpose senior centers have been built. He said he hopes to keep the pace up.

"My concern is that we have appropriate funds to provide for whatever programs," Hammond said. "I'm certainly willing to provide the services as long as we have the funds."

What is your position on repeal of the state business license gross receipts tax? — Anchorage Chamber of Commerce.

"It is certainly an unfair tax," Hammond said. "It is a hidden sales tax and doesn't necessarily relate to profits or earnings."

The state Senate repealed the tax after the Times interviewed Hammond. The House and governor are expected to uphold Senate action.

Hammond's only concern was to find a source of revenue to replace the gross receipts tax, which goes mostly to local municipalities through state revenue sharing programs.

"Otherwise, we would be throwing a real curve ball at municipal entities," Hammond said.

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Incumbent Governor Changes Drug Law Stanc

(Continued From Page One)

But because of his personal opposition to drugs and because of the "imagery involved," Hammond said he would veto the same marijuana bill today.

"Frankly, if I had to do it over again, to demonstrate clearly that, hey, if you guys want to liberalize marijuana put it on the ballot or something of that nature, but don't ask me to support something that I happen to be morally opposed to...I would have vetoed the bill."

On another issue of concern to the parents' group, Hammond agreed federally-mandated programs often do not include enough money for the state and local communities to administer them.

The governor said he has taken steps to get more federal support "through personal lobbying and correspondence and . . . resolutions emerging from the (Western) governors' conference."

Hammond also responded to questions drafted by seven other community organizations.

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"This is one means of determining qualifications," Hammond said.

Do you support legislation which would allow voters to choose either binding arbitration or a teacher's clear right to strike as a means of resolving impasse situations? — National Education Association of Alaska.

Hammond said he would support putting the labor questions to the public. And he said the public itself could serve as the arbitrator, or third party which settles contract disputes when labor and management cannot reach agreement.

"I think if you had the binding arbitration procedure you would very seldom have irrational demands," Hammond said. "I don't think you would ever be confronted with strike circumstances."

Extreme demands could be avoided if the public voted on the final wage package, Hammond said.

"They would assess what the true monetary impact would be," he said. "Extreme demands would be immediately rejected by the electorate. How can someone from New York tell whether or not...the administration or school teacher or electorate will be impacted?"

Representatives of the collective bargaining unit, administration and the general public could serve on an arbitration panel, the governor said. The panel would take the last, best offer of each side and then draft a final package to be submitted to the voters.

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The teachers' group also asked whether gubernatorial candidates favored 100 percent state funding of school operations and 80 percent funding of school construction.

"I introduced the bill for 90 percent funding," Hammond said. "As far as 100 percent funding, you bet I support it. It's constitutionally mandated."

The governor said the state constitution "says you have to give fair and equitable education to everyone..."

"The best way you can determine that is to ask what is the average cost of providing education of the citizen of the state," he said. "And what ever that translates into is the basic need."

But Hammond said those "extra enrichments" beyond basic education, such as swimming pools, for example, should be paid for by local school districts.

"The obligation in the state constitution for basic education is 100 percent...(but that) doesn't mean everything the district might want..."

Do you believe money spent on home health-home support services would not only be better for Alaska's elderly but also would tend to reduce institutionalization and medical costs? What would you do to reduce such costs? — Older Persons Action Group.

Hammond said he supports such state financed aid programs for Alaska's elderly "because most older persons groups I've spoken to agree such is the case."

Hammond said he has built five times more residential housing for the elderly than any administration since statehood and has bolstered nutrition programs.

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"Otherwise, we would be throwing a real curve ball at municipal entities," Hammond said.

The gross receipts tax will be replaced by an increased corporate tax on the oil industry, the Legislature decided this week.

Should the first priority for fish and wildlife resources be for subsistence purposes? As governor, what would you do to assure that subsistence maintains a high priority? — Alaska Federation of Natives.

Hammond said subsistence users should have first pick of Alaska's fish and game when there is a conflict and there are inadequate stocks.

"That doesn't mean exclusive use," Hammond said. "It means there is a priority when there is a conflict."

The governor defined subsistence as "that which sustains body and soul."

"It's a matter of degree," he said. "Who is most dependent on sustaining body and soul? When there are conflicts the least dependent should be screened out.

"But I can't tell you whether a guy who lives here in Anchorage who would rather blow out his brains than hang up his fly rod should be denied a chance to go down and catch a rainbow trout somewhere."

Hammond did not suggest any specific program to assure subsistence users get first choice of fish and game.

"The state policy has been for a number of years — as structured by the fish and game board — to place subsistence as the priority use when such conflicts occur," he said.

How would you make your administration more responsive to express concerns of Alaska's minority population...as meaningful participants in the state decision-making process? — Alaska Black Caucus.

The Alaska Black Caucus repeatedly has accused Hammond of failing to appoint minorities to decision-making positions in state government.

And Hammond repeatedly has insisted his record on minority hire is better than previous administrations.

"We have had a 90 percent increase in black hire since the advent of this administration, and a 97 percent increase in female hire," the governor said. "And while that may not be particularly good, mind you it's a vast improvement over previous actions."

Hammond said he offered seven minorities deputy commissioner positions and two minorities commissioner slots.

"They all refused them," Hammond said. "Now I can't drag them in, kicking and screaming. One of the problems is that many of them do not want to go to Juneau because there is not a significant black community there."

The governor said he has pleaded with minority groups to submit names to him for possible appointment to decision-making posts.

"I did this early on when I was appointing my cabinet," Hammond said. "I got one black name proposed and it was opposed by more Blacks than it was supported by."

Craig A. Forster
656 7th Ave.
Fairbanks, Alaska 99701







Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

STATE OF ALASKA

JAY S. HAMMOND, Governor

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL / POUCH K — STATE CAPITOL
JUNEAU 99801

July 22, 1975

Mr. Charles G. Anderson
Chief of Police
Anchorage Police Department
P.O. Box 400
Anchorage, Alaska 99510

Re: Enforcement and Prosecution of Marijuana Offenses

Dear Chief Anderson:

During the Crime Conference in Fairbanks last month, it was suggested that the Attorney General prepare and circulate a letter which outlines the department's interpretation of the recent Supreme Court decision in Ravin v. State, ____ P.2d _____, Opinion No. 1156 (Alaska 1975), as well as the recent amendments to AS 17.12.110, which now appear as ch 110 SLA 1975 and which will become effective on September 2, 1975. We have attempted to do so in this rather extensive letter. Please feel free to distribute the letter to whichever departments or individual officers you feel would benefit from it. I will, however, provide the Commissioner of Public Safety, as well as the District Attorneys throughout the State with a copy and will request that the District Attorneys forward copies to police agencies within their jurisdiction.

I realize that all of the law enforcement questions which might arise regarding possession of marijuana cannot be touched upon in this letter, but I will try to address those questions which arose in your discussion with the Attorney General as well as additional points that might not have been covered but which have come to our attention in recent weeks. The Department of Law through individual District Attorneys will, of course, be available to assist any police officer in a determination in a particular case.

I. Ch. 110 SLA 1975 (FCCS HCS SSSB 350)

The amendments to AS 17.12.110 can be broken into three basic areas each of which will be dealt with separately:

(1) Sale or Distribution: The above-referenced legislation does not affect statutes prohibiting the sale or distribution of marijuana. Sale of any amount of marijuana is still a felony and no modification of present enforcement

procedures should occur as a result of the amendments to AS 17.12.110.

(2) Possession for Purpose of Sale: Prior to enactment of the referenced amendments, possession for purpose of sale was a felony. In most respects, enforcement procedures should not be modified under the amendments. However, where marijuana is held for sale within a home, evidence of intent to sell must be strong in order to support an entry into a home solely to make an arrest or conduct a search for marijuana.

Courts in the past have decided on a case-by-case basis what amount of marijuana was sufficient to raise an inference that marijuana was possessed for purpose of sale. Any amount that a court decided was possessed for personal use constituted a misdemeanor. Any amount that a court decided was possessed for purpose of sale was a felony. That is still the law in spite of the recent amendments to AS 17.12.110, except that possession for personal use is no longer a misdemeanor offense under circumstances discussed below.

Confusion has apparently arisen over the provision in the act which states that possession or control of any amount in a private place for personal use is a civil offense. Commissioner Burton has inquired, for example, whether this gives an individual license to possess large quantities of marijuana in his own home. The answer is generally no. If a police officer has evidence which establishes that probable cause exists to believe that any amount of marijuana is being held anywhere for the purpose of sale, he should act just as he has in the past. Whether a given amount is possessed for purpose of sale will be determined by the same standards that have always been applied at trial, e.g., the actual amount possessed; the circumstances surrounding possession, such as possession of paraphernalia associated with the packaging, sale and distribution of marijuana (scales, baggies, etc.); whether the marijuana is already individually packaged for sale; and evidence of other sales contemporaneous with the charge under consideration.

(3) Possession for Personal Use: The major change made by ch. 110 SLA 1975 relates to possession or control of marijuana for personal use. It should be emphasized that public use of marijuana remains a misdemeanor offense. Consequently, when a police officer observes an individual smoking marijuana in public, an arrest may be made and a search of the arrestee and the area within his immediate control may lawfully be conducted as an incident to the arrest. Additionally, possession of any amount of marijuana by an individual while operating a motor vehicle or airplane continues to be a misdemeanor. A question has arisen with respect to the omission of the word "control" from the language of the act which continues to make it a misdemeanor to possess marijuana while operating a motor vehicle or airplane. That provision which is embodied in the statute as AS 17.12.110(d)(3) reads as follows:

> (d) A person who: . . . (3) possesses any amount of marijuana while operating a motor vehicle or airplane . . . is, upon conviction, guilty of a misdemeanor. . . .

Different language is used in AS 17.12.110(d)(2) which provides that:

> (d) A person who: . . . (2) possesses or controls more than an ounce of marijuana on a public street or sidewalk or on the premises of a public carrier or business establishment or any other public place . . . is, upon conviction, guilty of a misdemeanor. . . .

(emphasis added). The reference in AS 17.12.110(e), which is the subsection setting out those situations which give rise to a civil fine, is also to "possession or control". Furthermore, AS 17.12.010 continues to provide that:

> Except as otherwise provided in this chapter, it is unlawful for a person to . . . possess, have under his control. . . a depressant, hallucinogenic or stimulant drug.

The only portion of the act that does not contain the dual reference to "possession or control" is that portion which preserves a misdemeanor offense for possession of marijuana while operating a motor vehicle or airplane. In that respect, it is instructive that the second to the last or fifth version of the bill out of a total of six, which appears as HCS SSSB 350 am H and which is the version that originally passed the Alaska House of Representatives, contained the following language.

> (d) A person who: . . . (3) possesses any amount of marijuana on his person while operating a motor vehicle or airplane. . . .

(emphasis added). The underlined portion of the 5th proposed version of AS 17.12.110(d)(3) was specifically deleted from FCCS HCS SSSB 350, which now appears as ch. 110 SLA 1975, but the words "or control" were not inserted. The letter of legislative intent accompanying FCCS HCS SSSB 350 specifically addresses an aspect of this problem. In discussing the removal of the language "on his person" from the bill, the letter of intent stated that:

> . . . The conferees feel that the the language "on his person" . . . should be omitted. Otherwise a person in violation of this section could be openly smoking marijuana while driving, and then could quickly place the marijuana cigarette in the ash tray of the automobile or on the seat or floor, when approached by a police officer. He would then argue that he was not in violation of this section.

Senate Journal, Alaska State Senate, May 15, 1975, at 1121. Thus, in terms of the operator, himself, it is clear that the act is designed to preserve the misdemeanor label for possession of marijuana beyond possession "on his

person" and is intended to extend to possession within the immediate reach of the operator. The question remains, however, whether the omission of the word "control" also restricts those situations under which a person can be charged with a misdemeanor as either the operator or a passenger in a motor vehicle or an airplane. I am of the view that it does and further, that its omission indicates a specific legislative intent to restrict the applicability of AS 17.12.110(d)(3) to factual situations where a person while actually operating a motor vehicle or an airplane either physically possesses marijuana on his person or possesses it within his immediate reach while operating the vehicle.

The term "possession" as used in the criminal law has traditionally been regarded as narrower than the term "control". Possession requires having a thing with you or within your immediate reach. "Control", on the other hand, is broader in scope and includes those situations where a person simply has "constructive possession" or the right and ability to exercise control or management over a thing not in his actual physical possession.

Consequently, under AS 17.12.110(d)(3), the following general principles are applicable: first, if marijuana is lawfully discovered in the actual physical possession of an individual while he is operating a motor vehicle or an airplane either on his person or within his immediate reach while operating, then he may be charged and prosecuted for the misdemeanor offense; second, if marijuana is lawfully discovered in his control while operating a vehicle, but outside of his person or the area within his immediate reach while operating the vehicle, then he is subject to a civil fine under AS 17.12.110(e); and third, if marijuana is lawfully discovered in the possession or control of a passenger in a motor vehicle or airplane, then he is also subject to a civil fine under AS 17.12.110(e).

Prior Alaska Supreme Court decisions have interpreted existing statutes prohibiting the possession of a substance to require proof beyond a reasonable doubt that an individual charged with a "possesaion" offense knew what the substance was and had the ability to exercise control over it. Within that context, I should emphasize that the rule set forth in Egner v. State, 495 P.2d 1271 (Alaska 1971), will continue to apply to the prosecution of marijuana offenses whether criminal or civil. Egner is, of course, on its facts, particularly applicable to the "possession in a motor vehicle" situation and holds that "mere presence at the scene" is insufficient to prove knowing possession or control of a prohibited substance. For example, if a quantity of marijuana has lawfully been discovered in the trunk of a motor vehicle, the State must still be able to prove beyond a reasonable doubt that the person charged knew or had reason to know (e.g., where the defendant is the owner and only he has access to the trunk) that the trunk contained marijuana and that he either exercised or had the right to exercise control over it.

Another question which has arisen under the language of the act applicable to motor vehicles and airplanes is what, if any, significance can be attached to the omission of vessels. Consistent with the discussion of Ravin v. State,

supra, in Part II of this letter, I am of the view that the Supreme Court would have upheld the preservation of a misdemeanor offense for possession of marijuana while operating a vessel if vessels had been included within AS 17.12.110(d)(3) because it represents that type of activity which potentially "interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare." An argument could have been made that there is a close and substantial relationship between the public interest in the safe operation of a vessel and the prohibition against possession of marijuana while operating a vessel when used as a vehicle for transportation. This argument is still applicable, however, because the omission of vessels under AS 17.12.110(d)(3) simply means that possession of marijuana in a vessel while it is operated as a vessel is subject to a civil fine under AS 17.12.110(e). Again, however, the limitations imposed through Egner will apply equally to possession or control of marijuana while operating a vessel.

The major change effectuated by the act addresses the private possession of marijuana for personal use in a purely non-commercial context. Under the act, possession or control of any amount of marijuana for personal use in a non-public place by a person eighteen years of age or older is subject to a civil fine of not more than $100. The decision in Ravin, however, alters the thrust of this provision to a substantial extent. Consequently, I will reserve discussion of the question of private possession of marijuana until Part II of this letter.

The most difficult questions under the act and under Ravin concern possession in public. Under the act, possession or control of more than an ounce of marijuana "on a public street or sidewalk or on the premises of a public carrier or business establishment or any other public place" remains a misdemeanor offense. Possession of an ounce or less in a "public place" by a person 18 years of age or older is subject to a civil fine of not more than $100. Under the legislative amendments to AS 17.12.110 a police officer who sees someone use marijuana in a "public place" may arrest the person for the misdemeanor offense of possession. If, on the other hand, he simply observes an individual in possession of an ounce or less, he may seize it and issue a civil citation, assuming that we are able to initiate a civil citation system in conjunction with the court system which will require some amendment to the Rules of Civil Procedure. Conversely, where a police officer observes an individual in possession of more than an ounce, he may arrest the person, seize the marijuana and conduct a search as an incident to the arrest as he would under present law. Thus, under both the recent amendments to AS 17.12.110 and Ravin v. State, supra, public use remains a misdemeanor, public possession of an ounce or less is subject to a civil penalty and public possession of more than an ounce remains a misdemeanor.

The above analysis, however, omits at least four commonly occurring factual variations. Under ch 110 SLA 1975, if a police officer discovers an ounce or less of marijuana in the possession of a person who has been arrested in a

public place for another offense or otherwise lawfully taken into custody, then that person would be subject to the civil penalty under AS 17.12.110(e). Conversely, where a police officer lawfully discovers more than an ounce of marijuana in the possession of a person in a public place who has been arrested for another offense or otherwise lawfully taken into custody, then under the act that person would remain the subject of a misdemeanor prosecution for possession. However, if a police officer has not actually observed marijuana in an individual's possession, but has probable cause to believe that an individual possesses an ounce or less of marijuana on his person in a public place or that marijuana is possessed in an automobile either by a passenger or beyond the immediate reach of the operator, then a problem exists in terms of potential action that may be taken by an officer inasmuch as possession under these circumstances no longer constitutes a criminal offense. Consequently, a police officer may not arrest [which he presently cannot do for a misdemeanor not committed in his presence] and may not conduct a search unless he has independent justification to search. Furthermore, it will not be possible to obtain a search warrant, the subject of which is an ounce or less of marijuana possessed or controlled in other than a public place which gives rise to a civil penalty because AS 12.35.020 restricts the issuance of search warrants to essentially the recovery of evidence of a crime. On the other hand, when a police officer has not actually observed marijuana in an individual's possession, but has probable cause to believe that an individual possesses more than an ounce of marijuana on his person in a public place, then under the act the officer would proceed as he always has under existing law. The same, of course, holds true with respect to possession of marijuana for purpose of sale under any circumstances, as has been previously noted.

One final point should be noted with respect to ch. 110 SLA 1975. The letter of legislative intent accompanying FCCS HCS SSSB 350 specifically defines an "ounce" for purposes of the amendments to AS 17.12.110 as follows:

> To avoid possible confusion, the conferees believe that one ounce should be considered 30 grams for the purpose of prosecutions under this Act.

II. Ravin v. State, ___P.2d___, Opinion No. 1156 (Alaska 1975)

On its face, the case of Ravin v. State, supra, applies to a very limited set of circumstances. Construed as narrowly as possible in its potential application, Ravin stands for the proposition that:

> . . . [c]itizens of the State of Alaska have a basic right to privacy in their homes under Alaska's constitution. This right to privacy would encompass the possession and ingestion of substances such as marijuana in a purely personal, non-commercial context in the home unless the state can meet its substantial burden and show that proscription of possession of marijuana in the home is supportable by achievement of a legitimate state interest.

Ravin v. State, supra at 21. The court was careful to explain that its analysis focused not on any right to possess or use marijuana per se but rather, on the right to privacy found within Article I, Section 22 of the Alaska Constitution, particularly within the context of the home. The standard which the court has adopted in conducting this analysis is twofold.

> . . . [W]hether the State has demonstrated sufficient justification for the prohibition of possession of marijuana in general in the interest of public welfare; and further whether the State has met the greater burden of showing a close and substantial relationship between the public welfare and control of ingestion or possession of marijuana in the home for personal use.

Id. at 22.

After a lengthy analysis of the effects of marijuana use and the arguments advanced by the State in support of a total prohibition, the court held as follows:

> . . .Thus we conclude that no adequate justification for the states' intrusion into the citizen's right to privacy by its prohibition of possession of marijuana by an adult for personal consumption in the home has been shown. The privacy of the individual's home cannot be breached absent a persuasive showing of a close and substantial relationship of the intrusion to a legitimate governmental interest. Here, mere scientific doubts will not suffice. The state must demonstrate a need based on proof that the public health or welfare will in fact suffer if the controls are not applied.

Id. at 40. This grant of a right to privacy even in the home is not absolute, however. The majority opinion in Ravin carefully places two "important" restrictions upon it: first, the right to privacy remains absolute so long as it is a purely private, non-commercial expression of an Alaska citizen's individuality; second, the right to privacy "must yield when it interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare." Id. at 21. The following language in this regard is, I think, instructive:

> No one has an absolute right to do things in the privacy of his own home which will affect himself or others adversely. Indeed, one aspect of a private matter is that it is private, that is, that it does not adversely affect persons beyond the actor, and hence is none of their business.

Id. (emphasis added).

Throughout its analysis, the court went to great length to explain the limited nature of its holding which does not afford "protection for the buying or selling of marijuana" [Id. at 40]; nor protection for possession at home or anywhere else "of amounts of marijuana indicative of [an] intent to sell" [Id. at 41]; nor protection for possession or use while operating a motor vehicle [Id. at 33, 37-39]; nor protection for possession or use by adolescents [Id. at 40]; nor "absolute protection for its use or possession in public." Id. at 40-41. (emphasis added).

Thus, the court specifically recognized that the right to privacy contained within the Alaska Constitution is not absolute; that there are specific limitations upon the purely private, non-commercial possession or use of marijuana; and that an individual's right to privacy will sometimes yield to a legitimate exercise of the State's police power where the State can show a close relationship between the prohibition in question and the health, safety, rights and privileges of others or the public welfare. The court emphasized that by its holding it did not intend to condone the use of marijuana but rather, of freedom from state intrusion into an individual's strictly private affairs where no legitimate public purpose is being served. In this regard, the court recognized that:

> The State has a legitimate concern with avoiding the spread of marijuana use to adolescents who may not be equipped with the maturity to handle the experience prudently, as well as a legitimate concern with the problems of driving while under the influence of marijuana.

Id. at 40.

A number of very difficult legal and practical enforcement questions arise under Ravin, particularly when it is viewed with the recently enacted amendments to AS 17.12.110. First, under the statutory amendments, private possession of any amount possessed for personal use gives rise to a civil penalty. Under Ravin, however, possession of marijuana by adults in a home for personal use is protected from any state interference under the Alaska Constitution. Consequently, as an initial matter, Ravin invalidates that portion of the new statute which makes private possession under these circumstances a civil offense.

A second problem involves the use of the word "home" within the context of the decision. I have advised prosecutors in the Department of Law to interpret the word "home" to mean any place that would be so defined within the meaning of the provisions of the Fourth Amendment to the United States Constitution and Article I, Section 14, of the Constitution of the State of Alaska relating to the law

of search and seizure. Essentially, if officers are in doubt, they should ask themselves whether they would regard a particular place as a residence where, for example, they were attempting to obtain evidence of a crime. If they concluded, for instance, that they would have to obtain a search warrant because it was a "home", then they should treat it as a "home" within the context of Ravin. At the least, Ravin will apply to any private place which is used as a dwelling, even if it happens to be a tent or a hotel room.

This question gets quite difficult in situations involving campers and vessels. However, the law of search and seizure provides, I think, a useful and workable frame of reference. One of the specifically recognized exceptions to the general rule that a warrant must first be secured before a search may be conducted into an area where an individual holds an expectation of privacy is that a search of a motor vehicle may be conducted without a warrant if a police officer has probable cause to believe that the vehicle contains contraband or evidence of a crime and further, if the vehicle is mobile when the officer first comes into contact with it. In other words, the facts of each particular situation will define whether a camper or a vessel is a "home" within the context of Ravin. If it is being used as a dwelling when encountered, then it should be treated as a "home" under Ravin. If, on the other hand, it is being used as transportation and would be a proper subject of a search without a warrant given the existence of probable cause, then it should not be regarded as a "home". This analysis, however, must be read together with the discussion in Part I of this letter pertaining to the private possession of marijuana for personal use in a motor vehicle, airplane or vessel under ch. 110 SLA 1975. In some instances, marijuana found in a camper, even if used as transportation, may only give rise to a civil penalty.

It is obvious that both Ravin and ch. 110 SLA 1975 have a rather substantial effect on the laws of arrest, search and seizure in regard to the enforcement of marijuana laws. As noted in Part I of this letter, under Ravin probable cause that marijuana is to be found in a particular place will no longer support an entry into a "home" to either effectuate an arrest or conduct a search unless probable cause exists to believe that marijuana is possessed for purpose of sale. Furthermore, in situations where possession of marijuana for personal use gives rise only to a civil penalty, an officer will not be able to arrest an individual and will not be able to specifically search for marijuana with or without a warrant.

A third and very specific question that arises under Ravin is whether marijuana should continue to be treated as contraband when it is found in a "home" during the course of a lawful intrusion for a valid independent reason and under circumstances that do not establish possession for purpose of sale. The more I reflect on this question, the more I am convinced that marijuana possessed within the home for personal use should probably not be treated as contraband, unless

officers want to embroil themselves in the federal process which will, I think, be unduly complicated. In this respect, Ravin creates a unique situation. Under federal law marijuana possessed in any amount under any circumstances remains unlawful and thus contraband. Under state law, however, the private possession of marijuana in a "home" for personal use is constitutuionally protected and thus cannot be regarded as contraband. If officers under authority of federal law seize marijuana in a "home" discovered during the course of a lawful intrusion then they are inevitably going to become involved in federal cases. There also arises the distinct possibility of civil rights actions brought by individuals who feel that their state constitutional rights have been invaded. This will particularly be the case in situations which suggest that the entry into a "home" was a result of a predesigned pretext to seize marijuana possessed for personal use. I am confident that such suits against officers will not be successful, but there remains the question whether the time and effort expended can be justified when small amounts of marijuana are involved. In basic terms it seems to me we will have enough trouble keeping up with the enforcement of State laws without looking specifically to get involved in federal activity.

A remaining question that has arisen under both Ravin and ch 110 SLA 1975 is whether the word "marijuna" as used in both the act and the decision includes all derivatives of the plant Cannabis sativa L. Ch 110 SLA 1975 does not address this issue and a definition of "marijuana" is not contained in AS 17.12. However, the court in Ravin makes it clear that the decision is restricted to "marijuana" which it defines as:

> . . .[T]he common term for dried leaves or stalk of the plant Cannabis sativa L. The primary psychoactive ingredient in the plant is delta-9-tetrahydrocannabinol (THC). Most marijuana available in the United States has a THC content of less than one percent. Other cannabis derivatives with a higher THC content, such as hashish are available in the United States although much less common than is marijuana.

Id. at 23-24 (emphasis in original). Thus, I think it is clear that the applicability of both Ravin and ch 110 SLA 1975 is restricted to "marijuana" in the form of leaves, stalk and seeds from the plant Cannabis sativa L., along with the plant itself, and does not include derivatives such as hashish or hash oil with a higher THC content.

To summarize, the court decision together with the recent statutory amendments give rise to the following conclusions:

(1) Under both Ravin and ch 110 SLA 1975 sale or distribution of marijuana and the possession of any amount for purpose of sale remain felonies. No modification of present enforcement procedures should occur except that in order to obtain a search warrant to search a "home" for marijuana, probable cause must exist to believe that marijuana is being possessed for purpose of sale.

(2) Public use of marijuana remains a misdemeanor offense.

(3) Possession of any amount of marijuana by an individual while operating a motor vehicle or airplane or possession within the area of his immediate reach while operating remains a misdemeanor offense.

(4) Possession of any amount of marijuana by a passenger in a motor vehicle or airplane or possession by an operator beyond the area of his immediate reach while operating is subject to a civil penalty.

(5) Possession of any amount in a vessel or any other non-public place except a "home" is subject to a civil penalty.

(6) Public possession of an ounce or less of marijuana is subject to a civil penalty.

(7) Public possession of more than one ounce of marijuana remains a misdemeanor offense.

(8) Possession in a public place of an ounce or less of marijuana is subject to a civil penalty.

(9) Possession in a public place of more than an ounce of marijuana remains a misdemeanor offense.

(10) Possession or use of marijuana for personal use in a "home" is constitutionally protected and may not be made the subject of either a criminal or civil offense under the laws of the State of Alaska.

Again, I realize that it is undoubtedly not possible to touch upon all of the potential law enforcement questions that will arise as a result of the aforementioned changes in the law regarding possession or control of marijuana. I trust, however, that this analysis will be of some value in an effort to develop a rational and common sense enforcement pattern, particularly until future Supreme Court decisions clarify both the court's initial holding in Ravin and ch 110 SLA 1975. As soon as these decisions occur, we will, of course, transmit our comments on them. In the meantime, however, if you or any individual officer has a particular question, forward them to us and we will do our best to respond.

Very truly yours,

AVRUM M. GROSS
ATTORNEY GENERAL

By: Daniel W. Hickey
Daniel W. Hickey
Deputy Attorney General
Criminal Division

doubts as to the safety of marijuana demonstrate a sufficient justification for the prohibition found in this section as an exercise of the state's police power for the public welfare. Ravin v. State, Sup. Ct. Op. No. 1156 (File No. 2135), 537 P.2d 494 (1975).

Possession of marijuana by adults at home for personal use is constitutionally protected. Ravin v. State, Sup. Ct. Op. No. 1156 (File No. 2135), 537 P.2d 494 (1975).

Citizens of the State of Alaska have a basic right to privacy in their homes under Alaska's constitution. This right to privacy would encompass the possession and ingestion of substances such as marijuana in a purely personal, noncommercial context in the home unless the state can meet its substantial burden and show that proscription of possession of marijuana in the home is supportable by achievement of a legitimate state interest. Ravin v. State, Sup. Ct. Op. No. 1156 (File No. 2135), 537 P.2d 494 (1975).

No adequate justification for the state's intrusion into the citizen's right to privacy by its prohibition of possession of marijuana by an adult for personal consumption in the home has been shown. Ravin v. State, Sup. Ct. Op. No. 1156 (File No. 2135), 537 P.2d 494 (1975).

For discussion of marijuana, its incidence and effects, see Ravin v. State, Sup. Ct. Op. No. 1156 (File No. 2135), 537 P.2d 494 (1975).

Delay between offense and formal charge. — Some delay between offense and formal charge is clearly justified in cases involving drug undercover agents. McKay v. State, Sup. Ct. Op. No. 729 (File No. 1284), 489 P.2d 145 (1971).

Where the circumstances surrounding the drug transaction render the identification of the defendant unreliable, the disabilities inherent in a long delay between the date of the offense and the formal charge become manifestly prejudicial to the defendant. McKay v. State, Sup. Ct. Op. No. 729 (File No. 1284), 489 P.2d 145 (1971).

The time between the acts charged (July 8 and 16, 1969) and the indictment (Sept. 25, 1969) was not unreasonable and did not constitute a denial of due process in that the delay was purposeful, unjustifiable, and prejudiced his ability to prepare a defense. McKay v. State, Sup. Ct. Op. No. 729 (File No. 1284), 489 P.2d 145 (1971).

A seven month interval from the alleged drug sale until arrest was an unreasonable delay denying accused due process. McKay v. State, Sup. Ct. Op. No. 729 (File No. 1284), 489 P.2d 145 (1971).

Dismissal of the criminal proceedings under this section was constitutionally mandated where eight months had elapsed between the occurrence of the alleged sale and the filing of the indictment. Marks v. State, Sup. Ct. Op. No. 787 (File No. 1414), 496 P.2d 66 (1972).

Sufficiency of indictment. — Indictment held insufficient to charge accused with the sale of depressant, stimulant or hallucinogenic drugs in violation of this section. Burkholder v. State, Sup. Ct. Op. No. 753 (File No. 1346), 491 P.2d 754 (1971).

The state must demonstrate knowing possession. Bell v. State, Sup. Ct. Op. No. 1005 (File No. 1717), 519 P.2d 804 (1974).

Evidence sufficient to prove knowing possession. — Evidence was sufficient to establish that defendant was aware that he possessed an illicit drug. Bell v. State, Sup. Ct. Op. No. 1005 (File No. 1717), 519 P.2d 804 (1974).

Mere presence at the scene, alone, is insufficient to prove knowing control of the prohibited substance. Egner v. State, Sup. Ct. Op. No. 784 (File No. 1443), 495 P.2d 1272 (1972).

Cross-examination is permissible to show that a witness was under the influence of a drug at the time of the events to which he is testifying at trial. John Doe v. State, Sup. Ct. Op. No. 707 (File No. 1240), 487 P.2d 47 (1971).

A child who sells LSD is a "delinquent minor" under AS 47.10.290(2), because the sale of LSD is a crime under this section. RLR v. State, Sup. Ct. Op. No. 706 (File No. 1156), 487 P.2d 27 (1971).

And may be incarcerated until age 19. — A child adjudicated delinquent for selling LSD may be incarcerated until age 19, which may be many years, possibly even in a city jail. RLR v. State, Sup. Ct. Op. No. 706 (File No. 1156), 487 P.2d 27 (1971).

In order to constitute a valid arrest under AS 12.25.030 (1), the misdemeanor of possessing hashish be committed in the presence of the arresting officers. Howes v. State, Sup. Ct. Op. No. 846 (File No. 1443), 503 P.2d 1055 (1972).

Applied in Meyers v. State, Sup. Ct. Op. No. 720 (File No. 1491), 488 P.2d 713 (1971); Gravel v. State, Sup. Ct. Op. No. 819 (File No. 1502), 499 P.2d 1022 (1972); Wright v. State, Sup. Ct. Op. No. 833 (File No. 1288), 501 P.2d 1360 (1972); Howes v State, Sup. Ct. Op. No. 846 (File No. 1443), 503 P.2d 1055 (1972); Erickson v. State, Sup. Ct. Op. No. 868 (File Nos. 1521, 1542), 507 P.2d 508 (1973); Coger v. State, Sup. Ct. Op. No. 988 (File No. 1766), 517 P.2d

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Official Business

Pouch V
State Capitol
Juneau, Alaska 9 811

Glenn Hackney, Chairman
Frank Ferguson, Vice Chairman
Mike Colletta
Bettye Fahrenkamp
Arliss Sturgulewski

BUTROVICH ROOM, 207 CAPITOL BUILDING

Friday, February 9
3:30 PM

SB 4? -- An Act relating to the possession and control of marijuana; BRADLEY

Notified
John Offoe - Sup. of Schools (cannot attend today)
Chief Barkley, J.P.D
Craig Forester, Ak Peace Officers Assoc
Dept of HHSS
Dan Hickey, AK Chief Prosecutor
Louis Benacardino, Chief of Seward P.D. Police Officers Assoc.
Sen Bradley
Sen Secretary
CRT
Commissioner Nix

CITY OF SEWARD

P. O. BOX 337
SEWARD, ALASKA 99664

CITY MANAGER 224-5214
COMPTROLLER 224-5216
INFORMATION 224-5215
CITY POLICE 224-5201

January 31, 1979

The Honorable Glenn Hackney
Pouch V
Juneau, Alaska 99811

Sir:

In response to your telephone call of January 30th anent Senate Bill 49, I wish to thank you for keeping me posted on this pending legislation. Unfortunately, pressing duties here in Seward preclude my attendance.

As you may be aware, my thinking is that possession of Marijuana in any amount should, at the least, be classified as a misdemeanor, and any cultivation or marketing of this substance on a large scale should be classified as a felony.

I realize this may be a bit much to wish for, given the present weight of the pro-marijuana forces.

I trust you are aware of research results now surfacing indicating that marijuana contains most or all of the carcinogenic agents found in tabacco plus many other suspected carcinogenic agents. It follows that while the office of H.E.W. is spending millions to persuade Americans not to smoke, it would be the sheerest lunacy to encourage marijuana smoking by legislating it.

Many traffic accidents not involving the drinking driver are attributed to driver-inattention or falling asleep, when in reality the driver was high on marijuana. These are extremely difficult cases to prosecute, because marijuana cannot be detected by a breathalyzer, nor can police do a car search, or a blood test without permission of the individual (who is incompetent to give informed consent, if he indeed under the influence of marijuana). Obtaining a court warrant under these circumstances is another can of worms entirely, to be opened as a last resort.

Legalize marijuana and you guarantee it's use will become as common amoung children as cigarette smoking is at present.

I know that you and most of the legislature will give this question the closest scrutiny. I know you will not leave Law Enforcement beleaguered by this aberrant statute.

I want to be on record as being categorically opposed to the legalization of marijuana. If this sounds regressive or reactionary, so be it. I can live with that. It will be a lot better than living in a society of apathetic, spaced-out paranoids.

Thank you for soliciting the views of those of us in Law Enforcement.

Sincerely,

Louis A. Bencardino
President
Chiefs of Police Association

LAB:dw

cc: Senator Ferguson
Senator Fahrenkamp
Senator Sturgulewski
Senator Colletta

Sec. 17.12.080. Persons exempted. The provisions of this chapter restricting the possessing and control of depressant, hallucinogenic and stimulant drugs do not apply to

(1) a common carrier or to a warehouseman, while engaged in lawfully transporting or storing these drugs;

(2) an employee of a common carrier or warehouseman while acting within the scope of his employment in lawfully transporting or storing these drugs;

(3) a public officer or his employee in the performance of his official duties requiring possession or control of these drugs;

(4) temporary, incidental possession by an employee or agent of a person lawfully entitled to possession; or

(5) temporary, incidental possession by a person whose possession is for the purpose of aiding a public officer in performing his official duties. (§ 2 ch 225 SLA 1968)

Sec. 17.12.090. Exempted drugs. Depressant, hallucinogenic or stimulant drugs exempted under federal law or under regulations promulgated by the commissioner are exempted from the application of this chapter. (§ 2 ch 225 SLA 1968)

Sec. 17.12.100. Exemptions and exceptions not required to be negatived. In a complaint, information, or indictment, and in an action or proceeding brought for the enforcement of any provision of this chapter, it is not necessary to negative any exception, excuse, proviso, or exemption, contained in this chapter, and the burden of proof of an exception, excuse, proviso, or exemption is upon the defendant. (§ 2 ch 225 SLA 1968)

Sec. 17.12.110. Penalties. (a) A person who violates a provision of this chapter relating to the possession or control of depressant, hallucinogenic and stimulant drugs, other than marijuana, when his possession or control is for his own use, is guilty of a misdemeanor and upon conviction is punishable by imprisonment for not more than one year, or by a fine of not more than $1,000, or by both.

(b) A person who violates a provision of this chapter other than one mentioned in (a) of this section, or a person who violates a provision of this chapter relating to the possession or control of depressant, hallucinogenic and stimulant drugs, when his possession or control is for the purpose of sale or other disposal to another person, is guilty of a felony and upon conviction is punishable as follows:

(1) for the first offense, by imprisonment for not more than 25 years, or by a fine of not more than $20,000, or by both;

(2) for the second and subsequent offenses, by imprisonment for any term of years or life, or by a fine of not more than $25,000, or by both.

(c) A person who violates a provision of this chapter by selling or otherwise disposing of a depressant, hallucinogenic or stimulant drug to a person less than 19 years of age is guilty of a felony and upon

conviction is punishable by imprisonment for any term of years or life, or by a fine of not more than $25,000, or by both.

(d) A person who: (1) uses marijuana on a public street or sidewalk or on the premises of a public carrier or business establishment or any other public place, or (2) possesses or controls more than an ounce of marijuana on a public street or sidewalk or on the premises of a public carrier or business establishment or any other public place, or (3) possesses any amount of marijuana while operating a motor vehicle or airplane, or (4) while under the age of 18, possesses, controls or uses any amount of marijuana is, upon conviction, guilty of a misdemeanor punishable by a fine of not more than $1,000.

(e) A person 18 years of age or older who violates this chapter by possession or control of any amount of marijuana in other than a public place, when his possession or control is for his own use, or by possession of one ounce or less of marijuana in a public place, is punishable by a civil fine of not more than $100. Punishment under this subsection shall be initiated only by civil complaint or citation. The court may establish procedures for payment of fines by mail.

(f) In this section, "public place" means a place which is either in public ownership or a place available to public access. (§ 2 ch 225 SLA 1968; am § 1 ch 110 SLA 1975)

Effect of amendment. — The 1975 amendment inserted "other than marijuana" in subsection (a) and added subsections (d), (e) and (f).

Legislative committee report. — For report on ch. 110, SLA 1975 (FCCS HCS SSSB 350), see 1975 Senate Journal, p. 695; 1975 House Journal, p. 1263.

Inference that offenses under section are extremely serious. — The supreme court has inferred from the severity of the maximum punishment under this section that the legislature considers such offenses to be extremely serious. Wright v. State, Sup. Ct. Op. No. 833 (File No. 1288), 501 P.2d 1360 (1972).

Standards for imposition of sentence. — In the case of Waters v. State, Sup. Ct. Op. No. 681, 483 P.2d 199 (1971), the supreme court set forth standards for the imposition of sentence in drug offense cases. Meyers v. State, Sup. Ct. Op. No. 720 (File No. 1491), 488 P.2d 713 (1971).

The judge should take account of four groups of drug offenders whose crimes are in descending order of seriousness: (1) smuggling or sale of large quantities of narcotics or possession of large quantities for sale; (2) smuggling or sale of small quantities of narcotics, or possession of small quantities for sale; (3) possession of narcotics without intent to sell; (4) marijuana offenses. Meyers v. State, Sup. Ct. Op. No. 720 (File No. 1491), 488 P.2d 713 (1971).

Courts intended to have broad discretion in imposing sentence. — The declaration of intent preceding this chapter when enacted clearly indicates the legislature's intent to vest, and recognition that it has in fact vested, broad discretion in the courts in imposing sentence for violations of the drug laws set forth in this chapter. Speas v. State, Sup. Ct. Op. No. 889 (File No. 1555), 511 P.2d 130 (1973).

This reading is strengthened by the omission from this chapter of mandatory minimum sentences. Speas v. State, Sup. Ct. Op. No. 889 (File No. 1555), 511 P.2d 130 (1973).

Furthermore, AS 17.12.120 makes specific provision for rehabilitative treatment in lieu of imprisonment in certain cases. Speas v. State, Sup. Ct. Op. No. 889 (File No. 1555), 511 P.2d 130 (1973).

An eight-year sentence with two years suspended was not outside the zone of reasonableness. Meyers v. State, Sup. Ct. Op. No. 720 (File No. 1491), 488 P.2d 713 (1971).

Principles in undertaking sentencing review. — In the case of State v. Chaney, Sup. Ct. Op. No. 653, 477 P.2d 441 (1970), the supreme court set forth the various principles in undertaking sentencing

Senator Keppler 2-12-79

Re: SB 49 DRUG BILLS /

The attached was received after the hearing Friday - Feb. 9th.

Please read and return to Hess Committee that it may be put in your file folder - and available when SB 49 comes before the Committee again. Thank you.

Mary Jessen AA
Sen Hockney

ALASKA PEACE OFFICERS ASSOCIATION

February 6, 1979

Senator Glenn Hackney
Pouch "V"
Juneau, Alaska 99811

Dear Senator Hackney:

In response to your message informing me of the Hess Meeting on SB 49, I sincerely appreciate your keeping me informed of this Hearing. Unfortunately, I will not be able to attend; however, I am attempting to locate an APOA member that can make the meeting and testify on behalf of the Alaska Peace Officers Association.

Aside from being the President of the Alaska Peace Officers Association, I am a Detective with the Fairbanks Police Department and Supervisor of the Areawide Narcotics Team.

Just today, officers under my supervision were successful in obtaining a Grand Jury indictment for an individual that has been a Marijuana dealer in the Fairbanks area for a large number of years. During the Grand Jury proceedings, a young man, eighteen years old, testified to having assisted the Areawide Narcotics Team in purchasing Marijuana from this dealer and obtaining needed information for a search warrant. During his testimony, a Grand Jury member asked the young man why he was motivated to help the police. The young man stated that he could see that the use of Marijuana was ruining his life and that since he had been using Marijuana, he found himself to be lazy and run-down.

Approximately three weeks ago, a Mr. Joe Hergenreter, of 515 7th Avenue, Fairbanks, Alaska 99701, came to my office and reported that his seven and nine year old sons were using Marijuana. He reported that they were getting the Marijuana from a nine year old neighbor boy whose parents permitted the use of Marijuana. I explained the difficulty in prosecuting any violations under these circumstances to Mr. Hergenreter. As you can see, there would be no effective way to handle this case without the involvement of Mr. Hergenreter and his two sons. Mr. Hergenreter may, himself, be willing to assist by testifying; however, he was not willing to subject his children to court proceedings. As you can see, an attempt to investigate and prosecute either the nine year old neighbor boy or his parents would become a "bucket of worms" and I am not sure that we could ever reach a court proceeding at all.

About a week prior to Mr. Hergenreter's report, I had conversation with a person whose name I have forgotten; however, he is the owner of the Giant Grinder restaurants here in Fairbanks. He reported to me that his thirteen year old daughter was getting Marijuana at school and from a young man in the neighborhood. I explained the necessity for a statement from his daughter in an effort to obtain information that would allow us to prosecute or obtain a search warrant for this individual's residence. After a lengthy explanation of the requirements of the police, this individual was ready to take care of matters himself.

These types of complaints are very common and there is little that the police can do to assist in these frustrating situations. It is disheartening to have to inform parents that there is very little that can be done without statements from juveniles and a lengthy court process.

Our statistics on the use of Marijuana in the schools is limited because we have no means of monitoring the activities in the schools. Our officers are too old to fit in or around schools. Most surveillance efforts are useless as officers in the areas are soon detected. As a practical matter, very few cases that involve juveniles are prosecuted through the District Attorney's Office. It is required that most juvenile offenses are handled through the Juvenile Intake Office and in many cases, there is no actual criminal prosecution. In the event that there can be some sort of criminal prosecution on the part of the juvenile, there is a low priority with reference to Marijuana cases where juveniles are involved in the District Attorney's Office. There may be some prosecution, should we be involved, with an adult selling to juveniles however.

I understand the District Attorney's position in these matters as it is my experience that my office can provide felony cases involving the sale of Cocaine and Heroin involving adults with very little difficulty. It has been my experience that the Areawide Narcotics Team has effectively clogged the court calendar on numerous occasions in the last four years.

The decriminalization of Marijuana in 1975 has finally had an effect on the populace. It can be observed that there is a definite problem within the school systems because of this decriminalization. It is evident by the problem in the Anchorage area where the football coach quit because of the students involved in drugs in that school. I have recently heard, while in Juneau, legislators making the comment that this situation had been blown out of proportion and that they are taking an adverse reaction to the publicity that has been raised. It is my opinion that these particular individuals are irresponsible and it is a shame that they are representing people of Alaska in their positions as legislators.

Prior to the decriminalization of Marijuana, a different set of circumstances existed concerning the involvement of juveniles with alcohol. During school hours, if a juvenile was involved with alcohol, it could be more easily detected than the use of Marijuana today. The individual who was intoxicated by alcohol could be identified by his particular actions and the strong odor of alcohol itself. It was also difficult to consume alcohol in the lavatories or other areas on the school grounds as the alcohol was not quite as easily concealed. Today, however, a "joint" of Marijuana or Marijuana cigarette can be easily concealed and quickly digested during a brief class break.

I feel that it is reasonable to assume that if Cocaine was decriminalized, it would be as prevalent in the schools as Marijuana is today. We already have a problem with Cocaine in our schools. I feel that the public is finally concerned that an action like this might happen. You should be aware that in the Supreme Court Decision in the Erickson Case, the Supreme Court suggested that the legislature take a closer look at the classification of Cocaine as there were some types of new scientific information that might lead one to believe that Cocaine was not as harmful as originally thought. I would submit that this was an irresponsible opinion by the Supreme Court in this matter. Once reading the Opinion, it is evident that the Supreme Court went beyond its duties of interpreting the law, but rather it suggested some liberal change in the law. It is also evident that the Supreme Court selected the scientists that would come up with findings that would satisfy the position they would like to take.

I believe that as time goes on, we will see that the Supreme Court will continue to circumvent the legislature and, therefore, continue the liberal decay in our criminal justice system.

Needless to say, I support SB 49 and any other legislation that would strictly prohibit possession of Marijuana. It would be appreciated if you would disseminate this letter amongst your colleagues. If I can be of any further assistance concerning this matter, please contact me and I will attempt to provide you with the necessary information.

Sincerely,

Craig A. Forster

Craig A. Forster, President
Alaska Peace Officers Association
656 7th Avenue
Fairbanks, Alaska 99701

SB

635

COMMITTEE REPORT

SENATE

FURTHER: Judiciary

1/23/79

Date: 2/1/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 65 consolidating and strengthening the state's drug laws

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[✓] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[✓] replace with CS for _____ [✓] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING DO PASS	MEMBERS HAVING OTHER RECOMMENDATIONS:
Thomson Do pass if amended	
Lakenbach with amendments	
Colletta do pass if amended	

Glenn Hadden

CHAIRMAN

S 60 (Rev. 12/78)

SB 65 "Consolidating & Strengthening the State's Drug L... SHESS 79-80

By: Dankworth

Introduced 1-23-79
Logged 1-23-79
Referred Judiciary
Comm. Hearing 4-4-79 pass with CS (amendments) taken Senate Secy 4-9-79
Comm. action Passed as CS

Spoken to/spoke
Does not pick (Jessie Dotts.)
Chief Bradley - notified but doesn't [illegible] he can come must check with - Administration.
Gregg Forrester ([redacted]) will be here.
4-3-79 Mike Wolfe (Center for Drug Problems) called - endeavoring to get him to testify.

Glenn Hocknig's Copy

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Introduced: 1/23/79
Referred: Health, Education & Social Services and Judiciary

BY DANKWORTH, FAHRENKAMP, BRADLEY KERTTULA, SUMNER, HACKNEY, BENNETT AND KELLY

IN THE SENATE

SENATE BILL NO. 65

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act consolidating and strengthening the state's drug laws; and providing for an effective date."

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

* Section 1. PURPOSE. (a) It is the purpose of this Act to consolidate the state's various drug laws into one comprehensive chapter and, through enactment of new provisions, to strengthen law enforcement's ability to more effectively combat those who are finding it attractive to engage in the illicit trafficking of controlled substances.

(b) The legislature reaffirms its former intent to provide identical punishment discretion for criminal offenses involving unlawful trafficking and use of both heroin and cocaine and other substances similarly classified as previously set out in AS 17.10, which provisions are repealed and re-enacted through this Act, even though the legislature recognizes that some of the substances such as heroin and cocaine do not have the same or similar pharmacological characteristics. The detrimental effect on the health and general welfare of our society created through the illicit trafficking and use of these substances is such as to warrant the same condemnation and punishment. Since many of the substances included within this Act have a useful and legitimate medical purpose, provisions have been included to allow for that use while maintaining the ability to monitor that use.

* Sec. 2. AS 17.12.010 is amended to read:

Sec. 17.12.010. [ACTS PROHIBITED] (a) Except as otherwise provided in this chapter, it is unlawful for a person to manufacture, distribute [COMPOUND, COUNTERFEIT], possess, [HAVE UNDER HIS CONTROL,

SELL, PRESCRIBE, ADMINISTER,] dispense, or possess with intent to manufacture, distribute, or dispense a controlled substance [GIVE, BARTER, SUPPLY OR DISTRIBUTE IN ANY MANNER, A DEPRESSANT, HALLUCINOGENIC OR STIMULANT DRUG].

* Sec. 3. AS 17.12.010 is amended by adding new subsections to read:

(b) No person may obtain, attempt to obtain, procure, or attempt to procure, a controlled substance by

(1) fraud, deceit, misrepresentation, or subterfuge;

(2) forgery or alteration of a prescription or written order;

(3) concealment of a material fact; or

(4) use of a false name or giving of a false address.

(c) No person may wilfully make a false statement in a prescription, order, report, or record required by this chapter.

(d) No person may, for the purpose of obtaining a controlled substance, falsely assume the title of, or represent himself to be, a manufacturer, wholesaler, pharmacist, physician, dentist, veterinarian, or other authorized person.

(e) No person may make or utter a false or forged prescription or false or forged written order.

(f) No person may affix a false or forged label to a package or receptacle containing a controlled substance.

* Sec. 4. AS 17.12 is amended by adding a new section to read:

Sec. 17.12.015. CONTINUING CRIMINAL ENTERPRISE. (a) No person may engage in a continuing criminal enterprise. Upon conviction, a person who engages in a continuing criminal enterprise shall be sentenced

(1) for the first offense, to all of the following:

(A) a term of imprisonment of no less than 10 years and no more than life;

(B) a fine of no more than $100,000; and

(C) the forfeiture prescribed in (b) of this section;

(2) for the second and subsequent offenses, to all of the following:

(A) a term of imprisonment of no less than 20 years and no more than life;

(B) a fine of no more than $200,000; and

(C) the forfeiture prescribed in (b) of this section.

(b) A person who is convicted of engaging in a continuing criminal enterprise shall forfeit to the state

(1) the profits obtained by him in that enterprise; and

(2) any of his interest in, claim against, or property or contractual rights of any kind affording a source of influence over that enterprise.

(c) The imposition or execution of a sentence required to be imposed under this section may not be suspended and probation or parole may not be granted until the minimum term of imprisonment specified in this section has been served. AS 12.55.080 and 12.55.085 are inapplicable to the extent that they are inconsistent with this subsection.

(d) For purposes of this section, a person is engaged in a continuing criminal enterprise if

(1) he commits a violation of this chapter which is punishable as a felony; and

(2) that violation is a part of a continuing series of violations of this chapter

(A) which he undertakes in concert with five or more other persons with respect to whom he occupies a position of organizer, a supervisory position, or any other position of management; and

(B) from which he obtains substantial income or re-

sources.

* Sec. 5. AS 17.12.020 is amended to read:

Sec. 17.12.020. AUTHORIZED POSSESSION. A person may lawfully possess a controlled substance [DEPRESSANT, HALLUCINOGENIC OR STIMULANT DRUG] that has been lawfully prescribed, sold, or dispensed by a practitioner if the controlled substance is [DRUGS ARE]

(1) for use by the person in possession or a member of his household; or

(2) for administration to an animal owned by him or a member of his household [; OR

(3) DESIGNATED BY THE COMMISSIONER FOR USE IN LABORATORIES OR INSTITUTIONS FOR EDUCATIONAL OR TEACHING RESEARCH, OR FOR CHEMICAL ANALYSIS; SUCH A LABORATORY OR INSTITUTION MUST FIRST OBTAIN A PERMIT FROM THE COMMISSIONER WHICH SHALL SPECIFY THE DRUGS, THE POSSESSION OF WHICH IS ALLOWED, DELINEATE AND RESTRICT THEIR USE OR DISPOSAL, IDENTIFY THE PERMITTEE AND PROMULGATE THE RULES AND REGULATIONS CONSIDERED NECESSARY TO FULFILL THE REQUIREMENTS OF THIS CHAPTER].

* Sec. 6. AS 17.12.030 is repealed and re-enacted to read:

Sec. 17.12.030. LEGITIMATE INDUSTRY. A controlled substance may be manufactured, distributed, possessed, or dispensed by a practitioner acting in the ordinary and authorized course of his business under federal registration if evidence of that federal registration is filed with the department.

* Sec. 7. AS 17.12.050 is amended to read:

Sec. 17.12.050. RECORDS. A practitioner [PERSON] engaged in manufacturing, distributing, or dispensing a controlled substance [COMPOUNDING, PROCESSING, SELLING, DELIVERING OR OTHERWISE DISPOSING OF A DEPRESSANT, HALLUCINOGENIC OR STIMULANT DRUG] shall, upon the effective date of this chapter, prepare a complete and accurate record of all

stocks of each drug on hand and shall keep the record for three years. If this record has already been prepared in accordance with federal law, no additional record is required if all of these records have been retained and are made available to the department upon request. A practitioner [ON AND AFTER AUGUST 4, 1968, A PERSON] manufacturing, distributing, dispensing, or possessing a controlled substance [COMPOUNDING, OR PROCESSING A DEPRESSANT, HALLUCINOGENIC OR STIMULANT DRUG] shall prepare and keep, for not less than three years, a complete and accurate record of the kind and quantity of each controlled substance [DRUG] manufactured, distributed, dispensed, or possessed, [COMPOUNDED, OR PROCESSED AND] the date of the manufacture, distribution, dispensing, or receipt, the name and address of the person from whom the controlled substance was received, and the name and address of the person to whom the controlled substance was distributed or dispensed [COMPOUNDING, OR PROCESSING. A PERSON SELLING, DELIVERING, OR OTHERWISE DISPOSING OF A DEPRESSANT, HALLUCINOGENIC OR STIMULANT DRUG SHALL PREPARE OR OBTAIN, AND KEEP FOR NOT LESS THAN THREE YEARS, A COMPLETE AND ACCURATE RECORD OF THE KIND AND QUANTITY OF EACH DRUG RECEIVED, SOLD, DELIVERED, OR OTHERWISE DISPOSED OF, THE NAME AND ADDRESS FROM WHOM IT WAS RECEIVED AND TO WHOM IT WAS SOLD, DELIVERED, OR OTHERWISE DISPOSED OF, AND THE DATE OF THE TRANSACTION].

* Sec. 8. AS 17.12.060(a) and (b) are amended to read:

(a) A person required by AS 17.12.050 to prepare or obtain and keep records, [AND] a carrier maintaining records with respect to a shipment containing a controlled substance [DEPRESSANT, HALLUCINOGENIC OR STIMULANT DRUG], and a person in charge or having custody of the records [,] shall, upon request of an officer or employee designated by the commissioner, permit the officer or employee at reasonable times to have access to and copy the records. For the purposes

of verification of the records and of the enforcement of this chapter, officers or employees designated by the commissioner are authorized to enter, at reasonable times, a factory, warehouse, establishment, or vehicle in which a controlled substance [DEPRESSANT, HALLUCINOGENIC OR STIMULANT DRUG] is manufactured, compounded, processed, stored, sold, delivered, dispensed, or otherwise disposed of and to inspect, within reasonable limits and in a reasonable manner, the factory, warehouse, establishment, or vehicle, and all pertinent equipment, finished and unfinished material, containers and labeling and to inventory the stock of these controlled substances [DRUGS] and obtain samples of each controlled substance [THESE DRUGS].

(b) No inspection authorized by (a) of this section extends to (1) financial data, (2) sales data other than shipment data, (3) pricing data, (4) personnel data, or (5) research data unless those data are not kept in separate books and records.

* Sec. 9. AS 17.12 is amended by adding a new section to read:

Sec. 17.12.065. SEARCH WARRANTS. (a) A search warrant relating to an offense involving a controlled substance may be served at any time of the day or night if the judge issuing the warrant is satisfied that there is probable cause to believe that grounds exist for the warrant and for its service at that time.

(b) An officer authorized to execute a search warrant relating to an offense involving a controlled substance for which a penalty of imprisonment for more than one year is authorized may, without notice of his authority and purpose, break open an outer or inner door or window of a building, any part of a building, or anything in a building if the judge issuing the warrant

(1) is satisfied that there is probable cause to believe that

(A) the property sought may, and if notice is given

will, be easily and quickly destroyed or disposed of; or

(B) the giving of notice will immediately endanger the life or safety of the executing officer or another person; and

(2) has included in the warrant a direction that the officer executing it is not required to give notice of his authority and purpose before entering the premises.

(c) An officer acting under a warrant issued under (b) of this section shall, as soon as practicable after entering the premises, identify himself and give the reasons and authority for his entrance upon the premises.

(d) AS 12.35.040 as limited by AS 12.25.100 is inapplicable to the extent that it is inconsistent with this section.

* Sec. 10. AS 17.12.070 is amended to read:

Sec. 17.12.070. PRESCRIPTION REFILL. (a) The substances described as class A in AS 17.12.105(b) may not be dispensed on oral prescription, and written prescriptions for these substances may not be refilled.

(b) In regard to controlled substances other than those referred to in (a) of this section, no [NO] prescription for a controlled substance [DEPRESSANT, HALLUCINOGENIC OR STIMULANT DRUG] may be filled or refilled more than six months after the date on which the prescription was issued and no prescription which is authorized to be refilled may be refilled more than five times. Except where specifically prohibited, [NOTHING IN THIS CHAPTER PREVENTS] a practitioner may issue [FROM ISSUING] a new prescription for the same controlled substance [DRUG] either in writing or orally. An oral prescription for the controlled substance [DRUG] shall be promptly reduced to writing on a new prescription blank and filed by the pharmacist filling it and retained for the period prescribed in AS 17.12.050. An oral prescription may not be refilled

unless authorized by the prescriber.

* Sec. 11. AS 17.12.070 is amended by adding new subsections to read:

(c) A pharmacist may, in good faith, sell and dispense a controlled substance to any person upon a written prescription of a physician, dentist, or veterinarian if the prescriber is licensed to practice in this state and the prescription is dated and signed by the prescriber on the day when issued, bears the name and address of the patient for whom, or the owner of the animal for which, the controlled substance is dispensed, and bears the full name, address and federal registry number of the person prescribing the controlled substance. If the prescription is for an animal, it shall state the species of animal for which the controlled substance is prescribed.

(d) The person filling the prescription shall write the date of filling and his own signature on the face of the prescription. The prescription shall be retained on file by the proprietor of the pharmacy in which it is filled for a period of three years so as to be readily accessible for inspection by any public officer or employee engaged in the enforcement of this chapter.

(e) The legal owner of stock of controlled substances in a pharmacy, upon discontinuance of dealing or dispensing those substances, may sell the stock to a manufacturer, wholesaler, or other pharmacy, but only on an official written order.

* Sec. 12. AS 17.12.080 is amended to read:

Sec. 17.12.080. PERSONS EXEMPTED. The provisions of this chapter restricting the possession [POSSESSING AND CONTROL] of a controlled substance [DEPRESSANT, HALLUCINOGENIC AND STIMULANT DRUGS] do not apply to

(1) a common carrier or to a warehouseman, while engaged in lawfully transporting or storing a controlled substance for a practi-

tioner or public officer or agent in performance of his official duties or other person authorized by federal registration to manufacture, distribute, dispense, or possess controlled substances [THESE DRUGS];

(2) an employee of a common carrier or warehouseman while acting within the scope of his employment in lawfully transporting or storing a controlled substance for a practitioner or public officer or agent in performance of his official duties or other person authorized by federal registration to manufacture, distribute, dispense, or possess controlled substances [THESE DRUGS];

(3) a public officer or his employee in the performance of his official duties requiring possession or control of a controlled substance [THESE DRUGS];

(4) temporary, incidental possession by an employee or agent of a person lawfully entitled to possession; or

(5) temporary, incidental possession by a person whose possession is for the purpose of aiding a public officer in performing his official duties.

* Sec. 13. AS 17.12.090 is amended to read:

Sec. 17.12.090. EXEMPTED DRUGS. A controlled substance the manufacture, distribution, dispensing, or possession of which is [DEPRESSANT, HALLUCINOGENIC OR STIMULANT DRUGS] exempted from criminal penalty under federal law is [OR UNDER REGULATIONS PROMULGATED BY THE COMMISSIONER ARE] exempted from the application of this chapter. This exemption includes any substances which may, under the federal Food, Drug, and Cosmetic Act (21 U.S.C. sec. 301 et seq.) be lawfully sold over the counter without a prescription.

* Sec. 14. AS 17.12.100 is repealed and re-enacted to read:

Sec. 17.12.100. BURDEN OF PROOF AND LIABILITIES. (a) It is not necessary for the state to negate an exemption or exception in this

chapter in a complaint, information, indictment, or other pleading or in a trial, hearing, or other proceeding under this chapter. The burden of proof of an exemption is upon the person claiming it.

(b) In the absence of proof that a person is an authorized holder of an appropriate federal registration or order form filed with the department, it is presumed that that person is not the holder of the registration or form, and the burden of proof is upon that person to rebut the presumption.

(c) All authorized peace officers, while investigating violations under this chapter in the performance of their official duties, and any person working under their immediate direction, supervision, and instruction are immune from prosecution under this chapter.

(d) Information communicated to a physician in an effort to unlawfully procure a controlled substance is not a privileged communication.

* Sec. 15. AS 17.12 is amended by adding a new section to read:

Sec. 17.12.105. CLASSIFICATION OF CONTROLLED SUBSTANCES. (a) Except as otherwise provided, controlled substances are divided into the following five classes for penalty purposes: class A, class B, class C, class D, and class E.

(b) Unless specifically excepted or unless listed in another classification within this section, class A controlled substances include any material compound which contains any quantity of a substance listed in this subsection, including its salts, its isomers, (whether optical, position, or geometric), and the salts of its isomers whenever the existence of those salts, isomers, or salts of isomers is possible within the specific chemical designation, regardless of whether the listed substance is produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis:

(1) opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding apomorphine, dextrorphan, nalbuphine, naloxone, and naltrexone, and their respective salts, but including the following:

(A) raw opium;

(B) opium extracts;

(C) opium fluid extracts;

(D) powdered opium;

(E) granulated opium;

(F) tincture of opium;

(G) codeine;

(H) ethylmorphine;

(I) hydrocodone;

(J) hydromorphone;

(K) metopon;

(L) morphine;

(M) oxycodone;

(N) oxymorphone;

(O) thebaine;

(2) any salt, compound, derivative, or preparation of these which is chemically equivalent or identical with any of the substances referred to in (1) of this subsection, except that these substances do not include the isoquinoline alkaloids of opium;

(3) opium poppy and poppy straw;

(4) coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation of these which is chemically equivalent or identical with any of these substances, except that the substances do not include decocainized coca leaves or extractions of coca leaves, which extractions do not con-

tain cocaine or ecgonine;

(5) acetylmethadol;

(6) allylprodine;

(7) alphacetylmethadol;

(8) alphameprodine;

(9) alphamethadol;

(10) benzethidine;

(11) betacetylmethadol;

(12) betameprodine;

(13) betamethadol;

(14) betaprodine;

(15) clonitazene;

(16) dextromoramide;

(17) diampromide;

(18) diethylthiambutene;

(19) difenoxin;

(20) dimenoxadol;

(21) dimepheptanol;

(22) dimethylthiambutene;

(23) dioxaphetyl butyrate;

(24) dipipanone;

(25) ethylmethylthiambutene;

(26) etonitazene;

(27) etoxeridine;

(28) furethidine;

(29) hydroxpethidine;

(30) ketobemidone;

(31) levomoramide;

(32) levophenacylmorphan;

(33) morpheridine;

(34) noracymethadol;

(35) norlevorphanol;

(36) normethadone;

(37) norpipanone;

(38) phenadoxone;

(39) phenampromide;

(40) phenomorphan;

(41) phenoperidine;

(42) piritramide;

(43) proheptazine;

(44) properidine;

(45) propiram;

(46) racemoramide;

(47) trimeperidine;

(48) acetorphine;

(49) acetyldihydrocodeine;

(50) benzylmorphine;

(51) codeine methylbromide;

(52) codeine-N-oxide;

(53) cyprenorphine;

(54) desomorphine;

(55) dihydromorphine;

(56) drotebanol;

(57) etorphine;

(58) heroin;

(59) hydromorphinol;

(60) methyldesorphine;

(61) methyldihydromorphine;

(62) morphine methylbromide;

(63) morphine methylsulfonate;

(64) morphine-N-oxide;

(65) myrophine;

(66) nicocodeine;

(67) nicomorphine;

(68) normorphine;

(69) pholcodeine;

(70) thebacon;

(71) alphaprodine;

(72) anileridine;

(73) bezitramide;

(74) dihydrocodeine;

(75) diphenoxylate;

(76) fentanyl;

(77) isomethadone;

(78) levomethorphan;

(79) levorphanol;

(80) metazocine;

(81) methadone;

(82) methadone-intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl butane;

(83) moramide-intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;

(84) pethidine (meperidine);

(85) pethidine-intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;

(86) pethidine-intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate;

(87) pethidine-intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;

(88) phenazocine;

(89) piminodine;

(90) racemethorphan;

(91) racemorphan.

(c) Unless specifically excepted or unless listed in another classification within this section, class B controlled substances include any material compound which contains any quantity of a substance listed in this subsection, including its salts, its isomers (whether optical, position, or geometric), and the salts of its isomers whenever the existence of those salts, isomers, or salts of isomers is possible within the specific chemical designation, regardless of whether the listed substance is produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis:

(1) 4-bromo-2,5-dimethoxy-amphetamine, also known as bromo-2,5-dimethoxy-a-methylphenethylamine and 4-bromo-2,5-DMA;

(2) 2,5-dimethoxyamphetamine, also known as 2,5-dimethoxy-a-methylphenethylamine and 2,5-DMA;

(3) 4-methoxyamphetamine, also known as 4-methoxy-a-methylphenethylamine and paramethoxyamphetamine, PMA;

(4) 5-methoxy-3,4-methylenedioxy-amphetamine;

(5) 4-methyl-2,5-dimethoxy-amphetamine, also known as 4-methyl-2,5-dimethoxy-a-methylphenethylamine and "DOM" and "STP";

(6) 3,4-methylenedioxy amphetamine;

(7) 3,4,5-trimethoxy amphetamine;

(8) bufotenine, also known as 3-(b-dimethylaminoethyl)-5-hydroxyindole and 3-(2-dimethylaminoethyl)-5-indolol and N,N-

dimethylserotonin and 5-hydroxy-N,N-dimethyltryptamine and mappine;

(9) diethyltryptamine, also known as N,N-diethyltryptamine and DET;

(10) dimethyltryptamine, also known as DMT;

(11) ibogaine, also known as 7-ethyl-6,6,B,7,8,9,10,12,13-octahydro-2-methoxy-6,9-methano-5H-pyrido [1', 2':1,2] azepino [5,4-b] indole and Tabernanthe iboga;

(12) lysergic acid diethylamide;

(13) mescaline;

(14) peyote, meaning all parts of the plant presently classified botanically as Lophophora williamsii Lemaire, whether growing or not, the seeds of the plant, any extract from any part of the plant, and every compound, manufacture, salts, derivative, mixture, or preparation of the plant, its seeds, or extracts;

(15) N-ethyl-3-piperidyl benzilate;

(16) N-methyl-3-piperidyl benzilate;

(17) psilocybin;

(18) psilocyn;

(19) thiophene analog of phencyclidine, also known as: 1-[1-(2-thienyl) cyclohexyl] piperidine and 2-thienyl analog of phencyclidine and TPCP;

(20) phencyclidine, also known as PCP;

(21) mecloqualone;

(22) amphetamine, its salts, optical isomers, and salts of its optical isomers;

(23) methamphetamine, its salts, isomers, and salts of its isomers;

(24) phenmetrazine and its salts;

(25) methylphenidate;

(26) methaqualone;

(27) amobarbital;

(28) secobarbital;

(29) pentobarbital.

(d) Unless specifically excepted or unless listed in another classification within this section, class C controlled substances include any material compound which contains any quantity of a substance listed in this subsection, including its salts, its isomers (whether optical, position, or geometric), and the salts of its isomers whenever the existence of those salts, isomers, or salts of isomers is possible within the specific chemical designation, regardless of whether the listed substance is produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis:

(1) benzphetamine;

(2) chlorphentermine;

(3) clortermine;

(4) mazindol;

(5) phendimetrazine;

(6) any compound, mixture, or preparation containing amobarbital, secobarbital, or pentobarbital or any salt of any of these substances combined with one or more other active medicinal ingredients which are not listed in any classification in this section;

(7) any suppository dosage form containing amobarbital, secobarbital, or pentobarbital or any salt of any of these substances which are approved by the federal Food and Drug Administration for marketing only as a suppository;

(8) any substance, having a depressant effect on the central nervous system, which contains any quantity or derivative of barbituric

acid or any salt of these;

(9) chlorhexadol;

(10) glutethimide;

(11) lysergic acid;

(12) lysergic acid amide;

(13) methyprylon;

(14) sulfondiethylmethane;

(15) sulfonethylmethane;

(16) sulfonmethane;

(17) nalorphine;

(18) any material, compound, mixture, or preparation containing limited quantities of any of the following substances or any of their salts:

(A) not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(B) not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(C) not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(D) not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts;

(E) not more than 1.8 grams of dihydrocodeine per 100

milliliters or not more than 90 milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts;

(F) not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(G) not more than 500 milligrams of opium per 100 grams or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(H) not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(e) Unless specifically excepted or unless listed in another classification within this section, class D controlled substances include any material compound which contains any quantity of a substance listed in this subsection, including its salts, its isomers (whether optical, position, or geometric), and the salts of its isomers whenever the existence of those salts, isomers, or salts of isomers is possible within the specific chemical designation, regardless of whether the listed substance is produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis:

(1) barbital;

(2) chloral betaine;

(3) chloral hydrate;

(4) chlordiazepoxide;

(5) clonazepam;

(6) clorazepate;

(7) diazepam;

(8) ethchlorvynol;

(9) ethinamate;

(10) flurazepam;

(11) lorazepam;

(12) mebutamate;

(13) meprobamate;

(14) methohexital;

(15) methylphenobarbital (mephobarbital);

(16) oxazepam;

(17) paraldehyde;

(18) petrichloral;

(19) phenobarbital;

(20) prazepam;

(21) fenfluramine;

(22) diethlpropion;

(23) phentermine;

(24) pemoline, including organometallic complexes and chelates thereof;

(25) dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxybutane).

(f) Unless specifically excepted or unless listed in another classification within this section, class E controlled substances include loperamide and any material compound which contains any quantity of a substance listed in this subsection, including its salts, its isomers (whether optical, position, or geometric), and the salts of its isomers whenever the existence of those salts, isomers, or salts of isomers is possible within the specific chemical designation, regardless of whether the listed substance is produced directly or indirectly by

extraction from substances of vegetable origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis. Class E controlled substances include the following controlled substances, otherwise listed in (b) of this section, when they are combined in the following portions with one or more nonnarcotic active medicinal ingredients in sufficient portion to confer upon the compound mixture preparation valuable medicinal qualities other than those possessed by the class A substance:

(1) not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;

(2) not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;

(3) not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;

(4) not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;

(5) not more than 100 milligrams of opium per 100 milliliters or per 100 grams.

* Sec. 16. AS 17.12.110(a), (b), and (c) are amended to read:

(a) A person who violates a provision of this chapter relating to the possession [OR CONTROL] of a controlled substance [DEPRESSANT, HALLUCINOGENIC AND STIMULANT DRUGS,] other than a class A controlled substance or marijuana, when his possession [OR CONTROL] is for his own use, is guilty of a misdemeanor and upon conviction is punishable by imprisonment for not more than one year, or by a fine of not more than $1,000, or by both.

(b) A person who violates a provision of this chapter [OTHER THAN ONE MENTIONED IN (a) OF THIS SECTION, OR A PERSON WHO VIOLATES A PROVISION OF THIS CHAPTER] relating to the manufacture, distribution, dis-

pensing, or possession with intent to manufacture, distribute, or dispense, of a class A controlled substance [OR CONTROL OF DEPRESSANT, HALLUCINOGENIC AND STIMULANT DRUGS, WHEN HIS POSSESSION OR CONTROL IS FOR THE PURPOSE OF SALE OR OTHER DISPOSAL TO ANOTHER PERSON,] is guilty of a felony and upon conviction is punishable as follows:

(1) for the first offense, he shall be sentenced to a term of [BY] imprisonment of [FOR] not less than two years nor more than 25 years and may, in addition, be ordered to pay [, OR BY] a fine of not more than $20,000 [, OR BY BOTH];

(2) for the second and subsequent offenses, he shall be sentenced to a term of [BY] imprisonment of [FOR] not less than four years nor more than [ANY TERM OF YEARS OR] life and may, in addition, be ordered to pay [, OR BY] a fine of not more than $25,000 [, OR BY BOTH].

(c) A person 19 years of age or older who violates a provision of this chapter by distributing or dispensing a controlled substance [SELLING OR OTHERWISE DISPOSING OF A DEPRESSANT, HALLUCINOGENIC OR STIMULANT DRUG] to a person less than 19 years of age is guilty of a felony and upon conviction is punishable by imprisonment for any term of years or life, or by a fine of not more than $25,000, or by both.

* Sec. 17. AS 17.12.110 is amended by adding new subsections to read:

(g) A person who violates a provision of this chapter by possession of a class A controlled substance when his possession is for his own use is guilty of a felony and upon conviction is punishable by imprisonment for not more than five years, or by a fine of not more than $5,000, or by both.

(h) A person who violates a provision of this chapter relating to the manufacture, distribution, dispensing, or possession with intent to manufacture, distribute, or dispense, of a class B controlled substance is guilty of a felony and upon conviction is punishable as follows:

(1) for the first offense, by imprisonment for not more than 15 years, or by a fine of not more than $15,000, or by both;

(2) for the second and subsequent offenses, by imprisonment for not more than 30 years, or by a fine of not more than $30,000, or by both.

(i) A person who violates a provision of this chapter relating to the manufacture, distribution, dispensing, or possession with intent to manufacture, distribute, or dispense, of a class C controlled substance is guilty of a felony and, upon conviction, is punishable as follows:

(1) for the first offense, by imprisonment for not more than 10 years, or by a fine of not more than $10,000, or by both;

(2) for the second and subsequent offenses, by imprisonment for not more than 20 years, or by a fine of not more than $20,000, or by both.

(j) A person who violates a provision of this chapter relating to the manufacture, distribution, dispensing, or possession with intent to manufacture, distribute, or dispense, of a class D controlled substance or marijuana is guilty of a felony and, upon conviction, is punishable as follows:

(1) for the first offense, by imprisonment for not more than five years, or by a fine of not more than $5,000, or by both;

(2) for the second and subsequent offenses, by imprisonment for not more than 10 years, or by a fine of not more than $10,000, or by both.

(k) A person who violates a provision of this chapter relating to the manufacture, distribution, dispensing, or possession with intent to manufacture, distribute, or dispense, of a class E controlled substance is guilty of a felony and, upon conviction, is punishable as follows:

(1) for the first offense, by imprisonment for not more than

two years, or by a fine of not more than $2,000, or by both;

(2) for the second and subsequent offenses, by imprisonment for not more than four years, or by a fine of not more than $4,000, or by both.

(l) A person who violates (b), (c), (d), (e), or (f) of sec. 10 of this chapter is guilty of a felony and upon conviction is punishable by imprisonment for not more than five years, or by a fine of not more than $10,000, or by both.

(m) A person who violates any provision of this chapter, the penalty for which is not provided in (a) - (l) of this section or in AS 17.12.015 is subject to a civil penalty of not more than $25,000 unless the violation was committed intentionally, in which case the person is guilty of a misdemeanor and upon conviction is punishable by imprisonment for not more than one year, or by a fine of not more than $25,000, or by both.

(n) The imposition or execution of a sentence required to be imposed under this section may not be suspended and probation or parole may not be granted until the minimum term of imprisonment specified in this section has been served. AS 12.55.080 and 12.55.085 are inapplicable to the extent that they are inconsistent with this subsection.

* Sec. 18. AS 17.12 is amended by adding a new section to read:

Sec. 17.12.125. INFORMATION ON SENTENCING. No limitation may be placed on the information concerning the background, character, or conduct of a person convicted of an offense which a court may receive and consider for the purpose of imposing an appropriate sentence under this chapter.

* Sec. 19. AS 17.12.130 is repealed and re-enacted to read:

Sec. 17.12.130. FORFEITURE. (a) The following are subject to forfeiture to the state and no property rights exist in them:

(1) any controlled substance which has been manufactured, distributed, dispensed, or acquired other than as provided in AS 17.12.-020, 17.12.030, and 17.12.080;

(2) any raw material, product, or equipment of any kind which is used, has been used, or is intended for use in manufacturing, compounding, processing, or delivering a controlled substance by someone other than one authorized under this chapter;

(3) any property which is used, has been used, or is intended for use as a container for property and described in (1) or (2) of this subsection;

(4) any conveyance, including but not limited to aircraft, vehicle, or vessel, which has been used, is used, or is intended for use to transport or in any manner facilitate transportation of property described in (1) or (2) of this subsection; however,

(A) no conveyance is subject to forfeiture under this section if the owner of the conveyance shows that its use and violation of this chapter was committed by another person while that person was in unlawful possession of the conveyance without the owner's permission or acquiescence;

(B) forfeiture of a conveyance encumbered by a bona fide security interest at the time of seizure is subject to the interest of the secured party if the secured party shows that the conveyance used in violation of this chapter was committed by another person and that the secured party neither consented nor was privy to the violation;

(5) any book, record, or research product and material, including formulas, microfilm, tapes, and data which are used, have been used, or are intended for use in violation of this chapter;

(6) any money or negotiable instrument derived from any

activity prohibited by this chapter;

(7) any firearm used during or in furtherance of a violation of this chapter.

(b) Property listed in (a) of this section may be forfeited to the state upon conviction of a violation of this chapter of a person who possessed or owned the property at the time of the violation or upon judgment of a court of competent jurisdiction in a civil proceeding in rem that an item meets the criteria of (a) of this section.

(c) Property subject to forfeiture under this section may be seized by a peace officer upon filing of a verified civil complaint in rem against the property upon receipt of which the clerk of the court shall immediately issue a warrant for the arrest of the specified property. Seizure without such a warrant may be made if

(1) the seizure is incident to an arrest or a search under an administrative inspection warrant;

(2) the property subject to seizure has been the subject of a prior judgment in favor of the state in a criminal proceeding or a civil proceeding in rem based upon this chapter;

(3) there is probable cause to believe the property is either directly or indirectly dangerous to health or safety; or

(4) there is probable cause to believe that the property has been or is intended to be used in violation of this chapter.

(d) Upon service or publication of notice of commencement of an action under this section, a person claiming interest in the property shall file within 20 days from the publication or service, or such additional time as granted by the court, a notice of claim setting out the nature of his interest, the date it was acquired, the consideration paid, and an answer to the state' allegations. If no claim and answer is filed within the time specified, the property described in the state'

allegation shall be ordered forfeited to the state without further proceedings or showings.

(e) Questions of fact or law raised by a notice of claim and answer of any claimant in an action commenced under this section shall be determined by the court sitting without a jury. Such a proceeding may, in the court's discretion, be held in abeyance until conclusion of any pending criminal charges under this chapter against the claimant.

(f) Property taken or obtained under this section is not replevi-able, and shall remain in the custody of the state subject only to the orders and decrees of the court or other official having jurisdiction over the property. If property is seized under this chapter, the Department of Public Safety may

(1) place the property under seal; or

(2) remove the property to a place considered by the Department of Public Safety to be more convenient or safe for its storage.

(g) When property is forfeited under this section, the Department of Public Safety may

(1) retain it for official use;

(2) sell that which is not required to be destroyed by law and which is not harmful to the public and use the proceeds to pay all proper expenses of the forfeiture and sale proceedings, including expenses of seizure, maintenance of custody, advertising and court costs and transmit the remainder to the general fund of the state;

(3) destroy property harmful to the public;

(4) take custody of the property and remove it for disposition in accordance with law; or

(5) forward it to the federal Drug Enforcement Administration for disposition.

(h) Any controlled substance manufactured, distributed, or pos-

sessed other than as provided in AS 17.12.020, 17.12.030, and 17.12.080 is contraband and shall be seized and summarily forfeited to the state.

(i) Any plant from which a controlled substance may be derived and which is wild growth or not sanctioned by a federal registration on file with the department may be seized and summarily forfeited to the state.

(j) For purposes of this section, any money or negotiable security in excess of $200 found on a defendant at the time of an arrest for a violation of this chapter and any money or negotiable instrument in excess of $200 found during the course of a search incident to an arrest or under a warrant in regard to provisions of this chapter is presumed to have been derived from an activity prohibited by this chapter. The burden of proof is upon the claimant of the money or negotiable instrument to rebut this presumption.

(k) In a proceeding brought for the forfeiture of a conveyance under this section where the property is claimed by any person, the burden of proof shall shift to the claimant upon the establishment by the state to the satisfaction of the court that probable cause exists for the institution of the forfeiture proceedings.

(l) Any firearm found on a defendant at the time of an arrest for a violation of this chapter or any firearm found during the course of a search incident to an arrest or under a warrant in regard to the provisions of this chapter is presumed to have been used during or in furtherance of a violation of this section. The burden of proof is upon the claimant of the firearm to rebut this presumption.

* Sec. 20. AS 17.12 is amended by adding a new section to read:

Sec. 17.12.135. ENFORCEMENT COOPERATION. It is the duty of the commissioner of public safety, officers of the division of state troopers, officers appointed to enforce criminal law in this state or another state, local government law enforcement officers, the attorney

general, and all prosecuting attorneys to enforce all provisions of this chapter and to cooperate with agencies charged with enforcement of the laws of the United States, of this state, and of all other states, relating to controlled substances.

* Sec. 21. AS 17.12.150 is repealed and re-enacted to read:

Sec. 17.12.150. DEFINITIONS. In this chapter, unless the context requires otherwise,

(1) "commissioner" means the commissioner of health and social services;

(2) "controlled substance" means a drug, substance, or immediate precursor included within any of the classifications of sec. 105 of this chapter, and marijuana;

(3) "conveyance" means a vessel, vehicle, trailer, aircraft, or other mode of transportation used to transport an illegally possessed controlled substance;

(4) "counterfeit substance" means a controlled substance which, or the container or labeling of which, without authorization, bears the trademark, trade name, or other identifying mark, imprint, number, or device, or any likeness to it, of a manufacturer, distributor, or dispenser other than the person who in fact manufactured, distributed, or dispensed the substance;

(5) "deliver" or "delivery" means the actual, constructive, or attempted transfer from one person to another of a controlled substance, whether or not there is an agency relationship;

(6) "dentist" means a person authorized by law to practice dentistry in this state;

(7) "dispense" means to deliver a controlled substance to an ultimate user or research subject by a practitioner, including the prescribing, administering, packaging, labeling, or compounding neces-

sary to prepare the substance for that delivery;

(8) "distribute" means to deliver, other than by administering or dispensing, a controlled substance;

(9) "drug"

(A) means

(i) substances recognized as drugs in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them;

(ii) substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;

(iii) substances, other than food, intended to affect the structure or any function of the body of humans or animals; and

(iv) substances intended for use as a component of any article specified in (i), (ii), or (iii) of this subparagraph;

(B) does not include devices or their components, parts, or accessories;

(10) "hospital" means an institution for the care and treatment of the sick and injured, approved by the Board of Pharmacy as proper to be entrusted with the custody of controlled substances, under the direction of a physician, dentist, or veterinarian;

(11) "immediate precursor" means the principal compound commonly used or produced primarily for use, and which is an immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance, the control of which is necessary to prevent, curtail, or limit manufacture of that controlled substance;

(12) "laboratory" means a laboratory approved by the Board of Pharmacy as proper to be entrusted with the custody of controlled substances and the use of controlled substances for scientific and medical purposes and for purposes of instruction;

(13) "manufacture"

(A) means the production, preparation, propagation, compounding, or processing of a drug or other substance, either directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis;

(B) includes any packaging or repackaging of a drug or other substance or labeling or relabeling of its container; but

(C) does not include the preparation, compounding, packaging, or labeling of a drug or other substance in conformity with applicable state or local law by a practitioner as an incident to his administration or dispensing of the drug or substance in the course of his professional practice;

(14) "manufacturer" means a person who manufactures a drug or other substance;

(15) "marijuana" means all parts of the plant Cannabis, whether growing or not, the seeds of that plant, the resin extracted from any part of that plant, and every compound, manufacture, salt, derivative, mixture, or preparation of that plant, its seeds, or its resin; "marijuana" does not include the mature stalks of that plant, fiber produced from mature stalks, oil or cake made from the seeds of that plant, any other compound, manufacture, salt, derivative, mixture, or preparation of mature stalks (except the resin extracted from them), fiber, oil, or cake, or the sterilized seed of that plant which is incapable of germination;

(16) "nonnarcotic substance" means a substance not listed as a class A controlled substance under sec. 105 of this chapter;

(17) "official written order" means an order written on a form provided for that purpose by the appropriate federal official under any laws of the United States making provisions for such a form; if such order forms are required by federal law and no order form is provided by a federal officer, then on an official form provided for that purpose by the Alaska Board of Pharmacy;

(18) "opiate" means a substance having an addiction forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having an addiction-forming or addiction-sustaining liability;

(19) "opium poppy" means the plant of any species of Papaver containing the phenanthrine alkaloids of opium;

(20) "owner of conveyance" means the person having lawful de facto control over a conveyance irrespective of who may be listed on its official registration;

(21) "poppy straw" means all parts, except the seeds, of the opium poppy, after mowing;

(22) "practitioner" means

(A) a physician, dentist, veterinarian, scientific investigator, or other person licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or administer a controlled substance in the course of professional practice or research in this state;

(B) a pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or administer a controlled substance in the course of professional practice or research in this state;

(23) "physician" means a person licensed to practice medicine in this state;

(24) "production" means the manufacture, planting, cultivation, growing, or harvesting of a controlled substance;

(25) "ultimate user" means a person who lawfully possesses a controlled substance for his own use or for the use of a member of his household or for administering to an animal owned by him or by a member of his household;

(26) "veterinarian" means a person authorized by law to practice veterinary medicine in this state;

(27) "wholesaler" means a person who supplies controlled substances that he himself has not produced or prepared, on official written orders, but not on prescriptions.

* Sec. 22. AS 17.12 is amended by adding a new section to read:

Sec. 17.12.160. SHORT TITLE. This chapter may be cited as the Controlled Substances Act.

* Sec. 23. AS 08.64.380(3)(B) is amended to read:

(B) habitual overuse of alcoholic beverages or <u>controlled substances</u> [DEPRESSANT, HALLUCINOGENIC OR STIMULANT DRUGS,] as defined in <u>AS 17.12</u> [AS 17.12.150(3), OR ADDICTION TO THE USE OF NARCOTIC DRUGS AS DEFINED IN AS 17.10.230(13)];

* Sec. 24. AS 08.80.260(2) is amended to read:

(2) selling, bartering, or making available <u>a controlled substance as defined in AS 17.12</u> [, MORPHINE, COCAINE OR OTHER NARCOTIC] to a person addicted to the use of <u>a controlled substance</u> [DRUGS] except upon prescription issued by a licensed physician;

* Sec. 25. AS 08.80.260(9) is amended to read:

(9) violation of regulations pertaining to the provision of adequate security for <u>controlled substances</u> [DANGEROUS DRUGS].

* Sec. 26. AS 08.80.470 is amended to read:

Sec. 08.80.470. CONSTRUCTION. Nothing in this chapter amends, modifies, repeals or otherwise changes any provision of the Controlled Substances Act (AS 17.12) [UNIFORM NARCOTIC DRUG ACT (AS 17.10)] or the Alaska Food, Drug and Cosmetic Act (AS 17.20).

* Sec. 27. (a) Prosecution for a violation of law occurring before the effective date of this Act is not affected or abated by this Act. Violation of any law repealed by this Act may still be prosecuted and brought to a final determination in accordance with the laws and regulations in effect at the time of the violation.

(b) Civil seizures or forfeitures and injunctive proceedings commenced before the effective date of this Act are not affected by this Act.

(c) All administrative proceedings pending under prior laws which are superseded by this Act shall be continued and brought to a final determination in accordance with the laws and regulations in effect before the effective date of this Act.

(d) This Act applies to violations of law, seizures and forfeitures, injunctive proceedings, administrative proceedings, and investigations which occur on or after the effective date of this Act.

* Sec. 28. Orders issued and regulations adopted under a law affected by this Act and in effect on the effective date of this Act and not in conflict with this Act continue in effect until modified, superseded, or repealed.

* Sec. 29. The following laws are repealed: AS 11.60.100 - 11.60.130; AS 17.10; AS 17.12.040(b) and (c), 17.12.060(c), 17.12.120; and AS 17.15.

* Sec. 30. This Act takes effect immediately in accordance with AS 01.-10.070(c).

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

Glenn Hackney, Chairman
Frank Ferguson, Vice Chairman
Mike Colletta
Bettye Fahrenkamp
Arliss Sturgulewski

April 9, 1979

Robert Ziegler, Chairman
Senate Judiciary Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Chairman Ziegler,

The Senate Health, Education and Social Services Committee, in its review of SB 65, has red flagged the following sections of SB 65 for close examination by the Senate Judiciary Committee: sections 14 - 18.

Section 14 would require that an individual claiming exemption from the provisions of this bill would bear the burden of proof in proving his exemption. This Committee requests that Judiciary address the constitutionality of placing the burden of proof on the claimant as opposed to placing the burden of proof on the state to prove that the individual is not exempt.

Section 15 divides controlled substances into five categories similar to categories established under federal law. However, the classification format that the state intends to adopt through this bill, i.e. Class A, Class B, etc., varies from the federal government's in that the federal government's format is based on a numerical system of classification, i.e. Schedule I, Schedule II, etc. In order to avoid problems that

might surface as a result of using dissimilar classification formats, this Committee requests that Judiciary consider the merits of adopting a system of classification that will coincide with the classification format used by the federal government.

Sections 16, 17, and 18. This Committee requests that Judiciary take a look at the conformity between the penalty sections of this bill and the penalities prescribed for similar offenses in the Alaska Criminal Code.

Sincerely,

Glenn Hackney
Chairman

People for Better Education

Governor on Drug Bill?

A full page color advertisement in High Times, quote:

"Imagine planting a victory garden and reaping harvest legally. Home-grown marijuana fresh from mother earth. A new idea? Not at all, in Alaska the State Supreme Court says privately growing your own marijuana is OK . . . and no hassles.

The High Times magazine claims four million readers nationally. How many drug sellers and users are attracted to Alaska as a result of our marijuana law, outdated hard drug laws and lenient court system?

Last April Governor Hammond declared he would not support Drug Bill S.B. 518 the Controlled Substances Act. He said, "I feel strongly that this is not an appropriate year to deal with as controversial and devisive a subject as this one". (Was it not "the appropriate year" because it was an election year?)

Governor Hammond stated further that . . . "in the light of substantially increased sentences, the flaws (in our drug law) do not seem sufficient to call for emergency action . . . therefore my administration will not support a major revision in drug laws."

Governor Hammond and the legislators have had ample evidence of the problems of drug abuse and an ever-growng force of drug pushers.

People for Better Education contacted Governor Hammond and every legislator twice last year asking if they would support the Controlled Substance Act, S.B. 65, now.

The Governor promised to write PFBE on his decision in December. We have not received an answer. Perhaps the fact that the school drug abuse problem was on the front pages of the Times most of December has made it difficult for the Governor to respond.

The Governor owes each citizen of Alaska an answer on his position on the current drug laws. If you think you deserve an answer from the Governor, please circle this article in your newsletter and fill in the blanks.

Name _____

Address _____

City _____ Zip _____

Governor Hammond, I want to know if you consider drug abuse a priority issue? Will you support Controlled Substances Act, S.B. 65 and the companion House Bill?

Send to: The Honorable Jay Hammond, Governor, State of Alaska
Pouch A, Juneau, Alaska 99811

DRUG PROBLEM IGNORED BY LEGISLATURE

Concern among law enforcement officials that Alaska is rapidly becoming a haven for drug dealers and abusers.

Legislation that will consolidate and strengthen Alaska drug laws was drafted by former U.S. Attorney, G. Kent Edwards, on behalf of and in conjunction with the Associations of the Alaska Peace Officers and the Chiefs of Police which have combined memberships of more than 650. This marks the first time that these associations have undertaken efforts of this kind, which underscores the seriousness of the problem.

Although there was great concern for the problem of drug abuse and obvious support for S.B. 518, last year both the problem and a solution were virtually ignored by the legislature.

The original Senate Bill 518 was reintroduced as S.B. 65 early this year. Strong citizen support and endorsement of this bill includes:

The Alaska Peace Officers Association
The Alaska Chiefs of Police
The Pharmaceutical Association
People for Better Education
The Executive Board of the Anchorage P.T.A.
The Executive Board of the Alaska Association of Secondary Principals
The Anchorage School Board
The Anchorage Chamber of Commerce
Anchorage Christian Schools
Major Church Denominations
Calista Corporation
Anchorage Women's Club

We urge our membership and others concerned about drug abuse and related problems of theft and violent crimes to contact their legislators and request a written commitment of support for the passage of S.B. 65 and the companion House Bill.

What Every Parent Should Know

About Drug Availability

According to Sargent Donald Trudeau, head of the Metropolitan Drug Enforcement Unit, the numbers of children age 15 years and under arrested on drug charges has doubled in one year. Seventy-five percent of these arrests were made in the Anchorage area.

Over one and three-quarter million dollars worth of illegal drugs were seized last year. Metro estimates that these seizures represent less than ten percent of the illicit drugs sold in Alaska. By this estimate, over $17,000,000 worth of drugs were used by a drug culture consisting largely of young adults and teenagers.

Drug Availability Information

Drug magazines such as "High Times" are devoted to the promotion of drug use and drug products.

High Times includes national drug market quotes. Teenagers can purchase High Times at many locations in Anchorage including:

Pay 'N Save
All Book Caches
Qwik Stop Stores

The Metro Drug Unit also warns parents that drug pushers hang out **wherever kids gather**, e.g., skating rinks, skateboard rinks, movie houses, pool and recreation areas, parking lots, disco's, etc.

"High Times" magazine includes advertisements for "Baby Toker Shirts", showing a year old baby sitting on a pile of marijuana leaves, wearing a t-shirt with a marijuana leaf design, with a marijuana cigarette in his mouth. We are currently gathering material for an article on the correlation of drug abuse and child abuse.

High Times advertised "Thai Power Filtration Kit" purported to change marijuana to a dangerous highly concentrated hash oil. The Metro Drug Unit reports that these machines are highly unstable and have blown up in the hands of users.

High Times provides drug users with international drug market quotations.

Drug Paraphernalia

A term used to describe various objects used in the ingestion of drugs into the body. These objects are widely available and sold in stores where teenagers and young people shop. No law exists to prevent their sale.

We strongly advise that parents complain to managers and boycott stores and businesses that sell drug paraphernalia and drug magazines, and that they take whatever measures necessary to keep their children out of these stores.

The Hall Closet, 2608 Spenard Rd.
North Star Head Shop, 5th Ave., (downtown)
Broschog's General Store, 555 W. Northern Lights Blvd.
The Black Market, 333 E. 5th Ave.
Cinema I, 324 W. 4th Ave.
Rajah's, 3005 Spenard Rd. & 700 E. Benson (Country Village Mall)
Wester's Fashions, 242 W. 5th Ave.
Music Menu, 3801 Seward Hwy. (University Center)
Most tape stores

KIDS AND DRUGS

The initial hearings on the Board proposal were very encouraging. Solutions for this problem must be shared by the court system, the Municipality, the State Administration and the Legislature. Kids don't make drugs on the school campus. Somewhere along the line an adult pusher is involved. This individual will just move his distribution point to reach the kids in another way if he is not stopped.

Been There . . .

I served as a student drug informant in an Anchorage high school several years ago. I was 15 years old at the time.

School administrations gave me money to purchase drugs from another student. This student was a well-known pusher.

As a result of this contact, the pusher was arrested with an assortment of drugs in his possession. Although he was already on probation, the court sent him back to school before the week was out. He went right back to selling drugs and was regarded as a hero by a lot of the kids because he had beaten the establishment.

I wonder if the courts are aware that these kids brag about being trained by adult suppliers on how to get sympathy if they get caught?

If more adults could see these pushers in action and how kids hang around and follow them because they have plenty of money and a good supply of drugs, maybe they would deal with pushers more realistically.

The drug culture is so prevalent that the majority of kids in the Anchorage school system will be affected in some way.

By the time kids get to junior high school the peer-group influence is so strong that many kids who don't use drugs pretend that they do. This pretense helps to create and sustain the drug culture and is only a short step into actual drug involvement for many.

Bad trips resulting from drug abuses are fairly common. Like the night I received a phone call from a friend who grew up in my neighborhood. He was in the middle of a bad trip and said he was going to kill himself before a giant spider could eat him alive. It took two hours to talk him down from a trip that he had created for himself by combining hash oil and pills.

Straight kids also have their own problems dealing with the drug orientated culture. The smart ones soon learn that high school is no place to show that you are actively against drugs.

My involvement as a narc resulted in two years of harrassment, threats against myself and my girl, a beating and an ulcer that only gets better when I leave the state.

My experience is important only as an indicator of the depth of the problem. I have watched good people who have tried to stop the drug flow boxed into corners by bureaucracy and ignorance.

It is reassuring that people like Coach Larson and the Times Staff cared enough about kids to tell it like it is. Now the problem and the solution rightfully belong to everybody.

HOW IT HAPPENS

Ever wonder how People for Better Education or the Alert Newsletter get information printed months before these stories turn up on the front pages of the local papers?

Take, for instance, the piece we published last issue on school district procedures that cause "inflated" Iowa testing scores. This story originally came to us from a group of teachers. We researched the story for six months, interviewing other teachers.

We then contacted a few select members of administration to verify these facts. We were told that central administration so regulates these testing procedures that in order to insure that principals assure that teachers carry out the "pre-testing procedures" in each classroom, a portion of the new principals merit pay system is based on their performance.

This research indicated the solidity of our story but we wanted further substantiation. At this point, we contacted the first group of teachers who gave us the story originally. They provided People for Better Education with sample tests and teachers' orientation test material. We requested that they write a step-by-step procedure and the effects on the testing scores, which they did, and we published almost verbatim in the body of the story.

Each item printed is given this rigorous investigation and resarch.



AS A MAN THINKETH . . .

The choice of poetry and reading matter by individuals or groups of people provides understanding and insight into their thought processes and beliefs.

The Alaska Women's Resource is widely advertised as a woman's counseling service. If this poem reflects the philosophy of this organization, should your tax dollars be spent to support this activity? Alaska Women's Resource has received taxpayer funds through CETA and grants.

COMING OUT

by Jacqueline Lapidus

The first person I loved was a woman
my passion for her lasted thirty years
and was not returned
she never let me suck her nipples
she kept secrets between her legs
she told me men would love me
for myself
she couldn't tell me ways to love myself
she didn't know

Mother, I would like to help you swim
back against the foaming river
to the source of our incestuous fears
but you're so tired out beyond
the breakers
and I am upstream among my
sisters spawning.
The Lesbian Reader

This "Poem" is reprinted from the Alaska Women's Resource paper "The Sourceline."

CARTER AND THE FEMINISTS

President Carter has been burned twice in the past year by the hot fires of radical feminism.

Both Midge Constansa and Bella Abzug reacted true to the fanaticism of the feminist cause when they chose to use their positions of presidential appointment to shaft the president.

Carter's first reaction to the "unladylike" behavior of Ms. Constansa and Ms. Abzug was probably surprise, the second reaction was obviously fury.

Those of us who have watched the growing threat of the radical feminist movement are not in the least surprised by these actions. The president is learning a lesson those of us who consider ourselves foes of the movement learned in the first round of battle.

By their actions and by their own definition, feminists consider themselves to be "in revolution." Their intent has been to wage a "no-holds barred" battle using federal and state tax dollars, people, laws and even the constitution against those they consider to be the "enemy."

Radical feminists will continue to use and abuse people at every opportunity until the state and national leaders realize that embracing the feminist cause is like snuggling up to a rattlesnake — the slightest movement in any direction could be both dangerous and embarrassing. If you don't believe it, just ask the president.

MACOS DROPPED FROM ANCHORAGE SCHOOLS

Man: A Course of Study, raised the ire of parents and congressmen nationally and in Anchorage when it was discovered that the federal government paid seven million dollars to a former expert in psychological warfare for the creation of a course in anthropology, sensitivity training and behavior modification designed for ten year olds.

After four years in Anchorage classrooms, MACOS was phased out of the school district.

We hope it will be helpful to parents nationally who are still plagued with MACOS to find that the Anchorage schools have disposed of this material. It should be remembered that the Anchorage School District boasts the largest Eskimo population in the nation. Even under these circumstances, justification for MACOS could not hold up.

National parent groups wishing to obtain MACOS materials please mail $5.00 for printing and mailing to:

People for Better Education, Inc.
P.O. Box 4-2850
Anchorage, Alaska 99509

People for Better Education

Action Committed Teens — A.C.T.

Surveys conducted in high schools nationwide consistently determine that peer pressure is the main reason students begin smoking, drinking, or initially become involved using drugs. How to effectively cope with this problem and counteract the pressure exerted by older students has long plagued parents and school administrators. For example:

A recent newspaper article reported on research conducted in Houston, Texas. Findings there indicated it is a waste of time to tell a ten-year old that smoking may cause lung cancer in 30 years. Students do not concern themselves in the least with the harmful effect of 20-30 years of smoking cigarettes. Fear is not an effective teaching tool!

Because of these findings, it was apparent that a different delivery system was necessary. A unique and rather refreshing approach was tried on the elementary school level in Anchorage. A teen panel was chosen from a nearby high school. The panel presented a powerful message to 5th and 6th graders.

The interests of the teenagers on the panel represented a variety of activities ranging from student government to swing choir, from sky-diving to karate, from outstanding academic achievement to volleyball and basketball. The message was loud and clear — ***get involved!*** The panel told the elementary kids that with so many neat things to do there is a place and an interesting activity for each and every student. The younger kids paid rapt attention and asked searching and enthusiastic questions — the teenager panel responded with concern and interest.

One of the students knelt and, looking at the kids seated there on the gym floor, said "You're special. Each one of you is unique and different. Don't let anybody con you into hanging out with losers."

The initial programs sponsored by American Cancer Society were intended to encourage students to avoid the smoking habit by never starting. It became evident that smoking is but one symptom of the complex condition caused by peer pressure and a basic need for acceptance.

Recognizing the potential for high school students to deliver this message so often unheard when voiced by parents, People for Better Education will work to expand this program and organize teen panels from each high school so that elementary students throughout Anchorage can benefit from this unique experience.

Any parents who would like to participate in helping to organize this project in their schools, please call Alyce Hanley at 243-2538.

People for Better Education, Inc.
P.O. BOX 4-2550
ANCHORAGE, ALASKA 99509

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U.S. POSTAGE
ANCHORAGE, ALASKA

Glenn Hackney
Pouch V
Juneau, AK 99811

4-5-79

Paul -

Please take over to Legal Services for CS to be drawn up. You were at meeting & know what is to be deleted. THANXS

M.

Drug Laws (consolidation & strengthening of)

SENATE BILL NO. 65, by Senators Dankworth, Fahrenkamp, Bradley, Kerttula, Sumner, Hackney, Bennett, & Kelly. Purpose is to "consolidate the state's various drug laws into one comprehensive chapter," and "strengthen law enforcement's ability to more effectively combat those who are finding it attractive to engage in the illicit trafficking of controlled substances." (Identical to HB 794 and SB 518 both introduced last session.)

Introduced January 23 and referred to HESS and then to Judiciary.

OUTLINE OF SB 65 (REVISED)

I. Six degrees of the crime of Promoting a Controlled Substance - placed in criminal code

A. First degree - 5-99 years

1. delivery of schedule I (including heroin and opiates) to minor

2. continuing criminal enterprise

B. Second degree - A felony - 0-20, 10 year presumptive for second, 15 year presumptive for third

1. manufacture or delivery with intent to deliver I

2. delivery of II or III (including cocaine, hashish and LSD) to minor

C. Third degree - B felony - 0-10, 4 year presumptive for second, 6 year presumptive for third

1. delivery, manufacture, or possession with intent to deliver II or III (including hashish)

2. delivery of IV, V or marijuana to minor

3. possession by adult while on grounds of school of I or II.

D. Fourth degree - C felony - 0-5, 2 year presumptive for second, 3 year presumptive for third

1. delivery, manufacture, or possession with intent to deliver IV, V, or marijuana, except less than one ounce for no renumeration

2. possession of more than one gram of cocaine

3. possession by adult while on grounds of school of III, IV, V or marijuana

4. felony bootlegging (to minors, more than one person, prior misdemeanor bootlegging conviction)

E. Fifth degree - A misdemeanor - 0-1

1. possession of II, III, IV or V or one gram or less of cocaine

2. distribution of less than one ounce of marijuana for no renumeration

3. bootlegging

4. distribution of alcohol to minor

F. Sixth degree - B misdemeanor - 0-90 days

1. display or use of marijuana in public

2. possession of marijuana in immediate control while operating motor vehicle

3. minor in possession of marijuana or liquor

II. Controlled Substances Act - placed in 17.30

A. Standards for control are similar to federal act but include "relationship of use of substance to other criminal activity," i.e., addiction relates to crimes to support habit and fact that other crimes are committed by persons who traffic in substance.

B. Uniform Controlled Substances Committee together with commissioner of health and social services have responsibility for adding, rescheduling and deleting controlled substances

1. nine members, including pharmacist, director of public safety, attorney general, director of office of drug abuse

2. regulations have delayed effective date - can be modified or repealed by law

C. Schedules - test is danger or probable danger of substance

1. I - heroin, opiates

2. II - hallucinogens, cocaine, some depressants and stimulants

3. III - hashish, hashish oil, depressants and some stimulants

4. IV - depressants

5. V - small amounts of codeine and opium in formulas having medicinal qualities

6. VI - marijuana, intoxicating liquor and tobacco

D. Registration requirements

1. compliance with federal law entitles registration under act

2. prescriptions and order forms must coincide with federal law

E. Administrative and enforcement provisions

PENALTIES UNDER PROPOSED SUBSTITUTE FOR SB 65

Crime	I	II	III	IV	V	Marijuana	Intoxicating Liquor
Delivery to minors	Unclassified 5-99/$75,000	A felony	A felony	B felony	B felony	B felony	A misdemeanor
Delivery, manufacture or possession with intent to manufacture or deliver	A felony	B felony	B felony	C felony	C felony	C felony - unless delivery for no renumeration which is an A misdemeanor	C felony for bootlegging to minors, more than one person, or prior misdemeanor conviction for bootlegging, otherwise, a misdemeanor.
Possession	C felony unless possession on school premises which is a B felony	A misdemeanor unless possession of more than one gram of cocaine which is a C felony or possession on school premises which is a B felony	A misdemeanor unless possession on school premises which is a C felony	A misdemeanor unless possession on school premises which is a C felony	A misdemeanor unless possession on school premises which is a C felony	C felony if possession on school premises B misdemeanor if used or displayed in public, possession while operating propelled vehicle, or possession by minor	B misdemeanor if minor in possession

SENTENCES

A felony - 0-20/$50,000
10 year presumptive for second
15 year presumptive for third

B felony - 0-10/$50,000
4 year presumptive for second
6 year presumptive for third

C felony - 0-5/$50,000
2 year presumptive for second
3 year presumptive for third

A misdemeanor - 0-1/$5,000

B misdemeanor - 0-90 days/$1,000

SCHEDULING EXAMPLES

Schedule I - Opium, opiates, heroin, methadone
Schedule II - LSD, mescaline, cocaine, PCP, amphetamines, methaqualone
Schedule III - barbiturates, hashish
Schedule IV - valium
Schedule V - small amounts of codeine and opium in mixtures having medicinal qualities
Schedule VI - marijuana, intoxicating liquor, tobacco

TO: SENATE RESS COMMITTEE Hackney

FROM: PETER CAVE, P. O. BOX 80573, FAIRBANKS 99707
PHONE: 479-2914

I URGE YOU NOT TO SUPPORT ANY PORTION OF SB65. I FIND IT OPPRESSIVE TO PASS ANY LEGISLATION WHICH IS GOING TO CREATE MORE CRIMINALS FOR THE STATE GOVERNMENT TO "GO AFTER". THE MOOD OF THE ALASKAN PEOPLE IS FOR MORE LIBERALIZED DRUG LAWS, NOT FOR MORE OBSESSIVE ONES. STOP WASTING THE TAXPAYERS' MONEY!

MR. CAVE CAN BE REACHED EARLY MORNINGS.
FBX 1.10/TC/ BOM

SB

735

Introduced 1-26-79
Logged 1-26-79
Referrals Judiciary
Comm. Meeting
" Action

NOTIFY: · DR BOX 6-2501
· Dr. T.F. Harbour
1345 W. 9th
Anch. Ak 99501
272-2557
· Sen. Sumner 3791

Notify Sen. Sumner's office when scheduled for comm. meeting
" Dr. Tom Harbour
1345 West 9 St
Anch 99501
Carolyn Cannava - 262-4340 (Sold to)

Vadis Moore
SR Box 70746-C
Fairbanks Alaska
99701

FAIRBANKS, AK
MAR 12
1-PM
1980
99701



Honorable Clem Hackney
Alaska State Senate
Pouch V
Juneau, Ak
99811

Dear Mr. Hackney

I would like you to support Senate Bill 75. I believe this bill promote better "eye" care by granting optometrist the use of diagnostic eye drops.

Thank You.

Robert Bowen

File

VILLAGE DRUG REFERENCE

Prepared by

Joseph C. Whitaker, R. Ph.

Community Health Aide Program
Alaska Area Native Health Service
Box 7-741
Anchorage, Alaska 99510

June, 1977

VILLAGE DRUG REFERENCE

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ISOPROPYL ALCOHOL RUBBING COMPOUND N.F. — ISOPROPANOL 70%

DESCRIPTION AND USES

* Isopropyl alcohol is used to clean the skin prior to giving an injection or obtaining a blood sample.

* Isopropyl alcohol is used to disinfect instruments and thermometers. Leave them in contact with the solution for at least 20 minutes.

* Isopropyl alcohol can be used as a soothing rub or to toughen the skin.

WARNINGS

* Isopropyl alcohol is not the same as drinking alcohol. It will make a person sick if it is taken by mouth. It may even be fatal.

* Isopropyl alcohol will sting if it comes in contact with cuts and abrasions. Avoid using it near injuries.

* Isopropyl alcohol will burn.

STORAGE DIRECTIONS

* Store it at room temperature with the other external liquids. It will not be damaged by accidental freezing.
* Leave the lid on tight to prevent evaporation.
* Isopropyl alcohol is a non-prescription drug.

AMPHYL DISINFECTANT SOLUTION:

* Amphyl is a cleaning and disinfecting solution for instruments and equipment. It is not used on the skin.

* Store this chemical at room temperature with other external liquids. It will not be ruined by accidental freezing.

POVIDONE IODINE SOLUTION: BETADINE

DESCRIPTION AND USES

* Betadine is used as an antiseptic on abrasions, cuts, burns and other injuries. It can also be used to disinfect instruments. It is as effective as iodine tincture, but it is less irritating.

WARNINGS

* Some patients are allergic to iodine. Do not use Betadine if the patient has an iodine allergy.

STORAGE DIRECTIONS

* Store Betadine at room temperature with the other external liquids.
* Betadine may be damaged by freezing.
* Betadine does not have an expiration date.
* Betadine is a non-prescription drug.

HYDROGEN PEROXIDE SOLUTION U.S.P. H_2O_2

DESCRIPTION AND USES

* Hydrogen peroxide solution releases oxygen when it comes in contact with skin or pus. The oxygen bubbles help clean out pus, dirt and other material from wounds or infected areas. The oxygen is also weakly antiseptic. If it is used to clean the ears, it should be sucked out or removed with a piece of twisted tissue.

* Hydrogen peroxide is occasionally used as a mouth wash or gargle. It should be mixed with an equal amount of water before being used in this manner.

STORAGE DIRECTION

* Store hydrogen peroxide at room temperature with the other external liquids.
* Do not use it if it has been frozen. Freezing may cause it to lose its oxygen bubbles.
* Protect the drug from excessive heat and direct sunlight.
* Hydrogen peroxide is a non-prescription drug.

AMPICILLIN:
250MG CAPSULES
250MG/5ML OR 125MG/5ML SUSPENSION

PRINICIPEN[R] POLYCILLIN[R]
OMNIPEN[R] PENBRITEN[R]
AMCILL[R] TOTOCILLIN[R]

DESCRIPTION AND USES

* Ampicillin is a form of penicillin. It kills some types of bacteria that are not killed by other types of penicillin. It is often used for urinary tract infections and for ear infections that do not respond to penicillin VK.

Usual Dose	Urinary Tract Infection	Gonorrhea
Children under 3 take 125mg 4 times daily for 7-10 days. Adults and older children take 250mg 4 times daily for 7-10 days.	Adults take 500mg (2 capsules) 4 times daily for 7-14 days.	Adults take 3500mg (14 capsules) with 2 tablets of probenecid all at one time as a single dose.

WARNINGS

* Ask the patient if he is allergic to penicillin before you give him ampicillin. Penicillin allergies are common and may be serious. If the patient is allergic to ampicillin he may have one of the following types of reactions if he takes the drug:

  * Hives, skin rash, itching.
  * Edema, swelling of the eyelids.
  * Fever, generalized aching.
  * Shock, difficulty breathing.

* Patients often have minor gastrointestinal problems when they take the drug. Tell them to continue taking the drug if they can tolerate the symptoms. If the symptoms are bad, contact the physician or switch to another antibiotic. Common complaints are:

  * Nausea.
  * Vomiting.
  * Diarrhea.
  * Stomach gas.
  * Stomach distress.
  * Inflammation of the tongue.
  * Black hairy tongue.
  * Mild rash in children.

* Do not use ampicillin if the patient is allergic to penicillin. Use erythromycin.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the oral tablets. It will not be harmed by accidental freezing.
* Check the expiration date before giving it to the patient.
* This drug is a prescription drug.
* Tell the patient to take the medicine a half hour before meals and at bedtime until it is all gone.
* Special instructions for the pediatric liquid:

  * Mix the powder with the correct amount of clean water just before dispensing.
  * Tell the mother to keep the medicine cool but to protect it from freezing.
  * Tell the mother to shake it well before using.
  * Tell her to throw it away after 2 weeks if there is any left.

BENZATHINE PENICILLIN INJECTION 1,200,000 UNITS

BICILLIN LA

DESCRIPTION AND USES

* Bicillin LA is a type of penicillin. Its main advantage is its length of action. After it is injected into the muscle, it dissolves very slowly. The effect lasts for several weeks, but it is fairly weak. It will only work against bacteria, such as streptococci, which are very sensitive to penicillin.

* Its major use is to treat sore throats caused by streptococci. The medicine is given <u>once</u> as a single dose.

    * Children under 4 receive 300,000 units IM.
    * Children between 4 and 12 receive 600,000 units IM.
    * Adults and older children receive 1,200,000 units IM.

* It can be used to treat impetigo using the above dosage.

* It can be used to prevent streptococcal infection in patients with a history of rheumatic fever. The patient is given 1,200,000 units every 30 days.

* Bicillin LA is also used to treat syphilis.

WARNINGS

* Ask the patient if he is allergic to penicillin before you give him a Bicillin LA injection. Penicillin reactions are common and may be serious. If the patient is allergic to penicillin, he may have one of the following types of reactions. The reaction may occur 8 to 15 days <u>after</u> the injection was given.

    * Skin rash, hives or itching.
    * Edema, swelling or eyelids.
    * Fever, generalized aching.
    * Shock, difficulty breathing (rarely).

STORAGE AND ADMINISTRATION

* Store Bicillin LA in the refrigerator. Do not use it if it has been frozen, even if it looks good.
* Check the expiration date before you use it.
* Bicillin LA is a prescription drug.
* Warm the tubex in your hands and shake it well before injecting. Inject it at a slow steady rate so that you do not block the needle. Use good I.M. technique.

POTASSIUM PHENOXYMETHYL PENICILLIN
250MG TABLETS
250MG/5ML SUSPENSION

PENICILLIN VK
LEDERCILLIN^R
PENTIDS^R

V-CILLIN K^R
PENVEE^R
COMP CILLIN^R

DESCRIPTION AND USES

* Penicillin VK is a form of penicillin that works well when taken by mouth. It is not quite as effective as procaine penicillin however. The medicine leaves the body rapidly in the urine, so the dose must be repeated every 6 to 8 hours.

* Penicillin VK can be used for many infections including strep throat, otitis media, and skin infections. Penicillin VK is effective against "strep throat", but Bicillin LA injection is preferred. Patients often forget to take Penicillin VK.

* Give the patient the following dose 4 times daily for 10 days.

    * Children under 3 125mg (1/2 teaspoonful).
    * Patients 3 and older: 250mg (1 tablet).

    * Larger doses may be required for some infections.

WARNINGS

* Ask the patient if he is allergic to penicillin before you give him any. Penicillin allergies are common and may be serious. If the patient is allergic to penicillin he may have one of the following types of reactions if he takes the drug.

    * Hives, skin rashes, itching.
    * Edema, swelling of the eyelids.
    * Fever generalized aching.
    * Shock, difficulty breathing.

* Do not use penicillin VK if:

    * The patient is allergic to penicillin. Use erythromycin.
    * The patient is unreliable or likely to forget to use the drug. Use procaine penicillin or Bicillin LA.
    * The patient has a serious infection like pneumonia. Use procaine penicillin.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the other oral tablets. It will not be harmed by accidental freezing.
* Check the expiration date before giving it to the patient.
* This drug is a prescription drug.
* Tell the patient to take the drug a half hour before meals and at bedtime until it is all gone.
* Special instructions for the pediatric liquid:

    * Mix the powder with the correct amount of clean water just before dispensing.
    * Tell the mother to keep the medicine cool but to protect it from freezing.
    * Tell the mother to shake it well before using.
    * Tell her to throw it away after 2 weeks if there is any left.

PROCAINE PENICILLIN G INJECTION
300,000 UNITS, 600,000 UNITS
2.4 MILLION UNITS

WYCILLIN®

DESCRIPTION AND USES

* Procaine penicillin G injection is the most effective penicillin in the village. It is used for many infections such as:

  * Pneumonia.
  * Strep Throat.
  * Otitis media.
  * Skin infections.
  * Gonorrhea.

* It is useful for serious infections that require high doses. It is also useful if the patient is unable to take medicine by mouth or likely to forget to take the medicine.

* For most infections give the patient the following dose once or twice a day for 7 to 10 days:

Children under 2	Children between 2 and 12	Older patients
300,000 units IM	300,000-600,000 units IM	600,000-1,200,000 units IM

* For gonorrhea, follow these directions:

  * Give the patient 2 tablets of Probenecid (Benemid) by mouth. The Probenecid makes the penicillin act longer.

  * Wait a half hour, then give the patient 4.8 million units of Procaine penicillin IM. Use 2.4 million units in each buttocks.

WARNINGS

* Ask the patient if he is allergic to penicillin before you give him any. Penicillin allergies are common and may be serious. Do not give the patient penicillin if he thinks he may be allergic to it. Check with your physician if you are in doubt.
* If the patient is allergic to penicillin, he may have one of the following types of reactions when he receives the drug.

  * Hives, skin rashes, itching.
  * Edema, swelling of the eyelids.
  * Fever, generalized aching.
  * Shock, difficulty breathing.

STORAGE DIRECTIONS

* Store this drug in the refrigerator.
* Freezing will ruin this drug. Do not use it after it has been frozen, even if it looks good.
* Check the expiration date before using it.
* This drug is a prescription drug.
* The 2.4 million unit injection does not fit into the metal tubex syringe. Remove the ribbed plastic cylinder from the needle hub. Screw it into the blue stopper and use it as the plunger.

ERYTHROMYCIN
250MG TABLETS
200MG CHEWABLE TABLETS
125MG/5ML SUSPENSION

ILOSONE[R]
ERYTHROCIN[R]
ILOTYCN[R]

DESCRIPTION AND USES

* Erythromycin is an antibiotic. It kills many of the same bacteria as penicillin. If the patient is allergic to penicillin, erythromycin is often used in its place.

* The dosage is much the same as for penicillin VK. The following dosage is recommended for streptococcal throat infections, ear infections, and impetigo. infections.

  * Adults and older children: 250mg (1 tablet) 4 times daily for 10 days.
  * Children betwen 1 and 6: 125mg (1 teaspoonful) 4 times daily for 10 days.
  * Children under 1 year of age: 62.5mg (1/2 teaspoonful) 4 times daily.

WARNINGS

* Allergic reactions such as skin rashes occur in a very few patients.
* Jaundicemay appear following the use of some types of erythromycin. If it does, stop the drug and contact your referral physician.
* A few patients may have nausea, vomiting, diarrhea or similar gastrointestinal complaints. Tell the patient to continue to take the drug if he can tolerate the effects. Contact your referral physician if the effects are bad.
* Do not use erythromycin if:

  * Penicillin is effective and the person does not have a penicillin allergy.
  * The patient is allergic to erythromycin.
  * The patient has jaundice or liver disease.

STORAGE AND DISPENSING DIRECTIONS

* Store erythromycin at room temperature with the other oral tablets and liquids. It will not be harmed by accidental freezing.
* Check the expiration date before givin the drug to the patient.
* This drug is a prescription drug.
* Tell the patient to take the medicine a half hour before meals and at bedtime until it is all gone.
* Special instructions for the pediatric liquid:

  * Mix the powder with the correct amount of clean water just be dispensing.
  * Tell the mother that she can keep the erythromycin at room temperature or in the refrigerator. Do not let it freeze.
  * Shake the medicine well before giving a dose.
  * Throw away any medicine that is left after it has been mixed for 2 weeks.

* The chewable tablets are for children who are too small to swallow adult type tablets. They should be chewed up well.

NYSTATIN ORAL SUSPENSION
100,000 UNITS/CC

MYCOSTATIN®
NILSTAT®

DESCRIPTION AND USES

* Nystatin is an antibiotic that is effective against the fungus monilia (candida albicans). Since it is not absorbed from the g.i. tract, it will treat infections in the mouth and g.i. tract only. It has few side effects for the same reason.

* It is used to treat thrush in infants.

    * Place 2cc in the mouth 4 times daily for 10 days. The medicine should be held in the mouth for a few minutes before swallowing.

WARNINGS

* There are few side effects since the drug is not absorbed into the body. A few patients may have nausea, vomiting, g.i. distress or diarrhea.

* Do not give nystatin to a patient who is allergic to it. Allergies are rare.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the other oral tablets or liquids. Do not use the drug if it has been frozen, even if the bottle is not broken. Freezing may ruin it.
* Check the expiration date before giving the drug to the patient.
* Nystatin is a prescription drug.
* Shake the bottle before filling the dropper.
* Tell the mother to give the medicine to the child every 6 hours until all is gone (about 6 days).
* Explain to her that the drug acts in the mouth.
* Place 1cc in each side of the mouth (2cc total). Have the child hold the medicine in his mouth before swallowing. It helps to rub the medicine directly on the sores in the mouth.

TETRACYCLINE U.S.P.
250MG CAPSULES OR TABLETS

ACHROMYCIN V[R] TETRACYN[R]
PANMYCIN[R] TETRACHEL[R]

DESCRIPTION AND USES

* Tetracycline will stop the growth of many types of bacteria that are not affected by penicillin. Unlike penicillin, tetracycline will not kill the bacteria, only slow their growth. Tetracycline is useful if the patient is allergic to penicillin or if penicillin is not effective.

* Tetracycline is used to treat urinary tract infections, bronchitis, and other infections in adults. The usual dose is 250-500mg (1-2 capsules) 4 times daily for 10-14 days.

* It is also used to treat gonorrhea if the patient is allergic to penicillin. The dose is 1500mg (6 capsules) as a single dose, followed by 500mg (2 capsules) 4 times daily for 4 days.

WARNINGS

* Tetracycline may cause many minor irritating side effects such as:
  - Loss of appetite.
  - Stomach discomfort.
  - Nausea and vomiting.
  - Bulky loose stools.
  - Diarrhea.
  - Inflammations of the mouth, skin, rectum, etc.

* It may occasionally cause more serious rections such as:
  - Skin rashes, hives, itching, shock and other allergic reactions.
  - Severe yeast or fungi infections of the gastrointestinal tract.
  - Rashes on skin areas exposed to sunlight (photosensitivity).

* Do not give tetracycline to:
  - Patients who are allergic to it.
  - Pregnant women or children under the age of 12. Tetracycline may cause discoloration of the teeth or slow bone growth in the fetus or child.
  - Patients who have kidney or liver problems.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the other oral tablets. It will not be damaged by accidental freezing.
* Check the expiration date before giving the drug to the patient.
* This is a prescription drug.
* Tell the patient to take tetracycline a half hour before meals and at bed time. If it upsets his stomach, tell him to take it with a light snack or with meals.
* Calcium, aluminum, magnesium and iron salts interfere with the absorption of tetracycline. Tell the patient not to take antacids or milk within one hour of the time he takes the tetracycline. Tell him not to take iron (ferrous sulfate, vitamins with iron, geritol etc) for the entire 10 days that he is taking tetracycline.

SULFISOXAZOLE (GANTRISIN)R

TRISULFAPYRIMIDINES (TRIPLE SULFA)
500MG TABLETS
500MG/5ML SUSPENSION

DESCRIPTION AND USES

* Sulfisoxazole and trisulfaprimidines are not identical. Their actions are so similar that they will be discussed together. Both are "sulfa" drugs that are effective against many types of bacteria. They were once used for many infections, but are now used mainly for urinary tract infections. Occasionally they are used for ear infections in combination with penicillin.
* The medicine is taken 4 times daily for 10-14 days.
  * Children between 2 and 6 take 1 teaspoonful.
  * Adults and older children take 2 tablets.
    * The physician may often ask the patient to take a large dose (8 tablets) for the first dose only.
  * The patient should take a large glass of water with each dose.

WARNINGS

* Sulfa drugs may cause a number of serious allergic reactions including:

  * Hives, rashes, itching.
  * Inflammation of the mouth, eyelids, nose, urethra, penis.
  * High fever, severe headache.
  * Fever and joint pain.
  * Shock or difficulty breathing.

* Sore throat, fever, pallor, jaundice, weakness, and bruising may be signs of a serious blood disorder. Stop the drug and contact your referral physician.
* Some patients may develop a skin rash on areas exposed to the sun (photosensitivity). Nausea or vomiting occur frequently, they do not indicate a serious problem.
* Do not give sulfa drugs to:
  * Patients who are allergic to sulfa or chemically similar drugs (hydrochlorothiazide, acetazolamide, tolbutamide).
  * Patients who are not producing urine adequately. The drug will come out of the urine and form crystals in the kidneys if the urine is too concentrated.
  * Infants under 2 months of age, women who are breast feeding infants, or women near term (ready to deliver). Infants develop jaundice if they receive sulfa.

STORAGE AND DISPENSING DIRECTIONS

* Store the tablets and liquid at room temperature with the other oral tablets and liquids. The tablets will not be harmed by accidental freezing but the suspension will be ruined. Do not use it even if the bottle is not broken.
* The suspension should be shaken well before using.
* This is a prescription drug.
* Tell the patient to take the medicine every 6 hours (before meals and at bedtime) with a large glass of water. The patient should drink lots of fluids so he will make lots of dilute urine.

HYDROCORTISONE - NEOMYCIN - POLYMIXIN B EARDROPS

CORTISPORIN[R]

DESCRIPTION AND USES

* Cortisporin is a combination of two antibiotics and a drug to reduce inflammation. Polymixin B and Neomycin are effective against many bacteria that cause ear infections. Hydrocortisone helps reduce the inflammation and itching that may result from these infections.

* The infected ear should be cleaned and dried first. Any pus or drainage should be removed.

    * The patient should tilt his head to one side.
    * Place 3 or 4 drops into the ear. Repeat the process 3 or 4 times daily. Use the drops 5 to 7 days or as needed.

WARNINGS

* The patient may become allergic or sensitive to the drug.

* Do not use the drug if:

    * The patient is allergic to neomycin, polymixin B or hydrocortisone.
    * The patient's ear appears to be irritated by the drug.
    * The patient has a viral infection such as chicken pox, small pox vaccination or herpes simplex.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with other ear drops. Cortisporin will probably be ruined if it is accidentally frozen. Do not use it if it has been frozen.
* Check the expiration date before giving the drug to the patient. Cortisporin has a very short expiration date.
* Cortisporin is a prescription drug.
* Special instructions:

    * Tell the patient to warm the bottle in his hands before using the drops.
    * Shake the bottle well before using it.
    * Demonstrate the correct way to use the ear drops to the patient.
    * Tell the patient to avoid touching the dropper to the ear or with his fingers.

POLYMIXIN B, BACITRACIN, NEOMYCIN OPHTHALMIC OINTMENT — NEOSPORIN®
POLYMIXIN B, GRAMICIDIN, NEOMYCIN OPHTHALMIC SOLUTION — NEOSPORIN®

DESCRIPTION AND USES

* Neosporin is a brand name used by the Burroughs Wellcome Company for several different combinations of antibiotics. These two products meet high standards of purity and sterility and are intended to treat minor bacterial infections of the eye.

* Do not confuse the small 3.5Gm tube of ophthalmic ointment with the large 15Gm tube of polymixin B, bacitracin and neomycin topical ointment. The large tube is not sterile and should be used on the skin only.

* Neosporin is used to treat a variety of minor bacterial infections of the eye. Place a small amount of the ointment or 1 or 2 drops inside the lower eyelid every 3 or 4 hours. Neosporin may also be used to prevent infection if an eye has been injured.

WARNINGS

* Patients may become allergic to one of the 3 antibiotics, usually neomycin. Stop using the drug if the patient's eye becomes red or irritated.

* Do not use neosporin if the patient is allergic to neomycin, polymixin B, or bacitracin.

* Do not use the ointment form if the patient has a deep laceration of the cornea or the sclera. The ointment might enter the inside of the eyeball and be difficult to remove.

STORAGE AND DISPENSING DIRECTIONS

* Store Neosporin at room temperature with the other eye drops.
* Neosporin drops may be damaged by freezing. Check carefully to see if the dropper or the bottle is broken. If it is not broken and the drops look normal, it is probably safe to use them.
* Check the expiration date before giving the medicine to the patient.
* This is a prescription drug.

* Special instructions.:
  * Teach the patient the correct way to use eye ointments or drops.
  * Tell the patient to place the ointment or drops in the space between the lower eyelid and the eyeball.
  * Tell the patient to avoid touching the tip of the tube or the dropper with the fingers or to the eye.

Rev 6/77

PREDNISOLONE - SULFACETAMIDE OPHTHALMIC OINTMENT AND SOLUTION METIMYD®

DESCRIPTION AND USES

* Metimyd contains two drugs, prednisolone and sulfacetamide. Prednisolone is a drug that reduces inflammation and redness from infection, irritation or allergy. Sulfacetamide is a sulfonamide ("Sulfa") that stops the growth of bacteria.

* Metimyd is effective in treating a variety of problems including:

  * Allergies of the eyelids.
  * Conjunctivits due to hay fever.
  * Chemical irritations.
  * Heat burns.
  * Iritis.
  * PKC.

* The ointment or drops are applied to the inside of the lower eyelid every 4 to 8 hours. The ointment lasts longer so it is preferred for bedtime use.

WARNINGS

* Inflammation is a normal defense used by the body to prevent the spread of infection. If prednisone stops the inflammation, and sulfacetamide does not kill the germ, the infection may spread.

* Prednisolone may increase the pressure within the eyeball.

* Some people are allergic to sulfa drugs. Stop the drug if the eye becomes more red or swollen.

* Do not use metimyd if:

  * The patient is allergic to "sulfa" drugs like sulfisoxozole (Gantrisin) or trisulfapyrimidines (triple sulfa).
  * The patient has an eye infection due to a virus such as small pox vaccination, chicken pox or herpes simplex. Metimyd will cause the infection to spread.
  * The patient has an eye infection caused by fungi.
  * The patient has an eye infection caused by tuberculosis.
  * The patient has an eye infection that is producing a lot of pus.

STORAGE AND DISPENSING DIRECTIONS.

* Store metimyd at room temperature with the other eye drops. The eye drops will be ruined by accidental freezing. Do not use them even if they look normal. The ointment will probably not be harmed by accidental freezing.
* Check the expiration date before using.
* This is a prescription drug.
* Special instructions:

  * Teach the patient the correct way to use eye ointments or drops.
  * Tell the patient to place the ointment or drops in the space between the lower eyelid and the eyeball.
  * Tell the patient to avoid touching the tip of the tube or the dropper with the fingers or to the eye.
  * Shake the drops well before using them.

SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT/DROPS — SODIUM SULAMYD[R]

DESCRIPTION AND USES

* Sulfacetamide is an antibacterial drug of the sulfonamide or "sulfa" type. It is used in the treatment of minor bacterial infections of the eye and eyelid. It is the best drug to use for infants with eye infections.

* Place a small amount of the ointment or a few drops of the solution inside the lower eyelid 3 or 4 times a day. The ointment lasts longer so it is the preferred form at bedtime.

WARNINGS:

* Sulfacetamide, like other "sulfas", may cause allergic reactions. Stop using the drug if the patient's eye becomes red, swollen or irritated because of the drug.

* Do not use sulfacetamide if the patient is allergic to sulfacetamide, sulfisoxazole (Gantrisin[R]), Trisulfapyrimidines (Triple Sulfa) or other sulfa drugs.

* Do not use the ointment foam if the patient has a deep laceration of the cornea or the sclera. The ointment might enter the inside of the eye ball and be difficult to remove.

STORAGE AND DISPENSING DIRECTIONS

* Storage sulfacetamide at room temperature with the other eye drops and ointments. It will probably not be harmed by accidental freezing, unless the container is broken by the freezing.
* Check the expiration date before using the drug.
* This is a prescription drug.
* Special instructions:

  * Teach the patient the correct way to use eye ointments or drops.
  * Tell the patient to place the ointment or drops in the space between the lower eyelid and the eyeball.
  * Tell the patient to avoid touching the tip of the tube or the dropper with the fingers or the eye.

SILVER NITRATE 1% OPHTHALMIC SOLUTION IN WAX AMPULS

DESCRIPTION AND USES

* Silver nitrate is an antibacterial. The drops are used to prevent ophthalmia neonatorum, an eye infection of newborn infants that causes blindness. Ophthalmia neonatorum is caused by the same bacteria that causes gonorrhea.

* The state law requires that all infants be treated with silver nitrate eye drops immediately after birth.

    * Stick a pin into the tip of the wax ampul.
    * Squeeze the other end to force out a drop.
    * Place one drop in each eye. Do not touch the eye with the wax ampul.
    * It is best to leave the drop in the eye and let the tears wash it out. Do not rinse it out.
    * Throw away the opened wax ampul.

WARNINGS

* Silver nitrate is an irritating drug. Only the silver nitrate that comes in the wax ampuls should be used in the eye. The drug will cause the baby's eyes to be red and irritated.

* Do not use the drops if they appear to be dark or discolored.

STORAGE DIRECTIONS

* Store this drug at room temperature with the eye drops or your OB supplies. Freezing will probably not ruin the drug, but high temperatures may melt the wax ampul.
* Silver nitrate is light sensitive. Store it in a dark place.
* Silver nitrate is a prescription drug.
* Special instructions:

    * Do not use the silver nitrate if it is discolored, or black.
    * The wax will make the liquid inside seem slightly colored. If there is any questions, return the drug to the pharmacy for a fresh supply.
    * At the time of use, examine the drop as it comes from the wax ampul. The solution should be clear and colorless.

BACITRACIN OINTMENT

BACITRACIN, NEOMYCIN AND POLYMIXIN B TOPICAL OINTMENT

"3 ANTIBIOTIC OINTMENT"
"TRIPLE ANTIBIOTIC",
NEOSPORIN^{R}, MYCITRACIN^{R}

DESCRIPTION AND USES

* Bacitracin is an antibiotic that inhibits the growth of streptococci, staphylococci and other common bacteria. It is often used in ointments by itself or combined with neomycin and polymixin B. Neomycin and Polymixin B are antibiotics that are effective against additional bacteria.

* Bacitracin and 3 antibiotic ointment are used on minor infections such as impetigo or infected rashes. It is usually applied to the area 3 or 4 times daily after washing. The ointment will be of little value in serious infections.

WARNINGS

* Bacitracin has few harmful effects but neomycin may cause local allergic reactions such as inflammation or redness.

* Do not use these ointments on:

    * Patients who are allergic to them.
    * Large wounds that will require suturing.
    * Eye infections (use the ophthalmic ointment form).

STORAGE AND DISPENSING DIRECTIONS

* Store these drugs at room temperature with the external liquids or ointments. The ointments will probably not be damaged by accidental freezing.
* Check the expiration date before dispensing.
* This drug does not require a prescription.
* If the ointment is being used for impetigo, tell the patient to wash the sores to remove the crusts before applying additional ointment.

MAFENIDE CREAM SULFAMYLON[R]

DESCRIPTION AND USES

* Mafenide (sulfamylon) retards the growth of bacteria on the skin. Its main use is to prevent severe bacterial infection following 2nd or 3rd degree burns. It has no soothing or pain relieving effects.

* After the patient has been treated for shock and pain, clean the burn area and remove dead tissue. Apply sulfamylon cream to the burn using a sterile gloved hand. Apply the cream to a thickness of 1/16".

* Remove the cream daily by bathing. Replace the cream when needed to keep the burned area covered with cream at all times.

WARNINGS

* Sulfamylon often causes pain or a burning sensation when it is applied. This is normal but unpleasant.

* Some patients may develop an allergic reaction (rash, hives, itching, swelling, redness, etc.) after they have been using the drug for 10-14 days. Do not confuse the allergy symptoms with the normal side effects.

* The medicine upsets the normal acid-base balance of the body. Most patients adjust to this easily. Patients with lung disease may develop acidosis.

* Do not use sulfamylon on minor burns. It is of no value and may cause discomfort.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the other ointments. It will probably be ruined by freezing. Do not use it if it has been frozen.
* This is a prescription drug.
* Do not give the drug to the patient as a general rule. Apply it yourself using the correct sterile technique. Apply it about 1/16" thick.

FURAZOLIDONE AND NIFUROXIME VAGINAL SUPPOSITORIES — TRICOFURANR

DESCRIPTION AND USES

* Furazolidone and Nifuroxime will kill the bacteria trichomonis and the yeast candida albicans. These two organisms are responsible for many vaginal infections. Tricofuran is <u>not</u> effective against gonorrhea.

* Tricofuran is used to treat trichomonas vaginitis or vaginal moniliases as follows:

    * One suppository is placed in the vagina (birth canal) in the morning and at bedtime for 1 week.
    * After one week, the medicine is used at bedtime only.
    * If the woman has her menstrual period, she should continue to use the medicine.
    * The treatment will need to last at least 2 weeks and perhaps an entire menstrual cycle.

WARNINGS

* The patient may become allergic to the drug. She should stop using it if irritation, burning, itching, or redness occur. Douching may help to remove the irritating drug.

* The medicine will leak out of the birth canal. This can be kept to a minimum by inserting the suppository properly.

STORAGE AND DISPENSING DIRECTIONS

* Store the suppositories at room temperature with the external liquids and ointments. They will not be damaged by accidental freezing.
* If the suppositories become soft, store them in the refrigerator or hold the suppository under cool water for 2 minutes.
* This is a prescription drug.
* Special instructions:

    * This medicine is a little inconvenient to use. Go over the directions carefully encourage the patient to follow them.
    * Review the directions that come with the package. Tell the patient to lie down for a full 10-15 minutes after inserting the suppository.
    * A man can catch the infection from the woman. He may have no symptoms, but he may reinfect the women.
    * The patient's husband should not have sex with her or he should wear a condom (rubber) to prevent him from becoming infected.

SURGICAL DETERGENT — PHISOHEX®

DESCRIPTION AND USES

* Phisohex is a detergent solution containing 3% hexachlorophene. After each use, a small amount of hexachlorophene is left on the skin. The hexachlorophere will slow the growth of common skin bacteria. It is effective only when used repeatedly. It has no advantage over other soaps for cleaning wounds or other occasional use.

* Phisohex is used by medical personnel to clean their hands. It is also used to clean the skin of a patient who has impetigo. Ordinary soap and water is probably as effective for the latter use.

* Phisohex is used much like ordinary soap. Wet the area to be washed. Add a small amount of phisohex. Rub to produce suds. Add more water to produce more suds. Rinse the area thoroughly, then dry it.

WARNINGS

* Hexachlorophene can be absorbed through the skin and mucous membrane (mouth, vagina, etc). It is absorbed more readily through the skin of babies or if the skin is burned or irritated. Phisohex should always be rinsed off well to prevent absorption.

* If it is absorbed, hexachlorophene can damage the brain or nervous system. The effects include irritability, stimulation, and possibly convulsions. The harmful effects can be fatal.

* Do not use phisohex:

    * If the patient is a small baby.
    * If the skin is red, inflammed, burned or irritated.
    * As a dressing or like a lotion.
    * On a mucous membrane or in the vagina.

STORAGE AND DISPENSING DIRECTIONS

* Store phisohex at room temperature with the external liquids. It may be ruined by freezing. If it becomes frozen, unthaw it and shake it well. If it looks normal, go ahead and use it.
* Phisohex is a prescription drug.
* Explain to the patient that it must be used like soap. Tell him to rinse it off well. Warn him that it is dangerous if swallowed and must be kept out of the reach of children.

WHITE PETROLATUM — PETROLEUM JELLY, VASELINE[R]

AQUAPHOR

VITAMIN A AND D OINTMENT

DESCRIPTION AND USES

* The above 3 products are somewhat similar and have similar uses. White petrolatum is a semi-solid product obtained from oil. It will not absorb water. Aquaphor contains white petrolatum plus other ingredients that help it absorb water. Vitamins A & D ointment contains petrolatum, ingredients that help it absorb water, and vitamins A & D. The two vitamins are supposed to help skin rashes like diaper rash heal more quickly.

* These products help treat or prevent diaper rash. They form a water proof barrier between the urine in the diaper and the baby's skin. The ointment is applied to the skin as often as needed to keep up the water proof covering.

* These ointments can also be applied to dry skin. They will prevent evaporation of water from the skin and keep it moist and soft.

* These ointments can also be used for other lubricating or protective uses.

WARNINGS

* These products do not contain antibiotics. If the diaper rash is badly infected, the patient may need antibiotics.

STORAGE AND DISPENSING DIRECTIONS

* Store these ointments at room temperature with other external ointments and liquids. They will not be damaged by accidental freezing.
* These drugs do not require a prescription. White petroleum and vitamin A & D may be available in the village store.

HYDROCORTISONE 1% OINTMENT — CORT-DOME® — CORTEF®

TRIAMCINALONE 0.1% CREAM — KENALOG® — ARISTOCORT®

DESCRIPTION AND USES

* Hydrocortisone reduces inflammation, itching, and other discomforts when applied to rashes caused by eczema, allergies, or irritants. The hydrocortisone treats the symptoms but does not remove the underlying cause. Triamcinolone is a similar medication with similar uses and warnings.

* A small amount of the ointment is applied to the rash and rubbed in well. It may need to be applied 2 to 4 times daily.

WARNINGS

* These drugs reduce inflammation and may allow any infection present to spread.

* A few patients may develop an allergy to the drug. Other patients may develop itching, burning, or acne-like skin eruptions. If the patient has problems with the drug, tell him to stop using it.

* Do not use hydrocortisone or triamcinalone on:

    * An infected rash.
    * A skin rash caused by TB, small pox vaccination, chicken pox, or a virus such as herpes simplex.
    * An eyelid or eye inflammation or rash.

STORAGE AND DISPENSING DIRECTIONS

* Store these drugs at room temperature with the external ointments and liquids. Accidental freezing may ruin them. Do not use them if they have been frozen.
* Check the expiration date before using.
* These drugs are prescription drugs.

ACETAMINOPHEN
325 MG TABLETS
60 MG/0.6CC DROPS

TYLENOL R
TEMPRA R
DATRIL R

* Acetaminophen reduces pain and fever much like aspirin. Unlike aspirin, acetaminophen does not reduce inflamation. Acetaminophen has fewer side effects than aspirin and is available in a liquid dosage form for children.

* Acetaminophen is used to treat mild to moderate pain from headacehs, toothaches, headcolds, menstural cramps, muscle aches, etc. The usual adult dose is 2 tablets (650mg) every 4 hours if needed for pain. Larger doses will not relieve severe pain. It can be used to reduce fever in the same dosage.

* Acetaminophen is the best drug to use to reduce fever in children. Give the child the following dose every 4 hours if needed:

    * Children under 6 months of age = 0.3cc
    * Children 6 months to 1 year = 0.6cc
    * Children 1 to 3 years old = 0.6cc to 1.2cc
    * Children 3 to 6 years old = 1.2cc to 2.4cc
    * Children from 6 to 12 years old = 1/2 to 1 adult 325mg tablet.

WARNINGS

* Acetaminophen has few harmful effects if taken correctly. A few patients may have a skin rash or other signs of allergy.

* Acetaminophen is considered to be a relatively safe drug, but an overdose of it can cause illness and even death. A single dose of 20 tablets or more in an adult may lead to serious injury to the liver. Children appear to be less likley to have liver injury than adults, but a full bottle or more of acetaminophen drops may lead to serious livery injury in a 20 lb. child. If a patient takes an overdose of this drug, cause vomiting and follow the other steps normally taken for a medication overdose and contact your referral physician for advice.

* Large doses of acetaminophen taken for several years may also be harmful.

* Do not use acetaminophen if:

    * . The patient is allergic to acetaminophen or phenacetin (rare)
    * . The patient has arthritis like pain. Use apsirin instead since it will reduce inflamation.

STORAGE AND DISPENSING DIRECTIONS

* Store acetaminophen at room temperature. Acetaminophen will not be damaged by accidental freezing unless the bottle breaks.
* Acetaminophen is a non-prescription drug.
* Show the mother how to measure the dose. Tell her that 1.2cc is 2 dropperfuls, 2.4cc is 4 droppersful, etc.

ASPIRIN
325MG (5 GR.) TABLETS "ADULT ASPIRIN"
75MG (1 1/4 GR.) TABLETS "BABY ASPIRIN

A.S.A.
ACETYLSALICYLIC ACID

DESCRIPTION AND USES

* Aspirin has 3 separate actions on the body. It is an:

  * Analgesic (reduces pain).
  * Antipyretic (reduces fever).
  * Anti-Inflammatory (reduces inflammation and swelling).

* The adult dosage is 2 tablets of the 325mg size every 4 hours if needed for pain or fever. Aspirin will relieve mild to moderate pain from headaches, toothaches, menstrual cramps, muscle aches etc. Larger doses will not give relief of severe pain. Larger doses (3 or 4 tablets every 4 hours) may help reduce inflammation in swollen joints due to rheumatic fever or arthritis.

* The pediatrician's prefer that you use acetaminophen drops for small children, rather than aspirin. If you must use aspirin for fever, follow these dosage recommendations:

  * Children under 3 months - Do not give aspirin.
  * Children 3 to 6 months of age - 1/4 of a 75mg baby aspirin.
  * Children 6 to 12 months - 1/2 of a 75mg baby aspirin.
  * Children 1 year old - 1 baby aspirin.
  * Children 2 years old - 2 baby aspirin.
  * Children 3 years old - 3 baby aspirin.
  * Children 4 years old - 4 baby aspirin.
  * Children 5 to 12 years old - 4 baby aspirin or one adult aspirin.
  * The above dose may be given every 4 hours if needed. Do not give it more often. Do not continue the aspirin for more than 48 hours at the above dose.

WARNINGS

* Aspirin has many side effects, some of which can be serious. Overdosage can be fatal, especially in small children. The harmful effects are more common in children who are feverish and dehydrated. Be certain that children taking aspirin are given plenty of liquids.
* Aspirin in the usual doses can cause:

  * Nausea.
  * Vomiting.
  * Abdominal pain.
  * Small amount of blood loss from the intestines.
  * Worsened gastric bleeding and ulcers.
  * Sweating.

* About 1 in every 500 persons is allergic to aspirin. Patients who have asthma or nasal allergies are more likely to have aspirin allergies. Aspirin allergy symptoms can include:

  * Rashes and hives.
  * Inflammed nose, asthma, nasal polyps.
  * Fainting.
  * Edema of the face, eyelids, lips.
  * Difficulty breathing, asphyxia, and death.

* Aspirin can block or increase the effects of some other drugs.

* If the patient receives a slight over dose, he may have symptoms of salicylism. If this occurs, stop the drug until the symptoms go away. If the drug is still needed, restart the drug at a small dose. Symptoms of salicylism include:

* Ringing ears.	* Dizziness.	* Rapid breathing.
* Headache.	* Dimness of vision.	* Rapid pulse.
* Confusion.	* Sweating.	* Vomiting.
* Drowsiness.	* Fever.	* Diarrhea.

* Do not use aspirin if:
  * The patient is allergic to it.
  * The patient is a child and you have acetaminophen available. Use acetaminophen instead.
  * The patient is taking probenecid (benemid) for gout, or anti-coagulents (warfarin, counmadin).
  * The patient has ulcers or gastrointestinal bleeding.

STORAGE AND DISPENSING DIRECTIONS

* Store aspirin at room temperature with the other tablets. It will not be harmed by accidental freezing.
* Aspirin does not require a prescription.
* Aspirin should be taken with food, milk, at meals or with a large amount of water to prevent stomach irritation. Baby aspirin tablets should be smashed and mixed with a small amount of water.
* Warn the patient that aspirin is the most common cause of death in accidental poisoning of small children. Keep aspirin out of the reach of children, especially flavored baby aspirin!

PROPOXYPHENE
65MG CAPSULES

DARVON[R]

DIRECTIONS AND USES

* Propoxyphene is an analgesic. It will relieve mild to moderate pain, much like aspirin. Unlike aspirin, it will not reduce fever or inflammation. Recent studies have shown propoxyphene to be no more effective than aspirin for the relief of pain.

* Propoxyphene is used to relieve mild to moderate pain caused by headache, toothache, menstrual cramps, muscle aches and injuries. The usual adult dose is one 65mg capsule every 4 hours.

WARNINGS

* Propoxyphene has a number of harmful side effects including:

  * Drowsiness or dizziness.
  * Sedation.
  * Headache.
  * Insomnia.
  * Excitement.
  * Euphoria (feeling of well being).
  * Skin rashes.
  * Nausea and vomiting.
  * Constipation.

* Many people who have taken propoxyphene want to continue to take it because it makes them feel good. They develop a psychological dependance on the drug. Propoxyphene is not as often abused as codeine or morphine, but it must be considered a habit forming drug.
* Patient should not do hazardous work, such as drive a snow machine, while taking propoxyphene because the drug will make them drowsy or dizzy. Alcohol and other sedative drugs will increase the drowsiness.
* Overdose with the drug will cause coma, depressed breathing, shock, edema of the lungs and death. Convulsions may occur.
* Do not give the patient propoxyphene if:

  * The patient is a child.
  * The patient has arthritis. Aspirin is better.
  * The patient is using a lot of this drug or may be abusing it.
  * The patient has not tried aspirin or acetaminophen.
  * The patient drinks a lot of alcohol, operates dangerous equipment or might be harmed by the sedative effects.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the other oral tablets. Propoxyphene capsules will not be damaged by accidental freezing.
* Check the expiration date before dispensing.
* This is a prescription drug. It is subject to drug abuse by some patients. Use it only with your referral physician's order.
* Warn the patient about the dizziness or drowsiness. Tell him not to drink alcohol, drive a snow machine, or operate dangerous equipment.

SODIUM SALICYLATE
300MG ENTERIC COATED TABLETS

NASAL
SOD. SAL.

DESCRIPTION AND USES

* Sodium salicylate is very similar to aspirin. It has most of the same actions and harmful effects. The enteric coating prevents the tablet from dissolving until it reaches the intestine. This means that the drug causes less stomach irritation, but it also acts more slowly.

* Sodium salicylate is used to reduce the pain and swelling of the joints caused by arthritis. The usual dose is 600 to 900mg (2 or 3 tablets) 4 times daily.

WARNINGS

* Sodium salicylate has the same harmful effects as aspirin including:

  * Salicylism from over dose.
  * Interferring with effects of other drugs.
  * Causing gastrointestinal bleeding.
  * Serious poisoning from accidental over dose.

* Sodium salicylate is less likely to cause stomach upset or allergic reactions than is aspirin.

* Do not use sodium salicylate if the patient:

  * Has a fever or headache. Use aspirin or acetaminophen since sodium salicylate acts to slowly.
  * Is a child. The tablets are too strong for pediatric use.
  * Has an allergy to aspirin or sodium salicylate.
  * Is taking anticoagulants (coumadin, warfarin) or probenecid (Benemid).

STORAGE AND DISPENSING DIRECTIONS

* Store sodium salicylate at room temperature with the other tablets. It will not be damaged by accidental freezing.
* Sodium salicylate does not require a prescription.
* Tell the patient to take the drug with lots of water. Warn him that the drug is dangerous if taken in too large a dose. It can be fatal to small children. The red tablets look like candy. Keep it out of the reach of children!

PENTAZOCINE
50MG TABLETS
30MG/CC AMPUL

TALWIN

DESCRIPTION AND USES

* Pentazocine is a analgesic. Injectable pentazocine is about as effective as morphine or meperidine for severe pain. Oral pentazocine is about as effective as oral codeine. Pentazocine is considered to be less habit forming than narcotics like morphine and codeine. It has less of an abuse problem as well.

* Pentazocine is taken by mouth for mild to moderate pain such as toothaches, severe headaches, injury, etc. The usual adult dose is 50 to 100mg (1 to 2 tablets) by mouth every 4 hours.

* Injectable pentazocine is used to treat severe pain. The usual adult dose is 30 to 60mg IM or subcutaneously.

WARNINGS

* Pentazocine has many side effects. The most common are sedation, nausea and vomiting. Alcohol and other sedative drugs will increase the drowsiness.
* Some of the other main side effects include:

    * Loss of appetite, cramps, diarrhea and consripation.
    * Dry mouth, dizziness, sweating, nasal congestion, tachycardia, flushing and urinary retention.
    * Change in blood pressure, shock.
    * Vision disturbances, weakness, drunken feeling, grogginess, headache, depression, excitement, nightmares.
    * Itching and allergic reactions.

* Pentazocine is not as addicting as morphine or meperidine, but some people may abuse the drug.
* Do not give pentazocine if:

    * Aspirin or acetaminophen will be effective.
    * The patient has low blood pressure or other symptoms of shock.
    * The patient has a head injury or brain damage.
    * The patient is a child.
    * The patient has a breathing difficulty such as asthma, cyanosis, COPD. Pentazocine will further depress his breathing.
    * The cause of the pain is unknown and the patient will be seen by a physician soon. If the pain is relieved, the physician may have trouble finding the cause.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the tablets or injections. If it is frozen, the ampul will probably break. It it does not, the medicine is probably safe to use.
* Check the expiration date before using.
* This is a prescription drug. It has some abuse potential. Use it only with a physician's order or, in an emergency, as outlined in your manual.
* Warn the patient that the drug will cause dizziness or drowsiness. Tell him to stay in bed.

MEPERIDINE INJECTION 50MG DEMEROL[R]

MORPHINE INJECTION 10MG

DESCRIPTION AND USES

* Morphine and meperidine are analgesics. They are highly effective for severe pain due to injuries, heart attacks, heart failure and other problems. They have been abused by drug addicts and are subject to special legal controls. The actions of morphine, meperidine and pentazocine are similar.

* The usual adult dose of meperidine is 50 to 75mg I.M. This dose is repeated every 3 to 4 hours.

* The usual adult dose of morphine is 10mg subcutaneously every 4 hours. It may also be given I.M.

WARNINGS

* Like all narcotics, morphine and meperidine have many side effects. The ones you should be most concerned with are:

  * Sedation.
  * Nausea and vomiting.
  * Respiratory depression.
  * Circulatory depression.

* The patient may have hallucinations, nightmares, and many other side effects. The drugs affect the mind, respiration, circulation, and the operation of the gastrointestinal tract. The patient should go to bed and stay there. Assist him if he must be transported.
* Morphine and meperidine are addicting to some people. Addiction is not a problem if the patient receives only a few injections to control acute pain.
* Do not use morphine or meperidine if:

  * The patient has minor pain that can be relieved by aspirin or acetaminophen.
  * The patient has low blood pressure or other symptoms of shock.
  * The patient has a head injury or brain damage.
  * The patient has a breathing difficulty due to asthma, COPD, or similar disease. Narcotics will further depress his breathing.
  * The cause of the pain is unknown and the patient will be seen by a physician soon. If the pain is relieved the physician may have trouble finding the cause.
  * The patient must perform dangerous work requiring alertness (such as flying a plane). Narcotics are for patients in bed or on a stretcher.

STORAGE AND DISPENSING DIRECTIONS

* Store morphine at room temperature in a locked cabinet. Only the health aide should have access to the cabinet.
* Accidental freezing may break the glass tubex. If it does not appear to be damaged, the drug is probably all right.
* Check the expiration date before using the drug.
* Morphine and meperidine are controlled drugs as well as prescription drugs. Use it only with a physician's order or, in an emergency, according to your manual. You must keep a record of each dose of the drug you receive and use.
* Do not let the patient stand up or walk about after he has received either of these drugs.

LIDOCAINE INJECTION — XYLOCAINE®

DESCRIPTION AND USES

* Lidocaine is a local anesthetic. It will block the nerves near the area into which it is injected. Lidocaine is used to block the pain in an area that must be sutured, debrided, or otherwise treated painfully.

* Inject a small amount of the solution every 1/4" to 1/2" in the desired area. 3cc to 5cc is enough total solution for a small laceration. Use the smallest amount possible. Aspirate frequently to be certain that you not injecting into a vein.

WARNINGS

* Allergic reactions are rare, but may occur. Reactions have included skin rashes, edema, asthma, shock-like reactions, and death.

* If a large amount of lidocaine is injected into a vein or rapidly absorbed, the patient may have:

    * Anxiety, tremors or other signs of nervous system stimulation.
    * Slow heart beat, low blood pressure, or other signs of cardiovascular depression.

* Do not use liodcaine if:

    * The patient is allergic to it.
    * The area is infected or inflammed.
    * The patient is in shock.

STORAGE AND DISPENSING DIRECTIONS

* Store lidocaine at room temperature with the other injections. If lidocaine is frozen, the vial may break. If it does not break, it is safe to use the drug.
* Check the expiration date before using the bottle. When you first use the vial, write the date on the bottle. Discard the vial 30 days after opening.
* Lidocaine is a prescription drug.

CLOVE OIL

EUGENOL
OIL OF CLOVES

DESCRIPTION AND USES

* Clove oil is a local anethetic. It is used to stop a toothache on a temporary basis. The tooth is still decayed and must be restored or pulled by a dentist.

* The clove oil may be placed on a small piece of cotton. The cotton is then inserted into the cavity of the tooth. The clove oil will have to be replaced periodically as the effect wears off.

* Clove oil is also used as an ingredient in a temporary filling.

WARNINGS

* Clove oil is a temporary measure only. The tooth is still decayed. The patient must see a dentist as soon as possible

STORAGE

* Store clove oil at room temperature with the internal liquids.
* Clove oil will not be damaged if it is accidentally frozen.
* Clove oil is a non-prescription drug. Follow the guidelines in the health-aide manual.
* It is best to apply this drug yourself. Do not give the bottle to the patient.

ALUMINUM HYDROXIDE GEL WITH MAGNESIUM TRISILICATE TABLETS	GELUSIL[R]
ALUMINUM HYDROXIDE - MAGNESIUM HYDROXIDE SUSPENSION	MAALOX[R]
ALUMINUM HYDROXIDE - MAGNESIUM HYDROXIDE WITH SIMETHICONE SUSPENSION	MYLANTA[R]

DESCRIPTION AND USES

* All 3 of these products are antacids containing an aluminum and a magnesium salt. Aluminum salt antacids tend to cause constipation, while magnesium salts cause diarrhea. The combination of the two is less likely to cause either. The simethicone in mylanta reduces "gas" in the stomach.

* Antacids are also used to treat peptic ulcer, acute alcohol gastritis gastritis due to disease or drugs, and other stomach problems caused by too much acid in the stomach. The usual dose is 1 to 2 tablespoonfuls or 1 or 2 tablets every 1-2 hours. The tablets should be chewed well and taken with water.

* A smaller dose (1-2 teaspoonfuls) may relieve indigestion, heartburn, "sour stomach" and similar minor complaints.

WARNINGS

* A few patients may have constipation or diarrhea as a side effect. Serious side effects are rare.

STORAGE AND DISPENSING DIRECTIONS

* Store antacids at room temperature with the other oral tablets or liquids. Accidental freezing will ruin Mylanta or Maalox Suspension. Even if the bottle is not broken, the medicine may be damaged so that it will not shake up properly. Freezing will not hurt the tablets.
* All 3 of the antacids are non-prescription drugs.
* Tell the patient to shake the liquids well before using. Tell him to chew the tablets and swallow them with water.

KAOLIN WITH PECTIN N.F.

KAOPECTATE[R]
KALPEC

DESCRIPTION AND USES

* Kaolin is a type of clay. Pectin is a carbohydrate obtained from apples and citrus fruit. Irritating chemicals and bacteria are adsorbed onto the surface of these two drugs. Pectin is also a demulcent that soothes the lining of the g.i. tract.

* Kaolin with pectin is used to treat simple diarrhea. Give the patient Kaolin with Pectin 3 or 4 times daily if needed:

    * Adults may have 30ml (2 tablespoonfuls).
    * Children between 6 and 12 may have 15ml (1 tablespoonful).
    * Children between 3 and 6 may have 1-2 teaspoonfuls.
    * Children under the age of 3 may have 1/2 to 1 teaspoonfuls.

WARNINGS

* Do not use Kaolin with Pectin for more than a few days. If the diarrhea lasts longer than this, contact your referral physician.

* Kaolin with Pectin is not very effective alone. It is important that the patient follow the directions regarding fluids and diet.

STORAGE AND DISPENSING DIRECTIONS

* Store Kaolin with Pectin at room temperature with the other oral liquids. Accidental freezing may ruin it. Do not use it if it has been frozen.
* Kaolin with Pectin is a non-prescription drug.
* Shake it well before using.

MILK OF MAGNESIA U.S.P. MAGNESIA MAGMA

DESCRIPTION AND USES

* Milk of Magnesia is a suspension of magnesium hydroxide in water. It acts as an antacid or a laxative depending on the dose. When used as a laxative, it works by retaining water in the intestine. This produces a loose watery stool.

* One or two teaspoonfuls (5-10ml) will act as an antacid. One to two Tablespoonfuls (15-30ml) will act as a laxative and relieve constipation.

WARNINGS

* The use of laxatives can become a habit. Encourage people to excercise, drink plenty of fluids, and eat lots of fruits and vegetables to prevent constipation. It is not necessary to have a "daily" bowel movement to be normal.

* Constipation may be a symptom of appendicitis, bowel obstruction or some other serious problem. The use of milk of magnesia in these situations may be harmful.

* Do not use milk of magnesia if:

    * The patient has poor kidneys. The magnesium will not be excreted and may depress the patient's breathing.
    * The patient has fever, pain in the right lower quadrant, nausea, or other symptoms of appendicitis.
    * The patient is a child under the age of 12, unless you are instructed to do so by a physician.

STORAGE AND DISPENSING DIRECTIONS

* Store milk of magnesia at room temperature. Do not use it if it has been frozen. Even if the bottle is not broken, the suspension may be ruined.
* It is a non-prescription drug.
* Encourage the patient to take plenty of water while taking this drug. Water provides the bulk that stimulates the bowels.

PHENOBARBITAL AND BELLADONNA

PB AND BELLADONNA

DESCRIPTION AND USES

* Phenobarbital is a sedative that relieves nervous tension and anxiety. Belladonna is an antispasmotic that relieves cramps and spasms of the smooth muscle of the intestines and other digestive organs.

* This product is used to treat spasms and cramps of the gastrointestinal tract. It will help relieve the belching, cramps, constipation, and diarrhea that may accompany some gastrointestinal upsets. The usual adult dose is one tablet 3 or 4 times daily.

WARNINGS

* Phenobarbital causes drowsiness. Alcohol and other sedatives drugs will increase the drowsiness.

* Belladonna may cause many minor irritating side effects. Do not stop the drug unless the effects bother the patient a lot. Common effects include dry mouth, blurred vision, difficulty urinating, headache, fast heart beat, dizziness, and nervous system stimulation.

* This drug will cause harmful effects if the patient takes too much. The harmful effects are particularly severe in children.

* Do not give Pb and belladonna to children. Check with a physician before you give it to someone with glaucoma or an obstruction of the stomach, intestine or bladder.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the other oral tablets. It will not be harmed by accidental freezing.
* This is a prescription drug.
* Warn the patient that he should expect some drowsiness, dry mouth, and possibly blurred vision. Tell him to avoid driving a vehicle, doing dangerous work and drinking alcohol.

TRIMETHOBENZAMIDE HCL 200MG RECTAL SUPPOSITORIES

TIGAN®

DESCRIPTION AND USES

* Trimethobenzamide is an antinauseant. It is effective for nausea caused by infections. It is not generally used for other causes of nausea such as irritating drugs, motion sickness or pregnancy.

* Tigan is used to treat nausea due to acute febrile illnesses or gastroenteritis. It should not be given to children under the age of 1. Adults and older children may have the following dose by the rectum every 8 hours if needed:

    * Children between 1 and 2: 1/4 suppository.
    * Children between 2 and 8: 1/2 suppository.
    * Children over the age of 8 and adults: 1 suppository.

WARNINGS

* Trimethobenzamide causes few side effects. A few patients may have:

    * Skin rashes or other allergic reactions.
    * Shaking or rigidity of the muscles.
    * Dizziness or drowsiness.
    * Other side effects.

* Tigan suppositories also contain the local anesthetic benzocaine. Some patients may be allergic to this drug.

* Do not use trimethobenzamide if:

    * The patient is allergic to trimethobenzamide or benzocaine.
    * The patient is a child under the age of 1 (unless directed to do so by a physician).
    * The nausea is due to pregnancy, motion sickness, or irritating effects of drugs (unless told to do so by a physician).
    * The vomiting will respond to simple measures like bed rest, stopping all solid foods, etc.

STORAGE AND DISPENSING DIRECTIONS

* Tigan may be stored at room temperature or in the refrigerator. It will not be damaged by accidental freezing.
* Check the expiration date before using it.
* This is a prescription drug.
* Show the patient how to cut the suppositories in halves or fourths. Cut them before you remove the foil. Remind the patient to remove the foil before inserting the suppository.

ERGONOVINE MALEATE U.S.P. 0.2MG INJECTION

METHYLERGONOVINE MALEATE U.S.P. 0.2MG TABLETS

METHERGINE®

DESCRIPTION AND USES

* Ergonovine and methylergonovine stimulate the muscles of the uterus and makes them contract. This helps reduce or prevent bleeding from the uterus following childbirth.

* Ergonovine is given as a single I.M. injection following the delivery of the placenta. The usual dose is 0.2mg.

* Methylergonovine tablets are started following the delivery of the placenta as well. The mother takes one tablet every 4 hours for a total of 6 tablets.

WARNINGS

* Headaches, dizziness and abdominal cramps may occur. Either drug may cause increased blood pressure or a slow heart rate in some patients.

* Do not give the mother either drug if:

    * She has high blood pressure.
    * The child and placenta have not been delivered.
    * The uterus is infected
    * The mother has a liver or kidney disease.

STORAGE AND DISPENSING DIRECTIONS

* Store methylergonovine tablets at room temperature with the other oral tablets. The tablets will not be harmed by accidental freezing.
* Store ergonovine injection in the refrigerator. Accidental freezing may break the tubex. Replace the drug if it has been frozen and you have any question about its quality.
* Check the expiration date before using either drug.
* They are both prescription drugs.

FERROUS SULFATE
325MG TABLETS
125MG/CC DROPS

FESO4
FEOSOL®
FER-IN-SOL®
IRON DROPS

DESCRIPTION AND USES

* Ferrous sulfate is a source of iron. Iron is an important part of the hemoglobin found in the red blood cell. Hemoglobin enables the red blood cells to carry oxygen from the lungs to the body tissues.
* Iron is usually obtained from foods. Milk is a poor source of iron. For this reason, babies require an iron supplement. Pregnant women also require extra iron because of the rapid increase in their blood supply and that of the fetus. Patients with a blood loss from injuries, ulcers, excessive menstrual flow, or other causes may also require additional iron to help rebuild their blood.
* Children from birth to age 1 may receive 0.6cc of the drops once each day to prevent low hemoglobin. This is not needed if the child is receiving a vitamin that contains iron or is receiving a product like similac with iron.
* The usual dose of iron to treat low hemoglobin is:
    * Children from age 6 months to 1 year = 0.6cc 3 times daily
    * Children from 1 years to 2 years = 1.2cc 2 times daily
    * Children from 2 years to 5 years = 1.2cc 3 times daily
    * Children 5 to 10 years = 1 tablet 2times daily
    * Adults and children over 10 years = 1 tablet 3 times daily
    * The medicine must be taken for 4 months while the body slowly builds new red blood cells.

WARNINGS

* Iron is poisonous if too much is taken. It is hazardous because it looks like candy.
* Iron may cause constipation, stomach irritation, and possible cramps and diarrhea. This is more of a problem with adults than children. If the patient has gastrointestinal complaints, have them take the drug just after a meal. Iron usually causes the patient to have dark colored stools.
* Iron drops may stain the teeth of older children. Place the drops in the back of the mouth or dilute them with liquids. Do not mix the drops with milk or formula.
* Do not give iron tablets or drops to:
    * Patients who are taking tetracycline. Iron will reduce the effectiveness of the antibiotic.
    * Patients with ulcers, regional enteritis or ulcerative colitis. Check with a physician first since iron may irritate the g.i.tract.

STORAGE AND DISPENSING DIRECTIONS

* Store iron tablets and drops at room temperature with the other tablets and oral liquids. Accidental freezing will not harm the tablets or drops, but it may break the bottle holding the drops.
* Ferrous sulfate is a non-prescription drug. Provide it to pregnant women, infants, and patients with low hemoglobin as directed in your manual.
* Tell the patient to take the drug with food if it irritates his stomach. It is more effective if the stomach is empty.

THE FOLLOWING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

PEDIATRIC VITAMINS [illegible]

BABY-VI-FLOR®
ADDED WITH FLUORIDE®

PRESCRIPTION AND USE

* This product supplies [illegible]. It does not supply iron. A shortage of vitamin [illegible] can cause permanent damage. Fluoride helps to prevent [illegible].

* Children from birth to age [illegible] receive one dropperful daily by mouth. The drops may be placed directly on the tongue or mixed with the baby's food.

WARN

* There are no harmful effects [illegible] receive the correct dose. Warn the parents [illegible] out of the reach of children to prevent accidental overdose.

* Do not use this product in the [illegible]:

    * Drinking water from a fluoride [illegible] source.
    * Receiving vitamins from a commercial formula like Similac or Enfamil. [illegible] fluoride tablets instead.
    * Receiving vitamin [illegible] iron drops.

STORAGE [illegible] DIRECTIONS FOR USE

* Store this drug at room temperature. Like other oral liquids. It may be ruined by [illegible] freezing.
* Check the expiration date. If the [illegible] has one.
* This is a prescription drug. Give [illegible] to all babies under the age of one according to your referral physician's directions or according to the manual.

THE PRECEDING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

PEDIATRIC VITAMINS WITH IRON — TRI-VI-SOL WITH IRON®

DESCRIPTION AND USES

* This product contains vitamins A, D, and C and a small amount of iron. It does not contain fluoride. A shortage of vitamins can slow a child's growth or cause permanent damage. A shortage of iron can cause low hemoglobin.

* Children from birth to age 1 should receive 1 dropperful daily by mouth to prevent a vitamin or iron shortage. The drops may be placed directly in the mouth or mixed with water, juice, or formula.

WARNINGS

* There are no harmful effects if the child receives the correct dose. Warn the parents to keep the medicine out of the reach of children to prevent accidental overdose.

* Do not use this product if the child is receiving a commercially prepared formula that contains both vitamins and iron (such as similac with iron).

* If you are giving the child Tri-Vi-Sol with iron, he does not need to take iron drops to prevent low hemoglobin.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the other oral liquids. This drug may be ruined by freezing.
* Tri-Vi-Sol with iron is a non-prescription drug. Give it to babies under the age of 1 as directed in the manual or by your referral physician.

PRENATAL VITAMINS

NATABEC Rx

DESCRIPTION AND USES

* This product contains vitamins, mineral, and iron. Pregnant women have a greater need for folic acid, iron and certain other vitamins and minerals This formula is designed to meet the need of the woman during pregnancy. She should take one capsule daily while she is pregnant. Some physicians recommend that she continue the medication as long as she is breast feeding as well.

WARNINGS

* This product contains 150mg of ferrous sulfate (iron). The iron may cause constipation or stomach irritation in some patients.

* Vitamins with iron can be poisonous if a child takes a lot of them. Warn the mothers to keep them out of the reach of children.

STORAGE AND DISPENSING CONDITIONS

* Store this drug at room temperature with the other oral tablets. It will not be damaged by accidental freezing.
* Check the expiration date before dispensing.
* This is a prescription drug.

SODIUM FLUORIDE 2.2MG TABLETS

DESCRIPTION AND USES

* Fluoride helps prevent tooth decay. It is most effective if it is taken daily in the water. If your village does not have fluoridated water, all the children should receive fluoride daily from tablets or drops. Fluoride is most effective if it is taken while the child is young, while the teeth are still forming.

* Children under the age of 1 should have 1/2 tablet daily. Children over the age of 1 should have a whole tablet daily. The tablet should be chewed and swallowed.

WARNINGS

* Sodium fluoride is a safe drug. It has no harmful effects if it is taken in the correct dosage. Large amounts of fluoride for a long period of time may cause discolored teeth. A single large dose of fluoride can also be harmful to a child. Give the parents only one bottle at a time. Warn them to keep the medicine out of the reach of children.

* Do not use fluoride tablets if:

    * The child receives fluoride from the water.
    * The child is taking vitamins that contain fluoride (Poly-Vi-Flor, ABDEC with fluoride).

STORAGE AND DISPENSING

* Store this drug at room temperature with the other oral tablets. It will not be harmed by accidental freezing.
* Sodium flouride is a prescription drug. Use it according to the manual or your referral physician's directions.

DIPHENHYDRAMINE HCL
25MG CAPSULES
12.5MG/5ML ELIXIR

BENADRYL®

DESCRIPTION AND USES

* Diphenhydramine is an antihistamine. It will relieve itching, skin rashes, hives, and a variety of allergy symptoms.

    * Children from 1 to 5 years of age may receive 1 teaspoonful of the elixir (12.5mg).
    * Children from 6 to 12 may have one 25mg capsule.
    * Adults and other children may have one or two 25mg capsules.
    * The above dose can be given 4 times daily if needed.

* Diphenhydramine is also used as a sedative and to prevent motion sickness. When used as to prevent motion sickness, the adult patient should taken 25 to 50 mg a half hour before the trip starts.

WARNINGS

* Diphenhydramine, and most other antihistamines, causes drowsiness. Alcohol will make the effect worse. The patient should be told not to drink alcohol or operate dangerous equipment. Children may be stimulated rather than depressed. They may act restless or nervous, or be unable to sleep.

* Some patients may be troubled by minor irritating effects such as:

    * Dry mouth.
    * Difficult urination.
    * Dizziness.
    * Blurring vision.
    * Ringing in the ears.
    * Stomach upset.
    * Nausea.
    * Diarrhea.
    * Constipation.

* Any overdose can depress the patient's breathing.

* Do not give diphenhydramine to:

    * Breast feeding mothers since it may appear in the milk or reduce the mother's ability to make milk.
    * Patients who must perform dangerous work requiring mental alertness.
    * Patients with epilepsy or a seizure problem. Check with a physician. The drug may cause some patient's with epilepsy to have a seizure.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the other oral tablets and liquids. It will not be damaged by accidental freezing.
* This is a prescription drug.
* Remember to tell the patient about the sedative effect of the drug. Warn them not to drink or operate dangerous equipment. Tell them to stop the drug as soon as they feel better.

DIPHENHYDRAMINE EXPECTORANT

BENYLIN[R]
DIPHENHYDRAMINE COMPOUND (
EXPECTORANT
"BENALYN"

DESCRIPTION AND USES

* Benylin[R] contains the antihistamine diphenhydramine and several expectorants that loosen mucous so that it can be coughed up. It is easy to confuse the expectorant with the elixir. Both products contain 12.5mg of diphenhydramine per teaspoonful. The expectorant also contains sodium citrate and ammonium chloride.

* Benylin is used to loosen the mucous in the lungs that causes the coughing. It will also suppress a cough caused by a head cold or allergy.

    * The adult dose is 1-2 teaspoonfuls 4 times daily.
    * Children from 6 to 12 may have 1 teaspoonful.
    * Children from 1 to 6 may have 1/2 teaspoonful.

WARNINGS

* Diphenhydramine causes drowsiness. Alcohol, other antihistamines, and other sedative drugs will make this effect worse. Warn the patient not to drink alcohol or operate dangerous equipment. Children may be stimulated rather than depressed. They may act restless or nervous.

* Some patients may complain of minor irritating effects like:

    * Dry mouth.
    * Difficult urination.
    * Dizziness.
    * Blurry Vision.
    * Ringing in the ears.
    * Stomach upset.
    * Nausea.
    * Darrhea.
    * Constipation.

* The drug has a drying effect. This may make it diffcult to remove bronchial secretions.
* An overdose of the drug will depress breathing.
* Do not give benylin to:

    * Breast feeding mothers since the drug may reduce their ability to make milk.
    * Patients who must perform dangerous work requiring mental alertness.
    * Patients who are taking other sedative drugs such as actifed, Librium[R], Valium[R], or alcohol.
    * A patient with pneumonia.

STORAGE AND DISPENSING CONDITIONS

* Store this drug at room temperature with the oral tablets and liquids. Benylin will not be damaged by accidental freezing unless it breaks the bottle.
* This is a prescription drug.
* Warn the patient that the drug causes drowsiness. Tell him not to operate dangerous equipment or drink alcohol.

GUIAFENESIN	GLYCERYL GUAIACOLATE	2-G®	ROBITUSSIN®
GUIAFENESIN WITH DEXTROMETHORPHAN	GLYCERYL GUAIACOLATE WITH DM	2-G/DM®	ROBITUSSIN DM®

DESCRIPTION AND USES

* Guiafenesin, formerly known as glyceryl guaiacolate, is an expectorant. It helps make the mucous in the lungs more liquid, less sticky and easier to cough up. Dextromethorphin is a cough suppressant. It helps stop a cough which is not serving a useful purpose.
* Guiafenesin is used to treat coughs due to colds, influenza and similar conditions.
    * The usual adult dose is 1-2 teaspoonfuls every 4-6 hours.
    * Children from 4 to 10 may have 1 teaspoonful.
    * Children under 4 years of age may have 1/2 teaspoonful.

* Guiafenesin with dextromethorphen is used if the patient has a cough caused by something other than sputum in the lungs (such as throat irritation). The usual adult doses is 1-2 teaspoonfuls. Children over the age of 6 may have 1/2 teaspoonful. Do not give it to younger children.

WARNINGS

* Guiafenesin may cause stomach upset, particularly if the dose is too large. Dextromethorphan may cause nausea or dizziness.

* Do not use dextromethorphan if:

    * The patient has a productive cough. Coughing is a normal action necessary to clean the lungs.
    * The patient is a child under the age of 6.

STORAGE AND DISPENSING DIRECTIONS

* Store these cough syrups at room temperature with the other oral liquids. These drugs will not be damaged by accidental freezing unless the bottle is broken.
* These drugs do not require a prescription.

Rev 6/77

PHENYLEPHRINE
0.25% NOSE DROPS

NEO-SYNEPHRINE®

DESCRIPTION AND USES

* Phenylephrine is a decongestant. It is applied directly to the lining of the nose in the form of drops. It constricts the swollen blood vessels and opens the nasal passages so the patient can breathe. The effect is immediate and gives considerable relief. Unfortunately the effect lasts only a short time.

* Place 1 or 2 drops into each side of the nose every 4 hours if needed to relieve congestion and "stuffy nose". The drops must not be used more frequently.

WARNINGS

* The patient may notice a mild stinging sensation when the drops are applied. After several days of use, the drug may irritate the nasal mucosa.

* Phenylephrine interferes with the normal action of the nasal cilia.

* If the drops are used for more than 2 days or more frequently than every 4 hours, the nose may become dependent on them. The patient will then find that he must use the nose drops constantly in order to keep his nasal passages open.

* Do not use phenylephrine:

    * In infants.
    * For more than 2 days.
    * At the same time the patient is using actifed, sudafed, or other oral decongestants.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the eye and ear drops. It will probably not be damaged by accidental freezing.
* If the drug is exposed to air, metals or strong light, it will discolor and become useless. Discard the solution if it turns black or contains particles.
* This a non-prescription drug. It is recommended that you not use it routinely, however. Use it only when ordered by a physician or as directed in the manual.

PSEUDOEPHEDRINE
60MG TABLETS
30MG/5ML SYRUP

SUDAFED[R]

PSEUDOEPHEDRINE - TRIPOLIDINE
TABLETS AND SYRUP

ACTIFED[R]

DESCRIPTION AND USES

* Sudafed contains the decongestant psuedoephedrine. Actifed contains the antihistamine triprolidine as well as pseudophedrine.

* The decongestant constricts the blood vessels in the mucous membranes lining the nasal passages and the eustachian tube. This relieves the nasal congestant and plugged up ear sensation that often accompanies allergies, otitis media, serous otities, influenza, and the common cold.

    * The usual adult dose is one tablet 3 or 4 times daily.
    * Children from age 6 to 12 may have 1 teaspoonful or 1/2 tablet 4 times daily.
    * Children from 3 to 5 may have 1 teaspoonful 3 times daily.
    * Children from 1 to 3 may have 1/2 teaspoonful 3 times daily.
    * Do not give actifed or sudafed to children under 1 year of age.

WARNINGS

* Pseudoephedrine (Sudafed) has few side effects.

* The antihistamine triprolidine causes drowsiness. Alcohol and sedative drugs will increase the drowsiness caused by actifed.

* Do not give <u>Actifed</u> to:

    * Breast feeding mothers since the antihistamine may decrease their ability to make milk.
    * Patients who are taking other sedative drugs such as alcohol, Benylin, Librium, or Valium.
    * Patients who must do work requiring mental alertness such as operating dangerous equipment.

STORAGE AND DISPENSING DIRECTIONS

* Store actifed and sudafed at room temperature with the other oral tablets and liquids. The drugs will not be damaged by freezing unless the bottle is broken.
* Check the expiration date before dispensing.
* Sudafed syrup is a non-prescription drug. Sudafed tablets and actifed tablets and liquid are prescription drugs.

TRIAMINIC

DESCRIPTION AND USES

* Triaminic is a combination of two antihistamines and one decongestant. It is similar in its uses and actions to actifed. The decongestant constricts the blood vessels in the mucous membranes lining the nasal passage and the eustachian tube. This relieves the nasal congestion and plugged up ear sensation that accompanies otitis media, serous otitis and the common cold.

    * The usual adult dose is 2 teaspoonfuls 3 or 4 times daily.
    * Children from age 6 to age 12 may have 1 teaspoonful 3 times daily.
    * Children from age 1 to age 6 may have 1/2 teaspoonful 3 times daily.

WARNINGS

* Triaminic has the same side effects that other antihistamine do. It causes drowsiness in the usual dose. Alcohol and other sedative drugs will make the drowsiness worse.

* An overdose of the drug can depress breathing. Be certain to give the correct dose.

* Do not give Triaminic to:

    * Breast feeding mothers since the antihistamine may decrease their ability to make milk.
    * Patients who are taking other sedative drugs such as alcohol, Benylin, Librium, or Valium.
    * Patients who must do work requiring mental alertness such as operating dangerous equipment.

STORAGE AND DISPENSING DIRECTIONS

* Store Triaminic at room temperature with the oral liquids. Accidental freezing will not harm the triaminic unless it breaks the bottle.
* Triaminic is a non-prescription drug.
* Warn the patient to expect some drowsiness. Tell him to avoid alcohol and activities requiring alertness.

SALINE NOSE DROPS

NACL NOSE DROPS
NORMAL SALINE NOSE DROPS
ISOTONIC SODIUM CHLORIDE
SALT WATER NOSE DROPS

DESCRIPTION AND USES

* This produce is a very dilute solution of sodium chloride in water. If the drugs are not stocked in your village, the mother can make her own by placing 1/4 teaspoonful of table salt in a cup of clean water.

* The drops are used to help clean mucous from the baby's nose when he has a cold. Place 3 or 4 drops into each nostril. Let the drops run back into the nose. Use a nasal aspirator syringe to suck out the solution. The saline drops will make the mucous easier to remove.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the other eye, ear and nose drops. The drug will not be harmed by accidental freezing.
* This a non-prescription drug.

CHLORPROMAZINE — THORAZINE®
50MG TABLETS
50MG/2CC INJECTION

PROCHLORPERAZINE — COMPAZINE®
5MG TABLETS
10MG/2CC INJECTION

DESCRIPTION AND USES

* These drugs are phenothiazine tranquilizers. Like other drugs of the phenothiazine group, they have a wide number of uses and side effects. Only a few of the uses and harmful effects are mentioned here.

* Thorazine and compazine can be used to treat agitation, anxiety, and psychotic states. They are most commonly used to treat mental disorders such as schizophrenia where the patient has lost contact with reality. The drugs may control hallucinations, thought disorders and aggressive behavior .

    * The usual dose of thorazine is 25mg - 50mg by mouth 3 or 4 times daily.
    * The usual injectable dose is 25mg IM. This dose may be repeated in 1/2 hour if needed.
    * The usual dose of compazine for this use is 5 to 10mg by mouth or 5 to 10 I.M.

* Chlorpromazine maybe used as sedative in patients experiencing alcohol withdrawal. Do not use it if the patient is having a seizure. The usual dose is 25 to 50mg IM orally or by IM injection.

* Chlorpromazine may be used as a sedative if a patient has hallucinations and fear due to delerium tremons (d.t.'s). The usual adult dose is 100 to 150mg by mouth or 50mg I.M.

* These drugs may also be used to treat nausea and vomiting if requested by a physician. Do not use them in children.

WARNINGS

* Phenothiazine-type drugs cause <u>many</u> side effects. Some of the more common ones are:

    * Sedation and drowsiness.
    * Low blood pressure.
    * Dry mouth, blurred vision.
    * Constipation.
    * Restlessness.
    * Muscle shaking, tremors, rigidity.
    * Jaundice, photosensitivity, blood disorders or other allergic reactions.
    * Inability to control body temperature.

* Alcohol, antihistamines, and other sedatives will increase the sedative effect.

* Avoid using the drug in the following patients:

    * Elderly patient's with liver, kidney or heart disease.
    * Patients who are drunk or who are using other sedatives.
    * Children.
    * Pregnant women.
    * Patients with asthma, emphe sema or other lung disorders.
    * Patients who must be transported through extreme cold.
    * Patients who are having seizures or who have a history of epilepsy or seizures.

STORAGE AND DISPENSING DIRECTIONS

* Store these drugs at room temperature. The medicines will not be damaged by accidental freezing unless the ampuls are broken.
* Keep these medicines out of direct sunlight or they will discolor. Do not use discolored medication.
* Check the expiration date before using.
* Keep the patient lying down for a half hour after the injection to prevent fainting due to low blood pressure.
* Warn the patient about the sedative effect.
* This is a prescription drug. Use it only with a physician's order or in an emergency according to your standing orders.

DIAZEPAM
5MG TABLETS
10MG INJECTION

VALIUM®

DESCRIPTION AND USES

* Diazepam is a sedative drug with a wide variety of uses. Small doses cause sedation. Larger doses cause sleep. A very large overdose may cause coma and death.
* Valium is used as a sedative to relieve anxiety, nervousness or actue alcohol withdrawal. It is also used to relax skeletal muscles that are in a spasm due to strain or injury. The adult dose is 1 tablet 3 or 4 times daily. Give the patient only a small supply of the medicine. Check with a physician before you give him more.
* Valium injection is used to stop seizures that do not stop on their own in a short period of time.

Adult dose	5 to 10mg IM	3 years old	3mg IM
5 years old	5mg. IM	2 year old	2mg IM
4 years old	4mg IM	1 year old	1mg IM
Phenobarbital Injection is preferred for children			

* Valium can be used to treat hallucinations caused by delerium tremons (d.t.'s). The adult dose is 20mg (4 tablets) by mouth or 10mg IM.

WARNINGS

* Sedation and drowsiness are common. Alcohol and other sedative drugs will increase the drowsiness. Warn the patient not to drink, operate dangerous equipment, or take other drugs. Some patients may become excited, anxious and stimulated by the drug.
* The injectable form of Valium may cause a drop in blood pressure. Keep the patient lying down.
* Valium may be a habit forming drug. Do not allow alcoholics to become addicted to valium instead of alcohol. Avoid overusing this drug, especially for long periods of time.
* These drugs have many side effects. The most common are: fatigue, drowsiness, lack of muscle coordination, dizziness, headache, nausea, vomiting, and constipation. Skin rashes and itching may be due to a drug allergy.
* Do not use Valium if:
    * The patient is drunk. It may be used to treat d.t.'s and alcohol withdrawal as outlined in the standing orders.
    * The patient is depressed or suicidal.
    * The patient is a drug or alcohol abuser and likely to abuse Valium.
    * The patient has a history of jaundice, urinary retention, liver or kidney disease.

STORAGE AND DISPENSING DIRECTIONS

* Store Valium at room temperature. It will not be damaged by accidental freezing unless the syringe is broken.
* Check the expiration date before using.
* This is a controlled drug.
* Give the tablets to patients in small amounts and only with a physician's order, or in an emergency, according to your standing orders. Warn the patient to expect some drowsiness and to avoid the use of alcohol and other sedatives.

PHENOBARBITAL
30MG TABLETS
20MG/5 ML ELIXIR
130MG TUBEX

LUMINAL®

DESCRIPTION AND USES

* Phenobarbital has a sedative effect on the brain and the central nervous system. Small doses cause sedation. Large doses cause sleep. Very large doses cause coma and even death.

* The adult sedative dose is 15 to 30mg (1/2 to 1 tablet) by mouth every 6 to 8 hours.

* Phenobarbital may be used to prevent seizures caused by fever in some small children.

    * Children from 6 months to 1 year may have 1-2 teaspoonfuls daily by mouth.
    * Children from age 1 to age 3 years may have 2-3 teaspoonfuls or 1-2 tablets daily by mouth.

* Phenobarbital may be used to stop seizures that do not stop on their own in a short period of time.

    * 1 year old children = 65mg IM (1/2 tubex).
    * 2 year old children = 130mg IM (1 tubex).
    * 3 and 4 year old children 180mg IM (1 1/2 tubex).
    * 5 year old children and adults = 240mg IM (2 tubexes).

    * Give the above dose. Wait a half hour. If the patient is still seizing, give a second dose half as big as the first.

WARNINGS

* Sedation and drowsiness are common. Alcohol and other sedative drugs will increase the drowsiness. Children may become restless or excited rather than drowsy, particular with small doses. An overdose with phenobarbital may cause difficulty walking, depressed breathing, coma and death.
* Phenobarbital may cause dizziness, headache, nausea, diarrhea, skin rash and a number of other uncommon side effects.
* Phenobarbital maybe habit forming in adults.
* Avoid giving phenobarbital to patients who have lung disease, low blood pressure, central nervous system depression, or shock. Avoid giving it to people who are allergic to it or who are stimulated by it.

STORAGE AND DISPENSING DIRECTIONS

* Store these drugs at room temperature. Protect them from theft.
* Freezing may break the glass container of the injection and elixir but will not harm the tablets. If the glass container is not broken, the drugs are safe to use.
* Phenobarbital is a controlled drug as well as a prescription drug. Keep accurate records of when you received the drug, when you used it, and to whom you gave it. Use it only with a physician's order or according to your standing orders in an emergency. This drug is in the village for emergency use.
* Remember to warn the patient about the sedative effect.

EPINEPHRINE INJECTION U.S.P. 1/1000 — ADRENALIN

DESCRIPTION AND USES

* Epinephrine increases the heart rate and blood pressure, dilates the bronchi, and constricts the blood vessels going to the skin and mucous membranes.

* Epinephrine is used to treat acute asthmatic attacks. The drug relaxes the smooth muscles of the bronchi, enlarges the air passages and allows the patient to breathe. It is also used to treat severe drug allergies, such as anaphylactic shock.

* Inject the drug subcutaneously. Brisk massage of the injection site will make the drug act faster. If necessary, repeat the dose in 15 to 20 minutes. if treating asthma. The injection may need to be given every 5 minutes for severe, life-threatening allergic reactions.

Dose for Adults	Dose for 8-16 year olds	Dose for 4-8 year olds
0.5ml s.c.	0.3 ml to 0.4 ml s.c.	0.2 ml s.c.

WARNINGS

* Epinephrine will increase the blood pressure and heart rate. Other common effects include a feeling of restlessness or fear, throbbing headache, weakness, and pale appearance. A very few patients may have heart arrhythmias which may be fatal.

* Do not use epinephrine if:

  * The patient has only a minor asthmatic attack or allergic reaction.
  * The patient has arteriosclerosis of the brain.
  * The patient is in shock from blood loss.

STORAGE AND DISPENSING DIRECTIONS

* Store epinephrine injection in the refrigerator at room temperature. Do not allow it to get hot. It will not be damaged by accidental freezing unless the tubex is broken.
* Keep it out of sunlight. Do not use it if it is discolored.
* Check the expiration date before using.
* The tubex is designed for a single injection. Squirt out the excess until the syringe contains the correct dose. Inject this amount.
* Epinephrine is a prescription drug. In an emergency, use it as directed in your guidelines and standing orders, then contact the physician.

Rev 6/77

IPECAC SYRUP U.S.P.

DIRECTIONS AND USES

* Ipecac causes vomiting. It is given to patients who have taken poisons or an overdose of drugs by mouth.

* The recommended dose is 15ml for adults and children. 15ml is one tablespoonful or approximately one-half of the 30ml bottle supplied to the village. The medicine should be taken with a full glass of water to assist the vomiting action. If the patient has not vomited after 15 to 20 minutes, give him another tablespoonful of ipecac.

WARNINGS

* Do not use ipecac if:

  * The patient is unconscious or semiconscious. He may choke on the vomitus.
  * The patient has swallowed lye, acid, or some other caustic material. The material will damage the esophogus more than the stomach.
  * The patient has swallowed strychnine poison. Strychnine may cause convulsions, especially if the patient is vomiting.
  * The patient has swallowed kerosene, gasoline, or a similar product. If he vomits, it may get in his lungs.

STORAGE AND DISPENSING DIRECTIONS

* Store ipecac at room temperature with the other oral liquids or tablets. Accidental freezing may break the bottle. If the bottle is not broken, the drug should be safe to use.
* Ipecac is a prescription drug. Use it as directed in the manual in an emergency, or as directed by a physician.

Rev 6/77

PILOCARPINE OPHTHALMIC SOLUTION

ISOPTO-CARPINE[R]
PILOCAR[R]

DESCRIPTION AND USES

* Pilocarpine reduces the size of the pupil and decreases the excessive pressure in the eye of a patient with glaucoma.

* If the patient has an attack of acute glaucoma, pilocarpine will reduce the pressure, relieve the pain, and prevent the damage to the retina.

    * The usual dose is 1 or 2 drops in the affected eye every 5 minutes for 30 minutes. The dose is then reduced to 2 drops every 4 hours.

    * The unaffected eye is usually treated with 1-2 drops every 4 hours.

WARNINGS

* Side effects are uncommon. If the large doses of the drops must be used, some of the medicine may be absorbed into the blood stream. The patient may have excessive saliva, sweating, nausea, vomiting, diarrhea, low blood pressure, constriction of the bronchials. If the patient has a history of asthma or urinary obstruction, watch the patient closely.

STORAGE AND DISPENSING DIRECTIONS

* Store this drug at room temperature with the other eye drops. Accidental freezing will not damage it, unless the bottle is broken.
* Pilocarpine is a prescription drug.

COMBISTIX

DESCRIPTION AND USES

* Combistix is a diagnostic tool. It can test the pH (acidity) of the urine, and the amount of glucose and protein in it. There are similar products (clinistix, uristix, etc) that can test for other items in the urine.

* Obtain a fresh urine sample. Dip a plastic combistix strip into the urine. Remove it immediately. Compare the tests squares with the squares on the bottle label. The glucose square must be compared exactly 10 seconds after the strip has been dipped into the urine.

STORAGE AND DISPENSING DIRECTIONS

* Store combistix at room temperature with your other diagnostic equipment. Keep the lid tightly closed.
* Combistix is not dated, but should be reasonably fresh. Do not use a bottle for more than 2 years. Keep the strip in the bottle until just before use.

HYDROCHLOROTHIAZIDE
50MG TABLETS

HYDRO-DIURIL® ORETIC®
ESIDREX® HCTZ

DESCRIPTION AND USES

* Hydrochlorothiazide is a diuretic. It helps the body rid itself of excess sodium and water through the urine. It also reduces the blood pressure. It is used to treat hypertension (high blood pressure) and edema caused by pregnancy, premenstrual fluid retention, and congestive heart failure. The usual dose is 25 to 50mg (1/2 to 1 tablet) once or twice a day.

WARNINGS

* Hydrochlorothiazide causes few side effects. A few patients may have nausea, vomiting, diarrhea, dizziness, numbness or tingling, or allergic reactions.

* If the drug is taken for a long period of time, the body may become low on potassium. If the potassium level falls to low, the heart may develop an abnormal rhythm. If the patient is on hydrochlorothiazide for a long period, he should eat foods rich in potassium such as fruit juices, bananas and apricots.

* Do not give this drug to someone with kidney failure or the inability to make or pass urine

STORAGE AND DISPENSING DIRECTIONS

* Store hydrochlorothiazide at room temperature with the other oral tablets. It will not be damaged by accidental freezing.
* Check the expiration date before using.
* Tell the patient that he may pass more urine than normal when he first starts the drug.
* This is a prescription drug.

PROBENECID
500MG TABLETS

BENEMID[R]

DESCRIPTION AND USES

* Probenecid acts on the kidney to prevent the kidney from excreting penicillin or ampicillin into the urine. It is used with penicillin to extend the action of the penicillin in the treatment of gonorrhea. The probenecid has no antibiotic action of its own.

* The usual adult dose is 1.0 Gm (2 tablets) taken a half hour before the injection of 4.8 million units of procaine penicillin G. If the probenecid is used with oral ampicillin, the probenecid is taken at the same time as the ampicillin.

WARNINGS

* If the patient is allergic to penicillin, he may have a prolonged allergic reactions since he cannot rid himself of the penicillin readily.

STORAGE AND DISPENSING DIRECTIONS

* Store probenecid at room temperature with the other oral tablets. It will not be harmed by accidental freezing.
* Check the expiration date before using.
* Probenecid is a prescription drug.

NORTH PACIFIC MEDICAL CENTER
P. O. BOX 95
KODIAK, AK 99615
TELEPHONE (907) 486-4183

RON BROCKMAN, D. O.
ORTHOPAEDIC SURGERY
RICHARD HOLYOKE, PA-C

LOREN HALTER, D. O. (D.A.B.F.P.)
FAMILY MEDICINE
GARY HURLBURT, PA-C

March 18, 1980

Glenn Hackney
Senate
1136 Sunset Drive
Fairbanks, Alaska 99701

Dear Mr. Hackney,

House Bill 79 and Senate Bill 75 will soon be submitted to the floor during the upcoming session.

These bills authorize qualified optometrists to use certain diagnostic drugs in the course of their examinations to help them detect eye diseases. Since optometrists are held legally responsible for detecting eye diseases, they should certainly be allowed to use all of the diagnostic tools available to them, tools which they have already recieved the training to use in their schooling.

The majority of the states have already passed bills authorizing optometrists to utilize diagnostic pharmaceuticals. It would be to the advantage of all Alaskans for our legislators to follow suit and approve these bills. In out-lying areas, such as Kodiak, the optometrists are relied upon to recognize and handle problems that would normally be taken to an opthalmologist in the larger cities. Giving them the authority to use this valuable diagnostic aid will enable them to give better eye care to everyone in their community. House Bill 79 and Senate Bill 75 has our wholehearted support.

Sincerely yours,

Loren D. Halter D.O.

Loren Halter, D.O.

Ron Brockman, D.O.

Ron Brockman DO

Fill

P.O. Box 5492
North Pole, Alaska
March 22, 1980

The Honorable Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Glenn:

Just a note to let you know that I am definitely in favor of House Bill 79 and Senate Bill 75.

Optometrists need to be freed of this unnecessary restriction of eye drops for diagnosis. These Bills would only increase their efficiency.

Thanks and a big hello to Esther!

Sincerely,

Esther

(Mrs.) Esther T. De Witt

HB 375

March 14-1981

Dear Glenn Vankney

I would like you to vote for Bill #75, letting Alaskan Doctors of Optometry use eye drops whenever they need to for diagnosing eye problems. This seems only right since they are allowed to in the military and in other States

Mrs Shirley Lewis

Mrs Shirley Lewis
SR Box 30696
Fairbanks Ak 99701

JOHN J. EUFEMIO, M. D.
BOX 907
KODIAK, ALASKA 99615

TELEPHONE 486-4191

14 March 1980

Dear Senator Hackney:

This letter is to inform you of my support of House Bill 79 and Senate Bill 75.

Doctors of Optometry are well qualified to use diagnostic pharmaceutical agents and need them to provide better eye care for the Alaskan consumer.

I hope you will provide the support necessary to pass this much needed legislation.

Yours truly,

John J. Eufemio
M.D. FACS

file
SB 75

Capt Richard L. Wilson
5249-G Broadway
Eielson AFB, AK 99702

March 14, 1980

Hon. Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney,

Regarding Senate Bill no 75:

I am in favor of amending Alaska law so that Doctors of Optometry in Alaska can legally use eye drops for diagnosis. Optometrists in the armed forces, of which I am a member, and optometrists in other states have been using eye drops for some time.

I urge passage of Bill 75.

Richard L. Wilson

Fill

3/14/80

Sen Glenn Hackney
Ak State Senate

I would like you to support Senate Bill #75.

This allows Doctor of Optometry to use diagnostic eye drops. Otherwise patient pays more to go to a M.D. for the eyedrops.

Thank You.

Louise King
SR Box 80391
Fairbanks, Ak. 99701

March 10, 1980

MILLERS FALLS
EZERASE
COTTON CONTENT

Senator Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Sen. Hackney:

We urge your support in seeing that Senate Bill #75 is passed.

We find it very difficult to believe that the Ophthalmologists are opposing the bill. What is their reasoning for such opposition?

32 states, including Georgia, who passed their drug bill Feb., 1980, are either authorized by statue or permitted to legally use diagnostic drugs for detection of eye diseases. Are these 32 states all wrong and the opposition in Alaska correct? Early detection of eye disease is a very important "preventive medicine" issue, not a pokitical issue.

As concerned tax paying citizens we again urge your support.

Molly Rankin

Molly Rankin
SR Box 30075
Fairbanks, Alaska 99701

Dear Senator Hackney,

3/13/82

Please vote yes in favor on Senate Bill # 75 for the use of diagnostic drugs in Optometry.

Robert D Rutt

751 OLD RICHARDSON HWY

FBKS, AK

P O Box 1091
Fairbanks AK 99707
March 12, 1980

The Honorable Senator Glen Hackney
State of Alaska
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney,

I urge you to support Senate Bill 75. This Bill, by allowing properly trained optometrists to administer diagnostic eye drops, would alleviate inequities in the medical practice in this state and improve health care for Alaskans.

Thank you for your consideration of my opinion.

Sincerely,

Susan M. Aronson

Susan M. Aronson

March 13-1980

Senator Glenn Hackney
Alaska State Senate
Pouch V
Juneau, AK 99811

Dear Mr. Hackney,

Please vote for Senate Bill 45. This law will be in the best interests of eye care for Alaskans.

Thank You

Mrs Jeannie Wright
S.R. Box 6061-2
Fairbanks, AK- 99701

DR. CURTIS M. JOHNSON
DR. D. R. SCHMIDT
OPTOMETRISTS
530 SEVENTH AVENUE
FAIRBANKS, ALASKA 99701

Telephone {456-4010
{452-5152

Representative Thelma Bucholdt
Pouch V
Juneau, Alaska 99811

Dear Representative Bucholdt;

We support and urge you to support the passage of H. B. 79 which would allow optometrists to use diagnostic pharmaceutical agents.

SIGNATURE	ADDRESS
Shirley Pomeroy	P.O Box 10347
Evelyn Secrest	PO Box 1095
Helen Hickel	110 Bridgham Way
Glenn F Irwin	1647 MADISON DR., FBKS
Jon L Melville	SR 5C525-P FBKS
Gilbert Sterling	1126 Lakeview Terr. Fbks. AK.
C. A. Rublee	748.5 Goffney Rd. Fbks., AK.
Jane M. Rublee	3279 Jefferson Dr 99701
Gary L Sawdy	SR 10258, Fairbanks, AK 99701
Louis J Thornley	SR 30271-A Fairbanks AK 99701
Doug Fannin	mile 195 Rich. hwy 99737
Ron Fannin	Mile 195 Rich. hwy 99737
R H Fehlen	7m Badger Road FBKS
Anton Malde	Manley Hot Springs
Susan Buckelew	1100 Wedgewood Ct FBKS.
Mary Cronin	" " " "

file SB 75

Mr. and Mrs. S.H. Carter, Jr.
SR Box 20039
Fairbanks, Alaska 99701

March 7, 1980

The Honorable Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

We request your support for Senate Bill #75, which is in your committee. It allows optometrists to use certain drugs that relate to their work in detecting eye diseases.

We understand that village health aides, with 20 weeks of training can use these and many other drugs, while the optometrist with 6 to 8 years of training, cannot. This certainly is not in the interest of Alaskans who go to optometrists for their eye examinations.

Very truly yours,

Mr. & Mrs. S.H. Carter, Jr.

Mr. and Mrs. S.H. Carter, Jr.

Jul 531

DR. CURTIS M. JOHNSON
DR. D. R. SCHMIDT
OPTOMETRISTS
330 SEVENTH AVENUE
FAIRBANKS, ALASKA 99701
Telephone [illegible]

Representative Thelma Bucholdt
Pouch V
Juneau, Alaska 99811

Dear Representative Bucholdt;

We support and urge you to support the passage of H. B. 79 which would allow optometrists to use diagnostic pharmaceutical agents.

SIGNATURE	ADDRESS
Patricia Rosen	PO Box 213 Fbks.
Diana Brockelsby	410 Wedgewood 3H, Fbks
Jeannette Kimberlin	SR Box 10413, Fbks. 99701
Rebecca R Owen	PO Box 10258 Fbks. AK. 99701
Lewis J Gibson	4636 8th St Fairbanks 99701
Anna Gibson	4636 8th St. "
Jeff Lucas	301 Glacier Ave
Heather L Sewell	PO Box 234, Clear, AK.
CURT DORAN	542 CRAIG AVE, FAIRBANKS
[illegible]	Box 60002 FBKS, AK 99706
Edgar Olsen	1213 - 5th Fairbanks 99701
Norma Carlo	136 Denkel, Fairbanks
Sharon Block	SR 50505 Fairbanks
Ken Fratt	Box 508 Nikiski AK.
Pat Driscoll	1126 Park Drive

E. E. BACH, O.D.
PHILLIP W. BACH, O.D., PH.D.
OPTOMETRY
SUITE 204 DENALI PROFESSIONAL CENTER
3401 DENALI STREET
ANCHORAGE, ALASKA 99503

March 1, 1980

The Honorable Robert H. Ziegler, Sr.
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Ziegler:

I am taking the liberty of responding to your letter of February 11 to Dr. Craig, a copy of which he has sent to me. Am sending a copy of this letter to Senators Hackney and Colletta since their committees are also involved in SB 75.

First, your exchange of letters between the two professions is an interesting and potentially useful means of furthering communication.

I can understand your reluctance to adjudicate, as a layman, a dispute involving technical considerations, though this occurs frequently in the legislature. However we are not asking you to decide the matter or even take sides; we are simply asking that you and your committee allow the bill to be considered by the full Senate. You can avoid taking sides by passing the bill out without recommendation.

As to the question of compromise you mentioned, you are probably aware of the meeting that took place in Sen. Colletta's office on February 11, perhaps after you wrote your letter. The ophthalmologists would accept nothing less than total withdrawal of the bill. Nevertheless we still developed an amendment (relating to a drug selection body) that would satisfy some concerns raised by Sen. Colletta.

The ophthalmologists do not have a case. And since Alaska is one of only 18 states that still prohibit the use of diagnostic pharmaceuticals by optometrists, I am sure you can understand that there is no way we are going to give up on this issue. You three gentlemen have the power to prevent this from becoming a long and bitter battle, one that the ophthalmologists are ultimately going to lose.

Very truly yours,

Phillip W. Bach

Phillip W. Bach, O.D., Ph.D.

PWB/sn

cc: Senator Glenn Hackney
Senator Mike Colletta

Alaska State Legislature

SENATOR
ROBERT H. ZIEGLER, SR.
307 BAWDEN STREET
KETCHIKAN, ALASKA 99901

POUCH V
JUNEAU, ALASKA 99811

Senate

CHAIRMAN
SENATE JUDICIARY COMMITTEE
IMMEDIATE PAST CHAIRMAN
WESTERN CONFERENCE - COUNCIL OF STATE GOVERNMENTS

VICE CHAIRMAN
SENATE RULES COMMITTEE

MEMBER
SENATE STATE AFFAIRS COMMITTEE
SENATE COMMITTEE ON COMMITTEES
LEGISLATIVE COUNCIL
WESTERN STATES LEGISLATIVE FORESTRY TASK FORCE

February 11, 1980

Dr. Ed Craig
Optometrist
348 Main Street
Ketchikan, Alaska 99901

Dear Ed:

I am sending a copy of this letter, as you will note, together with a copy of your letter to me of January 8, to Dr. Page.

I am enclosing a copy of Dr. Page's letter to me of January 31.

It is quite clear that the opthamologists and the optometrists are never going to see eye to eye (no pun intended). When feuding factions of any given profession can not agree between themselves as to what should or should not be done, and if those feuding factions want a layman to adjudicate their disputes, I personally resent it. If the warring cliques can't resolve their differences, what makes them think that I can?

I don't at this time intend to take any affirmative action on either HB 79 or SB 75. However, in the unlikely event a compromise is struck, I'll move right along.

Please, please, no more literature! I've seen enough from both sides in the last three years to last me a life time.

Regards,

Robert H. Ziegler, Sr.

cc: Dr. Page

Enclosure

RHZ:lk

02093 NL ANCHORAGE ALASKA 160 02-27 500P AST

SB 5

PMS SEN GLEN HACKNEY

JUN

THE ALASKA STATE MEDICAL ASSOCIATION LEGISLATIVE COMMITTEE HAS REVIEWED SB75, AN ACT RELATING TOTHE PRACTICE OF OPTOMETRY. CORRESPONDENCE RELATING TO THE ISSUE DURING THE 1978 LEGISLATIVE SESSION WILL BE FORWARDED. THE POSITION OF ASSOCIATION REMAINS ESSENTIALLY THE SAME, NAMELY

1. WE ARE UNABLE TO DETERMINE HOW THIS LEGISLATION WILL IMPROVE EYE CARE OR SPECIFICALLY BENEFIT THE PUBLIC.

2. SPECIFICALLY WE KNOW OF NO DIAGNOSTIC USE FOT THE DRUG CLASS MIOTICS, REQUESTED; IN CONVERSE, THEIR USE WOULD BE APPROPRIATE FOR TREATMENT OF NARROW ANGLE GLAUCOMA, PRECIPITATED BY A MYDRIATIC/ CYCLOPEGIC USE. THIS CONDITION WE UNDERSTAND IS MORE PREVALENT AMONG THE ALASKA NATIVE THAN THE GENERAL POPULATION, SUCH THAT BUSH USE OF THESE DRUGS COULD CARRY INCREASED RISKS.

3. WE APPROVE THE EDUCATIONAL REQUIREMENTS ADDED IN THE 1979 LEGISLATURE. IT FOLLOWS THAT SHOULD THE LEGISLATURE BELIEVE THE PROPOSED LEGISLATION IS IN THE BROAD PUBLIC RATHER THAN FOR SPECIAL INTERESTS NO GRANDFATHER TYPE CLAUSE SHOULD BE ALLOWED.

SINCERELY, WINTHROP FISH, MD,

CHAIRMAN LEGISLATIVE COMMITTEE

ALASKA STATE MEDICAL ASSOCIATION

TELEGRAM

ROA ALASKA COMMUNICATIONS, INC.
P ONE [illegible]-6442
JUNEAU, ALASKA 99802

Ø2Ø94 NL ANCHORAGE ALASKA 159 Ø2-27 5ØØP AST

PMS SENGLENN HACKNEY

JUN

A POTENTIAL THREAT TO THE PUBLIC EXISTS BY THE PASSAGE OF SB75 WHICH ALLOWS NON-PHYSICIAN EYE CARE PRACTITIONERS (OPTOMETRISTS) TO ADMINISTER DANGEROUS EYE MEDICATIONS FOR DIAGNOSTIC PURPOSES WITHOUT PHYSICIAN SUPERVISION. THE DESIRE DRUGS ARE LISTED IN THE PROPOSED BILLS IN THE BROAD GENERAL CATEGORIES OF TOPICAL ANESTHESICS, MYDRIATICS, CYCLOPEGICS AND MIOTICS RATHER THAN BY SPECIFIC DRUGS NAMES WITH DOSAGES. EXAMPLES OF THE DRUGS FOUND IN THESE CATEGORIES INCLUDE SUCH POTENT MEDICATIONS AS COCAINE, ATROPHINE, SCOPOLAMINE, PHENYLEPHRINE, AND PHOSPHOLINE IODINE. ALL OF THESE MEDICATIONS HAVE POTENTIALLY DANGEROUS SYSTEMATIC SIDE EFFECTS. THE SPECIFIC CLASS BIOTICS CONTAIN NO DIAGNOSTIC DRUGS WHATSOEVER AS THEY ARE ALL THERAPUTIC MEDICATIONS USED FOR TREATMENT OF GLAUCOMA OR CERTAIN CASES OF CROSSED EYES. THE ANCHORAGE MEDICAL SOCIETY VOTED OVERWHELMINGLY TO OPPOSE THISE LEGISLATION AS PASSAGE WOULD PERMIT NON-MEDICAL PRACTITIONERS TO PRESCRIBE OR APPLY DRUGS. THIS IS CONTRARY TO THE HEALTH AND WELFARE OF PEOPLE OF ALASKA.

ANCHORAGE MEDICAL SOCIETY PRESIDENT, JERRY LITTLE, MD.

ALASKA STATE MEDICAL ASSOCIATION
1135 W. Eighth Avenue • Suite 6 • Anchorage, Alaska 99501 • (907) 277-6891



February 26, 1979

Senator Glenn Hackney, Chairman
Alaska State Senate
Health, Education, and Social Services Committee
Pouch V, Mail Stop #3100
Juneau, Alaska 99811

Dear Mr. Hackney:

The Alaska State Medical Association Legislative Committee has reviewed Senate Bill 75, an act relating to the practice of optometry.

Enclosed is a copy of correspondence relating to the issue during the 1978 Legislative Session. The position of the Association remains essentially the same, namely:

(1) We are unable to determine how this legislation will improve eye care or specifically benefit the public.

(2) Specifically, we know of no diagnostic use for the drug class, miotics, requested; in converse, their use would be appropriate for treatment of narrow angle glacoma, precipitated by a mydriatic/cycloplegic use. This condition, we understand, is more prevalent amongst the Alaska natives than the general population, such that bush use of these drugs could carry increase risk.

(3) We approve the educational requirements added in the 1979 legislation. It follows that should the Legislature believe the proposed legislation is in the broad public rather than for special interest, no grandfather type clause should be allowed.

Sincerely,

Winthrop Fish, M.D.
Chairman, Legislative Committee
Alaska State Medical Association

WF:mlm

Enclosure

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 contemplated, 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,

WFish

Winthrop Fish, M.D.
Chairman, Legislative Committee

WF:mlm
cc. ASMA Council
ASMA Legislative Committee

ANCHORAGE MEDICAL SOCIETY
1135 W. 8TH AVE., SUITE 6
ANCHORAGE, ALASKA 99501
907-277-6891

February 26, 1979

Medical Society Position Paper

A potential threat to the public exists by the passage of HB 79 and SB 75 which allows non-physician eye care practitioners (optometrists) to administer dangerous eye medications, for diagnostic purposes, without physician supervision.

The desired drugs are listed in the proposed bills in the broad general categories of topical anesthesics, mydriatics, cycloplegics and miotics rather than by specific drug names with dosages. Examples of the drugs found in these categories include such potent medications as Cocaine, Atropine, Scopolamine, Phenylephrine and Phospholine Iodide. All of these medications have potentially dangerous systemic side effects. The specific class miotics contain no diagnostic drugs what-so-ever as they are all therapeutic medications used for treatment of glaucoma or certain cases of crossed eyes.

The Anchorage Medical Society voted overwhelmingly to oppose this legislation as passage would permit non-medical practitioners to prescribe or apply drugs. This is contrary to the public interest and a detriment to the health and welfare of the people of Alaska.

Anchorage Medical Society
Jerry Little, M.D., President

JL:ma

JAMES H. PATTERSON, M.D.
Diseases and Surgery of the Eye
Subspeciality Pediatric Ophthalmology
3500 LATOUCHE
ANCHORAGE, ALASKA 99504

Telephone 907: 274-2252

February 26, 1979

Chairman Glenn Hackney
Senate HESS Committee
Pouch V
Mail Stop Number 3100
Juneau, Alaska 99811

Dear Chairman Hackney:

As a physician and surgeon I am most concerned about SB 75 and HB 79 which propose to give nonmedical eyecare practicioners (optometrists) the privilege of applying potent medications to the eye for diagnostic purposes.

The proposed bill lists only broad general categories of the desired eye medications, not specific drug names and concentrations. The classes of drugs include such potent substances as Cocaine, Atropine, Scopolamine, Phenylephrine and Phospholine Iodide. All these drugs when applied to the eye are readily absorbed into the bloodstream and are capable of producing a wide range of total body effects.

Cocaine, a topical anesthetic and mydriatic (dilater of the pupil) is a controlled substance which is subject to wide spread abuse by addicts and requires a controlled substance registration certificate to dispense. Atropine and Scopolamine are cycloplegic agents which paralyze the eyes focusing power and in sufficient doses produce irritability, hallucinations and even coma. Phenylephrin (a mydriatric) has the ability to raise the blood pressure markedly and to alter the rhythm of the heart and has been implicated in deaths in older people through strokes and in children through cardiac arrhythmias. Phospholine Iodide, a miotic which constricts the pupil, is used in the treatment of glaucoma (elevated pressure in the eye) and in certain cases of crossed eyes, the active ingredients are related to the active substance in certain insecticides and nerve gas. This medication has been shown to produce retinal detachments and cataracts. Miotics are a therapeutic class of drugs and are listed incorrectly in the proposed bills as diagnostic drugs.

The above are only a few examples demonstrating what potential dangers exist in the various classes of the drugs listed in the proposed bills. By -allowing wide spread use of these drugs by nonmedical persons the overall risk to the general public of potentially serious side effects or untoward reactions are markedly increased.

This type of legislation is not unique to Alaska. The initial nationwide optometric movement, in attempting to enter the practice of medicine, was successful and approximately 20 states have some type of optometric drug legislation. In the past 2-3 years as the full implications of such legislation became known optometric drug bills have been going down to defeat by about a 3 to 1 margin.

I would appreciate your support in helping prevent these bills from becoming law. I not only can but will readily answer any questions or document any items that I have commented on in this letter.

Sincerely yours,

James H. Patterson M.D.

JHP:plz

3311 EUREKA St.#3
Anchorage, Ak.99503
March 3,1979

Dear Mr. Hackney,

It is my understanding that Senate Bill 75 is under view by your committee in the eleventh legislature-first session. If at all possible I would appreciate being informed as to the status of this "act relating to the practice of optometry".

My interest in this matter takes on a fervent stance due to the fact that I have been directly involved in the delivery of eye care services to to those recipients in the Bering Straits Region. In light of this Ifeel obligated as well as deeply concerned with this notion of introducing Sec.08.72.305 to the enactment of the legislature.

I need not inform you that we both share a vested interest in this matter since we are potential candidates of optometric services: iet alone the populus that this bill will effect if passed.

This missive serves you in a genuine tone of concern since Alaska now is beseiged by the "drug bill", SEC. 08.72.305. Pursuant to this is the idea that health care, specifically, the medical health eye care aspect should be viewed under a microscope for what is to be understood as a redefinition of the scope of the optometrist. Or, if you would , a broadening of the defined scope of the optometrist. To wit... allowing the utilization of pharmaceutical agents (drugs). I beseechingly ask that you read the following paragraphs for the sole purpose of another outlook from a concern citizen, not to mention for the sake of the public whom you represent in this permissive matter of eye care.

The decision that confronts the legislative body is a precarious one. Due to the fact that a question mustbe brought forth & posed , what consitutes the optometrists in this state to utilize drugs in their non-medical profession.

An apparent exigency is prevalent to bring to attention the delination between the non-medical profession (optometrists-O.D.) & the medical profession, (ophthalmologists-M.D.). Both are distinguished in their own right & certainly are awarded the recognition & respect from our society. However the oohthalmologist has gone through an intense array of medical education & training for his endavour of the total encompassing diagnosis, treatment, & care of the eye. The optometrist need only attend a few years of schooling for gainful knowledge of a cognizance of an optical deficiency correctable as he sees it by administering & prescribing lenses &/or prisms. Hencefore, the medical profession is more adequately & better prepared for the entire entity of tending to the eye than the optometrist, merely by training & education. Be it stated here that the above mentionned was not meant in a derogatory fashion nor a demeaning one towards the optometric profession.

In conjunction with this is the question posed , why would a non-medical profession such as optometry effaciously invade the medical profession in medicine. Both are sciences,but, both are concerned with different concentrations intrinsically related to their science. Optometry was established with the initial purpose as a profession to aid in "vision improvement" acting as a liason for the ophthalmologists.

At this propitious time of concern with rising health care at an annual rate of 12% & an approaching make-up of 10% of the GNP the non-medical profession of optometry has sought an entrance into & engagement in being a medical provider of health care delivery by the pursuit of practicing ophthalmology .I can only surmise this from reflecting observations of the events & recent developments between these two professions & what is taking place in the state house / senate in Alaska.

This issue becomes sensitive not only for the reason that the eye as an organ is one of mans' most cherished & most relied upon senses but primarily how Alaska will handle, cope, & decide upon what constitutes the profession of optometry to utilize drugs in their profession. Advertently, how health care will be delivered to its constituents. All legislative powers are in throes of controlling this predicament. However, I fail to see how amending this bill will alleviate & eliminate the cost of medical care, let alone upgrade & enhance the quality of medical health eye care.

As with any service rendered in our society one seeks the quality of service for the least amount of cost to them. The same holds true in medicine. I believe as you might concur that a patient seeks a physician eye doctor for his knowledge, skill, ability,talent in his area of medicine with a degree of trust for all intents & purposes of effaciously being relieved of whatever objective &/or subjective sign &/or sympton that the individual had to seek the M.D. in the first place. For you to fully understand the topic in deliberation, this missive necessiates that you be privy to the condition of glaucoma. The example to be cited is stated in order to stress the full impact & seriousness of Sec. 08.72.305

Pertinent to this is the prevailing factor that Alaska is different than the other states that have considered the "drug bill" in regards to its recipients of eye care health services. For the Alaskan Natives are predisposed to the condition of glaucoma, particularly of the four types, narrow angle glaucoma This is due to their anatomical trait of a shallow anterior chamber.

I ask that you bear with me in a basic description of the eye & vocabulary related to it.

Affecting 1 out of every 100 people over 40 & being the second leading cause of blindness in the U.S.:glaucoma is an afflicting disorder. There exists within the eye an intricate drainage system, so established that the aqueous humor (fluid which aids in maintaining the shape of the eye & its nourishment for it) continuously leaves the eye through the drainage network. In the case of an individual afflicted with glaucoma the exit route is complicated.Basically, a squelching effect of that which is a composite of the angle of drainage in the anterior chamber of the eye becomes narrow,or more fluid is produced than what is considered the normal. Hence, the subsequent build-up of pressure within the eye. IT IS THIS intraocular pressure that jeopardizes the sight of an individual. For glaucoma is that injurious increase of pressure within the eye pressing on the optic nerve. The optic nerve being the running umbilical cord to the brain for the interpretation of vision. If you will, it is the M.D.'s insight & his ability to detect this disorder that is quite significant , whether or not the individual will maintain good vision. For this is an eye condition that is not curable, solely controllable with medication &/or surgery.

Narrow angle glaucoma may be precipitated when the pupil (black portion of the eye) dilates (enlarges) as it encounters darkness or after the administration of mydriatics (dilating drugs).

The latter precipitory factor arises when a doctor utilizes one of many mydriatic drugs during the course of an eye exam , fundus exam (viewing the posterior portion within the eye) & for evaluating refractive errors. (Sec. 08.72.305 2,c) Mydriatics facilitate examinations of that already mentionned.

A patient with an underlying condition of narrow angle glaucoma may be subjected to medication by the attending physician whether it be for any one of the mentionned eye examinations. In view of this, induced is the incidence of an attack of acute narrow angle glaucoma.. WHY? The iris, (colored portion of the eye) had been induced to dilate by the administered drug. Consequently, this inhibits the muscle to constrict therefore closing off the escape route for the aqueous fluid. What now ocurrs is excruciating & intense pain due to the escalating intraocular pressure upon the optic nerve. If not quickly tended to with the attention of rectifying the precarious situation by a counter effect of medication whether this be administered orally, or intraveniously irreversible damage will ensue.

Obviously, at this point & time the reflexive resposes of the attending eye examiner is weighted with responsibilities of anothers vision AS you & your committee are weighted with the responsibility of answering what constitutes the optometrists in this state to utilize drugs in their non-medical profession. My faith lies herein with your time & consideration of Sec. 08.72.305.

Sincerely,

Maureen Rock

MEMORANDUM

February 5, 1979

TO: Senator Hackney
Chairman, HESS Committee

FROM: Margaret Branson
Representative

RE: SB 75 Optometry and Drugs

As the Chairman of the Committee of first referral, I thought this material on SB 75 properly belongs in your files for consideration by your committee.

FILE

Peninsula Eye Clinic
PETER E. CANNAVA, M.D.
OPHTHALMOLOGY
BOX 1629
SOLDOTNA, ALASKA 99669

TELEPHONE 262-4462

February 1, 1979

Margaret Branson, Representative
Pouch V
Juneau, Alaska 99811

Dear Margaret;

Thank you for notifying me of SB 75! This is the second year for this bill as it was "killed" in the Senate last session. Ophthalmologists have very strong feelings toward this legislation because it is obvious that optometrists have no medical training what-ever (despite their claims) and it is not fair to the public to turn them loose dispensing eye drops. Optometrists are very well trained to fit eye-glasses, but the last few years have desired to expand their endeavours to include the use of eye drops.

Reasons for this desire are purely economic! Therefore - - see the arrival of a national health bill and want a guarantee that they will be included in this legislation as a "primary care providors".

Eye drops are absorbed into the blood stream and become systemic medications. Although rare they can produce serious side reactions such as high blood pressure and indeed shock! It is not fair to the public to relegate such serious matters to a non-medical practionor.

Medicine contends that if non-medical practionors wish to expand their endeavors to include medical functions they should re-cycle themselves thru the medical curriculum rather than going to the legislators and side-passing the educational pre-requisites.

Sincerely,

Peter E. Cannava, M.D.

Peter E. Cannava, M.D.

P.S. Enclosed please find a speech I gave to the local legislators before they departed to Juneau.

P.S. In addition you should be aware that a young Alaskan lost an eye because of an optometrist, in using eye drops, felt secure in making a diagnosis which turned out to be erroneous. The story is enclosed.

PEC/bc

American medicine has estabilished a tradition which dates back well over 200 years! Despite the ups and downs of certain aspects of American medicine the very basic integrity of the system has never and will never be challanged. This is fact because the system rests upon a foundation of sound scientific principle. American people may not like what type of treatment is offered them but they at least can rest assured that any prescription promulagated by our traditional medical system is based upon a scientific method, and those practitioner licensed with-in the system have completed a satisfactory curriculum approved by both private and governmental bodies who attest to the fact that medical practitioners are qualified to practice with the use of drugs and other modalities. In addition to the traditional modality of medical care there are two other broad categories of health care which our people choose to utilize. One is not based upon scientific methodology, cannot be supported by established objective data. Examples of these would be naturopathic healing and chiropractic. The second category of non-medical health care sought by Americans is based upon scientific principles but is not traditionally associated with medical education. Examples of those are psychology and optometry. In past years no major conflict has arisen between traditional medicine and other forms of health care. However, of late there is a movement on by non medical people to seek enactment of legislation which would grant them privileges which traditionally have been the provence of medical practitioners. Examples would include attempts by chiropractors to utilize medical facilities for laboratory testing and more germane to our state the attempt by optometry to seek legislation approved for their use of drugs within their practice.

Legislators must be aware of the short and long term implications of such legislation! Granting non-medical practitioners medical priveleges obscures the traditionally clear cut lines between the dicipline of medicine and the non-medical practices. Such obscuration of lines of deliniation serves to thoroughly confuse the public as to what type of health care is to be expected from each type of practitioner! In such confusion the public will have no clear concept of what type of "product" to expect of each health care practitioner. I wish now to focus upon a problem which confronted last years legislators and may surface again! Optometrists as you may be aware are non-medical practitioners by virture of their ancestory, training, current definition and as of several months ago defined by U.S. District judge for Alaska. They are requesting the legislature to grant them privilege of using drugs in their practice! Such a priviliege would have two fold effect and firstly it would set a precident with-in our state and open the door to all non-medical health personell to seek similar privilege. Secondly it would further endanger the people of Alaska to the risk of loss of sight because of the injudicious use of drugs and false sense of security the use of drugs imparts upon the recipients of such treatment. Indeed as time goes on I will supply you with case histories of Alaska residents who have lost eyes because they were lured into feeling they had been examined by eye physicians or ophthalmologists. I will also supply you with a legal suit prompted by such a loss of eye and additional pertinent information. I urge you not to grant non-medical health practitioners by legislation what they should rightfully earn by education that is the right to join the ranks of traditional medicine thru time honored institutions, estabilished testing procedures and time tested licensing procedures.

SPECIAL TIMOTHY STEELE ISSUE

THE PEN...

PRO BONO PUBLICO

Published in the Public Interest by Ophthalmology

VOL. 3, No. 1 DEC. 15, 1978 - JAN. 1, 1979

FEDERAL JUDGE RULES AGAINST U.S.

Optometric "Primary Care" Results In Loss of Eye For Four-Year-Old Boy

In a landmark decision that could cause the army to re-examine its policy permitting optometrists to provide initial eye care treatment, Judge James M. Fitzgerald, United States District Judge for the District of Alaska, ruled that Timothy Steele, now an eight-year-old dependent of a soldier in the U. S. Army, was entitled to recover for the loss of his right eye.

> **"I conclude that the plaintiff is entitled to recover in this action from the United States for the loss of Timothy's right eye."**
>
> *JAMES M. FITZGERALD*
> *U.S. District Court*

Judge Fitzgerald's decision was rendered on October 20, 1978 in the case of Timothy R. Steele

festation of disease visible in the eye. Upon detecting disease in the eye, it is then his obligation and duty to the patient to make known what the optometrist has observed. In such cases, he may not undertake to diagnose the disease, but should inform his patient that the matter is beyond his competence and advise the patient to seek a qualified medical doctor."

The litigation stemmed from a claim brought on Timothy Steele's behalf by his father against the United States for the loss of Timothy's right eye. Timothy Steele, as a four-year-old boy, was treated by John Shank, O.D., an optometrist in charge of the Eye Clinic at Bassett Army Hospital, Fort Wainwright, Alaska.

According to testimony in the case, it was in October and November of 1973 that Timothy's mother first noticed that his eyes were crossing.

to Letterman Army Medical Center where he was examined on July 12, 1974.

At Letterman, it was determined that, because the danger of retinoblastoma, a fast-spreading, life-threatening malignancy, Timothy's eye should be removed. With parental consent, the surgery was performed by Major Bradley C. Black, M.D.

When the pathological report ruled out retinoblastoma, Timothy was returned to surgery and an implant was placed in the socket. Although recovery appeared to be good, Timothy continued to suffer from periodic socket inflammation.

In September of 1974, Timothy returned to Letterman Medical Center where a prosthesis was inserted in the socket. Testimony revealed that since the prosthesis could not be inserted immediately following the operation, it is unlikely that it will ever appear similar to a natural eye. ●

tates of America, defendant. In his opinion, Judge Fitzgerald stated, "An optometrist's responsibility is to observe during his eye examinations any mani-



WHY "THE PEN?"

The files of state and national medical associations, all learned societies concerned with the public health, overflow with a preponderance of evidence that the quality of health care is threatened by the precedent of Government encouraging the lowering of professional standards by allowing medical functions to practitioners with no medical education. Medicine accepts the responsibility to respond to epidemics. Death and trauma are resulting, and Doctors of Medicine can do no less than warn potential victims through the continuous presentation of this evidence. The public press of America, given the facts, is supporting this cause, and concerned physicians throughout the nation are pooling their knowledge and resources to package and present the truth through the PHYSICIANS EDUCATION NETWORK.

During his examination, Dr. Shank measured Timothy's vision and found it to be normal. He then used drops to dilate the pupil and looked inside the eye. He diagnosed Timothy's eye condition as accommodative esotropia, which is correctable by eyeglasses. He wrote a prescription for eyeglasses and made an appointment for Timothy to return to the clinic on January 29, 1974, for a checkup.

On January 29, 1974, Timothy reported to Dr. Shank as requested. The optometrist wrote a different prescription for eyeglasses and instructed Mrs. Steele to make another appointment for Timothy four months after he would begin wearing the new glasses.

The testimony further reveals that in early May, Mrs. Steele noticed that Timothy frequently removed his glasses, saying sometimes he could not see well with them.

On June 10, 1974, Timothy was again examined by Dr. Shank and it was then that he discovered that the vision in Timothy's right eye was limited to light perception. At this point, Dr. Shank made an appointment for Timothy with ophthalmologist Bruce Wolf, M.D., of Fairbanks.

When Dr. Wolf, a medical doctor, examined Timothy on June 17, 1974, he found Timothy's visual acuity in the right eye limited to hand motions and capable of perceiving light. Essentially, his right eye was blind.

Recognizing the seriousness of the case, Dr. Wolf called in William Kinn, M.D., as a consultant. On July 9, 1974, Dr. Wolf and Dr. Kinn observed a retinal detachment of the right eye with a subretinal mass. Their diagnosis was possible retinoblastoma, but toxocara canis was also to be considered. Concluding that specific tests were necessary to identify the disease, Timothy was flown

A SAD SUMMARY:

- **When Timothy was four, his mother noticed his eyes crossing.**
- **A military dependent, he was taken to an army hospital where he was seen by an optometrist, instead of an M.D. (Current standard U.S. military procedure).**
- **The optometrist disregarded disease, infection or malignancy as causes and prescribed eyeglasses. Despite three visits, two pairs of eyeglasses and advancing blindness, Timothy was not referred to an M.D. ophthalmologist for six months, until after his right eye was blind.**
- **Ophthalmologists immediately recognized the probability of either retinoblastoma (malignancy) or toxocara canis (a parasitic worm infection), either of which is treatable in the early stages.**
- **The doctors recommended to Timothy's parents that the right eye be removed, because of the danger of an advanced life-threatening malignancy, as well as a hopelessly blind eye.**

THIS CHRISTMAS:

- **Timothy, 8, has an artificial eye which will never appear similar to a natural eye.**
- **YOU — The U.S. taxpayers have been found liable for the loss of Timothy's right eye. Who should provide primary care?**
- **Tell your legislators.**

Mary Please have Legis. Affs. Sit
Please have one copy for Senator HESS.

Explorations in Living offers a stimulating learning opportunity for young people and for those who present and guide the program. Hopefully, this new kind of preventive mental health program will help students develop into more informed and responsible citizens.

Explorations in Living can be obtained from Paul B. Amidon and Associates, Inc., 1966 Benson Avenue, St. Paul, Minnesota 55116 (cost is $18.50 per unit).

A GUIDE TO FEDERAL HOUSING PROGRAMS FOR THE MENTALLY DISABLED

This guide is designed to provide specific information about Federal housing programs and their potential for helping develop residential options for people disabled by mental health problems. It is intended primarily for State and local mental health program development staffs and others involved in community care.

The guide begins with an explanation of the Federal housing programs which may be applicable to the mentally disabled. It also discusses funding alternatives for specific residential options. Finally, the guide summarizes various strategies which State and local agencies can use in both securing funds and developing residential programs. Appendices include a list of key people in HUD area and regional offices, names and addresses of relevent projects, and several other important supplemental materials and references.

Published by the National Institute of Mental Health, it is available from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, Stock No. 017-024-00727-7, at a cost of $3.00 each.

THE SWITCH PROCESS IN MANIC-DEPRESSIVE ILLNESS

In manic-depressive illness, the process of change from a severely depressed to a manic phase can occur anywhere between a few minutes and a few days. Analysis of the "switch process" has given psychobiologists important insights into the chemical processes associated with changes in brain neurons in affective illnesses.

Dr. William E. Bunney, Jr., Chief of the Biological Psychiatry Branch of the National Institute of Mental Health's Intramural Research Program has studied manic-depressive patients, focusing on the neurotransmitter mechanisms that carry impulses from one neuron to another at the synapse. He theorizes that elevated or reduced levels of the neurotransmitters, norepinephrine and dopamine, may be responsible for the sudden shift from one state to the other. In the 14-page monograph, Bunney discusses the switch process and his study of what happens in the brain during the switch.

This publication, published by the National Institute of Mental Health, Division of Scientific and Public Information, is available from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, Stock No. 017-024-00733-1, 90 cents each.

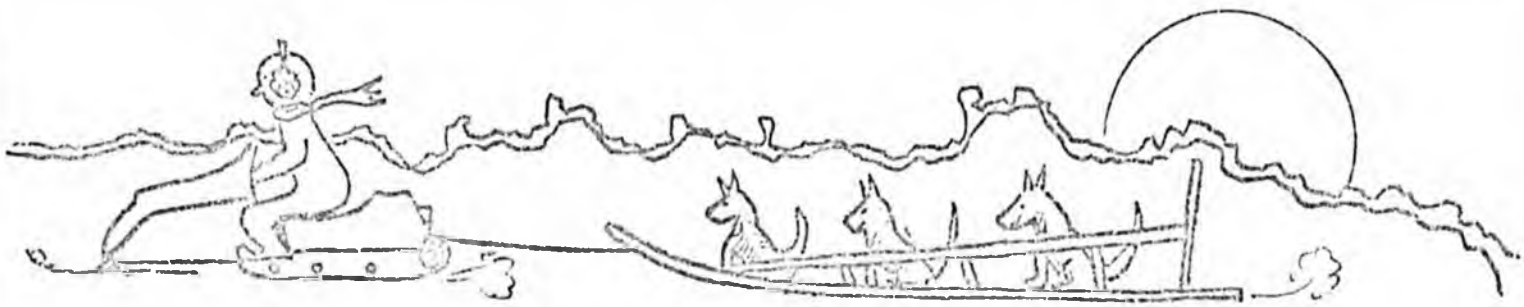
FAMILY VIOLENCE GRANT

The Department of Health and Social Services applied for and received a grant from the Law Enforcement Assistance Administration in the amount of $260,866 to operate a program called the Alaska Family Violence Program. A brief descriptive summary of this program that was taken from the grant award says, "The purpose of Alaska's Family Violence Program is to initiate and monitor a project directed at reducing the incidence of intra-family violance. The program will be implemented by agencies or citizen groups at eight (8) locations throughout Alaska...Nome, Bethel, Anchorage, Kenai, Fairbanks, Barrow, Kodiak and Ketchikan as well as many small communities within their respective locales.

"Various community-wide approaches will be tested. These approaches include: regional shelters and transportation shelters, "safe homes", crisis lines, volunteer advocacy, media and public education, training for criminal justice, medical and mental health personnel, alternatives to prosecution for offenders and innovative procedures for law enforcement personnel responding to family disturbance calls.

"The anticipated impact of this program will not only be an actual reduction in intra-family violence, but will also provide more effective and efficient mechanisms for agency coordination, a reduction in the number of repeat calls, an increase in the number of prosecutions and constructive alternatives to prosecution, decreased public tolerance for intra-family violance, and more information and understanding of the level and nature of intra-family violence in Alaska."

We hope to hear more about this new program as it gets underway. Meanwhile, if you want more information, please contact Sema Lederman, Project Coordinator, 400 Gamble, 3rd Floor, Anchorage, Alaska 99510 (276-1024).



The Division of Mental Health
and Developmental Disabilities
Pouch H-04
Juneau, Alaska 99811

Alaska Anthracite

File with SB —
opp. bill, please.

(3)

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

March 7, 1979

Honorable Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

It has been brought to my attention that information in opposition to HB 79 has been distributed to all legislators. Some of this information contained in an ophthalmological tabloid newspaper entitled The Pen, although a sensational distortion of fact, demonstrates the responsibility of optometrists to detect and refer pathological eye conditions. The use of drugs (DPA's) requested by optometrists in HB 79 is simply a tool to help better serve the public, so that unfortunate incidents such as those described in The Pen will be more easily detected.

I urge you to consider the following facts prior to making a committment for or against this bill. These facts are excerpted directly from a report to the United States Congress by the U.S. Department of Health, Education and Welfare which I am enclosing.

1. It is the responsibility of optometrists to detect and refer pathological eye conditions.

2. Optometrists currently receive training in detection of ocular disease as well as in the use of pharmaceutical agents including management of side effects.

3. H.E.W. consultants on this report unanimously recommended that state licensure laws be revised to allow the use of diagnostic pharmaceutical agents by optometrists. (24 states now allow this practice)

If you have any questions regarding this bill or statements made in opposition to it, I would like to have the opportunity to respond with documented facts from objective sources. I appreciate the time you have taken to consider this very important legislation.

Thank you.

Sincerely,

Boyd L. Walker, O.D.

Boyd L. Walker, O.D.

BLW:ah

REPORT TO THE CONGRESS: REIMBURSEMENT UNDER PART B OF MEDICARE FOR CERTAIN SERVICES PROVIDED BY OPTOMETRISTS



• U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE • Public Health Service • Health Resources Administration •

The Bureau of Health Manpower projects the overall number of active ophthalmologists in the United States to rise to 13,300 in 1980 and to 18,400 by 1990; this compares with projected levels of 22,000 and 28,200 for optometrists in the same time intervals. The proportion of ophthalmologists as a percent of total professional vision care manpower is projected to grow from 35 percent in 1973 to 38 percent in 1980 and 39 percent in 1990. These estimates should be interpreted cautiously, and should be undertaken in the context of written documentation available from the Bureau of Health Manpower. Available data preclude such projections on a detailed geographic basis.

More specific data indicates that in recent years many areas of the country, particularly non-metropolitan areas, are served only by optometrists. Approximately 40 percent of counties have an optometrist but no ophthalmologist. Another 27 percent have neither.

Optometric Practice

The Institute of Medicine of the National Academy of Sciences, in describing primary health professions who are direct providers of patient care, defined optometry as follows: "The Doctor of Optometry (O.D.) is a health professional who performs eye examinations to determine the presence of visual, muscular, or neurological abnormalities, and prescribes lenses, other optical aids, or therapy, such as eye exercises to enable maximum vision. Optometrists are trained to recognize disease conditions of the eye and ocular manifestations of other diseases, and to refer patients with these conditions to the appropriate health professional."

This definition, as well as available documentation on the utilization of optometric services, points to the optometrist's role as a provider of primary health care services. In this role, the optometrist functions as a principal point of contact within the health care system for persons having visual complaints, including certain numbers who have symptoms or conditions that require referral to other health practitioners.

The scope of practice for optometry, similar to that for other health care providers, is difficult to define precisely. However, information is available from a number of sources to develop valid concepts of a profession's role and function. Such sources include State laws, judgments of courts concerning the responsibilities of practitioners, the usual and customary practices of the profession, and the objectives, content, and standards of education and training for the profession.

An examination of a variety of such sources suggests that optometry is a profession qualified to provide a broad range of services which are effective in patient management, including the management of aphakic and cataract patients. (See discussion in Part II of this report for detail on sources cited and information examined.) It is reasonable to infer that such services correspond to many specific

ATTACHMENT B

BASIC ELEMENTS OF THE CURRICULUM OF SCHOOLS OF OPTOMETRY

1. Biological science knowledge base.

   a. Gross human anatomy and microscopic anatomy, with emphasis on head, neck, and thorax.

   b. Embryology, gross and microscopic anatomy of the human nervous system - concentrating on the central nervous system.

   c. General human physiology, including the study of the fundamental organ systems and the mechanisms which regulate body function. Emphasis is on the sensory, motor and cardiovascular systems.

   d. Basic concepts of general and cellular biochemistry, with study of nomenclature, structure, and reactions of organic molecules. Emphasis is on the visual system - tears, intraocular fluids, lens, retinal photochemistry, and actions of drugs upon these.

   e. Concepts of human genetics and genetic disorders, including the frequency and distribution of genetic disease, inheritance patterns, polygenic inheritance, chromosomal abberration syndromes, multifactorial genetics, and principles of genetic counseling.

   f. Gross and microscopic anatomy of the lids, orbit, orbital content, globe, muscles, nerves, and vessels, and embryology of the eye.

   g. Vegetative physiology of the eye, extraocular and intraocular fluids, corneal and lens metabolism, ocular circulation, retina and optic nerve metabolism.

   h. General pharmacological principles, methods of administration, various systemic drugs and their pharmacological action and side effects with emphasis on those that affect the visual system, such as cataractogenic and glaucoma-producing drugs.

   i. Pharmacology; uses, doses, contraindications, and adverse effect of drugs producing miosis, mydriasis, cycloplegia, accommodation, and ocular anesthesia. The pharmacology, use contraindications, and adverse effect of drugs commonly used in treating visual and ocular problems.

As is evident from the discussion above, the Department endorses the first recommendation. For reasons cited, however, Department endorsement of the second recommendation is viewed as inappropriate and premature at this time.

During the course of the study effort, a number of additional issues and concerns were identified by the expert consultants which, although important considerations, represent matters not directly responsive to the specific legislative charge as interpreted by the Department. These recommendations and comments, made unanimously by the consultants, are presented here to provide an opportunity to bring these matters to the attention of Department Agencies and the Congress. Because the following items go beyond the requirement of this report, the Department has not fully examined them and makes no recommendation at this time.

1. Refractive services for aphakic patients

Aphakic patients, specifically, should be considered as having special needs given their disabled condition. Refractive services for such patients represent non-routine and necessary services in the provision of prosthetic devices, i.e., lenses.

Study advisors recommend that consideration be given to extending coverage under Part B of Medicare to include refractive services for aphakic patients when provided by either ophthalmologists or optometrists.

2. Low vision services and aids

For those patients who have inoperable cataracts or have less than optimal results from cataract surgery, that is, those who have reduced visual acuity, low vision services and aids represent essential components of reasonable and necessary health care services for these patients.

Study advisors recommend that coverage under Part B of Medicare be extended to include the provision of appropriate low vision services and optical aids for the above-referenced patients, when provided by either ophthalmologists or optometrists.

3. Prevention, health maintenance, and health education

In the interests of health care cost advantages, effects on productivity, and the overall improvement of benefits that can be afforded our population, the expert consultants recommend that a more effective effort be made to improve preventive, health maintenance, and health education measures. While this is needed in all areas of health services, the vision/eye care field offers a particularly promising area for such approaches.

4. Other service provided by optometrists

Vision/eye care services currently covered by Part B of Medicare, when provided by ophthalmologists or other physicians, include eye conditions other than cataract and aphakia. Optometrists can provide appropriate services for some of these conditions. It is recommended that extension of reimbursement to include the services of optometrists for such appropriate conditions is a desirable subject for further consideration.

5. Administrative considerations

Also during the course of the study effort, expert advisors raised several concerns pertinent to the administration of the Medicare program. These issues, also applicable to other Medicare services, include the following: (a) inconsistent application of coverage and reimbursement policies by individual carriers, (b) the problem of payment duplication for services and reimbursement for similar diagnostic procedures when performed for specific individuals by more than one provider, and (c) need of improvement in coding and billing procedures for vision/eye care services.

6. Cooperative working relationships between vision/eye care professionals

It became clear during the course of this study that more effective working relationships between optometry and ophthalmology and other providers in the vision/eye care field would enhance patient care and result in improved services to individual patients. While improved interdisciplinary coordination applies to all the health disciplines and specialties, it is a problem of particular concern in the vision/eye care field. Such working relationships could be significantly strengthened by

a. Development of joint educational programs at the undergraduate and graduate levels, including rounds, clinics, conference, and meetings and publications.

b. Establishment of interdisciplinary clinics with optometrists and ophthalmologists working together.

c. Facilitation of referral of patients between the optometrist and the ophthalmologist when in the best interest of the patient.

d. Joint development of quality standards for service and materials by peer review mechanisms. By materials, particular reference should be assigned to varying quality of lenses and frames and the need for furnishing laboratory invoices of material costs for reimbursement.

e. Joint development of appropriate revision to State licensure laws to permit use of diagnostic drugs (mydriatics and local anesthetics) by optometrists.

While such joint endeavors are evident in various areas of the country, they need to be broadened and rectified.

ROBERT N. PAGE, JR., M.D.
JUNEAU MEDICAL CENTER
R.R. 3, BOX 3051
JUNEAU, ALASKA 99801

PRACTICE LIMITED TO THE EYE

February 27, 1979

Honorable Glenn Hackney
Senator
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

Pending legislation in the form of House Bill No. 79 and Senate Bill No. 75 represents an attempt on the part of optometrists to gain, through legislation, the right to use drugs. This is a right heretofore granted only on the basis of educational qualifications for very sound reasons. Optometry is a measuring science and has no medical background. An optometrist is not clinically trained. They are not qualified by education to diagnose or treat disease.

However, should this legislation pass, the public will be deceived into believing that they are receiving medical evaluation by optometrists, a definite hazard to public safety. Numerous cases substantiate this. The latest case occurred in Alaska (Steele v. United States of America) and is explained by an enclosure.

I hope that you will oppose this legislation which would downgrade the quality of medical care for the people of Alaska by allowing intrusion into the field of medicine by those without medical training or expertise. It is a dangerous precedent. Absolutely no shortage of medical profession talent exists anywhere in Alaska to justify such a compromise of professional standards of care and treatment. The cost of eye examination by optometrists in many cases is higher than that of a physician (ophthalmologist).

I would be happy to discuss with you the particular risks inherent in the use of the various drugs which are indicated in this legislation, since I will be responsible for treating the various drug complications, should they occur in this area.

Also find enclosed the reports of vetoes of similar bills by the governors of Virginia and Ohio. These are well thought out conclusions by men who are only partial to public well-being. Your serious consideration and concern is appreciated.

Sincerely,

Robert N. Page, Jr., M.D.

Enclosures

$250,000 awarded the Steeles 27 Feb 1978

SPECIAL TIMOTHY STEELE ISSUE

THE PEN...

PRO BONO PUBLICO

Published in the Public Interest by Ophthalmology

VOL. 3, No. 1 DEC. 15, 1978 - JAN. 1, 1979

FEDERAL JUDGE RULES AGAINST U.S.

Optometric "Primary Care" Results In Loss of Eye For Four-Year-Old Boy

In a landmark decision that could cause the army to re-examine its policy permitting optometrists to provide initial eye care treatment, Judge James M. Fitzgerald, United States District Judge for the District of Alaska, ruled that Timothy Steele, now an eight-year-old dependent of a soldier in the U. S. Army, was entitled to recover for the loss of his right eye.

> **"I conclude that the plaintiff is entitled to recover in this action from the United States for the loss of Timothy's right eye."** *JAMES M. FITZGERALD U.S. District Court*

Judge Fitzgerald's decision was rendered on October 20, 1978, in the case of Timothy R. Steele and Robert K. Steele, plaintiffs, vs. The United States of America, defendant. In his opinion, Judge Fitzgerald stated, "An optometrist's responsibility is to observe during his eye examinations any manifestation of disease visible in the eye. Upon detecting disease in the eye, it is then his obligation and duty to the patient to make known what the optometrist has observed. In such cases, he may not undertake to diagnose the disease, but should inform his patient that the matter is beyond his competence and advise the patient to seek a qualified medical doctor."

The litigation stemmed from a claim brought on Timothy Steele's behalf by his father against the United States for the loss of Timothy's right eye. Timothy Steele, as a four-year-old boy, was treated by John Shank, O.D., an optometrist in charge of the Eye Clinic at Bassett Army Hospital, Fort Wainwright, Alaska.

According to testimony in the case, it was in October and November of 1973 that Timothy's mother first noticed that his eyes were crossing. On December 19, 1973, she took him to Bassett Eye Clinic where he was seen by Dr. Shank.

During his examination, Dr. Shank measured Timothy's vision and found it to be normal. He then used drops to dilate the pupil and looked inside the eye. He diagnosed Timothy's eye condition as accommodative esotropia, which is correctable by eyeglasses. He wrote a prescription for eyeglasses and made an appointment for Timothy to return to the clinic on January 29, 1974, for a checkup.

On January 29, 1974, Timothy reported to Dr. Shank as requested. The optometrist wrote a different prescription for eyeglasses and instructed Mrs. Steele to make another appointment for Timothy four months after he would begin wearing the new glasses.

The testimony further reveals that in early May, Mrs. Steele noticed that Timothy frequently removed his glasses, saying sometimes he could not see well with them.

On June 10, 1974, Timothy was again examined by Dr. Shank and it was then that he discovered that the vision in Timothy's right eye was limited to light perception. At this point, Dr. Shank made an appointment for Timothy with ophthalmologist Bruce Wolf, M.D., of Fairbanks.

When Dr. Wolf, a medical doctor, examined Timothy on June 17, 1974, he found Timothy's visual acuity in the right eye limited to hand motions and capable of perceiving light. Essentially, his right eye was blind.

Recognizing the seriousness of the case, Dr. Wolf called in William Kinn, M.D., as a consultant. On July 9, 1974, Dr. Wolf and Dr. Kinn observed a retinal detachment of the right eye with a subretinal mass. Their diagnosis was possible retinoblastoma, but toxocara canis was also to be considered. Concluding that specific tests were necessary to identify the disease, Timothy was flown to Letterman Army Medical Center where he was examined on July 12, 1974.

At Letterman, it was determined that, because the danger of retinoblastoma, a fast-spreading, life-threatening malignancy, Timothy's eye should be removed. With parental consent, the surgery was performed by Major Bradley C. Black, M.D.

When the pathological report ruled out retinoblastoma, Timothy was returned to surgery and an implant was placed in the socket. Although recovery appeared to be good, Timothy continued to suffer from periodic socket inflammation.

In September of 1974, Timothy returned to Letterman Medical Center where a prosthesis was inserted in the socket. Testimony revealed that since the prosthesis could not be inserted immediately following the operation, it is unlikely that it will ever appear similar to a natural eye. ●



WHY "THE PEN?"

The files of state and national medical associations, all learned societies concerned with the public health, overflow with a preponderance of evidence that the quality of health care is threatened by the precedent of Government encouraging the lowering of professional standards by allowing medical functions to practitioners with no medical education. Medicine accepts the responsibility to respond to epidemics. Death and trauma are resulting, and Doctors of Medicine can do no less than warn potential victims through the continuous presentation of this evidence. The public press of America, given the facts, is supporting this cause, and concerned physicians throughout the nation are pooling their knowledge and resources to package and present the truth through the PHYSICIANS EDUCATION NETWORK.

A SAD SUMMARY:

- **When Timothy was four, his mother noticed his eyes crossing.**
- **A military dependent, he was taken to an army hospital where he was seen by an optometrist, instead of an M.D. (Current standard U.S. military procedure).**
- **The optometrist disregarded disease, infection or malignancy as causes and prescribed eyeglasses. Despite three visits, two pairs of eyeglasses and advancing blindness, Timothy was not referred to an M.D. ophthalmologist for six months, until after his right eye was blind.**
- **Ophthalmologists immediately recognized the probability of either retinoblastoma (malignancy) or toxocara canis (a parasitic worm infection), either of which is treatable in the early stages.**
- **The doctors recommended to Timothy's parents that the right eye be removed, because of the danger of an advanced life-threatening malignancy, as well as a hopelessly blind eye.**

THIS CHRISTMAS:

- **Timothy, 8, has an artificial eye which will never appear similar to a natural eye.**
- **YOU — The U.S. taxpayers have been found liable for the loss of Timothy's right eye. Who should provide primary care?**
- **Tell your legislators.**

DR. ALLEN'S

DIAGNOSES



James H. Allen, M.D.: founding president, New Orleans Academy of Ophthalmology; professor of ophthalmology, Univ. of Iowa and Tulane Univ. for 30 years; Senior Surgeon, Tulane Univ.; awarded the prized Gold Medal of the Ophthalmology Section of AMA, 1976.

TIMOTHY — WE'RE SORRY — WE'RE TRYING

In spite of the loss of his right eye, and the attendant loss of visual field and depth perception, perhaps the young Alaskan victim will grow up to have more "vision" than many U.S. officials. Nearsighted policy supported by these leaders guarantees that disasters like that which befell young Timothy Steele will continue to happen to our servicemen and women, their dependents, as well as our veterans.

The Timothy Steele case, while tragic, had a relatively happy outcome. The alternative probability — retinoblastoma — might well have resulted in death for the youngster, because of the delay resulting from what optometry has designated "primary care."

The optometrist should not be judged harshly. It is provable that his education did not equip him to attempt to cope with the problem Timothy presented.

The dean of the Pacific University College of Optometry, a government witness, displayed an identical ignorance of the medical facts and identified Timothy's treatment as proper medical care. It is ignorance and over-confidence at a supper level of optometric education that produces large numbers of sincere optometrists, convinced that they know much more about eye disease than they in fact do.

It would be wrong to blame the Eye Clinic, Bassett Army Hospital, or even the Medical Army leadership at Fort Wainwright. The fact that Timothy was seen first by a person with the right to use dangerous drugs to open his eye to look for what he had no training to see is the fault of the defendant — *THE UNITED STATES OF AMERICA.*

And that, dear reader, means that a Federal Court has ruled that Timothy's right eye was wasted by you . . . and me.

We have thus far failed to communicate simple logic, i.e., that a non-medical measuring scientist cannot be substituted for an M.D., no matter how critical the M.D. military manpower shortage may be.

If it takes a "Doctor Draft," so be it. The current policy of both the Military establishment and the Veteran's Administration in allowing optometrists to experiment with their own invention called "primary care" makes a travesty of Abraham Lincoln's determination "to care for him who shall have borne the battle, and for his widow, and his orphan."

Judge Fitzgerald handed down his landmark decision on October 24, 1978. During the same week, the Chairman of the U.S. House of Representatives Committee on Armed Services, Congressman Melvin Price of Illinois, was responding to concerned M.D.s across the land, as follows: *"We are also told that all military optometrists are bound by principles of acceptable and safe medical practice."*

Respectfully, Congressman Price, in the light of Judge Fitzgerald's opinion, and the disaster which has befallen Timothy, who is telling you such nonsense?

Again respectfully, Mr. Chairman, would you really expect Robert K. Steele, as the "Natural father and next friend of Timothy R. Steele" to accept and/or reject the credibility of your informants?

Judge Fitzgerald has placed the responsibility on the American people, who look to you for leadership in this matter. We acknowledge that medicine has failed in the past to get the message to your military affairs committee, but perhaps the sad fate of Timothy Steele will at least serve the purpose of opening the eyes of your committee members to the grave danger which exists.

At this writing, a dollar value has not been placed on the loss of Timothy's right eye, but that monetary assessment, plus inevitable subsequent judgments resulting from the present policy of allowing optometrists to render medical services for which they are untrained, would serve to fund proper ophthalmologic care in the military, and provide some safeguards for the Timothys of tomorrow.

JHA

THE PEN....

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Author Provides Basic Information On Crossed Eyes



JOHN EDEN, M.D.
"The Eye Book"

A medical examination would have revealed the cause of Timothy's crossed eyes. No ophthalmologist would have depended on eyeglasses alone without further "medical detective work" in a case which presented crossed eyes starting at four years of age.

In **The Eye Book** *(Viking Penguin, Inc.) author John Eden, M.D. has provided basic information on crossed eyes as follows:*

Strabismus, or crossed eyes, is the second of the common childhood onset eye problems. Like amblyopia, it can seriously impair the visual learning process if uncorrected before age six. Strabismus describes two eyes that are not perfectly parallel when viewing an object. This does not mean that the eyes have to be straight ahead; they simply must be parallel to each other whichever way they are turned. But like lazy eye, "crossed eyes" is a misnomer. Although it is possible in one type of strabismus for the lines of sight (visual axes) to cross, they are not always crossed and certainly at no time do the eyes themselves cross. Some other common names for strabismus are "a cast to the eye" and "wall eyes," but these terms are even less correct than "crossed eyes."

Although strabismus is often very obvious, it is frequently impossible to spot with the naked eye. All the same, it is no more possible to be a little bit cross-eyed than it is to be a little bit pregnant. Any degree of strabismus will have the same visual effect; whether it is a slight or major deviation, the damage done to vision is the same. A particularly unfortunate bit of misinformation that contributes to the number of children who are seriously and permanently handicapped by strabismus is the notion that they will grow out of a tendency to cross their eyes. Although it is true that a certain amount of random divergence or convergence is common in infants, children past the age of one or one and a half should be able to hold both eyes in alignment. Crossed eyes after that age is not normal and cannot be left to improve on their own.

By the same token, you cannot give yourself strabismus. The often-heard warning that rolling your eyes or crossing them in play might make you permanently cross-eyed is completely fanciful. Your external eye muscles are meant to be used, and they are designed to move your eyes in all directions, as well as to hold them parallel to one another. You cannot misuse or overuse these muscles.

Like amblyopia, strabismus is damaging because the brain is constantly given an unacceptable visual message and that interferes with the development of visual skills. Use of the two eyes together is impossible since they are viewing different things. Never having had the chance to receive two similar messages, the brain is unable to learn to assemble a three-dimensional image. Without this learned skill, the individual will never have normal depth perception. And, of course, the deviant eye can become amblyopic.

There are several possible causes of strabismus, some better understood than others. And in some instances we cannot identify the cause at all. The most obvious one — that the eye muscles themselves are too weak to hold the eye in alignment — happens to be relatively uncommon. There is no question that there is a hereditary influence; children whose families have a history of strabismus will have a greater tendency to develop it. Another possible cause is a malfunction of the nerve connection to the external eye muscles. A

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"TIME HAD RUN OUT"

Full Text of Federal Judge Fitzgerald's Decision

LONG BUT IMPORTANT

Judge Fitzgerald's opinion is lengthy, but you will find it interesting reading. State legislators will find it incontrovertible evidence that optometrists, who have no medical education, should *not* be allowed to experiment with eye drops and attempt to diagnose disease. U.S. SENATE AND HOUSE Military Affairs Committee members will find it MUST READING in terms of evaluating the use of optometrists in the military to provide "PRIMARY EYE CARE."

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA

ROBERT K. STEELE, as the Natural father and next friend of TIMOTHY R. STEELE, and ROBERT K. STEELE, individually, Plaintiffs,

v.

UNITED STATES OF AMERICA, Defendant.

NO. F 75-27 Civil

OPINION

Timothy Steele is an eight year old boy whose father is a soldier in the United States Army. Timothy received medical care as a medical dependent at the Eye Clinic, Bassett Army Hospital, Fort Wainwright, Alaska, in 1973 and 1974. This litigation stems from a claim brought on Timothy's behalf by his father against the United States for loss of Timothy's right eye. The Federal Tort Claims Act furnishes the required jurisdiction.

In October and November of 1973, Timothy's mother noticed Timothy's eyes crossing. On December 19, 1973, she took Timothy to the Eye Clinic, Bassett Army Hospital. There Timothy saw Dr. John Shank, an optometrist in charge of the clinic.

Dr. Shank made an extended examination and diagnosed Timothy's eye condition as an accommodative esotropia correctable by eyeglasses. Following his examination of Timothy, Dr. Shank wrote Mrs. Steele a prescription for eyeglasses and made an appointment for her to return Timothy to the clinic January 29, 1974, for a checkup.

During the January visit to the clinic Timothy's mother reported to Dr. Shank that she thought the eyeglasses were helping since Timothy's right eye was not crossing as frequently. However, Dr. Shank's clinical record noted "no good reflex" in Timothy's right eye. The optometrist wrote a different prescription for eyeglasses and instructed Mrs. Steele to make a follow-up appointment for Timothy four months after Timothy would begin wearing the new eyeglasses.

By early May, Mrs. Steele noticed that Timothy frequently removed his eyeglasses. When questioned, Timothy told her that sometimes he wasn't able to see well. An appointment at the eye clinic was scheduled for Timothy on June 10. When Dr. Shank examined Timothy on that date he found vision in Timothy's right eye limited to light perception. At this point Dr. Shank made an appointment for Timothy with ophthalmologist Dr. Bruce Wolf, close by in Fairbanks.

When Dr. Wolf examined Timothy on June 17th he found Timothy's visual acuity in the right eye limited to hand motion although capable of perceiving light. Essentially, Timothy's right eye was blind. The doctor diagnosed leucocoria, right eye, with right esotropia. In his medical opinion the inflammatory cause was a vitreous hemorrhage with possible involvement of toxocara canis or retinoblastoma. Since either disease was extremely serious, Dr. Wolf ordered a complete workup by a pediatrician hoping to rule out one or both. The pediatric workup proved negative and Dr. Wolf then arranged for ophthalmologist Dr. William Kinn, as consultant. Dr. Kinn, a highly qualified ophthalmologist, before opening a practice in ophthalmology at Fairbanks, spent ten years as a military medical officer. His last three years of military service were spent at Fort Wainwright where he was chief of ophthalmology and supervised the optometrists assigned to Bassett Army Hospital.

On examination of Timothy July 9th, Dr. Wolf and Dr. Kinn observed a retinal detachment of the right eye with a subretinal tumor. "Tumor" in this context was defined as a mass rather than a malignancy. Their diagnosis was possible retinoblastoma, but toxocara canis was also to be considered. The doctors concluded specific tests were necessary so that the precise identity of the disease might be known.

Arrangements were made to airevac Timothy from Fairbanks to Letterman Army Medical Center at the Presidio in San Francisco. At Letterman, Timothy was examined July 12 by a team of medical doctors, including Dr. Michael Hogan who was internationally recognized in the field of ophthalmologic pathology.

(Life-threatening Malignancy)

On examination, the medical team observed a retinal detachment involving a grayish yellow tumor. The doctors diagnosed the cause of the tumor as possibly retinoblastoma or toxocara canis. Eye condition at that point in time made it impossible to differentiate between either disease. Because of the danger of retinoblastoma, a particularly fast-spreading and life-threatening malignancy, the doctors recommended to Timothy's parents that his right eye be removed. Timothy's parents immediately consented to the operation and Major Bradley C. Black, a resident assigned to the ophthalmology unit at Letterman, performed the surgery.

After the eye was enucleated it was sent to the ophthalmologic pathology laboratory at the University of California, Berkeley, California, for examination. The laboratory report revealed total retinal detachment of the eye with giant reaction and massive disorganization of the retina. The pathological examination ruled out a retinoblastoma but concluded the cause of the disease to be granulomatous retinitis,[2] etiology unknown. Unlike as in most eye removals, an implant was not inserted into the socket of Timothy's right eye immediately following surgery as there was a substantial possibility that the pathology report might confirm retinoblastoma. The malignancy would necessarily require radiation treatment and a follow-up examination not possible with an implant. When the pathological report ruled out retinoblastoma Timothy was returned to surgery and an implant was placed in the socket.

Dr. Black continued to treat Timothy following the second operation until Timothy returned to Fairbanks. After Timothy returned to Fairbanks he was treated by Dr. Wolf who noted that Timothy's recovery was excellent with the exception of periodic socket inflammation.

Timothy returned in September to Letterman where a prosthesis was inserted into the eye socket with good cosmetic result. Probably the prosthesis will never appear similar to a natural eye since it could not be inserted immediately following the operation.

("Failed to provide adequate care")

It is claimed in this litigation that the optometrist, Dr. Shank, failed to provide adequate care required of an optometrist when he treated Tim-

Continued on page 4



TIMOTHY STEELE
. . . during infancy

Steeles Warn Other Parents

In an exclusive telephone interview with Timothy's parents who now live in Hawaii, where Army Sergeant Robert Steele is stationed at Schofield Barracks, PEN learned more of an unfolding tragedy.

Saying the subject was "extremely painful" to them, Sgt. and Mrs. Steele agreed to discuss the case because they wanted to warn other parents against relying on optometrists for "primary care."

Sergeant Steele told PEN that, confronted with a life-threatening alternate possibility, the family welcomed the diagnosis of toxocara canis, but he added, "We were pretty well under for about a week after they took out our boy's eye." The tragedy, Steele said, caused Timothy's mother great emotional stress that required medical treatment.

Confirming the words of attorney Nelson Parrish, Steele advised PEN that up until the time of this incident, Timothy had been a bright, well-adjusted youngster who could look forward to a promising future. Today, at nine years of age, Steele said Timothy is working hard to overcome his handicap and engage in normal activities, but despite his determination, he is encountering difficulties.

Timothy is ashamed of his condition, Steele said, and still suffers physically and psychologically. Mrs. Steele told PEN, "Timothy gets very upset if he finds out that other kids know he has an artificial eye — kids can be unkind."

While after five years, monetary damages have yet to be assessed, Mrs. Steele told PEN, "But nothing can replace Tim's eye." ●

From: Transactions of the American Ophthalmological Society — Vol. 67, 1969.

"It is well to consider that any child with strabismus (crossed eyes), and especially any child with strabismus and a poorly fixating eye, has retinoblastoma until proven otherwise."

Robert N. Ellsworth, M.D.
Director Eye Tumor Clinic of
Edward S. Harkness Eye Institute
Columbia Presbyterian Hospital

JUDGE'S DECISION

Continued from page 3

othy in December of 1973 and January of 1974.

OPTOMETRIC RESPONSIBILITY

Dr. Shank graduated with a degree in optometry from Pacific University at Forest Grove, Oregon, in 1971. He was commissioned in the United States Army as a Captain in the medical services and during the summer of 1973 was assigned to Fort Wainwright, Alaska. In November of 1974 he left the Army and now is in the practice of optometry at Kodiak, Alaska.

When Dr. Shank made his first examination of Timothy's eyes on December 17, 1973, he recorded a brief history:

Past six weeks mother thinks patient is cross-eyed. Father amblyopic. Age 4. Negative medical history. Rubs eyes after playing up close. Notices no real problem with depth. No allergies.

In addition he also tested Timothy's unaided vision using a standard AO chart (pictures) for children. The best possible visual acuity when measured with an AO chart is 20/30. Dr. Shank recorded Timothy's visual acuity 20/30 OD and OS (both eyes). After dilating Timothy's eyes he made an internal examination and noted:

Preliminary scoping shows opacity in right eye. Dilated with 10 percent Neo at 1430. Vitreous lesion in right eye caused from hemorrhage.

Upon completing the examination, Dr. Shank concluded that Timothy's eye problem was caused by an accomodative esotropia[3] correctable by a prescription for eyeglasses. He did not think it necessary to refer Timothy to an ophthalmologist.

Dr. Willard Bleything, Dean of the College of Optometry, Pacific University, Forest Grove, Oregon, who was called as a government witness at trial, agrees with Dr. Shank. According to Dr. Bleything, the findings of Dr. Shank's December examination are entirely consistent with an accomodative esotropia, hence, there was no need to send Timothy to a medical doctor.

In his testimony Dr. Bleything touched on the scope of training provided in a school of optometry. A significant part of optometric training is given over to recognition of diseases in the eye. In this case no one questions the principle requiring optometrists to refer their patients to medical doctors once disease is detected in the eye.

(Vitreous Hemorrhage)

In Timothy's case, however, Dr. Bleything would distinguish between an active vitreous hemorrhage and an inactive vitreous hemorrhage. He classifies an inactive vitreous hemorrhage as a scar and suggests referral to a medical doctor is indicated only in the event that an active vitreous hemorrhage were detected. It is implicit by this reasoning that to Dr. Bleything a scar is not an indication of existing disease. Scar tissue, according to Dr. Bleything's opinion, when old or inactive, is typically black. This is consistent with Dr. Shank's testimony that the vitreous hemorrhage detected in his December examination was old because it appeared black or dark.

Actually a black or dark color in a vitreous hemorrhage has nothing at all to do with its age, but rather is a result of its magnitude or extent. The black or dark color indicates a lack of reflected light from the retina behind the hemorrhage. Blood in a vitreous hemorrhage is not black; it is only the shadow that appears black. Indeed, as Dr. Black states in his deposition, an old vitreous hemorrhage would appear as white strands in the vitreous and settle to the lower part of the vitreous. And Dr. Kinn testified that he had personally observed hemorrhages in the vitreous more than a year old which were red in color. He explained that a hemorrhage would appear to be black because it was sufficiently thick with blood to absorb all the light reflecting off the retina during an examination, not because of an innate darkness of color.

The interrelationship between optometric and medical responsibility is discussed in considerable depth in the scientific text referred to at trial, "The Optometric Profession," by Hirsch & Wick. The text notes that responsibility for recognizing eye disease has not always been a part of optometry, nor indeed is it now a part of optometric services in parts of the world outside of the United States and English speaking countries. In some European countries an optometrist is expressly forbidden to examine the eye to determine whether it is healthy or not.[4]

Some of the diseases which may be discovered by examination of the eye are brain tumors, diabetes, kidney disorders, hypertension, as well as some diseases caused by microorganisms such as tuberculosis. Optometrists study about these and other diseases in order to recognize eye manifestations of diseases. An optometrist should not attempt to complete a definitive diagnosis but recognize this responsibility is part of the practice of medicine. This principle is clearly stated in "The Optometric Profession."



JUDGE JAMES M. FITZGERALD
U.S. District Judge - Alaska

"The difference between optometric and medical responsibility to the patient may be clarified by example. If an optometrist observes a hemorrhage in the fundus, he recognizes that it may be due to any of the diseases already enumerated. It also may have resulted from a vascular accident or from undue capillary fragility. The important consideration for the optometrist, however, is that he see and identify the hemorrhage. It is his responsibility to refer the patient to the appropriate medical practitioner for diagnosis and treatment of the disorder. The optometrist's understanding about disease is sufficient to recognize the various diseases that can cause hemorrhage. He does not attempt to differentiate between them. Medical technology has advanced so greatly in the past few decades that there are now many laboratory tests the physician can use in making the correct diagnosis. Disease is diagnosed by many procedures. The appearance of the eyeground is only one of them." *The Optometric Profession.*

I am not persuaded with Dr. Bleything's reasoning that referral to a medical doctor ought to depend on whether the optometrist has diagnosed a vitreous hemorrhage as active or inactive. The authors, Hirsch & Wick, suggest in their text that the important consideration is that the optometrist be able to see and identify the hemorrhage. It then becomes his responsibility to refer the patient to a medical doctor for diagnosis and treatment. Since Dr. Shank detected the vitreous hemorrhage of the right eye during his December examination, it was his immediate responsibility to promptly refer Timothy to a medical doctor. In point of fact, ophthalmological services were then readily available to military personnel at Fort Wainwright and to their dependents under a federal contract with Dr. Wolf.

Dr. Shank was aware of symptoms other than vitreous hemorrhage which are of significance to an optometrist. Esotropia in a child of four, Timothy's age in 1973, is a serious matter. Dr. Black states that esotropia in a four year old child is very rare. Most cases of congenital esotropia caused by muscle imbalance develop before age two. This condition is correctable by an operation on the muscles of the eye. Accomodative esotropia, such as diagnosed by Dr. Shank in December, 1973, develops in most cases at age two to two and a half, although it occasionally develops as late as age four or five. This condition is correctable by eyeglasses and the esotropia usually corrects itself after eyeglasses are worn. But esotropia may also indicate some type of retinal or vitreous pathology in the visual axis. This will often involve a disease in the macula, the central part of the retina. This condition reduces visual acuity in the eye and as a result the eye turns inward. In Dr. Black's opinion the most important thing to rule out when a child does present an esotropia is retinal or vitreous pathology. But even more, when a vitreous hemorrhage is observed in a child, it is very important that retinoblastoma be immediately considered until that disease can be completely ruled out.

Dr. Wolf, who treated Timothy at Fairbanks before and after his hospitalization at Letterman, agrees with Dr. Black that Dr. Shank should have referred Timothy to an ophthalmologist in December. Dr. Wolf believes that referral to a medical doctor ought to have been made immediately when Dr. Shank learned of the esotropia from Timothy's mother. Dr. Kinn, who consulted with Dr. Wolf, also agrees that referral was indicated in December. Indeed, Dr. Zimmerman, an eminent ophthalmic pathologist, who testified for the government at trial, concurs that further investigation should have been undertaken at the time the lesion was observed in Timothy's right eye.

(Credible Opinion Cited)

I am persuaded from credible, convincing medical opinion, as well as the scientific publication referred to, that Dr. Shank failed to meet the standards required of his profession when he examined Timothy in December of 1973. He knew that Timothy presented an esotropia and in the course of his examination he observed a vitreous hemorrhage in the right eye. An optometrist's responsibility is to observe during his eye examinations any manifestation of disease visible in the eye. Upon detecting disease in the eye, it is then his obligation and duty to the patient to make known what the optometrist has observed. In such cases he may not undertake to diagnose the disease, but should inform his patient that the matter is beyond his competence and advise the patient to seek a qualified medical doctor. Certainly in January when Dr. Shank detected the poor reflex in Timothy's right eye, he should have sent Timothy to a medical doctor. Instead, he delayed making a referral to an ophthalmologist until after his last examination in June, 1974. By that time Timothy was essentially blind in his right eye, and by then the retina had pulled away from the rear of Timothy's right eye. As it was to turn out, nothing thereafter could be done to save the vision or to save the eye. Time had run out.

Several questions arise at this juncture. Was the disease which ultimately caused the eye to be removed present when Dr. Shank made his examination in December, 1973? What was the nature of the malady and could it have been diagnosed? Could the disease have been treated had it been timely discovered?

There is general agreement in the testimony of the physicians that the disease which brought about the removal of Timothy's right eye was present when Dr. Shank made his initial examination.

When Dr. Wolf examined Timothy in June, 1974, he diagnosed a vitreous hemorrhage with the possibility of either retinoblastoma or toxocara canis. The team of medical doctors who examined Timothy at Letterman Hospital in July considered four possibilities. The first was persistent hyper-

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JUDGE'S DECISION

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plastic primary vitreous, a congenital defect of the eye present at birth and generally noticed shortly after birth. With such a condition as persistent hyperplastic primary vitreous, the eye is usually a bit smaller. The front part of the eye is ordinarily not normal so there are distinguishing factors for that disease. The medical doctors at Letterman were able to rule out this possibility. They were also able to rule out a vitreous hemorrhage as a cause since the vitreous of the eye was fairly clear when the doctors made their examination. The two remaining considerations related to some type of inflammatory response, most probably either toxocara canis or retinoblastoma.

(A Dangerous Malignancy)

Retinoblastoma is an extremely dangerous malignancy sometimes found in the eyes of young children. When diagnosed, retinoblastoma requires removal of the diseased eye to prevent the malignancy from escaping outside the eye, possibly through the optic nerve into the brain.

Retinoblastoma was ruled out in the University of California pathological report following examination of the eye after the operation. A negative finding of retinoblastoma eliminated any need for radiation treatment. In Dr. Black's medical opinion the cause of the inflammation of Timothy's eye was probably toxocara canis. Dr. Black observed that although the larva was never found in the few sectionings of the eye, it is known that the larva may disintegrate or completely disappear in the eye.

Toxocara canis is a parasitic round worm frequently found in dogs. The eggs of the parasite may be ingested by children playing in dirt and the eggs hatch in the intestines of the child into a larva. The larva bores through the intestinal wall and enters the blood stream and is disseminated to different parts of the body. In every instance, with possible rare exception, the parasite is not able to complete its life cycle in a human host and the larva dies without developing into an adult worm. The most common locations where it has been found are in the liver or the lungs. Inflammation of the eye by toxocara is fairly rare. But when it does appear it tends to result in a massive inflammation which usually involves the retina and sometimes may intrude into other structures inside the eye. The presence of toxocara in the body often leads to visceral larva migrans syndrome. The child can have a fever and may have some type of lung disorder, his liver may be enlarged and tender and there may be some abnormalies in certain blood tests. However, an ocular toxocara inflammation frequently occurs without a visceral larva migrans syndrome occurring and some studies suggest that in only three or four percent of ocular toxocara inflammation is the syndrome present. With ocular toxocara, so long as the larva remains alive, there is usually not much effect on the eye. There may be a local inflammation in the retina or a small whitish elevated lesion in the retina at the site of the larva or where it penetrated the retina, but the stage at which the parasite usually becomes very damaging is when the larva dies and decomposes. This leads to an extensive lesion in the eye eventually resulting in a massive scar. If the larva is able to work itself into the vitreous cavity of the eye, it brings about an even more severe inflammatory process.

(Dr. Krupp's Testimony)

Dr. Iris Krupp of Tulane University in New Orleans, Louisiana, is a widely renowned expert in the field of parasitology. She began her work on toxocara as a graduate student in 1954. Since then, she, in association with several ophthalmologists, has done extensive work in the detection and treatment of toxocara. She developed a reliable serologic test for the detection of toxocara which was announced in an article[5] published in the "American Journal of Tropical Medicine" in May, 1974.[6] After examining the medical records, including the pathology report, in Dr. Krupp's opinion the probability was 90 percent that the disease in Timothy's right eye was toxocara. Dr. Krupp, a principal government witness at trial, agreed that the University of California pathological report required that retinoblastoma be ruled out as a cause. However, he noted Dr. Helenor Foerster, a widely known ophthalmic pathologist, also performed a pathological examination on Timothy's eye. Dr. Foerster has published a number of important scientific papers, one of which presented the initial description of toxocara infection of the eye. Dr. Foerster prepared a pathological report in connection with a paper which she presented to the Western Ophthalmic Club. In her report, Dr. Foerster observed many pigment-laden macrophages and giant cells in the retina. Dr. Zimmerman believed this was significant since it implied substantial bleeding into the eye, or alternatively, that a foreign body containing iron might have been introduced into the eye. He postulated that bleeding may have been brought about by several causes, including persistent hyperplastic primary vitreous. In addition, Dr. Zimmerman suggested another possibility of the cause of the inflammation might be a low grade bacterial infection. He did not, however, conclusively rule out toxocara as a possible cause but noted that the larva was not found in either pathological examination. Also, in Dr. Zimmerman's opinion the iron pigment described by Dr. Foerster in her pathological report would not be characteristic of toxocara infection. For these reasons he discounted toxocara as the cause.

Dr. Zimmerman concluded that in this instance it is unlikely that the cause of Timothy's eye inflammation can ever be reliably known, hence the doctor's final diagnosis was chronic sclerosing endophthalmitis, cause undetermined.

It is true that the larva was not found during pathological examination. But as Dr. Black explained, the larva may decompose and disintegrate. The University of California pathological report following examination of the eye was prepared by Dr. Joseph Eliason, an ophthalmologist. In his deposition testimony, Dr. Eliason stated the pathological diagnosis was granulomatous retinitis, etiology unknown. As stated above, this is a general inflammation involving the retina. Toxocara canis characteristically causes this type of inflammation although other causes are possible.

In the course of the pathological examination, a technician prepared 30 to 40 sections from the eye. A section is less than a tenth of a millimeter and unless the entire eye is sectioned it is possible to miss the larva. In Dr. Krupp's opinion, insufficient sections of the eye were examined to exclude the possibility that the larva was in the eye. Other possibilities suggested by Dr. Zimmerman that bleeding into the vitreous was caused by persistent hyperplastic primary vitreous were ruled out during the medical examination in July at Letterman, nor is there anything to suggest the possibility of a foreign metallic object as the cause of the inflammation.

I find on the basis of the testimony of the treating physicians, including Dr. Wolf, Dr. Kinn and Dr. Black, that toxocara canis was the probable cause of the inflammation in Timothy's right eye. The opinions of the treating doctors are substantially similar to the opinion of Dr. Krupp whose qualifications in this field are outstanding. I find in all probability the larva entered the eye through the retina prior to the time Dr. Shank made his examination in December of 1973. Probably the vitreous hemorrhage observed by Dr. Shank was caused by underlying lesion in the retina of the eye.

(Ophthalmic Procedure)

While it cannot be known with absolute certainty what an ophthalmologist would have done or been able to do if Timothy had been seen in December, 1973, Dr. Kinn testified that the ophthalmologist would have been immediately concerned with making a diagnosis. At that time the physician might have had some indication of a retinal lesion which would cause him to suspect either a granulomatous reaction or a retinoblas-

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IRIS KRUPP, M.D.
Tulane University Professor

M.D. Expert Witness Comments...

Iris Krupp, M.D., of New Orleans, an authority on parasitology who testified as an expert witness in the Steele case, has issued a warning to PEN readers to seek an early medical eye examination if symptoms similar to Timothy's are noticed. Delay, as in Timothy's case, can result in blindness.

In a letter to the editor of PEN, Dr. Krupp, a Tulane University professor, indicates that early treatment with steroids and thiabendazole (an anti-parasitic drug) and/or the laser could save the eye of a patient with visceral larval migrans, the disease caused by toxocara canis, which afflicted Timothy Steele.

Dr. Krupp also said that man is not a natural host for the roundworm of the dog (toxocara canis), but may affect children who have eaten dirt or food contaminated by fecal material of a dog containing the eggs of the parasite.

Once ingested, the eggs hatch and the larvae pass from the intestines into the blood stream and may settle in any organ of the child's body. Symptoms may include coughing and wheezing, excessive weariness, loss of appetite, seizures and changes in the ability to see.

Diagnosis can be made by studies of the blood and examination of the sites at which the larvae may be deposited.

Finally, Dr. Krupp emphasized that "It is extremely important that persons with ocular lesions be seen early by a physician experienced in the diagnosis and treatment of this infection, as delay may result in blindness." ●

A medical educator comments:

"In every patient with a misdirected eye and/or an abnormality in the eye, the possibility of a malignant tumor must be excluded."

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Conclusion: Judge Fitzgerald's Ruling

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toma. The ophthalmologist would have been able to examine the microscopic details with specific instruments and, if inflammatory cells were observed, the doctor could have concluded that an inflammatory reaction was present. In such circumstances a diagnosis of toxocara would be likely. Dr. Kinn explained that since the eye was functioning in December it would not have been prudent to remove the eye even if retinoblastoma was suspected. Rather, Dr. Kinn would recommend a therapeutic trial of steroids be undertaken and if the response would be favorable, then the eye not be removed. But if the mass continued to grow despite the treatment and if retinoblastoma could not be ruled out, it would be necessary to enucleate the eye.

Although in Dr. Zimmerman's opinion there is no recognized treatment for toxocara canis, in fact according to Dr. Krupp, the use of steroids in treating toxocara appeared in the medical literature as long ago as 1961.[7] And since that time, Dr. Krupp maintains there have been numerous reports in the literature on the use of steroids. In her own right, Dr. Krupp has participated in treating approximately 20 cases involving ophthalmic toxocara. Her treatment for toxocara includes thiobendazole and steroids, generally used in combination. Thiabendozle is an antihelmintic medicine which kills the larva. The steroid is an anti-inflammatory agent which reduces the mass of inflammation generally associated with toxocara. In each of the cases in which Dr. Krupp participated, treatment was able to arrest the loss of vision at the stage it was when the patient was first seen. Results of treatment can usually be observed within three to four weeks. In the event a patient does not respond to treatment, retinoblastoma may be indicated.

Dr. Black was also aware of several cases where inflammation of the eye was treated with steroids, and in isolated cases steroid treatment has decreased the inflammation, resulting in minimal scarring. But in Dr. Black's opinion, in most instances toxocara is not seen by the ophthalmologist until it has been quite destructive. However, assuming that visual acuity in Timothy's right eye was 20/30 in December of 1973 and treatment with steroids was instituted, some vision might have been salvaged.

In Dr. Wolf's opinion, if Timothy had been seen by an ophthalmologist in 1973, very possibly the eye could have been saved. Since a granulomatous inflammation is a cellular reaction to a foreign object, treatment would be taken to block the reaction. Steroids are a recognized form of treatment for granulomatous inflammation.

I find it probable that an ophthalmologist examining Timothy's right eye in December, 1973, would have diagnosed possible granulomatous reaction, toxocara canis or retinoblastoma. Although there was a lesion in the eye that to some extent impaired Timothy's vision, his visual acuity in the eye was 20/30, the best that could be measured on Dr. Shank's eye chart. The ophthalmologist under such circumstances would almost certainly institute a course of treatment involving steroids in order to reduce the inflammation. The treatment would have prevented further loss of vision and toxocara inflammation would have caused minimal scarring. The eye would have been saved.

Since the jurisdiction of the court is found under the Torts Claims Act, Alaska tort law controls. *Richards v. U.S.*, 369 U.S. 1; *U.S. v. English*, 521 F.2d 63 (9th Cir. 1975). The concept of liability arising out of negligence has been recently stated by the Alaska Supreme Court to be:[8]

> It is elemental that in order for liability to be imposed in a negligence action, the plaintiff must establish a duty of due care owed him by the would-be defendant, a breach of that duty, and finally, that the injury was proximately caused by the breach of duty. Generally speaking, the duty of due care or ordinary care is the duty to act with that amount of care which a reasonably prudent person would use under the same or similar circumstances.
>
> *Leigh v. Lindquist*, 540 P.2d 492, 494 (1975).

Dr. Shrank's failure to promptly inform Mr. and Mrs. Steele of the vitreous hemorrhage in their child's eye and his accompanying failure to refer Timothy to an ophthalmologist was a breach of the standard of care owed to Timothy Steele and his parents. I find Dr. Kinn's testimony as the duty owed to be especially persuasive. Not only is he a board certified ophthalmologist who continually deals with optometric referrals, but Dr. Kinn was previously chief of the eye clinic at Bassett Army Hospital for three years. During those years, he was in charge of the optometrists at the eye clinic and had overall responsibility for all medical and optometric care at the clinic. Additional evidence of the breach of the standard of care is found in the established text "The Optometric Profession." That authoritative work explicitly states that an optometrist is bound not to try to differentiate between pathologies such as hemorrhages. Instead, an optometrist must refer the patient to a medical practitioner for prompt examination.

(Judge's Conclusion)

I conclude that competent optometric practice required that Timothy's parents be notified and that the child be referred. The failure to inform and refer was not a "judgment call" but a violation of the governing principles of professional standards.

Optometrists are trained to recognize symptoms of many diseases which may be discovered by eye examination. They are not permitted under recognized optometric standards to undertake a definite diagnosis but recognize this as the responsibility of a medical doctor.[9] Obviously, it is foreseeable that failure to refer to a qualified medical practitioner, when required to do so, will result in delay of diagnosis and the institution of treatment; so it proved to be in Timothy's case. At the time the referral was finally made to an ophthalmologist, it was too late. Time had run out, and the only thing that could be done was to remove the eye.

I conclude that the plaintiff is entitled to recover in this action from the United States for the loss of Timothy's right eye.

DATED at Anchorage, Alaska, this 20th day of October, 1978.

/s/ James M. Fitzgerald
United States District Judge

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1 28 U.S.C. 1346(b). Plaintiff's original complaint founded jurisdiction on the Federal Torts Claims Act but mistakenly cited the section as 1366(b).

2 Retinitis is an inflammation which chiefly involves the retina. "Granulomatous" is a type of inflammation. Thus, the pathology conclusion was that of a general retinal inflammation of unknown origin.

3 Esotropia, meaning pointing inward.

4 **The Optometric Profession** by Monroe J. Hirsch and Ralph E. Wick, (1968 edition) Chilton Book Co. at page 17.

5 Hemoglutination Test for the Detection of Antibodies Specific for Ascaris and Toxocara Antigens in Patients with Suspected Visceral Larva Migrans.

6 Since the article did not appear until May, 1974, the physicians who treated or examined Timothy were probably not aware of Dr. Krupp's serological test.

7 By Schneider at the Oxnard Clinic.

8 The standard of care required of medical doctors, osteopaths, and dentists is found at AS 09.55.540. Optometrists were not included. In 1976 the statute was broadened to include all health care providers. 34 Ch. 102 SLA 1976. The amendment was limited, however, to actions filed after the effective date, May 29, 1976. Since Steele v. U.S. was filed August 20, 1976, the amendment is not applicable.

9 The Optometric Profession, pp 6, 17.

EDEN: CROSSED EYES

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common, more readily explainable cause is an uncorrected high degree of farsightedness. Remember that young people can correct farsightedness by using their near-focusing ability. This involuntary action plays a part in strabismus because when near-focusing muscles are used the eyes automatically converge to take in the near object. Notice that when you shift from looking at a far object



Strabismus.

to looking at a near one your eyes turn in a bit. This is a natural and normal reflex, but when a farsighted child uses the near-focusing muscles to view far objects clearly, his or her eyes may converge. The reflex is stronger in some than in others, so it does not mean that all children with uncorrected farsightedness will develop strabismus, but it is a possibility.

A disease that causes poor vision in one eye is another possible cause. If one eye sees quite badly, there is not much visual benefit to be gained from using it. The brain will not tell the nerves to tell the external muscles to hold the eyes parallel, and the defective eye may simply turn in or out because there is little reason for it to hold itself parallel to the other eye.

What difference does all this make? Is strabismus more than just a cosmetic problem, a matter of looking a bit odd because the eyes are crossed? Indeed it is. Binocular use is not a skill mechanically achieved; it must be learned in that ever-important period before age six. If strabismus is uncorrected during that time, the child will never be able to learn to use both eyes together. Correction after age six will improve appearance, but it cannot provide a second chance to learn binocularity. Likewise, if the strabismus has caused the deviant eye to become amblyopic, correction of the deviance after age six will not cure the amblyopia.



Epicanthus.

Extremely misaligned eyes can be spotted by a parent or anyone looking at the child, but strabismus is often not that pronounced. An eye doctor, however, can readily discover strabismus during the routine eye examination and can determine how it should be treated.

A condition called *epicanthus* often causes parents of young children to suspect strabismus. At birth, a wide nose bridge normal to all babies is combined with an unusual eyelid fold that often makes it seem that one eye is turned in too far when the baby looks slightly to one side. In fact a large portion of the sclera is hidden by the *epicanthal fold*, but the eye is not turned in more than normal. This is an anatomical feature that is not at all related to strabismus, and it does not interfere with learning to see. The child may look abnormal, but he or she does not see abnormally. And in most cases, the epicanthus recedes as the child's nose narrows. ●

FOUNDER SALUTED BY AMA NEWS — PART II

Ochsner: "Treat The Whole Patient"

The accomplishments of Alton Ochsner, M.D., PEN's International Advisory Board Chairman, are legend in the annals of American medicine. Terming PEN, "The most potent communications effort I have ever observed in medicine," Dr. Ochsner has said, "Ophthalmology — medicine's protectors of one of God's greatest gifts — eyesight — finds itself in the trenches, doing grim battle against a potential epidemic of ineptitude foisted on the American public by some legislators who have heard only the exaggerations and half truths of the optometric side of a non-argument."

Free-lance author Nancy Yanes Hoffman, in an article titled "Alton Ochsner: 82 and Still Going Strong," which appeared in the AMA Journal on August 25, 1978, Vol. 240, No. 8, has captured the essence of this man's greatness. PEN wishes to express its appreciation to Ms. Hoffman and to the JAMA for permission granted to present this material in a series of articles.



ALTON OCHSNER, M.D.
PEN'S International Advisory Board Chairman

"Alton Ochsner: 82 and Still Going Strong," Part II:

The trend in American medicine, as in American life, toward trying to get by with mere competence while not striving for excellence, worries Ochsner. "The other thing that worries me is that physicians rely too heavily on laboratory findings. I fear we are developing a group of competent technicians, treating disease but not treating the whole patient. I stress to our young people that they must sit down with a patient, take a complete history, do a careful examination, then evaluate the findings and arrive at a working diagnosis. After that, they should order laboratory tests. If the laboratory work confirms the clinical diagnosis, accept it. If it doesn't, disregard the laboratory findings and keep on looking. Sounds like heresy, I know, but it's true."

Ochsner remembers a South American woman (the Ochsner Medical Institutions draw many Latin American patients) who had been diagnosed as a hypochondriac with severe psychiatric problems. Although Ochsner protested, "I don't know anything about psychiatry," he saw the patient, became convinced that she had no more psychiatric difficulties than the rest of us, examined her, and diagnosed her case as amebiasis. The laboratory test disagreed — as did the gastroenterologists. Ochsner insisted on instituting anti-amebiasis therapy. "Three days later she walked into my office and said, 'Doctor, I'm well for the first time in years.' What convinced me? Such things as tenderness over the appendix and the liver and listening carefully to the chronology of her symptoms: 'I wake up in the morning and I could whip my weight in anything. By ten o'clock, I can't drag one foot after the other.' This complete asthenia is characteristic of amebiasis. Doctors must listen to the patient, discard their hidebound preconceptions, track down every clue, have the courage of their convictions even when their peers oppose them. I can't emphasize this enough to students."

As Ochsner looks back at his diverse medical career, he believes that his most valuable contribution to medicine has been his teaching. "I'd like to be remembered as a teacher. As Tulane's professor of surgery, I've gotten my greatest satisfactions from teaching more than 3,600 medical students and from teaching our resident fellows here at the Ochsner Foundation Hospital." No student will ever forget those harrowing sessions in the "bull pen" with Alton Ochsner. At one of these "Why Clinics," as Ochsner dubs them, he was barraging a student with questions. "Why? Why? Why?" demanded Ochsner, forcing the student to analyze and defend every assumption that was not thought through. In a classic fight-or-flight response, the student fainted. When he was revived, Ochsner interrogated him just as vehemently — with one additional question: "Why did you faint?"

Who was his best student? "Mike DeBakey. Remarkable, brilliant." Ochsner considers DeBakey "indefatigable." As for himself: "I don't know if I have such prodigious energy. My friends say I work too hard. That's ridiculous. I love what I do. I have fun from the time I get up in the morning until I go to bed at night. I don't work hard; I put in long hours. I think that I'm basically lazy, but I'd be miserable if I didn't work." Ochsner insists that his fabled vigor comes from not wasting energy on disappointment or regret for the road not taken. "Then, too, I've never smoked. Tobacco is the most malevolent aging factor present today. Everybody gets older, but nobody has to get old. Chronological age is irrelevant to physical and mental age. Start with a good machine, take care of it, and it will last a long time.

How to age as well as Ochsner — or, at least, to try? "Three factors accelerate aging: tobacco, our modern sedentary life (people must exercise strenuously daily, until they're out of breath, huffing and puffing), and obesity." Ochsner himself eats sparingly, usually skips lunch, and never has permitted his trim body to lose the battle of the bulge. "If I ate what I wanted," he says, "I'd weigh 300 pounds."

What was Ochsner's most interesting case? An impossible question. Separating Siamese twins; the first successful resection of a saccular aneurysm of the aorta; a thyroidectomy on Tomas Gabriel Duque, then former President of Panama, in 1942, at Cordell Hull's request; surgery on the late jazz trumpeter Muggsy Spanier, who thanked him by writing the song, "Oh, Dr. Ochsner"; or treating Ben Hogan after an automobile accident. Six weeks after the accident, ready to be discharged from an El Paso Hospital, Hogan had suffered a pulmonary embolus, had received anticoagulation therapy, then had had a massive embolus five days later.

It was Mardi Gras time. After attending the Queen's supper, Ochsner had gotten to bed at 4 A.M., arisen at 5 A.M. and had worked all day until ten in the evening. He had finally fallen into bed, "dog-tired," when the phone rang. Could he fly to El Paso? Hogan was cyanotic and comatose. As soon as Ochsner saw Hogan he said, "He's got to have his cava tied — immediately" Ochsner remembers: "Hogan was bleeding profusely. His blood was absolutely incoagulable. His prothrombin time was 0. At noon, I began giving him protamine sulfate and vitamin K and blood transfusions. By midnight, his pro-time was 30%, but we couldn't wait any longer because he was sinking fast. I operated."

Ochsner flew home, got in at 8 A.M., went directly to the foundation hospital, and started work. Hogan got well and won touraments after that.

Ochsner postscripts: "People are reluctant to tie off the vena cava, because it seems like such a horrible procedure, but it's not. It can be a life-saving act." Why? "Most patients don't develop a fatal infarction after a nonfatal pulmonary infarct, so surgeons and internists both gamble that every patient won't have a fatal embolus. But every patient who's had a pulmonary embolus is a candidate for another one. He may be lucky and not have one, but it's dicey." Again, Ochsner repeats George Dock's dictum: the importance of being careful. "Many doctors will say wait until a patient has had two or three emboli, then ligate. In my opinion, that's playing Russian roulette. **All medicine is judgment. I can bring anybody in off the street and teach him how to cut and sew in three months. It's knowing when to operate and when not to operate."**

After teaching, Ochsner considers his most important contribution to medicine his work toward the establishment of a causal link between smoking and lung cancer and, subsequently, between smoking and its deleterious effects on the vascular system. "When I was a medical student in 1919, we admitted a patient with lung cancer to Barnes. As usual, the patient died, because the mortality was almost 100%. Dr. Dock had us witness the autopsy because he said that the condition was so rare that we'd never see another case as long as we lived. I didn't see another case for 17 years — until 1936. Then there were nine cases in six months. An epidemic. There had to be a cause. They were all men, all smoked cigarettes heavily, all began smoking in the first world war. When I researched the history of smoking, I found that very few cigarettes had been consumed prior to World War I.

"In 1936, I had the temerity to state — not suggest — that cigarettes caused this new plague." He sighs. "Not that anybody believed me or listened to me. Even in 1950, when I was president of the American Cancer Society, I used to have knock-down-drag-out fights with E. Cuyler Hammond [ScD], their chief biostatistician. [Dr. Hammond, vice-president for epidemiology and statistics, now agrees with Ochsner.] It took the American Heart Association even longer to take up the cudgels against cigarettes, though they are just as noxious to the vascular system as to the respiratory system."

Part III of "Alton Ochsner: 82 and Still Going Strong" will appear in the next edition of THE PEN. ●

N.C. REPEAL RESOLUTION

The resolution of the Section on Ophthalmology of the North Carolina Medical Society, was inadvertently omitted in the December 1 issue of THE PEN. The complete text follows:

RESOLUTION:

WHEREAS, the medical doctors who are members of the North Carolina Ophthalmology Section of the North Carolina Medical Society are increasingly concerned about the jeopardy to the public health inherent in the 1977 law which allows the use of drugs with their inherent dangers by medically untrained optometrists; and,

WHEREAS, such drugs are unnecessary to the practice of optometry; and,

WHEREAS, AMA medical ethics Principle 10 mandates that physicians provide their efforts, resources and expertise to the benefit of the public welfare,

NOW THEREFORE BE IT RESOLVED, that the North Carolina Society of Ophthalmology in cooperation with the North Carolina Medical Society will have legislation introduced in the North Carolina Legislature for the purpose of repealing the 1977 optometric drug use law, and will publicly campaign for repeal, maintaining this action until such time as the mission is accomplished and the protection of the people of North Carolina is assured.

Passed May 5, 1978
Pinehurst, North Carolina

H. Maxwell Morrison, M.D.
President, Section Ophthalmology, NCMS
David B. Sloan, Jr., Secretary
Section Ophthalmology, NCMS

Steele's Attorney Comments On Case

O. Nelson Parrish of Fairbanks, Alaska, attorney for the plaintiffs Robert K. Steele and Timothy R. Steele, provided PEN with his reaction to the decision as rendered by Judge James M. Fitzgerald.

"I think," Nelson Parrish said, "that the essence of the court's decision is that optometrists, and schools of optometry (compared to ophthalmology) will not be allowed to set their own standards as to what they can and cannot do. The court's decision recognized that optometrists are not sufficiently trained to make the same kinds of decisions that ophthalmologist M.D.s can, and should make, in situations similar to that presented in Timothy's case."

Continuing, Parrish stated, "The U.S. Government was, in fact, contending throughout this trial that since we (the plaintiffs) did not present an optometrist to say that what the optometrist treating Timothy did was wrong, our case ought to be dismissed. The Government, in fact, moved for a 'directed verdict' (to throw our case out of court) on the grounds that only an optometrist can say what is or is not wrong about what another optometrist does."

When questioned by PEN as to the judge's reaction to this line of reasoning, attorney Parrish replied, "The judge rejected it by saying, in effect that since an optometrist is not fully trained to recognize dangerous situations, such as presented in this case, he could not then say what he did or did not do is right or wrong. Having arrived at that point, the court then in effect said it was going to accept the position of all the medical doctors who testified, including the government's doctor, that the boy should have been referred."

In concluding his comments, Nelson Parrish told PEN that this case had convinced him that, "optometrists, with no medical education, are attempting to pull themselves up by their own bootstraps, into an invulnerable position of unaccountability." ●

Mail to: James H. Allen, M.D., 9104 Quince St.
New Orleans, LA 70118

PEN MEMBER APPLICATION

"PEN MUST SURVIVE AND GROW . . . IT IS ALREADY THE MOST VIABLE, POTENT, AND ACTIVE COMMUNICATIONS FORCE IN MEDICINE — IT'S A MUST DO - CAN DO - AND WILL DO ORGANIZATION."
Alton Ochsner, M.D.

STATEMENT OF INTENT

I intend to be an active member of PEN and I endorse and support the STATEMENT OF PURPOSE.

In providing my resources I am assuring that PEN will continue to block efforts to invade medicine at the expense of the public health. I am subsidizing the ever-expanding promulgation of truth, the circulation of THE PEN and other publications to an ever-expanding audience. I am assuring the availability of resource materials, mass communications, legislative, and other expertise relating to this issue to all who support medicine in this cause.

I DESIRE TO INFORM AND BE INFORMED AND HEREBY PLEDGE DUES IN THE AMOUNT OF $250 ANNUALLY. (Subject to reduction as PEN grows)

Date_____ 19____

Name_____

Address_____

City_____ State_____ Zip_____

Telephone: (Area)_____ Number_____

Ophthalmologist?____ Other specialty_____

Profession, other than M.D.?_____

Check enclosed ($250)____ Please bill me_____

☐ Resident Dues $25.00
☐ Affiliate (spouses, office staff) $25.00
☐ Military M.D.s $150.00

THE PEN FORUM

Public Service by Alabama M.D.s Draws National Praise

As reported in the December 1 issue of THE PEN, the Medical Advisory Board to the University of Alabama has passed a resolution which declares that University Optometry School graduates are not trained to attempt to practice medicine. This action, to protect the public, is being saluted by M.D.s throughout the nation.

Dear Dr. Hale:

I want to thank you for the public service rendered by the Medical Advisory Board to the University of Alabama for publicly defining the limited role of optometrists. Their efforts over the past several years have been to mislead the public into the scope of services that they provide. It is important to make every effort to protect the medical well-being of the public.

Please be assured of my best wishes.

Robert A. Wiznia, M.D.
New Haven, Connecticut

Dear Dr. Moore:

Let me express my appreciation to you and the other physician members of the Medical Advisory Board of the University of Alabama. Your courage in opposing the attempts by non-practitioners (optometrists) to get into the practice of medicine is commendable. Defining the role of optometry is a public service and the actions taken by the Medical Advisory Board will be of great help in our fight to protect the high quality of medical care in this country.

Joe H. Woody, M.D.
Charlotte, North Carolina

Dear Dr. Henderson:

I found it most gratifying to see that wisdom has prevailed in the resolution to define the limited role of optometry in medicine through your efforts and convictions. The valuable limited services of optometrists has been recognized by medicine and by ophthalmology alike. False claims and false advertising, as well as impersonating physicians by optometrists is totally alien to the medical arts. Your clear perception of the problem, and your action deserves many thank-yous from all physicians, patients, and the public at large.

Georges Birenbaum, M.D.
Lexington, Kentucky

Dear Dr. Pittman:

I congratulate you, as a member of the University of Alabama Medical Advisory Board, for speaking out forthrightly regarding optometric education at your University. The public and legislators around the country need to know that optometrists are not trained to assume a medical role. Your resolution is a godsend.

The American people owes you a debt of gratitude.

Charles B. Bobo, M.D.
Greenwood, South Carolina

Dear Dr. Henderson:

As a practicing ophthalmologist and a citizen I wish to congratulate you for the role you have played and the service you have rendered to the public in defining the limited role of optometry. We all know at times it takes courage to stand up on your hind legs for what is right. But remember there is only one truth and all the local political and social pressures cannot alter that.

You have helped to open the eyes of the public as to the only proper role of optometry in vision care.

Walter G. Bullington, M.D.
Charlotte, North Carolina

Dear Dr. Moore:

Today I received a copy of the resolution of the University of Alabama School of Medicine Physician Advisory Board concerning the education of optometrists at that institution.

It gives me a feeling of relief and appreciation that there are fellow medical doctors in this country who have the insight and understanding that is necessary to protect our lay population from the zealous political ambitions of those people who place ego and economics above personal ability in matters of the health care of this nation.

Please accept my thanks and appreciation for your efforts in this matter.

Jerome L. Byers, M.D., P.A.
Dallas, Texas

Dear Doctor Moore:

Congratulations to you for your great effort in defining the status of optometric education with regard to the practice of medicine in the resolution passed by the Medical Advisory Committee, at the University of Alabama School of Medicine.

It was a great public service to all of the people of our country.

James W. Clower, M.D.
Daytona Beach, Florida

Aloha, Doctor Pittman!

By publicly defining the limited role of optometrists, you and your colleagues on the University of Alabama Medical Advisory Board have done your patients a real service.

Thanks . . . or as we say in Hawaii,
Mahalo!

John M. Corboy, M.D.
Wahiawa, Hawaii

Dear Dr. Pittman:

Thanks for a job well done. Your recommendation in that we issue a public statement concerning the education of Optometrists is welcomed by all of us who understand the problems related to the eye. The resolution itself is a work of art, and describes optometric education exactly as it should be described.

Please know that your efforts are greatly appreciated.

R. H. Monahan, M.D.
St. Paul, Minnesota

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UNITED STATES PHYSICIANS EDUCATION NETWORK

Statement of Purpose

PEN exists solely to utilize its resources and combined influence to present, promote, and promulgate, through communication outward, and communication inward, these simple truths:

- The American people must be protected by placing and keeping health care in the hands of experts, whose abilities are established by having reached a standard level of medical education.
- The logical minimum level of education necessary for leadership to protect the public in shaping the optimum health care delivery quality standards in the United States is the degree of Doctor of Medicine or Osteopathy, earned at a school of medicine or osteopathy — at an accredited institution of higher learning.
- Government at every level should cooperate with medicine in establishing these health safety standards.

Membership in PEN is available to any law-abiding citizen who subscribes to these truths, and desires to be informed, as well as to participate in informing the public at large.

"M.D. IS THE MAJOR DIFFERENCE"

THE PEN...

PRO BONO PUBLICO

Published in the Public Interest by Ophthalmology

VOL. 3, NO. 2 JANUARY 15, 1979

RHODES OF OHIO: "WE CAN TAKE NO RISKS"

Ohio Governor Vetoes Optometric Drug Law

COLUMBUS, OHIO — On December 15, 1978, Governor James A. Rhodes of Ohio vetoed amended substitute S.B. 163, which would have permitted optometrists in Ohio to use diagnostic drugs. This marks the second time this year that a state governor has rejected optometric drug legislation in order to protect the citizens of his state.

The first veto came in Virginia when Governor John N. Dalton vetoed similar legislation, noting that, "There is reason for grave concern for patients' welfare where optometrists practice in isolation from medical backup."

Governor Rhodes echoed Governor Dalton's concern when he said in his veto message, "Health care is an area in which we can take no risks because any mistakes could bring tragic and irreversible results. We must be committed to our citizens to provide practitioners that are highly skilled individuals and who will at the same time provide the best health care at the lowest cost.

"Optometrists have been doing an excellent job in working with the medical profession to bring quality eye care to Ohio citizens. The tools that the optometrists are presently using are not dangerous and are effective in screening for eye disease."

He went on to point out that S.B. 163 "would allow optometrists to use drugs in order to make a full diagnosis of the medical condition of the eye. If the individuals involved were properly trained," the Governor said, "this procedure would be in the best interest of Ohio's citizens. However, without proper training, the bill would allow unwarranted risks without corresponding benefits. The drugs involved are dangerous and have the potential of causing a great deal of pain including blindness. The adverse reactions associated with these drugs are not common, but they do occur and emergency treatment must be administered in those instances."

Noting that he vetoed the bill despite the fact that it included a provision that would require optometrists to take 180 hours of mandatory training, Gov. Rhodes said, "This amounts to little more than a month of isolated training in a clinical use of the drugs involved."

Concluding his commentary, the Governor pointed out that the issue of using drugs was one that should not be decided by the legislature.

The veto in Ohio brings to 15 the number of states that have rejected optometric drug laws this year. In only two states, Kentucky and Wisconsin, were such laws passed in 1978.

Continued on page 2



HONORABLE JAMES A. RHODES
. . . acts to protect Ohioans

Governor James A. Rhodes of Ohio has served in that capacity on two different occasions. He was first elected in 1962, serving until 1970, and was re-elected in 1974. The recently re-elected Governor, who attended Ohio State University, holds numerous honorary degrees from several institutions.

Prior to being elected governor, James A. Rhodes served as Auditor and Mayor of Columbus, Ohio and as State Auditor.

Author of three books on the Civil War, Gov. Rhodes was a delegate to the Republican National Convention in 1972, and is a member of the Professional Golfers Association Advisory Committee, and the United States Olympic Committee. ●

Ohio Veto Is Second Of 1978; Fourth Optometric Drug Law Veto

VIRGINIA

Hon. John N. Dalton
vetoed H.B. 205
April 11, 1978





ARKANSAS

Hon. David Pryor
vetoed S.B. 48
1977

WEST VIRGINIA

Hon. Arch Moore
vetoed H.B. 1005
1976



WHY "THE PEN?"

The files of state and national medical associations, all learned societies concerned with the public health, overflow with a preponderance of evidence that the quality of health care is threatened by the precedent of Government encouraging the lowering of professional standards by allowing medical functions to practitioners with no medical education. Medicine accepts the responsibility to respond to epidemics. Death and trauma are resulting, and Doctors of Medicine can do no less than warn potential victims through the continuous presentation of this evidence. The public press of America, given the facts, is supporting this cause, and concerned physicians throughout the nation are pooling their knowledge and resources to package and present the truth through the PHYSICIANS EDUCATION NETWORK.

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DR. ALLEN'S

DIAGNOSES



James H. Allen, M.D.: founding president, New Orleans Academy of Ophthalmology; professor of ophthalmology, Univ. of Iowa and Tulane Univ. for 30 years; Senior Surgeon, Tulane Univ.; awarded the prized Gold Medal of the Ophthalmology Section of AMA, 1976.

1979 — All Eyes On West Virginia

Prohibition — often referred to as "the noble experiment" — was repealed by government because it failed.

In the eyes of those West Virginia lawmakers who, in 1976, truly believed that to permit the use of drugs to optometrists would bring eye health care to more West Virginians, the optometric drug use law was a "noble experiment."

In the single remaining eye of Mrs. Dent, whose tragic deposition appears on page 3, the "noble experiment" of 1976 has failed. She is one of many human guinea pigs who have suffered and is among a vanguard of victims who will suffer as optometrists convince themselves that they are capable of diagnosing disease and providing treatment despite the total absence of medical education.

In the eyes of medical experts throughout the nation, the 1976 West Virginia optometric drug use law is a disaster. It is inconceivable that such a law can remain on the books when available evidence in 1978 has prompted lawmakers in 13 states, last year alone, to fail to pass similar, less dangerous optometric diagnostic drug use proposals.

In two more states, these proposals were lobbied through, only to be vetoed by conscientious governors. In the eyes of Governor James A. Rhodes of Ohio (see page 1), to allow Ohio optometrists the use of diagnostic agents "would allow unwarranted risk without corresponding benefits."

In the eyes of Governor John N. Dalton of Virginia, the eye health of Old Dominion residents was threatened by H.B. 205, a diagnostic drug use proposal less ominous than the extant West Virginia law. In his veto message of April 11, 1978, Governor Dalton said: "There is concern of legislative appointment of 'medical' responsibility and authority to non-medical personnel."

In the eyes of optometric leader Dean Henry B. Peters, O.D., of the School of Optometry at the University of Alabama in Birmingham, the reckless 1976 West Virginia law was the result of a "display of legislative machismo" on the part of overambitious optometrists. "The practice of medicine is an inappropriate goal for optometry" the Dean wrote, commenting on passage of the West Virginia law.

Dean Peters further stated, "Not one of our schools is prepared by either faculty resources or availability of clinical experiences to accept this challenge (treatment of eye disease at this time . . .); no such resources exist for 1,000 graduating optometrists this year nor are they in prospect."

In 1976, West Virginia lawmakers were told that modern optometric education made restrictions obsolete. In 1978, the six non-ophthalmic physicians who serve as the medical Advisory Board to the ultra-modern University of Alabama at Birmingham, where optometric education has high standards, took a close look at their curriculum. In their eyes, their own graduates, receiving the O.D. degree, are not qualified to treat disease or use drugs. Its October 18, 1978 resolution (confirming Dean Peters' conclusion about the inadequacy of optometric education) states in part:

"This education in no way prepares these graduates with the knowledge to prescribe or use drugs to treat eye disease. This training should not be viewed as a medical credential."

In 1976, optometrists argued that the new law would make eye care more available to rural residents. Rural residents know better than to take a horse to a blacksmith for colic, but unfortunately are unaware of the total absence of medical education in optometry.

In 1976, optometry promoted the conceptual myth of "primary care." We doubt that any thinking lawmaker would want his eye examined for disease by the least qualified. To place the optometrist in a position where he may overlook a fatal tumor is unfair to him as well as his patient, and to allow him to experiment with dangerous drugs will inevitably produce more unfortunate cases.

Mrs. Dent seeks repeal of the 1976 law. A growing Citizen's Committee seeks repeal. Medicine acknowledges its failure to present a coherent case in 1976, when confusion obfuscated the inherent danger to the public.

This is 1979. Since 1976, the motives of optometry to expand into medicine at the expense of the public health, by exploiting state legislatures have become apparent. Scores of legislative sessions have rejected these efforts, and West Virginia has the most dangerous law of all.

A mass of new incontrovertible evidence attesting to the danger of the 1976 law is ready for presentation. In the eyes of the presentors there is confidence that the 1979 West Virginia lawmakers will open their eyes and ears while taking a fresh look at eye health care.

M.D.s make mistakes. So do elected officials. To acknowledge them is statesmanlike.

The eyes of the nation are on West Virginia.

JHA

THE PEN....

VOLUME 3, NUMBER 2
JANUARY 15, 1979
ST. PETERSBURG, FLORIDA

EDITORS

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Misinformation Provided Magazine Readers

American housewives are warned that there is a dangerous paragraph of misinformation which appeared recently in national magazines. The advertisement promoted ignorance regarding the possibility of fatal malignancy in the eyes of children.

The advertisement, sponsored by the American Optometric Association, stated:

"On the other hand, if a child who is 18 months or younger momentarily turns one eye in or out, there is probably no cause for worry. At this stage of growth your child lacks what is referred to as internal organization. He just can't seem to make anything . . . hands, feet, legs . . . work together.

"In any of these cases, your family optometrist can diagnose problems or reassure you that your child is normal."

No cause to worry?

James H. Allen, M.D., former senior surgeon at Tulane University, worries about the complacency which may result from this advertisement reassurance.

"This ad is irresponsible," he said.

Dr. Allen advises, "A child begins to coordinate eye movements in the first six months of life but may occasionally turn one eye in or out up to 12 months of age. However, if there is a constant turning in or out of one eye even before one year of age or if there is intermittent turning in or out of one eye after 6 months to one year of age, the child should have a medical eye examination.

"There are several things that can interfere with the development of coordinated eye movements, the most dangerous thing being a malignant tumor of the retina of the eye — which must be diagnosed early if the child's life is to be saved.

"Other causes, although not likely to be fatal, could destroy much or all vision in one eye if not diagnosed and treated properly as early as possible.

"An optometrist is not trained adequately to diagnose diseases of the eye or disease affecting the body as a whole. Therefore, he cannot reassure parents that their child is normal. There are numerous recorded examples in which an optometrist failed to recognize or diagnose diseases or tumors of the eye with the result that vision was lost or the life of the patient lost." ●

OHIO GOVERNOR VETOES

Continued from page 1

Commenting on Governor Rhodes' veto message, Lawrence L. Young, M.D., President, Ohio Ophthalmological Society said, "All of medicine in Ohio is impressed with the thoroughness of the Governor's investigation which led to the veto of S.B. 163. He has correctly assessed the danger to the public and his message reflects his deep concern for the eye health of the citizens of our state."

To date, four state governors have carefully reviewed the pros and cons of optometric drug legislation and concluded that passage of such a law would endanger the health of their citizens. In each instance these chief executives have exercised the power of their veto to protect their constituents. ●

An Ophthalmologist is an

M.D.

an optometrist is not.

AN OPEN LETTER SEEKS REPEAL

W. Va. Eye Victim Deplores Optometric Care

A West Virginia supermarket cashier, who is blind in her left eye and who has a serious problem with her right eye, has made a public appeal through an open letter for repeal of West Virginia's optometric drug law.

In a signed deposition, Mrs. Laura Dent of South Charleston, WV, states, "If my optometrist had been qualified to diagnose and treat diseases of the eye, maybe this disease would have been caught in time and I could read with my left eye. The people who passed this law (West Virginia law permits optometrists to use drugs for diagnosis and treatment), should stop and think what they have done; apparently some of them have never had serious eye problems or they would have known better than to do such a thing."



Saying, "I am firmly against this law allowing optometrists to prescribe medications and treat diseases of the eye, because they are not qualified," Mrs. Dent emphasized she was not offering an opinion, but was speaking from experience. Mrs. Dent related that in May of 1975 she went to see an optometrist for a general eye examination. At that time, she points out, the optometrist prescribed new glasses and advised that there were no signs of glaucoma or any other diseases of the eye. Within two weeks, Mrs. Dent said, "I was seeing distorted. I phoned my optometrist and asked what could be the problem. I was told to come in and be checked. I went in and was told it was only astigmatism, to wear my glasses all the time, and the problem would be corrected.

"It did not improve, I continued to get worse. I phoned my optometrist back in three weeks and asked just how long it would take to improve, and also asked if my family doctor could help. I was told maybe so. I will phone him; go ahead and see him.

"I went straight to my family doctor; the optometrist did not phone him. My family doctor took one look at my eye and panicked. He said there was this tremendous deterioration in both eyes, he did not know what it was, but there definitely was a problem. He sent me straight to Dr. Rashid's office. Doctors Rashid and Toma (both ophthalmologists) checked my eyes and told me I had histoplasmosis (a disease caused by a parasitic fungus) and said it was presently active in my left eye. Since I had had numerous attacks in both eyes in the past, it was likely I had the disease all my life."

Mrs. Dent further relates that after six months of treatment, the condition did not improve and in September the laser was used to arrest the disease. She says, "It stopped the disease, but it did not save my vision. *Medical editor's footnote: irregular toxis is a chronic disease characterized by the inactive phases the lesions are easily seen. In the inactive phases, treatment is neither effective nor necessary. In the active phases, treatment is available and frequently helpful to retard or eliminate visual loss. Thus, the patient should be observed by a physician with an understanding of the disease process in order to minimize loss of visual function.* I have no central vision in my left eye; I have peripheral vision but I cannot read; I cannot watch TV or do any close work at all with my left eye." In June of 1978 Mrs. Dent suffered a repeat attack in her right eye. This time the laser was used and Mrs. Dent advises she "is in pretty good shape except for the fact that I have a small blind spot."

Noting that the diagnosis made by Doctors Rashid and Toma was confirmed by Dr. Finklestein at the Wilmer Eye Institute in Baltimore, Mrs. for my left eye and it could happen again at any time in the right eye."

Calling on the legislature to take action now, Mrs. Dent writes, "I wish you would reconsider and repeal this law because a lot of innocent people are going to suffer unknowingly and maybe even go blind because they are trusting an unqualified optometrist." ●

FOUNDER SALUTED BY AMA NEWS — PART III

Ochsner: "The Harder I Work, The Luckier I Get!"

The accomplishments of Alton Ochsner, M.D., PEN's International Advisory Board Chairman, are legend in the annals of American medicine. Terming PEN, "The most potent communications effort I have ever observed in medicine," Dr. Ochsner has said, "Ophthalmology — medicine's protectors of one of God's greatest gifts — eyesight — finds itself in the trenches, doing grim battle against a potential epidemic of ineptitude foisted on the American public by some legislators who have heard only the exaggerations and half truths of the optometric side of a non-argument."

Free-lance author Nancy Yanes Hoffman, in an article titled "Alton Ochsner: 82 and Still Going Strong," which appeared in the AMA Journal on August 25, 1978, Vol. 240, No. 8, has captured the essence of this man's greatness. PEN wishes to express its appreciation to Ms. Hoffman and to the JAMA for permission granted to present this material in a series of articles.

"Alton Ochsner: 82 and Still Going Strong," Conclusion:

Genial, optimistic, Alton Ochsner says that if he had his life to live over again, he would do nothing differently. Nevertheless, what was his greatest disappointment? Huey Long's dictatorship over Charity Hospital, Tulane's only teaching hospital, in Ochsner's early days in New Orleans. A boy wonder, at 31 appointed as Tulane's professor of surgery, Ochsner came south from Wisconsin, where he had been associate professor. "My family didn't arrive for six months, and I literally lived in the hospital. I slaved — and I loved it. I gave it



ALTON OCHSNER, M.D.
PEN'S International Advisory Board Chairman

everything I had, developed a good teaching program as I had promised Dean Bass I would. Everything was going along fine." He pauses, shaking his head, "But this was in Huey Long's heyday, and I didn't include Huey in my reckoning — nor a doctor's desire for revenge on me for refusing to appoint him (the doctor) to the hospital staff. He was incompetent." He shrugs. "And later, while I made rounds, a letter was stolen from the pocket of my coat while it was hanging in the doctor's room of the hospital."

The letter was from the Medical College of Virginia inviting Ochsner to be professor of surgery there. As chairman ex officio of Charity Hospital's board and harboring no love for Ochsner's probity, Huey Long presented the purloined letter as evidence of Ochsner's "disloyalty" to the hospital. "Then and there, that Saturday morning, I was kicked out of the hospital. For two years, I couldn't go near our only teaching hospital. I decided that I couldn't stay in Louisiana under those circumstances, that I would take a job at the University of Illinois. But C. Jeff Miller, Tulane's professor of gynecology and my mentor, dissuaded me."

How? "Dr. Miller said, 'You can't leave under fire. You've *got* to stick it out.' 'But, Dr. Jeff,' I protested, 'Look what's happened to me. I've given this place everything I have and see how they've responded.' Dr. Jeff was adamant. He wouldn't let me quit. Because of him, I stayed." The big Ochsner smile creases his remarkably unlined face: "Sticking it out was one of the best things that ever happened to me."

Despite a life he describes as blessed by "Presbyterian luck" (defined by Ochsner as, "If you do the right thing, no matter what happens, it will turn out for the best"), personal tragedy has been no stranger to Alton Ochsner. His first wife's long terminal illness and death was a devastating blow. In the early 1950s, he obtained some of the first Cutter polio vaccine, which he

Continued on page 4

OCHSNER *Continued from page 3*

administered to his grandchildren, as well as to many Ochsner pediatric patients. His daughter's eldest son contracted polio — possibly from the vaccine — and died. The intern who cared for the boy also got polio and both his legs remain paralyzed.

In those days, medicine had a few sharp peaks and lots of deep valleys. There were a few well-trained people, while the rest had almost no training at all. Today, medicine has progressed so that almost everyone is well-trained. By the late 1930s, New Orleans had lost its reputation as a major medical center.

"I saw that the city must do better medicine. And the only way to do this was through group practice. I had two ambitions: to build a medical referral center in the deep South that would give quality care reasonably, and to develop an institution that showed care and consideration — not only to the patient, but to the family." The Ochsner hospital maintains a Family Room, adjacent to the operating rooms and intensive care units, where families receive progress reports every half hour while a patient is in surgery and where coffee and doughnuts are dispensed.

"I went to five Tulane professors," Ochsner remembers. "Professors of otolaryngology, gynecology, orthopedics, and medicine. The surgeons were interested, but the medical man was not. This was in 1939, the end of the Depression. We had no money, only an idea. The banks wanted equity, not an idea. It looked as though we were going to have to give up." Alton Ochsner, however, doesn't give up easily; he persuaded Rudolph Hecht and the Hibernia Bank to finance that first Ochsner Clinic in an old building on Prytania Street.

Not every doctor was convinced that Ochsner's idea was a good one. On Good Friday in 1941, small leather pouches filled with thirty dimes were delivered to the five Ochsner Clinic founders' homes. Inside each pouch was an anonymous typewritten note: "To the Judases of the Orleans Medical Central. Ochsner argues: "We have helped the local physicians, raised the level of New Orleans medicine so that it is much higher than when we founded this place." ●

1978 American Medical Association©

Mail to: James H. Allen, M.D., 9104 Quince St.
New Orleans, LA 70118

PEN MEMBER APPLICATION

"PEN MUST SURVIVE AND GROW . . . IT IS ALREADY THE MOST VIABLE, POTENT, AND ACTIVE COMMUNICATIONS FORCE IN MEDICINE — IT'S A **MUST DO - CAN DO - AND WILL DO** ORGANIZATION."

Alton Ochsner, M.D.

STATEMENT OF INTENT

I intend to be an active member of PEN and I endorse and support the STATEMENT OF PURPOSE.

In providing my resources I am assuring that PEN will continue to block efforts to invade medicine at the expense of the public health. I am subsidizing the ever-expanding promulgation of **truth**, the circulation of THE PEN and other publications to an ever-expanding audience. I am assuring the availability of resource materials, mass communications, legislative, and other expertise relating to this issue to all who support medicine in this cause.

I DESIRE TO INFORM AND BE INFORMED AND HEREBY PLEDGE DUES IN THE AMOUNT OF $250 ANNUALLY. (Subject to reduction as PEN grows)

Date_____ 19____

Name_____

Address_____

City_____ State_____ Zip_____

Telephone: (Area)_____ Number_____

Ophthalmologist?_____ Other specialty_____

Profession, other than M.D.?_____

Check enclosed ($250)_____ Please bill me_____

☐ Resident Dues $25.00
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THE PEN FORUM

Editors' Note: Optometry's burning desire to invade the field of medicine was blatantly displayed when the Board of Regents of New York State, a non-medical, politically-appointed body responsible for directing the policy of higher education in New York, was persuaded to endorse optometric drug legislation.

It is unthinkable that political appointees, whose duties and responsibilities are not directly related to the issue, and who have never been informed by medicine as to the ramifications of the issue, should take such a position.

It would appear that the 15-member Board of Regents has been manipulated by optometry into taking a public political stance which will not only endanger the eye health of every New Yorker, but one which could cause that august body considerable, unnecessary embarrassment. Alden Haffner, O.D., an optometrist, is the State University of New York Vice Chancellor for Health Sciences.

Recognizing that legislators across the nation might well view this interference as an optometric credential, unless challenged, PEN has asked ophthalmologists nation-wide to express their views to all involved. Following are but a few excerpts from the flood of letters sent to the New York State Regents, the Chancellor and the State Commissioner of Education:

"The recent decision by the Board of Regents to support the use of drugs by optometrists ill-serves the public welfare as it reflects a lack of objectivity concerning this very important issue. The Board of Regents should be in the forefront of the battle to prevent non-medical measuring practitioners such as optometrists from becoming quasi-physicians by legislative fiat. Our educational system has numerous checks and balances to insure first that only the most highly qualified applicants are admitted to medical school; thereafter, rigorously scheduled curriculum and periodic exams further insures scholastic fitness. The proper application of textbook knowledge to actual clinical pathology continues for the ophthalmologist throughout one year of internship and three years of specialized residency training in the diseases and surgery of the eye. The back door approach to medical school — via legislative fiat — should be a concept flatly rejected by the Board of Regents. The medical education as I outlined above should remain as the prerequisite to the use of pharmacological agents in the eye — the taking of pharmacology courses in or out of optometry school is in no way a substitute. Any optometrist who desires to assume medical functions should apply to medical school and obtain the proper training."

Seymour R. Rosen, M.D.
Sunrise, Florida

"The most important objection to optometric use of drugs is that authorization to use drugs implies the ability to judge the information obtained from such use and use it to make a medical diagnosis. Just as the possession of a stethoscope does not make one a cardiologist, the use of drugs to dilate the pupil or numb the eye will not make the optometrist equivalent to a physician. Patients will, however, be misled into believing that the optometrist is in fact qualified to make medical judgments and serious errors in diagnosis with accompanying missed opportunities to save eyes and even lives will occur.

"One has only to observe the level of optometric care throughout the State to realize the crass commercialism of many of their establishments. A little over a year ago the New York Daily News published a series of articles highly critical of the quality of eye examinations and glasses provided by many optometrists. How can the Board of Regents approve a group, which is not as yet meeting the standards for which they are licensed, to take on responsibilities for which they are not qualified?"

J. S. Nauheim, M.D.
Merrick, New York

"The recent decision by the Board of Regents of the State of New York to support optometric drug use legislation is ill-advised and myopic. In taking this decision, the Regents are permitting a group (the optometrists) to legislate medical privileges rather than obtain the medical privileges by education as the physician has."

John B. Franklin, M.D.
Hartford, Connecticut

"It seems obvious that we cannot, at this time, compromise these standards. Your decision to support optometric drug laws is just such a compromise. It is the same as suggesting that chiropractors are as well qualified to practice medicine as are physicians. Even a school such as the University of Alabama in Birmingham, has recently defined the practice of optometry as a non-medical discipline. A resolution by the Physicians Advisory Board at the University of Alabama, states, 'This education in no way prepares these graduates with the knowledge to prescribe or use drugs to treat eye diseases'. I urge you, therefore, to reverse this decision and to serve the citizens of New York State by so doing."

William C. Frayer, M.D.
Philadelphia, Pennsylvania

"I am writing to protest the action of the Board of Regents of New York State endorsing optometric drug use. It is unthinkable that highly educated people could advocate the use of medications by untrained practitioners. Furthermore, the training of optometrists in diagnosing medical eye diseases is terribly inadequate so that misdiagnosis and delayed recognition of disease is a greater danger than the complications of the pharmaceutical agents. . . . Please reconsider this issue."

Thomas S. Harbin, Jr., M.D.
Atlanta, Georgia

The support given to the optometric drug bill must have been made without due consideration for the possible effects the legislation would have.

"Last year this legislation was voted down in fourteen other states whose legislators were given factual information concerning this issue. Most of the states which had passed the bill previously are now considering recall of the bill after documenting the serious harm done by optometrists using medication during their eye exams. It is unfortunate that in the states that passed the law the public had to suffer because of the inappropriate action of the legislators."

Daniel W. Pieroni, M.D.
Sheffield, Alabama

UNITED STATES PHYSICIANS EDUCATION NETWORK

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- Government at every level should cooperate with medicine in establishing these health safety standards.

Membership in PEN is available to any law-abiding citizen who subscribes to these truths, and desires to be informed, as well as to participate in informing the public at large.

"M.D. IS THE MAJOR DIFFERENCE"

THE PEN...

PRO BONO PUBLICO

Published in the Public Interest by Ophthalmology

VOL. 2, NO. 9 MAY 1, 1978

VIRGINIA VETO MESSAGE

Governor John N. Dalton: "There Is Concern"

Virginia Gov. John N. Dalton's courageous action in failing to sign House Bill 205 into law deserves high praise from both medicine and the citizens of the Commonwealth. Gov. Dalton has reaffirmed to his constituents and to the people of this nation that only through "education, not legislation," can a person become competent enough to use drugs on the human body.

The following is Gov. Dalton's comment after vetoing the bill:

"The bill defines what constitutes the practice of optometry; and defines requirements of persons who desire to be certified in the use of diagnostic pharmaceutical agents that they be examined in general and ocular pharmacology and in the use of approved topically applied diagnostic pharmaceutical agents. Although paramedics, physician assistants, and nurse practitioners may administer drugs in specific instances, this is done (a) under the supervision of a physician, and/or (b) under specifically developed protocols regulating such procedures. Given the rare, but devastating effects of adverse reaction following administration of diagnostic agents, there is reason for grave concern for patients' welfare where optometrists practice in isolation from medical backup. There is concern over public misunderstanding that complete medical care has been effected after having an optometric examination. Finally, *there is concern of legislative appointment of 'medical' responsibility and authority to non-medical personnel* prior to this matter being carefully studied as to its impact in the Commonwealth."



Honorable John N. Dalton . . .

63rd Governor of Virginia

Gov. John N. Dalton, the 63rd governor of Virginia, took office on Jan. 14, 1978. A graduate of the College of William and Mary, he received his J. D. degree from the Law School of the University of Virginia in 1957.

Following graduation from law school, Gov. Dalton practiced law in Radford, Va. and began his political career in 1965 when he was elected to the Va. House of Delegates. After being re-elected to this post three times, he ran successfully for the State Senate in 1972. In 1973, he was elected lieutenent governor.

A 33rd degree Mason and an Eagle Scout, Gov. Dalton is a past-president of the Moneton District of Boy Scouts and a member of the Blue Ridge Council of Boy Scouts.

Eight States Reject Optometric Drug Law Petitions In 1978

Gov. Dalton's veto marks the seventh 1978 rejection of optometry's attempts to utilize legislative "clout" to invade medicine at the expense of the public health. Other states refusing optometrists the right to use drugs this year are Georgia, Mississippi, Missouri, South Dakota, Maryland and Oklahoma. At presstime, an optometric drug bill in Nebraska was reported to have "died on the calendar," bringing the total to eight.

So far this year, only Wisconsin and Kentucky patients face eye damage as a consequence of new optometric drug laws. In Kentucky, the law was passed and signed despite charges of impropriety, plus a call for a veto by the *Louisville Times*.

Unfortunately, the public health remains imperiled in several states: Massachusetts, New York, Ohio, South Carolina, Alaska, Hawaii, Iowa, and Arizona, where "the jury is still out."

WHY "THE PEN?"

The files of state and national medical associations, all learned societies concerned with the public health, overflow with a preponderance of evidence that the quality of health care is threatened by the precedent of Government encouraging the lowering of professional standards by allowing medical functions to practitioners with no medical education. Medicine accepts the responsibility to respond to epidemics. Death and trauma are resulting, and Doctors of Medicine can do no less than warn potential victims through the continuous presentation of this evidence. The public press of America, given the facts, is supporting this cause, and concerned physicians throughout the nation are pooling their knowledge and resources to package and present the truth through the PHYSICIANS EDUCATION NETWORK.

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DR. ALLEN'S

DIAGNOSES



James H. Allen, M.D.; founding president, New Orleans Academy of Ophthalmology; professor of ophthalmology, Univ. of Iowa and Tulane Univ. for 30 years; Senior Surgeon, Tulane Univ.; awarded the prized Gold Medal of the Ophthalmology Section of AMA, 1976.

Governor Dalton — We Know That Any Veto Takes Both Courage And Conviction!

Being the captain of a ship is a lonely job — and in Virginia, like all states, the ultimate decision rests with the Governor.

During the past few weeks, Gov. John N. Dalton has faced the challenge of difficult decision-making as to whether all bills passed by the 1978 Virginia Legislature should be signed into law.

The intensity of the public outcry in Virginia against non-medical optometrists being allowed to use dangerous drugs and eye drops in the practice of their profession must have made the decision as to whether to sign House Bill 205 most difficult.

In protecting the public of Virginia, Gov. Dalton did far more than simply refuse to sign the bill. He presented his own conclusions (see page one) utilizing new phraseology which convinces us that the Governor is dedicated to the welfare of all Virginians. Speaking out in support of his veto, Gov. Dalton revealed that he reached the same conclusion as 46 major metropolitan newspaper editors who studied what is actually a simple issue. He came to the conclusion that, "There is concern of legislative appointment of 'medical' responsibility and authority to non-medical personnel prior to this matter being carefully studied as to its impact on the Commonwealth."

The Governor's conclusion is simple logic. Medicine in Virginia, in the early days of the 1978 legislature, did fail to meet the challenge and provide adequate information for careful study. When it was apparent, however, that many legislators actually believed that the petition of optometry to use drugs and eye drops would in some way be of benefit, medicine rallied to the challenge.

Prior to medicine's challenge, optometry found conscientious, but uninformed (on this issue) legislators easy prey for half truths, exaggerations, and even prevarications.

When medicine rallied its forces, however, an interested delegate commented that "ophthalmologists suddenly came out of the woodwork." Indeed they did, and medicine is so proud of them.

Ordinarily, ophthalmologists stay behind the woodwork in order to concentrate on providing medical care to a steady stream of people with serious eye problems who need and deserve full attention, treatment and cure.

The political scene is unfamiliar to medical people, and it took M.D.s some time to realize that the woodwork must give way when the public health is threatened by the body politic and that they must respond as they would to an epidemic.

By the time the issue reached the Senate floor, it was obvious that medical truths had changed the minds of many of the legislators.

The Governor is right — the measure deserves more study. Make no mistake. Medicine in Virginia welcomes further study, and so does PEN. The Virginia assembly was generous in allotting time to advocates of "both sides" and so was the Governor.

While it is difficult for us in medicine to acknowledge that there are "two sides" to this issue, we know that a preponderance of evidence is on our side and we intend and welcome the opportunity to present it on behalf of the people anywhere in the United States.

Finally, if Gov. Dalton had rendered an opposite verdict, we would have concluded that he, too, ignored the facts so obvious to the press of America, and REPEAL bumper strips would have been on the way to Virginia. The people of the Old Dominion deserve no less than insistence on high quality health care, and both medicine and the Governor have demonstrated high resolve to preserve just that!

JHA

THE PEN....

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MAY 1, 1978
ST. PETERSBURG, FLORIDA

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"A little learning is a dangerous thing . . . drink deep, or taste not, the Pierian Spring/Shallow draughts intoxicate the brain, and drinking deep largely sobers it again." . . . Alexander Pope

Massachusetts Wins Committee Victory

On Tuesday, March 28, 1978, the Massachusetts Senate by voice vote, accepted the recommendation of the Joint Health Committee that the optometric drug bill (Senate S 402) "ought not to pass."

Medicine throughout Massachusetts is saluting the Senators for their caution and awareness of the necessity of protecting the public health.

A Health Care Committee report is on the House calendar for debate. The bill, having been filed in both houses, requires that each act independently on the Health Care Committee report.

No action in the House has been reported.

BULLETIN AT PRESSTIME

An optometric drug bill in Nebraska "died on the calendar," according to PEN Advisory Board member John Ramsell, M.D. of Omaha. Nebraska becomes the eighth state to protect patients from this threat this year.

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THE PEN is a public newspaper, international in scope. Its readers include people from every walk of life. THE PEN is freestanding and independent of any national or state association, with the exception of its sponsor, Physicians Education Network, Inc. PEN, Inc. is a Florida non-profit corporation. Submissions to this newspaper are welcome and are published at the discretion of the editors. THE PEN does not accept paid advertising or paid subscriptions.

WOULD YOU LIKE TO RECEIVE THE PEN?

THE PEN, to be published 24 times annually, is an international publication — unique in that subscriptions cannot be purchased. Non-medical persons may petition THE PEN for a complimentary subscription. Just tell us who you are and why you are interested. Medical doctors can become subscribers by joining PEN as a dues-paying member (see application elsewhere in this issue). Elected officials — state or national — and executives of health care agencies can become subscribers upon request.

Industry Co-sponsors Portland Eye Exhibit

While medicine and ophthalmology concentrate on resisting the invasion of medicine at the expense of the public health, there are many painstaking efforts to provide education to encourage patients to protect themselves.

One such effort is a major new exhibit, the Sealy Ophthalmology exhibit, which opened Saturday, March 18, at the Oregon Museum of Science and Industry (OMSI), and promises to be a major tourist attraction this summer.

Funded by the Sealy Mattress Co., and enthusiastically supported by its president, Lloyd Rosenthal, the $30,000 display was co-sponsored by the Oregon Academy of Ophthalmology, which will be responsible for its annual maintenance costs. Under the leadership of OMSI's Exhibits Director Shabtay Levy more than a year of planning and construction has gone into the exciting display.

The focal point of the exhibit is a 3 ft. in diameter, stylized anatomical model of the human eye. The model demonstrates the anatomy and functions of the human eye, and also demonstrates some pathological disorders, such as cataract, glaucoma, retinal detachment and diabetes. The viewer can actually see how these diseases affect human vision.

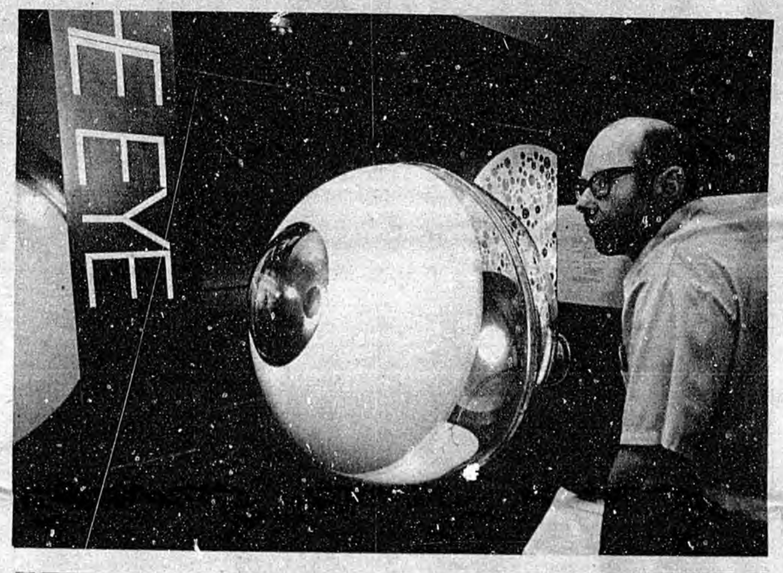
By pushing buttons, the viewer is able to activate functional parts of the exhibit to show how the iris changes its size related to changing levels of light. Supporting exhibits include visual acuity, peripheral vision, color vision, depth perception and even one which shows the viewer the pupil of his own eye dilating and contracting as light values change.

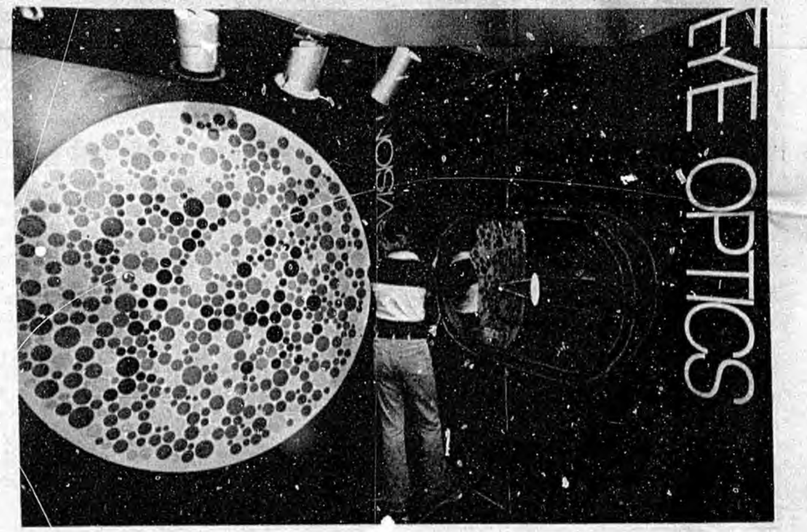
Under Mr. Levy's direction, and in cooperation with expert ophthalmologists, the entire concept, design and construction of the exhibit was completed by the OMSI Exhibits staff.

The Oregon Academy has prepared educational pamphlets complementary to the exhibit which cover various phases of eye care, including the "major difference" between ophthalmologists and optometrists, and advice on seeking out an ophthalmologist.

Members of the Oregon Academy of Ophthalmology working closely with the Exhibits staff include Merritt Linn, M.D., Donald Plumb, M.D., Robert Burns, M.D. and John Wobig, M.D., all of Portland.

The Sealy Ophthalmology exhibit opening is expected to be of great interest to the casual visitor to OMSI, and will be of special value for school tours and other interested groups for whom more detailed lectures and demonstrations will be offered.





The current *"Book of Lists,"* a best seller, identifies PEANUTS, created by Charles Schulz, as the most popular cartoon strip in the world. At least creator Schulz, Lucy, Charlie Brown, Snoopy et al obviously know "The Major Difference," and hopefully, so do many of their readers. PEN is grateful to United Feature Syndicate, Inc. for permission to reprint this significant, educational, and as always, humorous, cartoon which has appeared in newspapers throughout the world.



MARYLAND DAILY NEWSPAPER ADVISES READERS

THE SUN

A 14 BALTIMORE, THURSDAY, MARCH 23, 1978

WILLIAM F. SCHMICK, JR., President and Chief Executive Officer, The A.S. Abell Company

DONALD H. PATTERSON, Publisher • PAUL A. BANKER, Managing Editor • J.R.L. STERNE, Editorial Page Editor

Optometrists and Drugs

Optometrists are trained in four-year schools to fit glasses, using various optical methods to determine the kinds of lenses patients need for correction of vision problems. *Opthalmologists* have had more sophisticated training. Like optometrists, they fit glasses. But because they are physicians who have specialized in opthalmology after completing medical school, they are prepared to do a great deal more. For instance, they can use and prescribe drugs, treat eye diseases and do eye surgery.

Under current Maryland law, optometrists are not allowed to use drugs in their practice. But a bill now in the Maryland Senate would give them that right in certain cases. Optometrists make superficially plausible arguments in favor of the bill, pointing out that, with amendments they support, it would allow them to use only four types of drugs, all ad[illegible] purposes, and that they would be required to take a minimum of 70 hours of training in pharmacology before they could use the drugs. They add that adverse side effects of the drugs are so rare as to be almost non-existent.

Unfortunately, say opthalmologists, the side effects are not all that rare. Allergies to the drugs might, in severe cases, result in death. Certain of the drugs can cause hallucinations, and others can result in detached retinas or acute glaucoma. Coping with these side effects requires the skills and equipment of a physician. A severe allergic shock reaction, for instance, might require adrenaline and cortisone injections which only a physician is qualified to administer. As the opthalmologists point out, 70 hours of training in pharmacology—as opposed to the 2,400 hours or more physicians receive—might not even qualify optometrists to recognize the side effects. The bill should be defeated them.

THE PEN FORUM

PEN has received more than 200 pieces of mail to Veterans Administration officials and congressmen from medical doctors concerning passage of Public Law 94-581, which gives measuring scientists with no medical training a primary health care role at VA hospitals throughout the country.

About 50 United States Senators and Representatives have responded to M.D.s' claims that raising optometrists to a primary health care level will jeopardize the public health.

The following letter to James H. Parker, Jr., M.D. of Wyomissing, Pa. from Rep. Gus Yatron is typical of letters from concerned congressmen received since the circular was signed Nov. 4, 1977:

Dear Dr. Parker:

Thank you for your recent letter expressing your continued interest and concern over the possibility of optometrists being allowed to take over part of the medical care of eye patients in the Veterans Administration.

Please be assured that I feel you have raised some valuable and serious points regarding such an action. Before such a proposal is approved, I feel that all possible questions pertaining to the adequacy of optometric education must be resolved. You can be certain that I will continue to scrutinize all of the implications and possible ramifications of this change, and that I will not endorse any action that could endanger the health of our nation's veterans. Additionally, I will not support any move to downgrade the quality of care offered in veterans' hospitals.

Sincerely,
Gus Yatron

Mail to: James H. Allen, M.D., 9104 Quince St.
New Orleans, LA 70118

Founded as O.P.E.N.

PEN CHARTER MEMBER APPLICATION

This is my statement of intent to be an active member of the United States Physicians Education Network — I endorse and support the statement of purpose.

In providing my resources to guarantee the continuation of a strong and viable international entity I acknowledge and understand the following:

— That my membership in PEN will bring me a minimum of 48 mailings annually including 24 issues of a national publication as described, in keeping with the statement of purpose.

— That, as a Charter Member, I accept the responsibility of attempting to recruit members. I further understand that my state society will automatically be qualified for WATS line telephone consulting services and direct public relations advice and counseling, tailored to my state, as soon as either ten percent (10%) of the membership of my state society, or 20 members, (whichever is the least) are recruited.

I desire to inform and to be informed and to join this movement, and hereby pledge my support through dues, not to exceed $300 annually.*

— I understand that as a Charter Member, I will be issued a silver lapel emblem signifying my Charter status as soon as available after formation.

Date_____ 1978

Name_____

Address_____

City_____ State_____ Zip_____

Telephone: (Area)_____ Number_____

Ophthalmologist?_____ Other specialty_____

Profession, other than M.D.?_____

Check enclosed ($300)_____ Please bill me_____

* Charter Members (enrolled before July 1, 1978) will be awarded a dues decrease as of the second full year.

Visual and Medical

The Visual Part can be performed by an optometrist or an ophthalmologist.

The Medical Part can *only* be performed by a qualified medical doctor (an ophthalmologist).

When having your eyes examined you should know whether you are receiving a *complete* eye examination or only a part. When an optometrist (O.D.) examines a person's eyes he is qualified and licensed only to perform the visual part. He is not educated nor trained to perform the medical part.

When an ophthalmologist (M.D.) examines a patient's eyes, he performs both parts on an inter-related basis. He not only evaluates visual functions and performance, but also analyzes and diagnoses diseases and physiological disorders.

Ask the individual examining your eyes whether he is an O.D. (optometrist) or an M.D. (ophthalmologist). Only an ophthalmologist M.D. can perform a *complete* eye examination — both visual *and* medical.

While the Massachusetts Society of Eye Physicians and Surgeons (MSEPS) energetically resists attempts to endanger the eye health of Bay State citizens, the MSEPS also endeavors to educate the public to protect themselves. The centerfold of a small but potent folder being circulated by medicine in Massachusetts is reproduced above with permission of the Society.

DR. CURTIS M. JOHNSON
DR. D. R. SCHMIDT
OPTOMETRISTS
530 SEVENTH AVENUE
FAIRBANKS, ALASKA 99701

Telephone {456-4010
452-3232

Dear Senator Hackney,

The attached bills, House Bill 79 and Senate Bill 75, are in committee and we expect them to be reported to the floor during the upcoming session. They provide for the use of certain diagnostic drugs by optometrists to aid them in detecting eye diseases. The drugs are instilled as eye drops. Optometrists are legally responsible for detecting eye diseases in the course of their examination.

The types of pharmaceutical agents and their uses are described briefly on the second attachment. These are not used routinely with every patient. They are used when needed to adequately examine the eye for pathology.

Doctors of optometry are well qualified to use drugs. The optometric curriculum includes courses in general and ocular pharmacology. These are circled in the attached curriculum of a typical optometry school. Pharmacology is the study of the mechanism of action of a drug, side effects, disposal by the body, etc. Any practitioner who graduated before pharmacology became a part of his school curriculum would be required to complete an appropriate course before being authorized by the licensing authority to use the drugs.

The fourth attachment shows the history of legislation pertaining to pharmaceuticals used by the profession. This is followed by a map showing those states that presently authorize the use of diagnostic pharmaceutical agents (DPAs) by optometrists. States show white, including Alaska, are those in which their use is not yet permitted.

It is in the interest of every member of the public to support this legislation. The professional man should be given all the appropriate tools of his trade. Therefore the Alaska Optometric Association endorses this bill, and we urge that you give it your support as well.

Very truly yours,

Curtis M. Johnson, O.D.

FUNDUS of the Human Eye

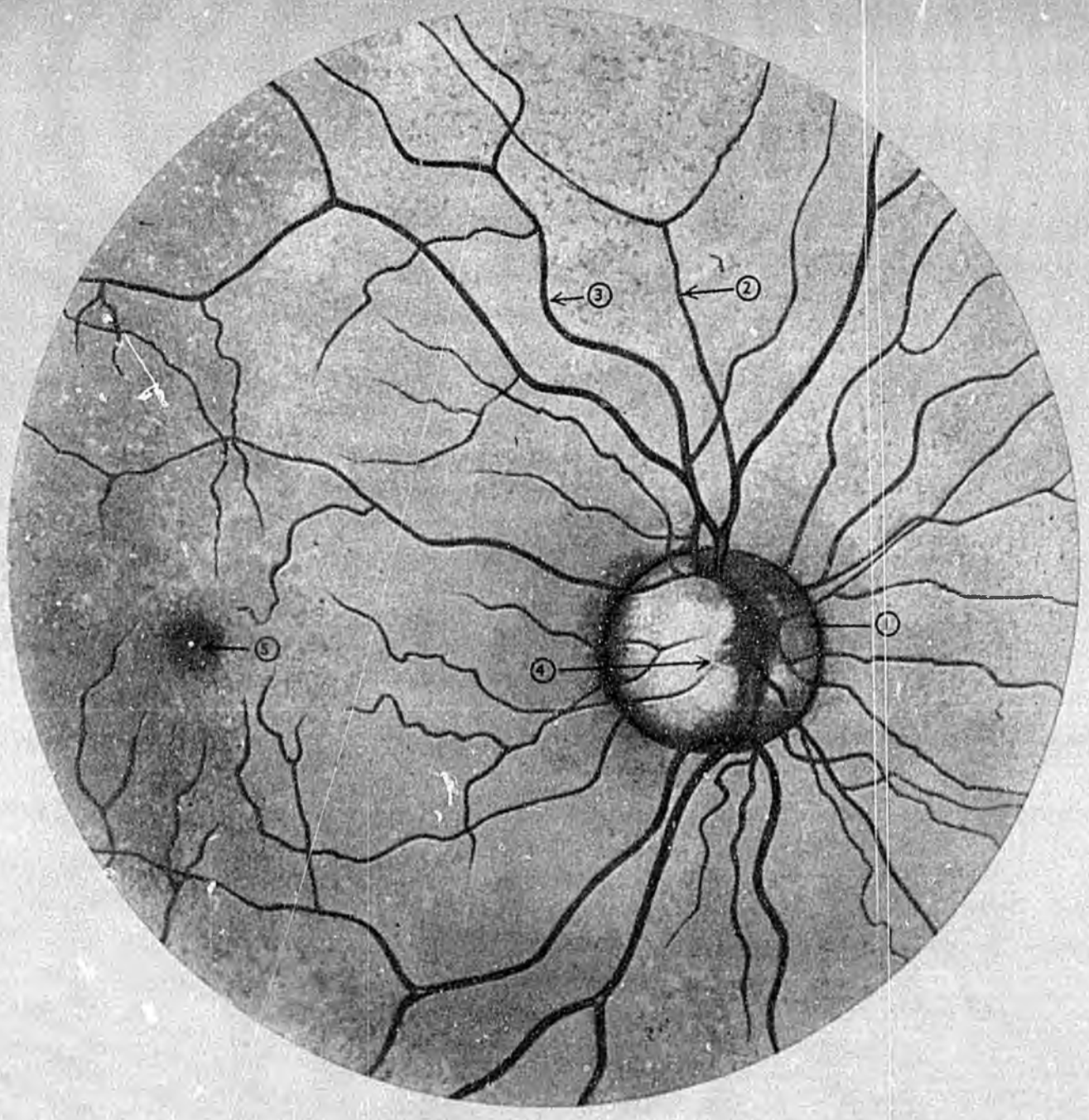
1 OPTIC DISC (NERVE HEAD)
2 ARTERY
3 VEIN
4 PHYSIOLOGICAL CUP
5 MACULA

Examination of the fundus with an ophthalmoscope allows us to see living blood vessels in their natural state.

The disc is examined for clarity of outline, color, shape, elevation above or below surrounding tissues.

Blood vessels are observed for condition, size ratio, tortuosity, regularity of caliber, exudates and hemorrhages.

Study of the fundus may reveal evidence of many systemic diseases as well as eye disease and abnormality.



AMERICAN OPTOMETRIC ASSOCIATION
7000 Chippewa St.
St. Louis, Mo. 63119

G-10 7/69 20L

E. E. BACH, O.D.
PHILLIP W. BACH, O.D., PH.D.
OPTOMETRY
SUITE 204 DENALI PROFESSIONAL CENTER
3401 DENALI STREET
ANCHORAGE, ALASKA 99503

Dear Legislator,

The attached bills, House Bill 79 and Senate Bill 75, are in committee and we expect them to be reported to the floor during the upcoming session. They provide for the use of certain diagnostic drugs by optometrists to aid them in detecting eye diseases. The drugs are instilled as eye drops. Optometrists are legally responsible for detecting eye diseases in the course of their examination.

The types of pharmaceutical agents and their uses are described briefly on the second attachment. These are not used routinely with every patient. They are used when needed to adequately examine the eye for pathology.

Doctors of optometry are well qualified to use drugs. The optometric curriculum includes courses in general and ocular pharmacology. These are circled in the attached curriculum of a typical optometry school. Pharmacology is the study of the mechanism of action of a drug, side effects, disposal by the body, etc. Any practitioner who graduated before pharmacology became a part of his school curriculum would be required to complete an appropriate course before being authorized by the licensing authority to use the drugs.

The fourth attachment shows the history of legislation pertaining to pharmaceuticals used by the profession. This is followed by a map showing those states that presently authorize the use of diagnostic pharmaceutical agents (DPAs) by optometrists. States shown white, including Alaska, are those in which their use is not yet permitted.

It is in the interest of every member of the public to support this legislation. The professional man should be given all the appropriate tools of his trade. Therefore the Alaska Optometric Association endorses this bill, and we urge that you give it your support as well.

Very truly yours,

Phillip W Bach

Phillip W. Bach, O.D., Ph.D.

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DEFINITIONS

Mydriatics - this type of pharmaceutical agent dilates the pupil to provide an improved view of the retina. This is particularly useful in patients with small pupils or those who have central cataracts (opacifications in the lens of the eye).

Corneal anesthetics - these temporarily remove corneal sensitivity to allow special viewing instruments to be placed in contact with the cornea.

Cycloplegics - used to inactivate the nearpoint focusing mechanism of the eye. This provides a better estimate of the required correcting lens power in certain cases, such as some farsighted individuals.

Miotics - these constrict the pupil and lower the fluid pressure in the eye in the rare cases where the pressure is raised abnormally by the mydriatic.



COURSE DESCRIPTIONS

ANATOMY (ANAT.)
BIOCHEMISTRY (BYC.)
MICROBIOLOGY (MIC.)
OPTOMETRY (OPT.)
PATHOLOGY (PAT.)
PHARMACOLOGY (PHR.)
PHYSIOLOGICAL OPTICS (P.O.)
PHYSIOLOGY AND BIOPHYSICS (PHY.)

PROFESSIONAL CURRICULUM

First Professional Year

FALL QUARTER

P.O. Visual Optics I.—Principles of geometrical optics as it applies to thin and thick lens systems, mirrors and prisms. Introduction to lens aberrations and methods of minimizing their effects. 3 hours lecture, 2 hours laboratory. (Rosenblum)

ANAT. Gross Human Anatomy.—Structure of the human body with special emphasis on anatomy of the head and neck. Anatomy of the orbit and adjacent structures; the cranial nerves associated with vision and their cortical connections. Blood supply to the eye and orbit; embryology of the eye. 4 hours lecture, 12 hours laboratory. (Lin)

OPT. Optometry and Health Care.—Introduction to concepts in health care, and health care professions, the profession of optometry, its history, education and health service. 2 hours lecture. (Eskridge)

P.O. Comparative Neurobiology of Vision.—Considerations of the physiological and anatomical mechanisms underlying behavioral responses to light and an introduction to visual science. 2 hours lecture. (Christensen)

OPT. Epidemiology and Public Health.—Introduction to principles and methods of epidemiology as they relate to visual and systemic health problems.

WINTER QUARTER

P.O. Visual Optics II.—Optics of the eye including refractive errors and retinal image size. Measurement and specification of visual stimuli including radiometry, photometry, and colorimetry. 3 hours lecture, 2 hours laboratory. (Christensen)

ANAT. Neuroanatomy.—Gross and microscopic anatomy of the human central nervous system. 3 hours lecture, 4 hours laboratory. (Lin)

OPT. Clinical Orientation.—Preview of some of the problems encountered in the clinical practice of optometry. Discussion of some of the elementary techniques used in examination of the human visual system along with clinic observation. 2 hours lecture and demonstration. (Eskridge)

HIST. Histology.—Microscopic structure of body tissues and organs as a basis for understanding function and as a background for studying abnormal structure.

Laboratory exercises to develop the student's ability in independent observation of microscopic detail. 3 hours lecture, 6 hours laboratory. (Mayne)

ANAT. Anatomy of the Eye.—Detailed macroscopic, and light and electron microscopic study of the eyeball, optic nerve, and visual pathways. Embryology of the eye. 3 hours lecture, 3 hours laboratory. (Hickey)

SPRING QUARTER

P.O. Visual Optics III.—Principles of physical optics including diffraction, interference, polarization, reflections, scatter, birefringence and holography. 4 hours lecture, 2 hours laboratory. (Rosenblum)

BYC. Introductory Biochemistry.—Introduction to biochemistry with emphasis on visual pigments and other ocular substances. 3 hours lecture. (McKibbin)

PHY. Mammalian Physiology.—Function of the body's major organ systems. Physiology of central, peripheral, and autonomic nervous systems, cardiovascular, respiratory, endocrine, digestive, and reproductive systems. 3 hours lecture, 3 hours laboratory. (Shoemaker and staff)

P.O. Visual Psychophysics and Physiology I.—Psychophysical methods. Absolute sensitivity of the visual system, light and dark adaptation. Visual photochemistry and retinal current generation. Color vision. Spatial and temporal factors in vision. Motion perception. Acuity. 5 hours lecture, 2 hours laboratory. (Greenspon, Christensen)

OPT. Introduction to Clinical Practice.—Continuation of Clinical Orientation I. 1 hour. (Eskridge)

Second Professional Year

FALL QUARTER

OPT. Clinical Examination of the Visual System I.—Procedures used for examination of the human visual system. Detailed use of direct and indirect ophthalmoscope, tonometer, biomicroscope and perimeter. 4 hours lecture, 6 hours laboratory. (Amos and Setzer)

P.O. Eye Movement Mechanisms.—Descriptive aspects of eye movement and their control mechanisms. Physiological and anatomical characteristics of the extraocular muscles and eye movements, accommodation and pupillary responses. 4 hours lecture, 2 hours laboratory. (Christenson and Wilson)

OPT. Ophthalmic Materials I.—History of ophthalmic materials, physical characteristics, lens power, ophthalmic prisms, multifocal lenses, lens specification, inspection, verification. 2 hours lecture, 3 hours laboratory. (Wild, Peters and A. Pierce)

P.O. Visual Psychophysics and Physiology II.—Features detection in the visual nervous system. Visual development and deprivation studies. Electrophysiological measures of vision function. 3 hours lecture and demonstration. (Greenspon and staff)

MIC. Microbiology.—Introduction to bacteriology, virology, and immunology and their application to the ocular system. 5 hours lecture, 2 hours laboratory. (Cassell and staff)

WINTER QUARTER

OPT. Clinical Examination of the Visual System II.—Optical and biological variables determining the refractive state of the eye. Subjective and objective methods of measurement and methods of correcting refractive anomalies; skiametry, keratometry, visual acuity, subjective refraction, amplitude of accomodation. 4 hours lecture, 6 hours laboratory. (Amos and Setzer)

P.O. Normal Binocular Vision.—Characteristics of normal vision with two eyes. Binocular correspondence, disparity detection, stereopsis, and integration of binocular stimulation. 4 hours lecture, 2 hours laboratory. (Staff)

OPT. Ophthalmic Materials II.—Lens aberrations, performance controlled lenses, transmission, reflection, special lenses, physical characteristics of frames, fitting and adjusting. 2 hours lecture, 3 hours laboratory. (Wild, Peters and A. Pierce)

P.O. Vegetative Physiology of the Eye.—Physiology of tears, cornea, intraocular fluids and lens. Intraocular pressure and mechanisms for its control. 4 hours lecture, 5 four hour laboratories. (Wilson)

SPRING QUARTER

OPT. Clinical Examination of the Visual System III.—Clinical examination and evaluation of oculomotor systems, binocular functions, and color vision. 4 hours lecture, 6 hours laboratory. (Amos and Setzer)

OPT. Diagnosis and Treatment of Anomalies of Binocular Vision I.—Diagnosis and treatment of amblyopia, strabismus, suppression, anomalous correspondence. 4 hours lecture, 2 hours laboratory. (Staff)

OPT. Ophthalmic Materials III.—Optics of eikonic lenses, low vision aids, contact lenses. Design, fabrication, verification, and modification of contact lenses. 2 hours lecture, 3 hours laboratory. (Norden and A. Pierce)

P.O. Visual Perception.—Perception as a constructive act. Attention. Role of vision in perception. Perceptual plasticity and adaptation. 4 hours lecture, 2 hours laboratory. (Greenspon)

OPT. Applied Behavioral Science.—Interpersonal relationships and communication, patient, professional and community. 2 hours lecture. (Wechsler)

Third Professional Year

SUMMER QUARTER

OPT. Clinical Practice of Optometry I.—Examination, diagnosis, treatment, and follow-up care for selected clinic patients. 16 hours clinic. (Optometry faculty)

OPT. Clinical Colloquia.—Consideration of special testing and diagnostic techniques used in optometric practice case reports. 2 hours seminar. (Eskridge)

FALL QUARTER

OPT. Clinical Practice of Optometry II.—Theory and practice of optometric clinical care of patients: prescribing of optical aids and ophthalmic dispensing. 8 hours clinic. (Optometry faculty)

OPT. Clinical Ocular Disease I.—Consideration of the symptomology and signs of ocular disease and ocular manifestations of systemic disease. 2 hours lecture. (Keller)

OPT. Diagnosis and Treatment of Anomalies of Binocular Vision II.—Diagnosis and treatment of oculomotor problems. 3 hours lecture, 2 hours laboratory. (Mohindra and Sawyer)

OPT. Advanced Clinical Topics I.—2 hours lecture, 2 hours laboratory. (Alexander and Norden)

PAT. Systemic Pathology.—General pathologic processes and diseases of the major organ systems. 4 hours lecture, 4 hours laboratory. (Hartley)

OPT. Pediatric Optometry.—Pediatric epidemiology. Considerations of examination, diagnosis, and treatment of vision problems of children. 2 hours lecture. (Mohindra)

WINTER QUARTER

OPT. Clinical Practice of Optometry III.—Continuation of Clinical Practice of Optometry II. 8 hours clinic. (Optometry faculty)

OPT. Clinical Ocular Disease II.—Continuation of Clinical Ocular Disease I with emphasis on the systematic study and classification of ocular diseases, and their ophthalmological management. 2 hours lecture. (Keller)

OPT. Clinical Medicine for Optometrists.—Signs and symptoms of systemic diseases especially related to the eye and vision. 4 hours lecture and hospital rounds. (Schnaper and staff)

OPT. Advanced Clinical Topics II.—2 hours lecture, 2 hours laboratory. (Alexander and Norden)

OPT. Contact Lenses I.—Historical development, physical and optical properties of contact lenses and their adaptation to the human eye, with emphasis on anatomical and physiological implications. 3 hours lecture, 4 hours laboratory. (Leach and Wechsler)

OPT. Developmental Aspects of Visual Performance.—Evaluation and care of patients with visual performance problems. Role of developmental and learning disorders in such problems. 2 hours lecture and 5 two hour laboratories. (J. Pierce and Schuller)

OPT. Aniseikonia.—Theory, diagnostic techniques and treatment of aniseikonic patients. Emphasis on use of eikonic lenses. 1 hour lecture, 3 two hour laboratories. (Eskridge)

SPRING QUARTER

OPT. Clinical Practice of Optometry IV.—Continuation of Clinical Practice of Optometry III. 8 hours clinic. (Optometry faculty)

OPT. Clinical Ocular Disease III.—Continuation of Ocular Disease II.—2 hours lecture. (Keller)

OPT. Low Vision.—Examination and care of partially sighted patients. 2 hours lecture, 2 hours laboratory. (Nowakowski)

OPT. Advanced Clinical Topics III.—2 hours lecture, 2 hours laboratory. (Alexander and Norden)

PHR. Systemic Pharmacology.—Drugs and drug actions. Role of systemic drugs in diagnosis and therapy. Side effects of drug use. 3 hours lecture. (Teague and staff)

OPT. Contact Lenses II.—Continuation of Contact Lenses I. 4 hours lecture, 4 hours laboratory. (Leach and Wechsler)

OPT. Geriatric Optometry.—Geriatric epidemiology. Consideration of examination, diagnosis, and treatment of visual problems of geriatric patients. Special emphasis on management of pre- and post-aphakic, convalescent, and senile patients. 2 hours lecture. (Potter)

Fourth Professional Year

SUMMER QUARTER

OPT. Advanced Clinical Practice of Optometry I.—Optometric examination, diagnosis and treatment of patients in outpatient clinics of the Medical Center on a rotating internship basis. Service performed independently by student clinicians under supervision of the clinic staff. 16 hours clinic. (Optometry faculty)

OPT. Special Clinical Practice I.—Clinical practice in contact lenses, aniseikonia, special optical aids for partially sighted, strabismus diagnosis, vision training and orthoptics, developmental vision. Services performed independently by student clinicians under supervision of the clinic staff. 2 hours lecture, 12 hours clinic. (Optometry faculty)

OPT. Clinical Colloquia I.—2 hours seminar. (Keller)

FALL QUARTER

OPT. Advanced Clinical Practice of Optometry II.—Continuation of rotating internship program in general optometry clinic service. 16 hours clinic. (Optometry faculty)

OPT. Special Clinical Practice II.—Continuation of Special Clinical Practice I. 12 hours. (Optometry faculty)

OPT. Clinical Colloquia II.—Continuation of Clinical Colloquia I. 1 hour seminar. (Eskridge)

OPT. Community Aspects of Optometry I.—Legal development; governmental relationships; licensing procedures; reciprocity; malpractice; state boards, detailed study of the optometric laws of at least one state; representative organizations in optometry; professional ethics and codes of ethics. 1 hour lecture. (Wechsler)

OPT. Ocular Pharmacology I.—Characteristics of drugs producing miosis, mydriasis, cycloplegia, accommodative spasm and anaesthesia of ocular surfaces. Use and side effects of commonly used ophthalmic drugs. 2 hours lecture. (Chang)

OPT. Contact Lenses III.—Continuation of Contact Lenses II. 2 hours lecture. (Leach and Wechsler)

WINTER QUARTER

OPT. Advanced Clinical Practice of Optometry III.—Continuation of rotating internship program in general optometry clinic service. 16 hours clinic. (Optometry faculty)

OPT. Special Clinical Practice III.—Continuation of Special Clinical Practice II. 12 hours clinic. (Optometry faculty)

OPT. Clinical Colloquia III.—Continuation of Clinical Colloquia II. 1 hour seminar. (Eskridge)

OPT. Community Aspects of Optometry II.—Establishment and management of an optometric practice; economics, taxes, insurance, accounting methods, office design, mode of practice, practice administration, and patient relations, professional organizations and societies. 2 hours lecture. (Wechsler)

OPT. Ocular Pharmacology II.—Continuation of Ocular Pharmacology I. 2 hours lecture. (Chang)

SPRING QUARTER

OPT. Advanced Clinical Practice of Optometry IV.—Continuation of rotating internship program in general optometry clinic service. 16 hours clinic. (Optometry faculty)

OPT. Special Clinical Practice IV.—Continuation of Special Clinical Practice III. 12 hours. (Optometry faculty)

OPT. Clinical Colloquia IV.—Continuation of Clinical Colloquia III. 1 hour seminar. (Eskridge)

OPT. Special Topics in Optometry and Visual Science.—Independent or joint study in selected topics of clinical optometry or visual science. 2 hours lecture. (Staff)

OPT. Community Health.—Role of the optometrist in community health care. Local, state, and federal organizations involved in health care. Study of comprehensive health planning and new trends in health care delivery. Hospital organization. 2 hour lecture. (Newcomb)



For nondiscriminatory policies and Title IX information, see page 13.

For information about any program of the School of Optometry, write:

Dean, School of Optometry
The Medical Center
The University of Alabama in Birmingham
University Station
Birmingham, Alabama 35294

UAB Bulletin
Vol. 9, No. 27, November 1976

EDITORS: **Ms. Dariene Jamison**
School of Optometry

Ms. Jerri Beck
UAB Office of Public Affairs

The University of Alabama in Birmingham
University Station
Birmingham, Alabama 35294

Equal Opportunities in Education and Employment

Published seven times in May and September; six times in February, November, and December; five times in January and October; four times in March and July; three times in April, June, and August

The University of Alabama in Birmingham

SCHOOL OF OPTOMETRY

Bulletin

Catalog Issue 1977-78

University Station
Birmingham, Alabama 35294

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

NAME	DATE OF ENACTMENT
Rhode Island	July 16, 1971
Pennsylvania	March 1, 1974
Tennessee	May 8, 1975
Oregon	May 20, 1975
Maine	June 24, 1975
Louisiana	July 6, 1975
Delaware	July 10, 1975
*West Virginia	March 4, 1976
California	July 9, 1976
Wyoming	February 17, 1977
New Mexico	March 4, 1977
Montana	April 12, 1977 (at 10:10 a.m.)
Kansas	April 12, 1977 (at 2:00 p.m.)
*North Carolina	June 3, 1977
Kentucky	March 29, 1978
Wisconsin	April 29, 1978
Nebraska	February 13, 1979
South Dakota	March 15, 1979
Utah	March 21, 1979
North Dakota	March 22, 1979
Arkansas	April 2, 1979
Nevada	May 25, 1979
Iowa	June 8, 1979

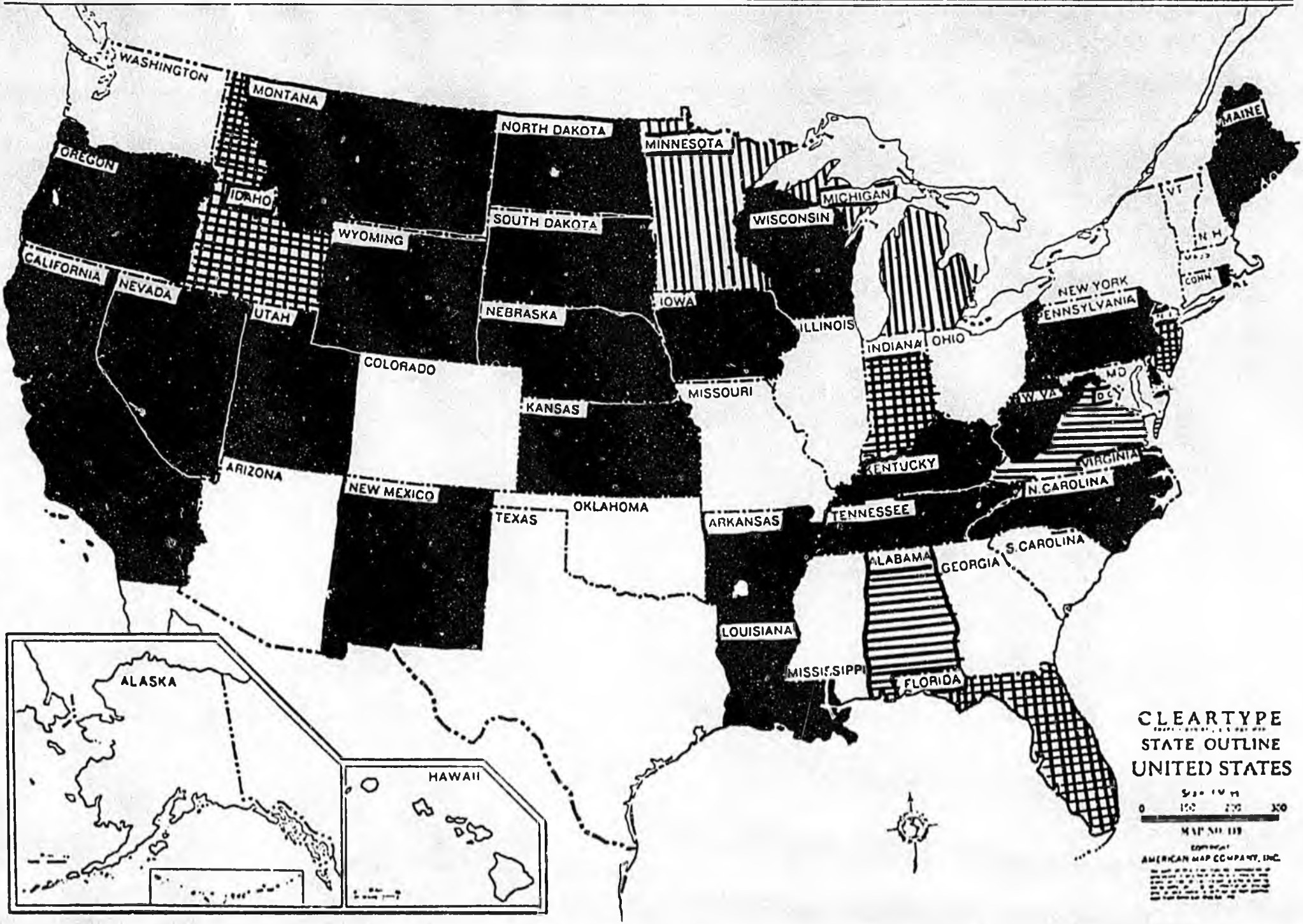
*both diagnostic and therapeutic

[In addition, there are eight (8) other states that do not statutorily prohibit the use of DPAs by optometrists; several of these states have attorney general opinions (+favorable) (-unfavorable) on this point: Alabama (AG-), Florida (AG+) Idaho (State Board Statement +), Indiana (AG+), Michigan, Minnesota, New Jersey (AG+), Virginia (AG-).]

For your information we are including an updated map showing geographically the utilization of pharmaceutical agents by optometrists as of June 8, 1979.

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

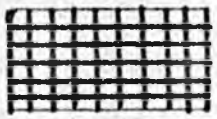
JUNE 8, 1979



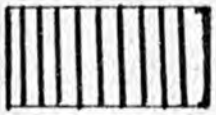
UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS



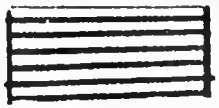
Authorized by Optometrists by Statute



Permitted by Opinion of Attorney General or State Board Statement



No Statutory Prohibition



No Statutory Prohibition but Negative A.G. Opinion

SRA 378-C
Anchorage, Alaska 99507
March 11, 1979

Senator Glenn Hackney:

As a taxpayer and voter in the state of Alaska, and as an ophthalmologist, I feel I should express an opinion concerning House Bill No. 79 (Senate Bill No. 75). I wish to point out that I am not in a private practice, and I will derive no financial benefit from the outcome of this bill.

First, both in its derivation as a word and its meaning from any dictionary, optometry has always referred to the measurement of the visual function of the eye so as to prescribe corrective lenses. The diagnosis and treatment of eye disease has always been in the realm of ophthalmology. In this framework, I know of no eye medications that are necessary for the practice of optometry. Certainly "diagnostic drugs" has nothing to do with optometry, and would serve as a seemingly clever (but dishonest) disguise to further confuse an already confused public concerning who's who in eye care. If the optometrists argue that certain drugs are necessary to their practice, then one might wonder how they have been able to practice their specialty all these years without them.

I am a bit chagrined to see such petty bickering at a professional level over one's image and income take up legislative time. I hope you realize that at the core of this dispute is what constitutes the practice of medicine, and this is not just a quarrel among eye care professionals. Improvement of vision through corrective lenses is a satisfying accomplishment for so many patients. I do not understand why optometrists are unhappy with their present situation. For those who want to involve themselves with eye disease, a medical school education and ophthalmology training is always available as proper prerequisites. I have met two optometrist-ophthalmologists and know of several others, so this educational path is in fact available. Please give careful thought to the average Alaskan who you represent and the need for such a bill. I think you will agree that when special interests are set aside, you all should be spending your time on more important legislation.

Sincerely,

James E Cox

James E. Cox, M.D.

February 14, 1979

Senator Hackney,
Thanks for your help last year.
Bill

Senator Glenn Hackney
Chairman, Senate HESS Committee
Pouch V
Mail Stop Number 3100
Juneau, Alaska 99811

Dear Senator Hackney:

House Bill 79 (Senate Bill 75) relating to optometrists (nonphysicians) using medications has recently been introduced this session. I hope you can take a few moments from your busy schedule to read a brief summary of what I feel are important points as regards this legislation.

1. Optometrists are not physicians. No optometrist in Alaska has had any instruction in pharmacology or drug side effects from anyone with a Ph.D. or masters degree in pharmacology, no optometrist in Alaska has ever had any instruction in anything from a full-time M.D. on any optometric school staff, and no optometrist in Alaska has ever had any formal classroom or clinical training by an ophthalmologist (a physician with specialty training in eye disease and management).

2. Legislation, as presented, would let the Optometric Board evaluate the qualifications for drug use by optometrists. The Legislative Audit Performance Review of 11-1-78, noted:

   a. The state licensing examiner was asked not to attend the last examination given by the Optometric Board.

   b. The Audit Committee also found evidence of examination results being changed, regrading of examinations, and deletion of examination questions.

   c. The Audit Review was unable to find recent oral, written, or practical exam questions and answers.

   How can this Board, who has apparently compromised its integrity and responsibility given them by state statute but has also never had any experience in pharmacology, be expected to fairly pass on the qualifications of one of its own practitioners to use medicines in the eye.

3. The trend across the country is to defeat this sort of legislation. In 1977, this type of legislation was defeated in 17 states and passed in four; in 1978, it was defeated in 15 states and passed in two; and already in 1979, it has been defeated in one state and passed in none. This legislation is not beneficial to the public welfare, further confuses the consumer as to who he is entrusting the care of his eyes, and endangers the public at the hands of nonphysicians.

4. "Diagnostic drops" is a misnomer. The drugs don't diagnose - people diagnose. Dilating the eye is not a prerequisite to making a diagnosis of eye disease, dilating the eye is not a prerequisite to supplying children with the proper correction for glasses, and anesthetic drops are not a prerequisite for the diagnosis of glaucoma.

5. Optometrists (non-M.D.s) have no training in the management of side effects of these medications; e.g., myocardial infarction (there were seven cases of documented heart attacks due to these drugs in the United States in the past 12 months) or narrow angle glaucoma caused from dilating the eyes (there's an extremely high incidence of this condition in Alaskan natives).

6. Optometrists are not trained in the detection of pathology. An optometrist, currently a member of the Alaska Optometric Board, caused an eye to be lost in a four year old child because of his inability to recognize disease and refer the child in a timely fashion. Please find enclosed an issue of PEN newsletter which, in detail, describes Judge James Fitzgerald's findings in the Fourth Judicial District, U.S. District Court in the State of Alaska in October of 1978.

7. Let me suggest some appropriate amendments to this legislation if you feel it is in the public's best interest:

   a. There should be mandatory referral if the vision cannot be corrected to 20/20 in each eye in an adult or 20/30 in a child under eight years of age (this is a current law in England).

   b. There should be no "miotic drop" inclusions. No one considers miotic drops as a diagnostic drug.

   c. It would be appropriate to ensure the availability of malpractice insurance to optometrists to protect the public.

   d. There should be no grandfather clause.

   e. Any pharmacology or pathology testing should be done by the American Board of Ophthalmology. They are the most experienced group and the logical group to design such an examination.

   f. There should be mandatory referral, as per Dr. Alfred Lemoine who is often cited by optometry as an ophthalmologist in favor of diagnostic drug use by non-M.D. optometrists (see enclosure - 10 points in the history, 33 points in the clinical evaluation).

The regulation of the practice of the various professional and paraprofessional groups is not for the benefit of the licensee but for the benefit of the state and its people. No where does case law suggest 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 and the language is explicit.

A disregard for excellence, as would result with passage of House Bill 79 (SB 75), as it is presented to you, will adversely affect the superior level of eye care currently offered to the citizens of Alaska. A little bit of this Bill is like a little bit of syphilis.

Thank you for the time you have taken.

Sincerely,

Sam A. McConkey, M.D.

SAM:ls

SUMMARY

Albert N. Lemoine, M. D., F.A.C.S.

There are ocular complaints obtained in the history and findings during an ocular examination that almost without exception are an indication for referral to an ophthalmologist for definitive diagnosis and therapy.

HISTORY

1. Rapid visual loss - over a period of minutes or hours.
2. Episodes of intermittent periods of reduced vision.
3. Sudden onset of "floating spots" in the field of vision.
4. Flashes of light in the visual field.
5. Defects in the field of vision, scotomas.
6. Distortion of objects or lines.
7. Rapid onset of visual haze with no specific complaint of decreased visual acuity.
8. Severe pain around the orbit or in the eye.
9. Prolonged severe pain in the occipital area.
10. Diplopia or visual confusion.

CLINICAL FINDINGS

1. Best corrected visual acuity 20/40 or less, unless they have had a prior diagnosis by an ophthalmologist.
2. Any patient whose refractive error changes one half a diopter or more, especially on the hyperopic side, within ninety days except for children with myopia.
3. Masses of the lids or adnexa either with or without inflammatory signs.
4. Defects in the lid margin.
5. Redness that is most marked in the 2 mm. zone adjacent to the cornea.
6. Any type of corneal clouding or infiltration either with or without congestion of the conjunctiva.
7. Cloudy anterior chamber.
8. Blood in the anterior chamber.
9. Small, poorly or nonreactive pupil.
10. Dilated, poorly or nonreactive pupil.
11. White pupil reflex.
12. Cataracts or lens opacities before the visual acuity is reduced to 20/40 or less.
13. Vitreous "floaters".
14. Blood in the vitreous.
15. Papilledema.

16. Optic atrophy, primary or secondary.
17. Larger or smaller than normal disc.
18. Abnormal disc cupping.
19. Dilated veins with or without retinal hemorrhage.
20. Narrowed arteries with or without retinal hemorrhage.
21. Any masses seen in the fundus, pigmented or nonpigmented.
22. Retinal hemorrhages, one or both eyes.
23. Pigment disturbance, either increase in pigment or decrease other than the dark fundus of the black race or lack of pigment in blond or albino patients.
24. Any areas of retinal elevation.
25. Retinal tears.
26. Presence of diplopia.
27. Nystagmus.
28. Scotoma.
29. Distortion of lines Amsler Grid or objects.
30. Any visual field defect other than blind spot.
31. Ptosis.
32. Intraocular tension of 22 or more on two or more occasions.
33. Exophthalmos, unilateral or bilateral.

Southern California College of Optometry
2001 Associated Road · Fullerton · California 92631 · (714) 870-7226

DR. RICHARD L. HOPPING
President

DISTRIBUTION: Dr. Lemoine
Senator Hackney
Dr. Thomas
Dr. Moscovice
Dr. Tietz

The enclosed catalogs and material are being sent to you as requested by Dr. Susan Klein. These materials were made available to the Project Advisory Committee at the recent meeting here at SCCO.

Edie Palmer

Edie Palmer
Secretary to Dr. Hopping

The logo of the American Optometric Association signifies, in simplest terms, a commitment to all the elements of a good vision examination and care. Doctors of optometry who are members of the American Optometric Association are concerned with far more than your eyes or fashionable glasses and frames.



In fact, an examination by an optometrist is also a good place to begin guarding your family's total health. Besides diagnosing vision problems and prescribing the lenses to correct them, an optometrist is qualified to detect eye diseases and abnormalities as well as health problems such as diabetes or high blood pressure. To become licensed to practice, today's optometrist must have a minimum of 2 to 3 years undergraduate education plus at least 4 years at a specialized college of optometry.

The doctors of optometry who are members of the American Optometric Association are totally committed to the ideal that every member of your family should receive the best vision care possible. And, for that reason, they want you to know what to look for in a thorough vision examination:

1 On your first visit, you should receive a comprehensive examination. This usually takes anywhere from 30 to 60 minutes.

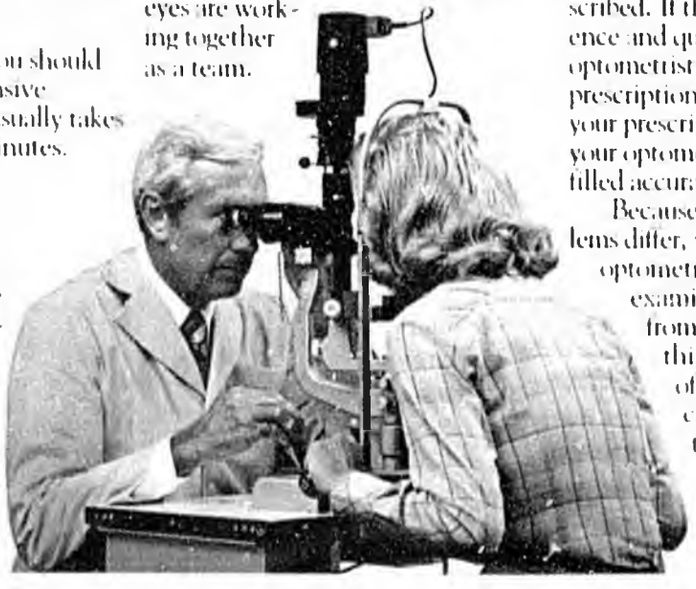
2 Your health history should most likely be taken before the examination begins. Allergies, diseases such as diabetes and ailments such as high blood pressure can affect the results of vision tests. So can certain prescription and non-prescription drugs you may be taking.

3 The exterior of your eyes and the surrounding area should be inspected for eye disease.

4 Then the interior of your eyes should be examined for any signs of systemic or eye diseases. It is here that your optometrist can see blood vessels in their natural state and can therefore detect certain signs or symptoms of diabetes or hypertension. When signs or symptoms are discovered, you'll be referred to your family physician or a specialist if necessary.

5 Your vision should be tested to evaluate how well you see at near and far distances. At the same time, the refractive state of your eyes should be measured to determine nearsightedness, farsightedness, astigmatism or other visual problems.

6 Your eye coordination and eye muscle control should be examined to be certain your eyes are working together as a team.



7 Finally, the ability of your eyes to change focus easily from far to near and near to far should be measured.

Those are the basics. However, if you are over 35 or if a need is indicated, it's likely that you'll be given other special tests such as one for glaucoma. You may also be tested for color perception, depth perception, field of vision, visual/perceptual abilities and other vision skills.



When your optometrist has completed your examination and evaluated all the results, corrective lenses or vision therapy may be prescribed. If that's the case, for convenience and quality assurance, your optometrist can properly fill your prescription. Or, if you decide to take your prescription elsewhere, have your optometrist verify that it was filled accurately.

Because people's needs and problems differ, you may find that your optometrist approaches your examination with variations from this list. However, one thing that you may be sure of: members of the American Optometric Association are dedicated to the principle that you and your family should have the highest quality total vision care possible.

Your Family Doctor of Optometry. The person to see. And keep seeing.

American Optometric Association

There are 7 things to look for in good vision care.

Here's one of the best places to start:



TM Trademark of the American Optometric Association

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WICHE
Western Interstate Commission for Higher Education
affirmative action/equal opportunity employer

January 30, 1979

The Honorable Glenn Hackney
State Capitol
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney,

I am sending along the enclosed information, as a result of your conversation with Phil. These materials were distributed at the Optometry Education Project Advisory Committee meeting in Fullerton on January 27, and Phil felt you should see this in light of your pending business.

Minutes of the meeting and related information will follow shortly.

Cordially,

Linda Dunham

Linda Dunham
Secretary

Please file with 3375



A REPORT TO THE PRESIDENT & CONGRESS

ON THE STATUS OF HEALTH PROFESSIONS PERSONNEL

IN THE UNITED STATES

August 1978

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Resources Administration
Bureau of Health Manpower
Manpower Analysis Branch

DHEW Publication No. (HRA) 78-93

VI. OPTOMETRY

Optometrists represent only a small proportion of all health practitioners, but they play a significant role in providing health services, mainly as the point of entry to the health care system for the provision of vision care services. Optometrists examine eyes for vision defects and other abnormal conditions, test depth and color perception, and when necessary prescribe lenses and treatment. As providers of primary health care, optometrists may refer patients for treatment of ocular and systemic diseases to ophthalmologists. Conversely, some of the vision services usually provided by optometrists may also be rendered by ophthalmologists.

From all indications, there appears to be a shortage of optometrists and other vision care practitioners in the United States. The number of optometrists has grown only slightly in recent years, and less growth is anticipated than in other health professions. Since a large number of optometrists graduated through the G.I. Bill and will likely be retiring in the next 10 to 15 years, the expected net addition of new practitioners in the field will have a somewhat smaller impact on total supply than in other health disciplines. However, by 1990 supply and requirements should be more or less in balance.

A number of issues and trends relate directly to the optometrist's role in the health care system and the provision of vision care services. A factor likely to affect the practice of optometry and provision of services is the increase in continuing education requirements as a pre-requisite to licensure renewal. Optometrists are increasingly being included in various health care programs, which should affect the overall provision of vision care and the requirements for their services. In organized health delivery settings more attention is being paid to quality assessment of vision care. Judgments about quality of care and practitioner proficiency are normally difficult, but optometry normally deals with readily visualized or measurable conditions and is more amenable to the comparision of practice to standards than are most health professions. Peer review may be used to measure and assure the quality of medical and optometric practice, but the role of optometrists in the review responsibilities of Professional Standards Review Organization has yet to be determined. Among other changes that will affect the profession is the increasingly widespread use of auxiliaries which will have an impact on provision of services and on the requirements for practitioners. New technological developments may also change the scope of practice.

A major issue that has surrounded optometry for many years, of course, is the relationship between optometry and ophthalmology. While some overlap in services, specifically refractive services, exists at present, there are specific unique roles in the provision of vision

care for both professions. Future interactions between the professions will impact on the provision of vision care services, on requirements for these services, and on training and education for both professions. These and other issues are important and developments must be monitored in order to evaluate the role of optometrists in the provision of vision care services.

Number and Characteristics of Optometrists

The number of active optometrists has increased only slightly in recent years, despite the impetus provided by recent Federal legislation. The number of new optometrists has only slightly exceeded the number of optometrists leaving the profession. In 1975, it is estimated that there were 19,900 active optometrists (civilian and military). Of these, approximately 19,200 were providing some form of patient care.

On the basis of limited historical data, the number of active civilian optometrists has increased only moderately in recent years, and has not kept up with population growth. Such increases in supply as have occurred are due to the rise in graduates from schools supported under the Health Professions Educational Assistance Act of 1963.

In view of the overall increase in the number of active civilian optometrists, the ratio of active optometrists to population has declined slightly, from 9.3 active civilian optometrists per 100,000 population in 1968 to 9.2 per 100,000 in 1973.

The effects of the G.I. Bill of the 1950's and the sudden increase in numbers of optometrists completing their education can still be seen today. One half of all optometrists are between 45 and 60 years of age. (Table A-VI-I) On the other hand, recent increases in supply are becoming increasingly evident, as nearly 20 percent of active optometrists are under age 35, and optometry is expected to become an increasingly younger group.

Relatively few women are in optometry, with the proportion of active female optometrists only slightly more than 2 percent. However, the population of females in schools of optometry now exceeds 10 percent, and the proportion of women is expected to rise somewhat in the coming years.

Overall numbers of minorities in optometry are also quite small, although the field appears to be unusually attractive for those of Japanese/Chinese descent (Table A-VI-2). Although only 480 active optometrists (2.5 percent of the total) in 1973 were members of racial/ethnic minority groups, fully three-fifths of this total were Japanese/Chinese. Intensive recruiting efforts have served recently to increase the number and proportion of minorities in the field.

Few optometrists work exclusively in activities other than patient care, and relatively few optometrists work part-time. If full-time is defined as working 30 or more hours a week, more than nine out of ten active optometrists worked on a full-time basis. Among the active optometrists, only a small proportion (3.5 percent) were engaged exclusively in non-patient care activities, generally consisting of teaching, research or administration.

Optometrists are usually self-employed. In 1973, the number and percent who were self-employed (Table A-VI-3), mostly in solo practice, was nearly 14,900 or 77 percent of all active optometrists. As with podiatrists and other health professionals, however, there is movement in optometry away from solo practice and toward partnerships or groups. (Table A-VI-4) In 1973, employed optometrists accounted for 3,600 or nearly 20 percent of active optometrists. Because of the costs of setting up a solo practice and the rapidly expanding nature of optometric practice, optometry graduates appear to be increasingly favoring associateship or partnership arrangements from among the available career alternatives.

Newly graduated optometrists also exhibit a far greater tendency than other optometrists to be employed rather than self-employed (Table VI-2). Although nearly 20 percent of all active optometrists were employed, this proportion varied from 50 percent of those under 30 years of age, to only 13 percent of those 50-59 years of age. Also, while less than 3 of 5 self-employed optometrists under 30 years of age were in solo practice, more than 4 of 5 self-employed optometrists over 40 were in this form of practice. A comparison of 1968 and 1973 data for principal form of employment shows a decline in the proportion who were self-employed and a corresponding increase in the proportion employed. While military service accounts for a large percent of those employed, a large number were employed by optometrists and other employers. This trend toward multiple practitioner arrangements and salaried employment may have implications for the characteristics of optometric clinical practice such as productivity, number and types of services offered by the practitioner, and even the geographic distribution of optometrists.

Developments in Licensure of Optometrists

The regulation of the practice of optometry has undergone a number of significant changes since 1973. The most pervasive has been the increase in continuing education requirements. Optometry appears to have one of the most major and significant continuing education programs of all the health professions. Beginning with Iowa in 1938, forty-two States have adopted some form of continuing education as a requirement to license renewal, although the nature of the requirements imposed by States vary considerably. Most States specify that credit may be given for optometric or other scientific education, lectures, symposiums, courses approved by the board for post-graduate study at a school of optometry, and courses given by the American

Optometric Association. Such programs are offered by over 100 organizations, making it easier for optometrists to update their credentials.

Geographic Distribution of Optometrists

On the basis of most measures of determining geographic unevenness of distribution of health manpower, it is generally recognized that optometrists are more evenly distributed than most other health professions. However, there continues to be disparity in the provision of optometric services to various areas of the country. This reflects the fact that the distribution of optometrists on a geographic basis needs to be linked directly to consideration of the distribution of ophthalmologists, many of whom provide some similar services. Although the distribution of optometrists is somewhat uneven, the distribution of ophthalmologists does little to alleviate the situation. A substantial proportion of the population in the United States has little or no access to the services of ophthalmologists.

Among the four geographic regions, the ratio of active optometrists to resident population varied from 6.9 per 100,000 in the South to 10.9 per 100,000 in the West, a difference of nearly 60 percent, (Table A-VI-5). Among the States, Illinois had the highest ratio, 14 per 100,000, while the lowest State, Alabama, had a ratio (5 per 100,000) only about one-third that of Illinois.

Although the same two States, California and New York, have the largest numbers of both ophthalmologists and optometrists in the Nation, there is no apparent correlation between the relative numbers of ophthalmologists and optometrists at least as related to population. On a regional basis, for both ophthalmologists and optometrists the Pacific States have the highest ratios of practitioners to population, while the lowest ratios for both disciplines occur in the East South Central States.

Nationally, there are 2 optometrists to 1 ophthalmologist and this ratio is approximated or exceeded in most States. However, notable exceptions exist. Only in Maryland and the District of Columbia, which also rank very high in relative numbers of all physicians, does the number of active ophthalmologists exceed the number of active optometrists. Although seven States--Maine, Rhode Island, Indiana, Illinois, North Dakota, South Dakota, and Nebraska--had more than three times as many optometrists as ophthalmologists, a number of other States had less than three optometrists for each two ophthalmologists. Thus, while some states are able to provide added vision services through ophthalmologists, others cannot. In addition the services of ophthalmologists are rendered primarily in large metropolitan areas, while the ratio of optometrists to population is about the same (9 per 100,000) in metropolitan as in non-metropolitan counties. Nevertheless, optometrists provide a greater proportion of total vision care in non-metropolitan and rural areas.

Although the ratio of optometrists to population is somewhat greater in counties in SMSA's over 1 million population than in counties in SMSA's of smaller size, their distribution still remains better than that of most health professionals. It is only in non-metropolitan counties that substantially lower than average ratios of optometrists to population exist. The percent of optometrists practicing in metropolitan areas is somewhat higher than the percent of the resident population, whereas the percent of ophthalmologists practicing in these areas substantially exceeds the percent of the resident population. In non-metropolitan areas this pattern is reversed, with the percent of persons residing in those areas being more than 2 1/2 times the percent of opthalmologists, and somewhat larger than the percent of optometrists.

An examination of persons-per-optometrist ratios for counties, often used to show geographic distribution, indicates large variation exists between the ratios. As a matter of fact, there are 840 counties (more than one fourth of all counties) that have no optometrists at all, and 552 counties (18 percent) that have a ratio of 15,000 or more residents per optometrist, far above the ratio recommended by the American Optometric Association of approximately 7,000 residents per optometrist, or 14.5 optometrists per 100,000 population.

Optometric Education

In the recent past, enrollments and subsequent graduates in schools of optometry peaked in the early 1950's, reaching their highest level until the early 1970's. (Table VI-1) In academic year 1951-2, the 10 schools of optometry enrolled 2,435 students and graduated 961 students. At that time, only 3 years of optometric school curriculum were required. During the decade of the 1950's, enrollments declined sharply, reaching the level of 1,101 students and 316 graduates in academic year 1960-61. Coincidental with the enactment and implementation of the Health Professional Educational Assistance Act of 1963, enrollment and graduates began to rise sharply. Total enrollment increased from 1,547 students in academic year 1964-65 to 3,909 students in academic year 1975-76, an increase of more than 150 percent. First-year enrollments during the same period rose more than 80 percent, from 593 to 1,078, (the larger increase in total enrollment was due to the increase in the number of years of professional education). The number of graduates rose by 140 percent, from 377 to 905 during the same period. Part of the increase in the number of graduates reflects the increase from 10 to 13 in the number of schools of optometry during this time.

In academic year 1976-77, the Nation's optometrists were being trained in 13 accredited schools and colleges of optometry. Regionally, the schools of optometry are relatively evenly distributed, although the Northeast, South, and West had three schools each, while the North Central States had four.

All of the 13 optometry schools have a 6-year curriculum which includes a minimum of 2 years of pre-optometry education at an accredited college plus 4 years of professional training at a school of optometry leading to a Doctor of Optometry degree (O.D.). In 1976, the 12 schools with 4 years of classes enrolled 1,078 first-year students and graduated 905 students. Nearly one-half of these students graduated from three schools: the Illinois, Pennsylvania and Southern Colleges of Optometry. The Pennsylvania College of Optometry produced the most graduates, 144; of the established schools, the Ohio State University College of Optometry graduated the fewest students, 52.

First-year enrollment in the 13 schools of Optometry totalled 1,078 students in academic year 1975-76 (Table VI-2). The Southern and Illinois Colleges of Optometry had the largest first-year enrollments, 152 and 151 students respectively.

In 1976, 72 or nearly 9 percent of the graduates were women. This number is expected to rise substantially in the upcoming years as more than 14 percent of the entering class in 1975-76 were female.

The location of the school of optometry is a prime factor in determining where the optometrist actually practices after graduation. More than four out of five optometrists under age 45 practice in States with schools of optometry, and are graduates from the school(s) within the State. The proportion of all active optometrists who graduated from schools within their State of practice is more than 92 percent in Illinois, 86 percent in Pennsylvania, 81 percent in California and 77 percent in Massachusetts (Tables A-VI-5 and A-VI-7).

Data from the 1973 inventory of optometrists show that schools of optometry make a varied contribution of optometrists to non-metropolitan areas. More than 2 of 5 graduates of two schools, the Southern College of Optometry and the Pacific University College of Optometry, practice in non-metropolitan areas. Three other schools have contributed nearly one-third of their graduates to these areas--Illinois, Houston, and Indiana. Together, these schools account for three out of four optometrists practicing in non-metropolitan areas. One school, the Illinois College of Optometry and its predecessors in Illinois, graduated approximately one-third of all active optometrists in the United States (Table A-VI-8).

Trends in Optometry Education

Optometry is one of several health professions that serves the public as a means of entry into the health care system. As such, the forces for change in the optometric curriculum are similar to those confronting the other health disciplines. Most notable among these forces is the rapid expansion of knowledge of the eyes, the expanding

scope of optometric practice, increased social awareness of the importance of proper eye care, student demands for improved curricular relevance, and the priorities of external funding sources. Since many disease entities have observable manifestations in the eye, the optometry curriculum is being broadened to improve the continuity of vision care for the patient, serving as a bridge between the medical and optometric professions. This is resulting in a trend toward primary vision health care in optometric practice.

The changes that are occurring in optometric education fall into two basic categories: content of curricula and location of training. Curricula content is being changed in many ways, including revisions to accommodate the addition of new knowledge and new areas of emphasis. Courses in human nutrition and in the behavioral and sociological aspects of health and disease are new areas of content and areas of increased emphasis, and added emphasis is being placed on the areas of low vision training, rehabilitative procedures, pediatric and geriatric optometry, as well as on training in community, environmental and public health. The most common areas of change are in training of students to detect pathological departure from the health of the eye, as well as the use of diagnostic drugs. The latter has necessitated increased curricular emphasis on general and ocular pharmacology. Congress recognized the need for change by a provision in PL 94-484 for grants and contracts for curriculum development in schools of optometry.

Other curricular trends are: earlier student contact with patients to improve the student's perception of the relevance of the basic sciences to clinical practice; elimination or modification of the "lock-step" curriculum to permit the student to progress more at his own pace; the greater use of modern educational technology such as the use of television and computer-assisted instruction; and the increased offering of electives to permit the student to pursue knowledge in areas of special interest. Remedial programs are also being offered with the objective of retaining students in academic difficulty in schools and reducing attrition rates in schools. As indicated earlier, continuing education has become a major activity of many schools, since a large majority of the States now require a demonstration of competency in order to obtain re-licensure for optometric practice.

Major changes have been made recently in the specific setting or location of training. Numerous instances exist where the student is receiving part of his instruction in external clinical settings such as preceptor offices, health maintenance organizations, community clinics and special optometric clinics established in underserved areas. These off-campus training sites have greatly facilitated the teaching of the utilization of optometric auxiliaries, demonstrated new services, provided health services, exposed students to rural and inner city practice possibilities and developed interdisciplinary learning opportunities.

Optometrists and Delivery of Care

The role of the optometrist as a provider of primary care has increased steadily in importance in recent years. The optometrist also has assumed a larger role in military settings, as well as in institutional care as typified by the presence of optometrists in Health Maintenance Organizations. In this setting, the optometrist may evaluate all patients who report any visual problems. In a number of States, optometry State laws have been redefined to reflect the recognition of optometrists as primary vision care providers. In these states, optometrists may ascertain the presence of disease or pathological conditions and refer the patient to the appropriate medical practitioner for further diagnosis and treatment.

In terms of the need for vision care services, both met and unmet, about half of the population who require some form of vision care services actually receive them. About nine out of ten of the patients who need vision care services require services which are within the present scope of optometry. Only about 10 percent of the population with vision care problems require medical treatment or surgery which must be provided by ophthalmologists, as shown by the 1960 NCHS Survey of Ophthalmologists.

In terms of actual services currently being provided, about two-thirds of the population, or 33 million people receiving vision or eye care receive such care from optometrists. About one-third or 17 million of the population seek and receive vision or eye care from ophthalmologists. As reports show, a substantial area of overlap of services exists in the provision of refractive services, and at least some proportion of the population that receives ophthalmological care could go to optometrists for this care.

The number of optometrists is increasing, and so is the number of patients each can see, (i.e. productivity). A major factor in this increased productivity on the part of optometrists is their rising use of auxiliaries. While only about one-third of active optometrists in 1973 utilized full-time auxiliaries, there appears to be a far greater tendency on the part of younger, newly graduated optometrists to utilize auxiliaries than optometrists in practice for a number of years. In part, this may reflect the training in optometry schools that emphasize utilization of auxiliary services in optometric practice. While data on specific services provided by chairside optometric auxiliaries does not exist, data from a 1973 survey suggest considerably greater productivity on the part of optometrists utilizing auxiliaries than optometrists without such services.

On the average, optometrists working in patient care activities on a full-time basis perform approximately 1,350 vision analyses (basic measure of productivity) a year, or about one vision analysis per hour for an optometrist working approximately 30 hours per week. Those optometrists utilizing full-time auxiliaries perform approximately

1,600 vision analyses annually, or nearly 20 percent more than the average of all active optometrists.

Optometrists in smaller metropolitan areas also appear to have far greater productivity (in terms of number of vision analyses) than do optometrists in larger metropolitan areas. This may be related to the availability of ophthalmological services in the larger metropolitan areas, in that some patients may utilize the services of an ophthalmologist instead of an optometrist. In non-metropolitan areas, on the other hand, the reverse pattern in productivity seems to be true. Optometrists in larger counties perform more vision analyses, on the average, than do their counterparts in smaller counties.

The Future Supply of Optometrists

The supply of optometrists is expected to rise sharply in the coming years. Several projections of the supply of active optometrists to 1990 are presented here under different assumptions as to graduate input over the projection period. 1/ The projection findings under each set of these different assumptions are described below and are summarized in Tables VI-3 and VI-4.

The basic determinant of the future supply of optometrists is very clearly the current and anticipated enrollment in optometry schools. As indicated earlier, optometry enrollments have grown rapidly since the early 1960's, with new Federal legislation providing much of the impetus for the recent increases. In terms of the projected supply of optometrists, the most realistic assumption is that schools will meet the capitation requirements set down by P.L. 94-484, that of increasing full-time first-year enrollments in the 1978-79 academic year in each school by 5 percent or 5 students over the 1976-77 enrollment, depending on the size of the 1976-77 first year class. No additional growth or enrollment per existing school or college is anticipated, although the basic projection series also assumes that one new school of optometry will open during the projection period--most likely a Southern regional school. The basic projection of the graduating classes of 1973-74 through 1989-90 then results in a total gross graduate input of 16,757 for that period. On this basis, the supply of active optometrists is expected to increase from 19,900 in 1975 to 22,000 in 1980 and to 26,700 in 1990. Thus, the number of active optometrists is expected to increase by about one-third between 1975 and 1990, or about 2 percent a year, slightly faster than the growth between 1970 and 1975. The ratio of active optometrists to population is projected to increase somewhat by 1990, reaching 10.9 per 100,000 population, as compared with 9.3 per 100,000 population in 1975. For the purposes of this report, the basic assumption is believed to provide the most realistic supply estimates.

1/ See Appendix (A-VI-8) for description of Methodology.

By way of contrast, if full-time first year enrollments should rise substantially beyond those mandated by the legislation and assumed in the basic projection series, the increases in active optometrists would be even larger. For this "high" projection series, an annual increase of 1 percent per year in enrollment per existing school above and beyond increases described in the basic series was used, and again it was assumed that only one new school would open in academic year 1981-82. In this estimate, the number of optometrists would be slightly higher than the basic estimate, or 27,100 by 1990, a ratio of 11.1 optometrists per 100,000 population.

On the other hand, if schools meet the requirements of P.L. 94-484 by providing for the specified proportion of full-time students to be comprised of residents of States in which there are no accredited schools of optometry and if no new schools of optometry open, then first-year enrollments would then be maintained at about the 1976-77 levels. Under this "low" estimate, the supply of optometrists would reach 26,100 by 1990, for a population ratio of 10.6 optometrists per 100,000 population.

Although the distribution of future graduates can not be projected with any degree of precision, current estimates are based upon the assumption that there will be little improvement in the geographic distribution of optometrists. The proportion of recent graduates from schools of optometry practicing in non-metropolitan areas is about the same or slightly lower for nine out of ten established optometry schools as compared to the proportion of total graduates practicing in these areas.

Requirements for Optometrists

Although it is difficult to determine the exact level of requirements for optometrists, it is likely that the projected supply of optometrists will be roughly in balance with the number of optometrists required.

There are several ways to measure requirements. One measure is the optimum ratio of 14.3 optometrists per 100,000 population utilized by the American Optometric Association. Such a ratio if applied to projected 1990 population would indicate a requirement for about 35,000 optometrists in that year, well above the anticipated supply. Another measure of requirements for optometrists might be to apply the best State ratio in 1975 as a standard to be met by all States. Such a standard would show a requirement for about 34,000 optometrists in 1990, again well above the anticipated supply of 26,700 active optometrists.
Thus, if these "need" related standards are applied, there would appear to be shortage of 7,000-8,000 optometrists projected for 1990.

On the other hand, the Supply Output and Requirements Model (SOAR) generates an increase in requirements for optometrists of nearly one-third in 1990 over current levels. These requirements for optometrists take into account recent trends in per capita utilization of optometric services, and are based on increased utilization of optometric services by the population during 1975 to 1990. Such levels of projected requirements for optometrists are about equal to the projected supply of optometrists in 1990. All things considered, the best judgement is that supply and requirements will be in balance by 1990.

Data and Analytical Needs

As indicated previously, 1973 data from the Optometric Manpower Resources Project supported by the Bureau of Health Manpower are the latest available data on optometrists.

However, more current data on optometrists are currently being collected in States participating in the Cooperative Health Statistics System, and also by means of the Bureau of Health Manpower Inventory. But data and standards are needed in the designation of health manpower shortage areas, and for health manpower analysis of data from small geographic areas. It would also be desirable to have another data point for trend analysis of optometric data. The only reliable data on optometrists are from the NCHS 1968 and 1973 surveys.

Optometrist Projection Methodology

Estimates of the number of active optometrists for 1975-90 were calculated utilizing the data from the 1973 Bureau of Health Manpower/American Optometric Association survey of optometrists as a base. It was assumed that the base reflected a point in time of December 31, 1973. Data on graduates of optometry for 1974 through 1976 were obtained from school reports on FY 76 Capitation Grant applications; the American Optometric Association provided estimates of first-year enrollments through 1975-76. Graduate projections to 1990 were computed from the number of first-year students reported 4 years earlier utilizing an attrition rate of 12 percent in both the basic methodology and the alternative supply projections in line with the most recent experience. Thus, 88 percent of entering optometry students are projected to graduate 4 years later. If a different attrition rate were used, of course, the graduate component would change somewhat, but the overall impact on the total supply estimates would be minor. Under the basic methodology, for example, if a 10

percent attrition rate were used, only about 300 additional graduates would be expected over the projection period. If a 15 percent attrition rate were used, about 500 fewer graduates of optometry schools would be expected over the projection period.

Separation rates used in the basic methodology and in the alternative approaches were derived from age specific death and retirement rates for white males developed by the National Center for Health Statistics, 1/ and the Bureau of Labor Statistics. 2/

There was no evidence to suggest that optometrists, on the average, tend to live longer than males in the general working population. For this reason age specific mortality rates developed by the Department of Labor were applied to the optometrist population.

In contrast to the mortality experience, however, information does exist that suggests variation in retirement patterns between optometrists and all working males. For example, in comparing total male labor force participation rates with age-specific proportions of optometrists that are active (1973 Survey data), it was found that, in general, a higher proportion of optometrists were "active" for each age group. Based on these findings, published age-specific retirement rates for all male workers were adjusted to better reflect the apparent experience indicated for optometrists. Over the projection period, use of the adjusted series reduced estimated requirements of optometrists 25 percent below that obtained by not undertaking such a modification.

1/ Death rates from abridged life tables--U.S., 1969-71, white male and white female rates (unpublished 5-year age groups).

2/ Retirement rates are for the general male and female labor force, 1970, as published in Bureau of Labor Statistics. Length of Working Life for Men and Women--1970, Monthly Labor Review, pp. 31-35, February 1976.

Table VI-1. Schools of optometry and number of students and graduates: selected years, 1964-65 through 1975-76

Academic year	Schools	Students 1/		Graduates
		Total	First-year	
1975-76	12	3,909	1,078	905
1974-75	12	3,704	1,024	806
1973-74	12	3,529	988	684
1972-73	12	3,328	984	691
1971-72	12	3,094	906	683
1970-71	11	2,831	884	528
1969-70	11	2,488	786	445
1968-69	10	2,203	771	441
1967-68	10	1,962	649	477
1966-67	10	1,892	669	481
1965-66	10	1,745	643	413
1964-65	10	1,547	593	377

1/ Fall enrollment of undergraduate students.

Source: American Optometric Association.

Table VI-2. Enrollment and graduates in schools and colleges of optometry: 1975-76

School	Total enrollment	1st	2nd	3rd	4th	Graduates (1976)
Total	1,209	1,010	1,002	221	206	205
University of Alabama	107	41	23	20	23	22
Southern California College of Optometry	351	98	105	85	63	61
University of California	206	68	61	60	59	59
Illinois College of Optometry	570	151	145	136	138	138
Indiana University Division of Optometry	279	70	69	68	72	72
Massachusetts College of Optometry	290	91	88	59	68	68
Ferris State University, Michigan	21	21	-	-	-	-
State University of New York College of Optometry	106	41	23	22	20	20
Ohio State University College of Optometry	219	57	59	51	52	52
Pacific University College of Optometry	301	85	81	67	68	68
Pennsylvania College of Optometry	555	138	139	131	145	144
Southern College of Optometry	590	152	148	165	129	130
University of Houston College of Optometry	266	69	71	57	69	69

Source: Council on Optometric Education, Annual Survey of Optometric Educational Institutions. Bureau of Health Manpower, Health Professions Schools, Selected Enrollment Data 1970-71/1977-78, October, 1976.

Table VI-3. First year enrollments and graduates in optometry schools under basic and alternative assumptions: actual 1971-72 through 1975-76, projected 1976-77 through 1989-90

Academic year	First-year enrollment			Graduates		
	Basic methodology	Alternative assumptions		Basic methodology	Alternative assumptions	
		Low	High		Low	High
1972-73	1,004	1,004	1,004	--	--	--
1973-74	989	989	989	794	704	794
1974-75	1,024	1,024	1,024	806	806	806
1975-76	1,078	1,078	1,078	884	884	884
1976-77	1,134	1,134	1,134	870	870	870
1977-78	1,153	1,134	1,153	901	901	901
1978-79	1,189	1,134	1,189	949	949	949
1979-80	1,189	1,134	1,201	998	998	998
1980-81	1,189	1,134	1,213	1,015	998	1,015
1981-82	1,213	1,134	1,249	1,046	998	1,046
1981-83	1,213	1,134	1,261	1,046	998	1,057
1983-84	1,213	1,134	1,274	1,046	998	1,067
1984-85	1,213	1,134	1,287	1,057	998	1,099
1985-86	1,213	1,134	1,300	1,067	998	1,110
1986-87	1,213	1,134	1,313	1,067	998	1,121
1987-88	--	--	--	1,067	998	1,133
1988-89	--	--	--	1,067	998	1,144
1989-90	--	--	--	1,067	998	1,155

Table VI-4. Supply of active optometrists and optometrist/population ratios, using basic methodology and alternative assumptions: actual 1970 and 1975, projected 1980-90

Projection series	1970	1975	1980	1985	1990
	Number of active optometrists				
Basic methodology...	18,400	19,900	22,000	24,400	26,700
Alternatives:					
Low...	18,400	19,900	22,000	24,200	26,100
High...	18,400	19,900	22,000	24,500	27,100
	Rate per 100,000 population				
Basic methodology...	9.0	9.3	9.9	10.4	10.9
Alternatives:					
Low...	9.0	9.3	9.9	10.3	10.6
High...	9.0	9.3	9.9	10.5	11.1

Source: 1970 active optometrists derived from data collected in the 1968 NCHS Vision and Eye Care Manpower Survey. 1975 active optometrists derived from data collected in the 1972-73 BHM Inventory of Optometrists conducted by the American Optometric Association.

Population: U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 601 (Series II). Total population as of July 1, includes armed forces overseas.

Table A-VI-1. Number and percent of total optometrists by age and activity status: 1973

Age group	All optometrists	Activity status				
		Active	Inactive			
			Total	Retired	Unemployed new graduate	Other unemployed
	Number of optometrists					
All ages	21,697	19,265	2,432	1,217	60	114
Less than 30	1,700	1,690	90	0	50	22
30-39	3,159	3,082	77	5	0	12
40-49	5,674	5,279	395	27	0	29
50-59	6,805	6,236	569	194	0	34
60-69	2,655	2,177	478	341	2	14
70 and over	1,503	793	710	667	0	3
Unknown	33	0	33	33	0	0
	Percent					
All ages	100.0	88.8	11.2	5.6	0.3	0.5
Less than 30	100.0	95.0	5.0	-	2.8	1.2
30-39	100.0	97.6	2.4	0.2	0.1	0.4
40-49	100.0	93.0	7.0	0.5	-	0.5
50-59	100.0	90.6	9.4	2.1	-	0.5
60-69	100.0	82.0	18.0	12.8	0.1	0.5
70 and over	100.0	52.8	47.2	44.4	-	0.2

Note: Percents may not add to totals and subtotals due to independent rounding.

Table A-VI-2. Number and percent of active optometrists by racial/ethnic category: 1973

Racial/ethnic category	Number of optometrists	Percent
All categories	12,265	100.0
White/Caucasian	10,652	96.8
Total minorities	400	3.2
Black/Negro	105	0.5
Japanese/Chinese	200	1.5
Other, Asian	9	1/
Indian/Eskimo/Aleut	12	0.1
Mexican American	37	0.2
Puerto Rican	1	1/
Other Latin American	10	0.1
All other	10	0.1
Not reported	133	0.7

1/ Less than 0.05 percent.

Table A-VI-3. Percent of self-employed optometrists, by form of self-employment and age: 1973

Form of self-employment	All ages	Less than 30	30-39	40-49	50-59	60-69	70 and over
Total..	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Solo practice.	79.9	50.0	70.7	82.5	83.4	83.2	84.7
Partnership...	16.9	34.9	25.0	14.6	13.6	14.4	12.0
Group.....	3.3	6.2	4.3	2.9	3.0	2.5	2.5
Total..	100.0	5.5	15.6	20.2	34.5	11.6	1.8
Solo practice:	100.0	4.0	13.0	29.9	36.1	12.1	4.1
Partnership...	100.0	11.3	23.1	25.0	27.8	9.9	2.9
Group.....	100.0	10.5	20.7	25.7	31.4	8.8	2.9

Note: Percents may not add to 100.0 due to rounding.

Table A-VI-4. Number and percent of active optometrists by principal form of employment: 1973

Principal form of employment	Number of optometrists	Percent
Total	12,265	100.0
Self employed:		
Total	10,026	77.3
Solo practice	11,095	61.7
Partnership	2,519	13.1
Group	407	2.5
Employed:		
Total	1,565	10.5
Federal government--military	405	2.1
Federal government--nonmilitary	32	0.2
State or local government	40	0.2
Professional corporation 1/	790	4.1
Optometrist	1,064	5.5
Ophthalmologist	157	0.0
Physician other than ophthalmologist	16	0.1
Multidisciplinary group practice	174	0.9
Nonprofit organization	369	1.9
Profitmaking firm or manufacturer	430	2.2
All other	00	0.4
Not reported	004	4.2

1/ Established after 1969.

Note: Percents may not add to totals and subtotals due to independent rounding.

Table A-VI-5. Number of active optometrists and optometrist/population ratios, by geographic division and State: December 31, 1973

Division and State	Number of active optometrists	Resident population July 1, 1974 (in 1,000's)	Rate per 100,000 population
United States	12,265	209,099	5.7
New England	1,201	12,145	11.9
Connecticut	226	3,030	0.6
Maine	124	1,039	11.9
Massachusetts	749	5,799	12.9
New Hampshire	72	799	9.1
Rhode Island	126	967	13.0
Vermont	44	466	9.4
Middle Atlantic	3,393	37,401	9.1
New Jersey	675	7,325	9.2
New York	1,590	18,214	8.7
Pennsylvania	1,128	11,862	9.5
South Atlantic	2,204	32,602	6.8
Delaware	30	573	6.6
District of Columbia	60	734	9.3
Florida	621	7,745	8.0
Georgia	291	4,810	6.0
Maryland	210	4,074	5.2
North Carolina	336	5,302	6.3
South Carolina	179	2,724	6.6
Virginia	326	4,854	6.7
West Virginia	135	1,780	7.6
East South Central	921	13,206	6.7
Alabama	181	3,846	5.1
Kentucky	225	3,329	6.8
Mississippi	129	2,317	5.4
Tennessee	363	4,895	8.9
West South Central	1,402	20,170	7.1
Arkansas	163	2,035	8.0
Louisiana	225	3,746	6.0
Oklahoma	273	2,669	10.2
Texas	820	11,830	7.0

Table A-VI-5. Number of active optometrists and optometrist/population ratios, by geographic division and State: December 31, 1973 (cont)

Division and State	Number of active optometrists	Resident population July 1, 1974 (in 1,000's)	Rate per 100,000 population
East North Central	3,262	30,022	10.9
Illinois	1,569	11,175	14.0
Indiana	530	5,304	10.1
Michigan	795	9,061	8.2
Ohio	974	10,743	9.1
Wisconsin	436	4,539	9.6
West North Central	1,653	18,935	8.2
Iowa	319	2,863	11.0
Kansas	247	2,264	10.9
Minnesota	361	3,890	9.3
Missouri	422	4,760	8.9
Nebraska	149	1,533	9.7
North Dakota	74	635	11.7
South Dakota	87	602	12.0
Mountain	706	7,200	9.5
Arizona	149	2,073	7.2
Colorado	200	2,460	8.1
Idaho	85	776	11.0
Montana	101	730	13.8
Nevada	48	551	8.7
New Mexico	80	1,099	7.3
Utah	75	1,150	6.5
Wyoming	40	353	11.3
Pacific	3,401	27,471	11.7
Alaska	10	330	5.5
California	2,921	20,652	11.7
Hawaii	74	841	8.8
Oregon	305	2,219	13.7
Washington	385	3,431	11.2

Source: DHEW, HRA, DHM. Optometric Manpower Resources, 1973. DHEW Pub. No. 76-101.

Table A-VI-6. Percent distribution of active optometrists by age in each geographic region: 1973

Age group	All regions	Northeast	North Central	South	West
All ages.	100.0	100.0	100.0	100.0	100.0
Less than 30....	8.0	8.5	7.5	10.1	9.6
30-39.....	16.0	12.9	13.9	17.7	20.9
40-49.....	27.4	27.7	26.7	27.9	27.5
50-59.....	32.4	32.2	34.0	31.0	29.7
60-69.....	11.3	13.7	12.6	9.3	9.0
70 and over.....	4.1	5.0	4.5	3.4	3.3
All ages.	100.0	24.6	30.7	23.0	22.7
Less than 30....	100.0	24.0	26.2	27.2	22.6
30-39.....	100.0	20.0	26.7	26.3	27.1
40-49.....	100.0	25.0	30.0	24.2	20.8
50-59.....	100.0	24.7	33.0	23.4	19.0
60-69.....	100.0	30.1	34.2	19.2	16.4
70 and over.....	100.0	30.1	33.5	19.7	16.6

Note: Percents may not add to 100.0 due to rounding.

Table A-VI-7. Number and percent of active optometrists by school or college of graduation: 1973

School or college	Years of operation	Number of optometrists	Percent
Total	--	19,265	100.0
Northern Illinois	1926-55	4,077	21.2
Southern	1932 to present	2,670	13.9
Pennsylvania	1919 to present	2,470	12.9
Los Angeles 1/	1904 to present	1,525	7.9
Massachusetts	1894 to present	1,210	6.3
Illinois	1955 to present	1,106	6.2
Ohio State University	1914 to present	1,012	5.3
Pacific University	1921 to present	999	5.2
Chicago (Monroe)	1937-55	909	4.7
University of California	1923 to present	874	4.5
Columbia	1910-56	817	4.2
University of Houston	1952 to present	433	2.3
Indiana University	1951 to present	391	2.0
Rochester	1902-36	103	0.5
Needles	1907-26	67	0.4
All other 2/	--	316	1.7
Not reported	--	162	0.8

1/ Name was changed in 1975 to Southern California College of Optometry.

2/ Includes 2 Canadian schools.

Sources: Gregg, James D. The Story of Optometry. New York, The Ronald Press Co., 1965. Librarian, American Optometric Association Archives, St. Louis, Missouri.

Table A-VI-8. Number and percent of optometrists active in the same State and in the same geographic region as the school from which graduated: 1973

School or college	Active optometrists	In same State		In same census region	
		Number	Percent	Number	Percent
Los Angeles 1/	1,525	1,215	79.7	1,410	92.5
Univ of California	974	751	65.9	881	91.6
Illinois 2/	6,219	1,452	23.4	3,916	63.0
Indiana University	391	207	52.9	282	72.1
Massachusetts	1,210	503	47.9	1,094	89.0
Ohio State Univ	1,012	612	60.5	710	70.2
Pacific Univ	999	253	25.3	797	79.8
Pennsylvania	2,470	977	39.2	1,886	76.1
Southern	2,670	309	11.5	2,030	75.0
Univ of Houston	433	196	45.3	319	73.7

1/ Name was changed in 1975 to Southern California College of Optometry.

2/ Includes also Northern Illinois, Chicago (Monroe), and Needles.

CONCLUSIONS OF THE HRA STUDY

The following set of conclusions responds directly to the Congressional charge concerning whether it is appropriate overall to alter Part B reimbursement under Medicare for services provided by optometrists related to aphakic and cataract conditions. These conclusions have been derived by the Health Resources Administration from factual information, analytic findings, and professional judgments assembled during the Study.

1. Qualifications of optometrists. Optometry is a profession qualified to provide a broad range of services beyond refraction and the provision of eyeglasses. Furthermore, the services provided appear to be effective in patient management, including the management of aphakic and cataract patients. They are reasonable, non-experimental, safe, and generally acceptable to the vision/eye care community and the public.

2. Services related to aphakic and cataract conditions. Many of these services are the same as the specific diagnostic, therapeutic, and consultative services currently covered under Part B of Medicare when provided to pre- and post-surgery cataract patients by ophthalmologists or other doctors of medicine and osteopathy. (See Table 1, Part I Section I-B).

3. Detection and diagnosis of disease. Evidence presented during this study supports the conclusion that optometrists, in general, are qualified to provide services for the detection and preliminary diagnosis of ocular disease and ocular manifestation of systemic disease. Referral, where indicated, is made to ophthalmologists and other health care practitioners for definitive diagnosis and medical or surgical treatment.

4. Standards of Procedure. Clinical standards committees of professional associations have identified effective instrumentation and procedures that are available to and utilized by optometrists which are effective in the diagnosis/detection of disease, notwithstanding limitation by certain State jurisdictions regarding the use of topical drugs.

5. Quality Assurance. Quality assurance is attainable in the provision by optometrists of reasonable, safe, nonexperimental, and acceptable services to all patients including the Medicare eligible population. The development of criteria of care for diagnostic, therapeutic, and consultative services provided by optometrists, and similar to those existing for certain other health professional groups, does appear feasible in both organized and independent health care settings. Such criteria currently exist in a number of individual situations or are in various stages of development.

6. Access to services. Vision/eye care services for aphakic and cataract patients, as well as for patients more generally, can be made more accessible to the Medicare eligible population by providing reimbursement for services when provided by optometrists. In general, optometrists are more widely distributed geographically and practice in many smaller communities where other vision/eye care practitioners are not available.

7. Equity. Financial equity can be extended to those Medicare beneficiaries who currently obtain necessary and reasonable health services from optometrists but who do not currently receive the reimbursement to which they should be entitled.

8. Delivery patterns. It is reasonable to infer that inclusion of services under Medicare for aphakic patients when provided by optometrists would not significantly alter existing provider delivery patterns within the vision/eye care community. However, the impact upon such delivery patterns of the inclusion of services by optometrists for cataract patients, while likely to be small, is less clear.

9. Costs. It is reasonable to infer that the inclusion of services related to aphakic and cataract conditions when provided by optometrists would result in some added costs to the Medicare program. These added costs would be partly associated with Medicare enrollees currently served by optometrists without reimbursement, as well as those patients not now receiving care, who would do so as a result of the inclusion of such services under Medicare. Estimates suggest, however, that such added costs would not be significant in the context of overall Medicare costs for vision/eye care services and service benefits. (See the Study Summary, Part I, p. 28). This is viewed particularly so in the instance of extended reimbursement for services provided by optometrists to aphakic patients.

RECOMMENDATIONS AND ADDITIONAL CONSIDERATIONS OFFERED BY STUDY CONSULTANTS

In reviewing study materials, expert consultants to the study concluded that steps should be taken immediately to extend reimbursement under Part B for services provided by optometrists to both aphakic and cataract patients. It was their collective judgement that referral delivery patterns, costs, and administrative features of the program, would not be significantly affected if reimbursement of optometrists were extended to cataract, as well as aphakic, patients. Thus, study consultants recommended the following:

1. Based primarily on considerations of patient needs, qualifications of optometry to provide services effective in patient management, and increased access of Medicare beneficiaries to vision/eye care services, it is recommended that covered services related to aphakia when provided by optometrists be reimbursable under Part B of Title XVIII. This recommendation is presented in direct response to the requirements of Section 109 of the Social Security Amendments of 1975 (P.L. 94-182).

2. Based on the same considerations as indicated above, it is recommended that covered services related to cataract conditions, when provided by optometrists, be reimbursable under Part B of Title XVIII.

As is evident from the discussion above, the Department endorses the first recommendation. For reasons cited, however, Department endorsement of the second recommendation is viewed as inappropriate and premature at this time.

During the course of the study effort, a number of additional issues and concerns were identified by the expert consultants which, although important considerations, represent matters not directly responsive to the specific legislative charge as interpreted by the Department. These recommendations and comments, made unanimously by the consultants, are presented here to provide an opportunity to bring these matters to the attention of Department Agencies and the Congress. Because the following items go beyond the requirement of this report, the Department has not fully examined them and makes no recommendation at this time.

1. Refractive services for aphakic patients

Aphakic patients, specifically, should be considered as having special needs given their disabled condition. Refractive services for such patients represent non-routine and necessary services in the provision of prosthetic devices, i.e., lenses.

Study advisors recommend that consideration be given to extending coverage under Part B of Medicare to include refractive services for aphakic patients when provided by either ophthalmologists or optometrists.

2. Low vision services and aids

For those patients who have inoperable cataracts or have less than optimal results from cataract surgery, that is, those who have reduced visual acuity, low vision services and aids represent essential components of reasonable and necessary health care services for these patients.

Study advisors recommend that coverage under Part B of Medicare be extended to include the provision of appropriate low vision services and optical aids for the above-referenced patients, when provided by either ophthalmologists or optometrists.

3. Prevention, health maintenance, and health education

In the interests of health care cost advantages, effects on productivity, and the overall improvement of benefits that can be afforded our population, the expert consultants recommend that a more effective effort be made to improve preventive, health maintenance, and health education measures. While this is needed in all areas of health services, the vision/eye care field offers a particularly promising area for such approaches.

4. Other service provided by optometrists

Vision/eye care services currently covered by Part B of Medicare, when provided by ophthalmologists or other physicians, include eye conditions other than cataract and aphakia. Optometrists can provide appropriate services for some of these conditions. It is recommended that extension of reimbursement to include the services of optometrists for such appropriate conditions is a desirable subject for further consideration.

5. Administrative considerations

Also during the course of the study effort, expert advisors raised several concerns pertinent to the administration of the Medicare program. These issues, also applicable to other Medicare services, include the following: (a) inconsistent application of coverage and reimbursement policies by individual carriers, (b) the problem of payment duplication for services and reimbursement for similar diagnostic procedures when performed for specific individuals by more than one provider, and (c) need of improvement in coding and billing procedures for vision/eye care services.

6. Cooperative working relationships between vision/eye care professionals

It became clear during the course of this study that more effective working relationships between optometry and ophthalmology and other providers in the vision/eye care field would enhance patient care and result in improved services to individual patients. While improved interdisciplinary coordination applies to all the health disciplines and specialties, it is a problem of particular concern in the vision/eye care field. Such working relationships could be significantly strengthened by

a. Development of joint educational programs at the undergraduate and graduate levels, including rounds, clinics, conference, and meetings and publications.

b. Establishment of interdisciplinary clinics with optometrists and ophthalmologists working together.

c. Facilitation of referral of patients between the optometrist and the ophthalmologist when in the best interest of the patient.

d. Joint development of quality standards for service and materials by peer review mechanisms. By materials, particular reference should be assigned to varying quality of lenses and frames and the need for furnishing laboratory invoices of material costs for reimbursement.

e. Joint development of appropriate revision to State licensure laws to permit use of diagnostic drugs (mydriatics and local anesthetics) by optometrists.

While such joint endeavors are evident in various areas of the country, they need to be broadened and routinized.

ATTACHMENT

LISTING OF EXPERT CONSULTANTS, STUDY STAFF, FORMAL AGENCY LIAISON

and

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Office of the Director
Bureau of Health Manpower, HRA

stration

Adopted by the American Optometric Association House of Delegates

A primary care optometrist is defined as the eyecare professional of first contact for the patient, makes the initial assessment and attempts to solve as many of the patient's problems as possible, coordinates the remainder of the health care team, includ ng ancillary personnel as well as c nsultants, that are necessary in dealing with the patient's problems; provides continued contact with the patient and often his/her family regarding eyecare needs; and is responsible for his/her eyecare.

Juneau MEDICAL SOCIETY

P. O. BOX 3-3000 • JUNEAU, ALASKA 99802 • TELEPHONE (907) 586-2611

March 9, 1979

The Honorable Glenn Hackney
Chairman
Health, Education & Social
Services Committee
The State Senate
Pouch V
Juneau, AK 99811

SB 75 - AN ACT RELATING TO OPTOMETRY

The Juneau Medical Society at its regular meeting on Tuesday, March 6, 1979 unanimously went on record as being opposed to the above captioned legislation as it would allow the practice of medicine by unqualified persons.

Jon C Reiswig M D

JON REISWIG, M. D.
PRESIDENT

JUNEAU MEDICAL CENTER
R.R. 3, BOX 3051
JUNEAU, ALASKA 99801

PRACTICE LIMITED TO THE EYE

ROBERT N. PAGE, JR., M.D.

file SB 75

January 31, 1980

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

You will be considering HB 79 and Senate Bill 75. If passed, these bills would permit Optometry, a non-medical measuring science, the use of potentially dangerous prescription drugs. These drugs would be used for the diagnosis of disease, for the determination of the absence of disease and, in certain cases, in the treatment of disease.

Most of your constituents and Americans in general are unaware of the fact that Optometry is in no way a medical science. Optometry's national advertising ("Your Family Doctor of Optometry"), as well as their lobbying before this and other state legislatures, has been deceptive.

If this legislature grants the privilege of practicing medicine to this non-medical group by legislative fiat rather than by educational achievement, it will further compound this public deception.

There is amassed ample irrefutable evidence that this policy has caused great harm, unnecessary suffering, loss of vision and economic loss in the form of recovered damages. I enclose examples of such evidence.

I know you are burdened by many more important issues; few, however, have the potential of impacting as heavily and adversely on Alaskans' public safety from a health point of view.

Please consider these points and call on me at any time if I can help.

Sincerely,

Robert N. Page, M.D.

Enclosures

HOW DOES OPHTHALMOLOGY (M.D.) TRAINING COMPARE WITH OPTOMETRY (O.D.) TRAINING?

OPTOMETRIC EDUCATION DEFICIENCY DOCUMENTED

As prepared by John W. Gamel, M.D., University of Louisville School of Medicine

EDUCATIONAL BACKGROUND REQUIRED FOR DELIVERY OF EYE CARE:

Comparison between Optometry and Ophthalmology*

REQUIREMENT	OPTOMETRY	OPHTHALMOLOGY
Admission	2 years of college	4 years of college plus 4 years of medical school
Total Training after High School	6 years	12 years
Class and Laboratory time	1,650 hours	3,249 hours
Supervised Practice of General Medicine (Internal Medicine, General Surgery, Obstetrics-Gynecology, Psychiatry, Primary Care)	0 hours	3,240 hours
Supervised Practice of Medicine and Surgery of the Eye	0 hours	5,250 hours
TOTAL TRAINING HOURS	1,650 hours	11,739 hours
Number of years during which training occurred	4 years	7 years
Hours per year	412½ hours	1,677 hours

* Information abstracted from:

1. Course Handbook of Indiana University, Division of Optometry, 1975-76.
2. American Association of Medical Colleges Curriculum Directory, p. 86 87 (re: University of Louisville School of Medicine).
3. Residency Training Schedule, Department of Ophthalmology, University of Louisville.

(over)

Conclusion: An Ophthalmologist (M.D.) receives more hours of training each year of his rigorous program, than an optometrist (O.D.) receives in his entire four-year curriculum.

OPHTHALMOLOGY
11,739 HOURS

OPTOMETRY
1,650 HOURS

THE OPHTHALMOLOGIST (M.D.) HAS OVER 700% MORE HOURS!

John W. Gamel, M.D., Assistant Professor and Director, Pathology Laboratory and Medical Retinal Service, University of Louisville (Kentucky) School of Medicine has provided new, conclusive evidence that optometric education is "woefully inadequate" for these technicians to attempt to provide any medical eye services. The Gamel study reveals that the graduate ophthalmologist (M.D.) has received more hours in each year of his rigorous program than an optometrist receives in his entire four-year curriculum. Excluding any differences in content, the data shows the ophthalmologist (M.D.) has over twice as many hours of class and laboratory study as the optometrist. Furthermore, the ophthalmologist (M.D.) has infinitely more medical and surgical supervised experience in patient care than the optometrist. In total, the ophthalmologist (M.D.) has over 700% more hours of training than the graduate optometrist.

RESIDENCY TRAINING SCHEDULE, DEPARTMENT OF OPHTHALMOLOGY UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE

Summary of Hours of Didactic Learning Offered During Residency:

Ongoing Lectures:

Monday, a.m.	1 hour
Tuesday, a.m.	1 hour
Thursday, a.m.	2 hours
Friday, a.m.	1 hour
TOTAL	5 hours per week

Basic Science Courses:
40 hrs per wk lectures/labs
Duration: 10 weeks

Home Study Course:
20 hrs per month
Duration: 24 months

BREAKDOWN OF HOURS SPENT IN EDUCATION OF OPHTHALMOLOGIST:

1. Class & Laboratory:		
Medical School		
1st year	871	
2nd year	748	
		1,619
2. Residency:		
Lectures:		
5 hrs per wk x 150 weeks	750	
Basic Science		
40 hrs per wk x 10 weeks	400	
Home Study		
20 hrs per mo x 24 mos	480	
		1,630
TOTAL DIDACTIC TRAINING (HRS.) (1 + 2)		3,249
3. Supervised Practice of General Medicine 54 wks x 60 hrs per wk (includes night calls & weekends)		3,240
4. Supervised Practice of Medicine and Surgery of the Eye 35 hrs per wk x 150 weeks		5,250
TOTAL TIME SPENT IN SUPERVISED PRACTICE (HRS.) (3 + 4)		8,490
TOTAL TIME SPENT IN FORMAL EDUCATION OF OPHTHALMOLOGIST AT THE UNIVERSITY OF LOUISVILLE (HRS.) (1 + 2 + 3 + 4)		11,739

"M.D. IS THE MAJOR DIFFERENCE"

THE PEN...

PRO BONO PUBLICO

Published in the Public Interest by Ophthalmology

VOL. 3 NO. 15 OCTOBER 1, 1979

U.S. Naval Medical Officers Expose Policy Which Threatens Quality Eye Care Throughout Military



Naval Regional Medical Center at Camp LeJeune, North Carolina

The military ophthalmologists at Camp LeJeune, N.C., have pinpointed "fear of retaliation" as the reason medical officers have not exposed the extent of unnecessary damage which has occurred in the armed forces as the result of allowing medical functions to non-medical optometrists.

Reporting that "primary eye care" performed by optometrists has caused irreversible eye damage and untold suffering for military personnel and their dependents around the world, Lieutenant Commander (LCDR) U.S. Naval Reserve (USNR) Gregory W. Cobb, M.D., Chief of Ophthalmology, Naval Regional Medical Center at Camp LeJeune, and Frederic D. Young, M.D., LCDR, USNR, an ophthalmologist at the same facility, have risked the wrath of the establishment and expressed their concerns directly to Representative Melvin Price, Chairman of the House Armed Services Committee, to Representative Butler Derrick of South Carolina, and to Vice Admiral W. P. Arentzen, Surgeon General of the Navy.

Upon hearing that Representative Price's committee had not received any complaints from active duty ophthalmologists on the matter of "extending

Continued on page 2



WHY "THE PEN?"

The files of state and national medical associations, all learned societies concerned with the public health, overflow with a preponderance of evidence that the quality of health care is threatened by the precedent of Government encouraging the lowering of professional standards by allowing medical functions to practitioners with no medical education. Medicine accepts the responsibility to respond to epidemics. Death and trauma are resulting, and Doctors of Medicine can do no less than warn potential victims through the continuous presentation of this evidence. The public press of America, given the facts, is supporting this cause, and concerned physicians throughout the nation are pooling their knowledge and resources to package and present the truth through the PHYSICIANS EDUCATION NETWORK.

Kentucky O.D. Overlooks Eye Cancer; M.D. Diagnosis Is Malignant Melanoma

Dr. Millett's History of the Case of Elvis R. Johnson — Summarized for Readers

- **April 16, 1979**

Mr. Elvis R. Johnson, formerly a Lexington, Kentucky house painter, was taken to the emergency room of the VA Medical Center, complaining of a dark spot on his left eye and decreased vision in the eye. Medical doctors immediately suspected a malignant melanoma which had spread beyond the eye itself — highly dangerous and potentially fatal.

- **April 23, 1979**

A complete metastatic work-up confirmed the suspicion of the malignancy and that it had spread beyond the eye but not throughout the body. The decision was made to perform an "orbital exenteration" — complete removal of the eye and all structures surrounding it. This operation leaves a deep, permanent disfiguring scar.

- **May 4, 1979**

The surgery was performed on May 4, 1979. Mr. Johnson is recovering nicely, and the malignancy has been removed. He is permanently disfigured. Microscopic examination of the specimen confirmed the pre-operative diagnosis and the need for drastic surgery.

Transcript of Tape-Recorded Interview

This is Adrienne J. Millett, M.D., staff ophthalmologist at the Veteran's Administration Medical Center in Lexington, Kentucky, and here with me today are Mr. Elvis R. Johnson, a patient of mine at the VA Hospital, and his son, Mr. Elvis L.

Continued on page 3

Misplaced Confidence — Tragic Hindsight

As the adjacent interview of patient Elvis R. Johnson and his son, Elvis L. Johnson, reveals, an impressive array of office equipment convinced the Johnsons, of Lexington, Kentucky, to place medical confidence in an optometrist.

A black spot in the eye (which was ultimately diagnosed by an M.D. as potentially fatal Malignant Melanoma) was dismissed as "nothing to worry about" over a year ago. The optometrist attempted to correct the situation with glasses and recommended frame adjustments — while the malignant tumor grew and spread.

Elvis R. Johnson is blind and disfigured — but happy to be alive. His son, who helped him to choose the well-equipped limited practitioner, is sadder but wiser — and knows the "major difference." The surgeon, Adrienne J. Millett, M.D., Assistant Professor, Department of Ophthalmology at the University of Kentucky's Albert B. Chandler Medical Center, performed the surgery, and conducted the interview for PEN. The Johnsons are anxious to share their story to protect others.

DR. ALLEN'S DIAGNOSES



James H. Allen, M.D.: founding president, New Orleans Academy of Ophthalmology; professor of ophthalmology, Univ. of Iowa and Tulane Univ. for 30 years; Senior Surgeon, Tulane Univ.; awarded the prized Gold Medal of the Ophthalmology Section of AMA, 1976.

On Selecting Adjectives for the Eye Care Crisis

Scandalous. Absurd. Courageous. Determined. Tragic.

These are powerful adjectives. The truth of the public danger from the invasion of medicine by non-medical practitioners, and reports of medical resistance to this threat, cannot be written without resorting to these strong words. The message we bring you in these pages each month contains strong words, for what is occurring throughout our nation, in both civilian and military eye health care, has been labeled a crisis by independent journalist V. H. Krulak — and to confront a crisis, weak words are impotent.

Consider the plight of Kentuckians Elvis R. Johnson and Elvis L. Johnson as detailed on page 1 of this issue, and decide if tragic is too strong a word. The father is blinded, the son is guilt-ridden, having been misled into believing that fancy equipment used by an optometrist could substitute for a medically trained mind. Kentucky legislators were similarly misled last year when optometrists were given the right to legally use dangerous drugs and eye drops.

Consider the reaction of Kentucky medical leaders in launching an uphill optometric drug law repeal campaign and decide if determined and even courageous are overstatements. It may take years, but the quality of eye health care in Kentucky is at stake, and courage is involved because the leaders of this effort will be vilified and boycotted from optometric referrals. The hole in Mr. Johnson's head, which could have been averted by appropriate referral, concerns them more than the financial benefits of optometric goodwill.

Speaking of courage, consider the action of Lieutenant Commanders Cobb and Young (see page 1) in lifting the lid on a scandalous military eye health care dilemma which threatens the precious gift of eyesight for military families everywhere. Following the lead of Colonel Appleton, they have put their military careers on the line by speaking out to preserve "the magic sense" for their patients. Is courageous an exaggeration in peacetime?

Ponder the absurdity of the petition of optometrist Maynard to the Arizona legislature (see page 3). In presenting a bill which would allow the practice of surgery to optometrists — the use of any device to treat the "abnormal conditions of the human eye or its adnexa" (adjacent parts) — he has proposed the exact equivalent of legalizing brain surgery by barbers. Is absurd too flamboyant? Determined also applies in this case — opportunist Maynard has mobilized Medicine under the leadership of the Arizona Ophthalmological Society legislative chairman, Thomas F. Moore, M.D., who is determinedly alerting all to the danger in the Grand Canyon state.

Eyesight to many is as precious as life itself. Thus, it is not possible to comment on action which recklessly risks blindness without resorting to superlatives.

If you feel that scandalous, absurd, courageous, determined, and tragic do not apply to the concerns raised in this issue, then try shocking, ridiculous, brave, dedicated, and oh, so sad — and tell a friend that entrusting eye health care to a limited practitioner is a very risky business.

JHA

MILITARY EYE CARE THREAT

Continued from page 1

the privileges of optometrists", the naval officers registered their protests loud and clear in letters dated August 17 and 24, 1979.

The letters, signed by both officers, pointed out that they served at Camp LeJeune as the "referral center" for five military optometrists (four Navy, one Air Force).

They told the Congressmen, "Hardly a week passes without our becoming aware of another example of the optometric mismanagement of ocular disease. We are continually astounded by the lack of understanding of basic ocular disease, its diagnosis and treatment revealed in the chart entries and consultation summaries from these young, supposedly well-trained optometrists."

Cases Provided

To illustrate their point, physicians Cobb and Young cited two sample cases of optometric mismanagement.

In the first instance, they reported that a dependent child was seen by an optometrist at the Naval Hospital at Cherry Point, N.C., in 1976 and 1977 at ages six and seven. On both occasions, it was noted that the child suffered from a high degree of farsightedness in both eyes, a turning inward (esotropia) of the left eye, and amblyopia (lazy eye) of the left eye.

At the later visit in 1977, the vision in the child's left eye was 20/80, poor compared to a normal vision of 20/20. Without determining the cause of the poor vision, the optometrist prescribed "circle exercises" with the right eye covered. The M.D.s noted that this was totally inadequate therapy for amblyopia. The parents had stated to the M.D.s that "no follow-up care" was provided and they were not advised of the urgency of aggressive treatment of amblyopia before the age of nine or ten, when visual maturity is reached and the condition becomes irreversible.

At age nine the same patient was seen by an optometrist at Cherry Point complaining of pain in the left eye. At this time vision had dropped to 20/100 and the esotropia was still present. This optometrist told the parents no facilities for treatment of the child's condition were available in the Navy; this, despite the fact that two ophthalmologists, to whom referrals were routinely made, were stationed at Camp LeJeune just 40 miles away.

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THE PEN... EDITORS

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COL. BUDD APPLETON, M.D.

Navy Eye Care Exposé Saluted By Former U.S. Army Eye Care Chief

Colonel Budd Appleton, M.D., the first senior military officer to speak out publicly against drug use by civilian opportunists, and a staunch advocate of medical supervision of optometrists in the military, resigned from the service in 1978 under heavy political pressure. The career military officer, who served as ophthalmology consultant to the Surgeon General, was given the choice of stepping down as consultant or remaining silent in public.

The Colonel, who had served the Army with distinction for 24 years, and who held the highest leadership position in ophthalmology in the army, had testified as a civilian at state legislative hearings in opposition to proposed optometric drug bills. Col. Appleton's testimony was widely sought to provide factual rebuttals to optometry's claims about the safety of military policy which permitted optometrists the use of drugs.

When asked to comment on the actions taken by Lieutenant Commanders Cobb and Young, Col. Appleton told PEN, "I admire the courage of these fine officers, and fervently hope that their efforts will serve to bring this matter into the public spotlight. I believe young military ophthalmologists should not be reluctant to cite instances of malpractice when they occur. It is my observation that most senior military medical officers, including hospital commanders, understand the issues, and the necessity for placing optometric care under medical supervision. In my opinion the only time the proper relationship is interrupted is when optometry interrupts it — through political pressure. It was my opposition to this kind of intervention that brought about my retirement."

Lt. Cdrs. Cobb and Young, in alleging that fear of retaliation was the reason military M.D.s had not exposed existing problems within the military, pointed to the experience of Col. Appleton. In their letter to Congressman Melvin Price, they stated, "In our opinion you have received no complaints from active duty ophthalmologists because the chain of command tends to suppress problems, keeping them at the local level, and there is real fear of retaliation for making waves such as that experienced by Col. Budd Appleton." ●

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Happier days . . . Elvis R. Johnson, Kentucky victim of tragic optometric oversight

MALIGNANT MELANOMA

Continued from page 1

Johnson, both from Lexington. Mr. Johnson has been employed most recently as a painter.

Dr. Millett: Mr. Johnson, can you tell us when you were last employed?

Patient Johnson: Well, I went to work and lasted until what was the Friday before the 16th. I don't remember the month. But I was laid off because I couldn't see well enough to do the job. Then I came into the VA Hospital the 16th and . . .

Dr. Millett: That was the 16th of April.

Patient: . . . yes, and on a later day the 23rd, I was admitted.

Dr. Millett: To the VA Hospital?

Patient: Yes, and my eye was removed. I don't remember the exact date. My son brought me.

Dr. Millett: How long had you been having trouble with your eye?

Patient: Well, the real bad trouble about a year.

Dr. Millett: And Mr. Elvis L. Johnson, can you tell us the history of your father's eye complaints as you know them to be?

E. L. Johnson (son): Well, about a year and a half ago a small black place had come up in his eye.

Dr. Millett: Which eye?

Son: His left eye. At first we thought it might be a bruise or something like that, but it didn't go away. I had been going to an optometrist to get contact lenses fitted for myself, and he had all this fancy equipment. The way he carried on his procedures, I thought he was really good and knew his business. So I decided to take my dad in to see him.

Dr. Millett: For what reason?

Son: Because of this black place in his eye. On my last visit to him before I took my father in, I had asked him about this spot in my dad's eye and he said, well, without seeing him he couldn't tell me what it was, but if I brought him in, he'd be glad to examine him.

So I made an appointment for him the next day. I worked right across the street from there at the time, so I dropped my dad off and went on to work. Dad came over about an hour and a half or two hours later and said that he was ready to go home. I asked Dad what the optometrist had said about the place in his eye and Dad told me he said, "It's nothing to worry about, I think I caught it in time." From there he just proceeded to make him a pair of glasses and that was it.

Dr. Millett: Is that what you recollect, Mr. Johnson?

Continued on page 4

Arizona Citizens Threatened By Bill That Gives Optometrists Surgery/M.D. Functions

Offering what he termed a definition of optometry that will be recognized nationwide in a few years, Robert Maynard, O.D., past President of the Arizona Optometric Association, has presented to the Joint Health Committee of the Arizona legislature a proposed bill that would expand the practice of optometry medically and surgically to be the equivalent to the practice of ophthalmology.

Senator Robert B. Usdane, Chairman of the Allied Health Committee, who opposed the optometric proposal, told PEN in a telephone interview that the non-restrictive proposal, in his opinion, would expand optometric services beyond the use of drugs or the prescribing of medications.

When questioned as to whether the optometrists had explained how the permissive bill would benefit Arizona's citizens, Senator Usdane answered no, but noted that discussion of the issue had been limited.

The proposal submitted by optometrist Maynard would amend the Arizona Revised Statute, Section 32-1701, to read, "Practice of optometry" means any one or a combination of the following practices:

(a) The examination of the human eye by any method to diagnose or to treat any abnormal condition of the human eye or its adnexa (adjacent parts);

(b) The employment of instruments, devices, pharmaceutical agents and procedures intended for the purposes of investigation, examining, treating, diagnosing, or correcting visual defects or abnormal conditions of the human eye or its adnexa; or

(c) The prescribing and application of lenses, devices containing lenses, prisms, contact lenses, orthoptics, vision training, pharmaceutical agents, and prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa.

Although the broadly permissive bill was rejected by the Allied Health Committee, optometrist Maynard, who then presented a bill limited to diagnostic drug use by optometrists, left no doubt that his constituents considered a drug use bill only an interim measure.

The Joint Allied Health Committee, acting to protect the public health, voted not to recommend either proposal. This action means that the Committee will not introduce or sponsor the optometric drug bill. Senator Usdane pointed out, however, that this action would not preclude the possibility of a bill being introduced by one or more legislators during the legislative session.



ARIZONA STATE SEN. ROBERT B. USDANE

. . . voted against dangerous proposal

According to James W. McMahon, attorney for the Arizona Ophthalmological Society (AOS), there is little doubt that an optometric bill will be introduced in some form [illegible]

Truman D. Plainer, M.D., of Tempe, Vice-Chairman of the Physicians Education Network, Inc. (PEN), has reported that medical leaders view the current effort as evidence that optometry's desire to obtain diagnostic drugs was, and is, the first step in the eventual assumption of all ocular care by optometrists, even though they are not trained or qualified for this function.

Dr. Plainer further commented that ophthalmologists feel that the optometric initiative documents what most have known all along, that the purpose of optometrists in Arizona in introducing optometric drug bills is not to "do a better job" as they have claimed, but to become licensed as ophthalmologists via legislative fiat to the detriment of the public interest. ●

Suit Prepared To Stop Use Of Eye Drugs At University Of Alabama Optometry School

The Alabama State Licensing Board for the Healing Arts is preparing to file suit against the University of Alabama at Birmingham (UAB) School of Optometry to stop optometrists at the school from administering prescription drugs, according to the *Mobile Press*.

The newspaper reports that although no suit has been filed yet, George Hardesty, Jr., executive officer for the Licensing Board, has confirmed it was being prepared.

Hardesty told the *Mobile Press* the suit would be an effort "to get a judicial determination" on whether Alabama law allows optometrists to use prescription drugs in the eyes of patients or to write prescriptions for those drugs.

In a letter to Charles N. Robbins, M.D., president of the Alabama Academy of Ophthalmology, dated March 19, 1979, Dr. Charles A. McCallum, vice-president for Health Affairs at UAB, said that state law permits optometrists "to use drugs for diagnostic purposes, but not for therapeutic purposes, and this is the policy followed by our School of Optometry."

The *Mobile Press* reports that when interviewed, Dr. Robbins said Alabama has not passed a law allowing optometrists — who are non-medical practitioners — the use of drugs for diagnostic purposes. He noted that optometrists are trained in the testing of eyesight, the prescription of glasses, and the manufacture of glasses. They are not, he said, trained in the diagnosis, medical or surgical treatment of eye diseases or malfunctions. He emphasized that ophthalmologists — medical doctors who specialize in eye care — have, in addition to their general medical training, special post-graduate training in eye diseases, diagnosis, and treatment, including the use of drugs and surgery.

According to the newspaper the Alabama law regulating optometrists states: "Provided, however, nothing in this section shall be construed so as to permit the administering of drugs in any form or prescribing of drugs for the medical treatment of eye diseases or the performance of surgery of any nature for any purpose."

The paper reports that in 1976 the then State Attorney General, Bill Baxley, issued an opinion on the law that "the practice of optometry does not permit the administration of topical drugs in any form to the human eye for the purpose of diagnosis." The Attorney General's opinion, however, does not carry the weight of law, and must be tested in court. ●

MILITARY EYE CARE THREAT *from page 2*

The child was subsequently seen by a civilian ophthalmologist. He diagnosed her condition properly, and informed the child's parents that the help she needed *was* available in the Navy at nearby Camp LeJeune.

The patient, now nine years of age and nearing maturity, will require a much longer course of therapy for her amblyopia. More importantly, the delay in treatment may well have produced irreversible damage.

"Gross Malpractice"

Terming the optometric mismanagement of this case "gross malpractice", the naval officers report that litigation against the government is likely to be instituted, since they have already been contacted by attorneys.

In further support of their allegations, the two officers made reference to a serious case reported in September 1978.

According to the M.D.s, an enlisted man aboard ship in the Mediterranean explained to the general medical officer (M.D.) in early August of 1978 that he was suffering from double vision (diplopia) and headaches. The physician was concerned about swelling of the patient's optic nerve head — a serious sign — and promptly referred the patient to the "eye doctor", specifically stating ophthalmology, at the Naval Hospital in Rota, Spain.

Since there was no ophthalmologist at this hospital, the patient was seen by an optometrist. According to the patient, the optometrist noted he had crossed eyes, which he said was no problem, but that surgery to reposition the eye muscle would be necessary in the future. The ship's physician, apparently content that his patient had been seen by an eye specialist, failed to pursue the matter further.

About a month after the optometric examination Drs. Cobb and Young saw the patient. Their examination revealed decreased vision in both eyes, obvious swelling of both optic nerve heads, paralysis of both sixth cranial nerves, which paralyze the muscles which rotate the eyes, consistent with increased pressure inside the skull, affecting the brain. The patient was transferred immediately to the National Naval Medical Center in Bethesda, Md., where sophisticated skull X-rays revealed a chronic subdural hematoma (blood clot in the brain). In less than 36 hours after seeing the ophthalmologist, the patient underwent brain surgery to remove the clot.

This patient suffered needlessly, and could have lost all vision or his life as a result of optometric misdiagnosis. More significant is the fact, they note, that the optometrist failed to recognize that sudden, unexplained double vision in a young adult is an ominous sign requiring immediate, thorough medical evaluation.

Another ophthalmologist, John D. Walker, M.D., Lieutenant Colonel in the United States Army, residing in Berea, Kentucky, presented his personal views on military optometry. He said, "I am opposed to their prescription of eye medications, because of the possibility that this may delude either the optometrist and/or the patient into thinking that appropriate treatment has been given, and therefore delay referral to appropriate medical care facilities."

He states that while the ophthalmologist is the local medical eye authority, he still is within the military chain of command. He notes that the ophthalmologist is responsible to the Chief, Department of Surgery; Chief, Professional Services; and the Medical Treatment Facility Commander, in that order. He reports that these individuals, by regulation, may treat ophthalmologists, optometrists, and physician's assistants as equals in rank, ignoring the difference in their educational qualifications and medical knowledge. ●

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New Orleans, LA 70118

PEN MEMBER APPLICATION

"PEN MUST SURVIVE AND GROW . . . IT IS ALREADY THE MOST VIABLE, POTENT, AND ACTIVE COMMUNICATIONS FORCE IN MEDICINE — IT'S A **MUST DO - CAN DO - AND WILL DO** ORGANIZATION."
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I intend to be an active member of PEN and I endorse and support the STATEMENT OF PURPOSE.

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☐ Resident Dues $25.00
☐ Affiliate (spouses, office staff) $25.00
☐ Military M.D.s $150.00

MALIGNANT MELANOMA *Continued from page 3*

Patient: Yes. I remember him saying, "You came to me in time," and that he could help me.

Dr. Millett: And how was it that he offered to help you?

Patient: He ran tests on his machine, fitted me with glasses, and told me it would be a few days, then I would get my glasses. Then I went to Indiana and this eye started giving me trouble so I came back to Lexington in March of '79. I couldn't see when I went to work so I came to the VA Hospital and that's when I had to have my eye removed.

Dr. Millett: At the time you went to see the optometrist, were you having trouble with your vision?

Patient: Yes. I thought it was both eyes, but I guess it was just the left one because it kept getting worse all the time. When I came to the VA Hospital I found out what really happened. I had a tumor that had to be removed.

Dr. Millett: Did the optometrist offer you a return appointment or offer you a referral to a physician?

Patient: No, he did not.

Son: The only thing he wanted was for Dad to come back in for refitting of his frames because they didn't fit him properly. And as Dad was in the VA Hospital at the time, I told him that wouldn't be possible. The one thing is that from the time he got his glasses on, we were around him all the time.

We really couldn't tell that much of a change in the black spot so we continued thinking it was a bruise. In January he left for Indianapolis and after not having seen him for a couple of months, we noticed the big change . . . it was staring you right in the face.

Dr. Millett: How many times would you estimate the black spot had enlarged, if you had to just guess?

Son: From the first time I saw it, at least ten times, if not more.

Dr. Millett: Was it obvious at that time, or were you looking for it?

Son: It was very obvious. You couldn't miss it.

Dr. Millett: Did it continue to enlarge from January until April, when your father came to the VA Hospital?

Son: He came back in March and yes, it did continue to enlarge, but I couldn't tell that much of a change from the time he got back to the time he was admitted to the hospital. I feel that if the optometrist had done his job properly, and actually examined my dad like he should have, he should have at least noticed something wrong and recommended us to a specialist.

Dr. Millett: Mr. Johnson, can you describe for us the series of events that happened to you when you came to the VA Hospital in April of 1979?

Patient: I was taken to the Eye Clinic where a doctor examined me. He had four or five others look at my eye, and they decided it was a tumor. Then he took me in and talked to me and told me what it was.

Dr. Millett: And what did he tell you?

Patient: He said it was a malignant tumor, and it would have to be taken care of. They arranged to bring me in on April 23, and I lost the eye some days later.

Dr. Millett: What did the doctors do with you while you were in the hospital?

Patient: They ran scans of my brain, liver, and bone for some days before they operated.

Dr. Millett: Did the doctors find any evidence of spread of this tumor?

Patient: Yes ma'am, I think they had.

Dr. Millett: Where was that spread?

Patient: It was in my left eye and the left corner of my eye.

Dr. Millett: Was it spread anywhere else throughout your body that the doctors were able to detect?

Patient: As far as they could tell with the scans they ran it was stable in that one place.

Dr. Millett: You went to the operating table on May 4, 1979. What sort of procedure did you have?

Patient: A fellow told me what they would be doing, and what they would give me. Before I went into surgery a doctor took some pictures of me; then I went into surgery. When I woke up my eye was gone and the operation was complete.

Dr. Millett: Mr. Johnson, do you have any comments that might summarize your feelings about what happened to you?

Patient: My story might be of use to other people; if they came up with a problem like mine, they should go to people who can help them. I made a mistake in going to an optometrist in the first place. I guess the man wasn't equipped to find anything, or else he didn't want to find anything. I don't know, but I'd advise them to go where they could get themselves taken care of properly before it gets too late, like it was for me.

Dr. Millett: Do you have any last comments that you would like to make to the people who will read this publication?

Son: His modern equipment made me feel that the optometrist was properly trained to detect what was there, but he failed to do his job. If a man can't do that then you know he really doesn't have any business in the job to begin with. Optometrists, I believe, should be left to making glasses and contact lenses, but not diagnosing illness. If anything like this comes up again, you can be sure I'm not going to take my dad to an optometrist again. ●

UNITED STATES PHYSICIANS EDUCATION NETWORK
Statement of Purpose

PEN exists solely to utilize its resources and combined influence to present, promote, and promulgate, through communication outward, and communication inward, these simple truths:

- The American people must be protected by placing and keeping health care in the hands of experts, whose abilities are established by having reached a standard level of medical education.
- The logical minimum level of education necessary for leadership to protect the public in shaping the optimum health care delivery quality standards in the United States is the degree of Doctor of Medicine or Osteopathy, earned at a school of medicine or osteopathy — at an accredited institution of higher learning.
- Government at every level should cooperate with medicine in establishing these health safety standards.

Membership in PEN is available to any law-abiding citizen who subscribes to these truths, and desires to be informed, as well as to participate in informing the public at large.

THE PEN NOW PUBLISHED MONTHLY UNTIL NOVEMBER

"M.D. IS THE MAJOR DIFFERENCE"

THE PEN...

PRO BONO PUBLICO

Published in the Public Interest by Ophthalmology

VOL. 3, NO. 13 AUGUST 1, 1979

ORGANIZED OPTOMETRY CO-DEFENDANT

Glaucoma Victim Blames Optometric Ads, 3 O.D.s in Indiana Lawsuit

John Collins, a glaucoma victim, has filed suit against three Indiana optometrists and the 20,600-member American Optometric Association (AOA) for alleged negligence that has caused his condition of glaucoma to progress from a non-impairing, controllable problem to that of disabling, irreversible near-blindness.

The former Indiana resident, now residing in Charleston, West Virginia, has filed suit in the U.S. District Court of Southern Indiana, and the amount in controversy exceeds $10,000 exclusive of interest and costs.

According to the complaint filed by Howard S. Young, Jr., attorney for the plaintiff, sometime prior to 1977, Collins began to develop glaucoma in his eyes of which he was unaware and in the first part of 1977 noticed impairment in his vision.

The complaint states that on or about May 21, 1977, John Collins went to the defendant, Dr. Kenneth Van Arsdall, an optometrist practicing in Columbus, Indiana. It is alleged that this optometrist, who prescribed glasses, negligently failed to detect, diagnose, or treat the plaintiff's condition of glaucoma.

The complaint further alleges that Collins went to two other optometrists, also practicing in Columbus, Indiana, one in September, 1977, and the other in October, 1977, and that they too failed to detect, diagnose, or treat glaucoma in the plaintiff's eyes.

It is claimed that as a result of this negligence, John Collins' glaucoma was not diagnosed or treated until late December of 1977, at which time Collins' vision was substantially and permanently damaged so that he is nearly blind.

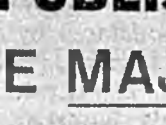
The complaint also states that in order to induce members of the public to seek the services of optometrists, including the named defendants, the American Optometric Association negligently advertised, informed, and represented to the public, including the plaintiff, that optometrists were educated and qualified to detect and diagnose glaucoma and to give the best vision care possible. AOA also represented that optometrists were capable of giving preventive care, when in fact some members of its association were not so qualified.

Claiming damages in excess of $10,000, the plaintiff alleges that he has incurred large medical expenses, lost earnings, and suffered pain and agony, all of which may continue. He states that his earning capacity has been permanently impaired, and that he is also permanently impaired in his ability to perform the ordinary activities of daily life.

The allegation of AOA negligence in advertising was a concern of Virginia Governor John N. Dalton when he vetoed for the second straight year an optometric drug bill.

In his veto message Governor Dalton made specific reference to the on-going optometric advertising. In this regard the Governor said, "There is further concern over public misunderstanding that complete medical care has been effected after having an optometric examination. Recent advertising in national magazines and on television by the American Optometric Association has reaffirmed my concern in this regard."

Continued on page 3



WHY "THE PEN?"

The files of state and national medical associations, all learned societies concerned with the public health, overflow with a preponderance of evidence that the quality of health care is threatened by the precedent of Government encouraging the lowering of professional standards by allowing medical functions to practitioners with no medical education. Medicine accepts the responsibility to respond to epidemics. Death and trauma are resulting, and Doctors of Medicine can do no less than warn potential victims through the continuous presentation of this evidence. The public press of America, given the facts, is supporting this cause, and concerned physicians throughout the nation are pooling their knowledge and resources to package and present the truth through the PHYSICIANS EDUCATION NETWORK.

Blind Victim of O.D. Oversight Sues; Settles For $53,500



WINONA T. BROWN
"No amount of money can pay for loss of my eye"

Optometric mismanagement and failure to refer promptly to a medical doctor have cost a Seattle, Washington, woman the sight of her right eye, and provides further evidence for the growing file of PEN cases that non-medical practitioners are not qualified to diagnose or treat disorders of the eye.

The victim, Winona T. Brown, experienced continued difficulty for a 12-month period adjusting to contact lenses prescribed by her optometrist. Finally, her right eye developed an infected ulcer, causing excruciating pain. Ms. Brown was eventually referred to an ophthalmologist. Despite immediate hospitalization, with intensive medical and surgical treatment, Ms. Brown has permanently lost vision in her right eye.

Ms. Brown received damages in the amount of $53,500 in an out-of-court settlement with the op-

Continued on page 3

OPTOMETRIC MISMANAGEMENT

Total Settlement to New Jersey Glaucoma Victim May Exceed Half Million Dollars

A New Jersey optometrist's failure to detect glaucoma and to refer the patient for appropriate medical treatment has resulted in near total blindness for the patient, and an out-of-court settlement that will cost the optometrist $25,000 in a lump sum plus $20,000 a year for the patient's lifetime plus attorney's fees. The patient has a life expectancy of 25 years.

According to Alfred Dimiero, attorney for Eleanor Steward, age 49, a resident of Newark, his client noted a loss of peripheral vision and first saw the optometrist in November, 1975. On examination, the optometrist determined that the patient was able to perceive light in her left eye, but could not see images. The optometrist, however, failed to determine why this was the case. He never examined the interior of the patient's left eye, never inquired as to the history relating to that eye, and took an incorrect pressure reading with a Schiotz tonometer.

The plaintiff's attorney relates that, on examining the patient's right eye, the optometrist detected no disease and declared the vision to be good. The optometrist prescribed bifocals with a balance lens for the left eye which, being blind, could not be helped by eyeglasses.

After some 15 months the optometrist's patient, Eleanor Steward, was examined by an Ophthalmologist, a medical eye specialist, who found that the patient was suffering from advanced glaucoma in both eyes with permanent loss of vision. Because of the delay in diagnosis and treatment, she is now blind in the left eye and can see only hand movements with the right eye.●

DR. ALLEN'S

DIAGNOSES



James H. Allen, M.D.; founding president, New Orleans Academy of Ophthalmology; professor of ophthalmology, Univ. of Iowa and Tulane Univ. for 30 years; Senior Surgeon, Tulane Univ.; awarded the prized Gold Medal of the Ophthalmology Section of AMA, 1976.

Who Should Pay The Price of Incompetence?

Justice may be blind, and retribution may be slow, but documented evidence appearing in this issue of THE PEN attests to the fact that if blindness results from negligence on the part of those professing to accept the responsibility for sight, the cost can be astronomically high.

In a letter to the editors of the *American Optometric Association News* which appeared in the July 15, 1979 issue, optometrist Harold L. Castleman of Chambersburg, Pennsylvania, wrote:

"Dear Sir:

I grieve everytime I read the *AOA News* in which articles and advertisements proclaim the drop in malpractice insurance rates through the Aetna Life & Casualty Co. My insurance is costing me $250.00 this year, far above the figures you quote. Aetna requires us to have $1 million in personal liability which runs the premium up and is a whole different ballgame."

To O.D. Castleman we say, "You ain't seen nothin' yet."

Medical doctors, who are by no means without blame in some instances, have had to accept the high cost of insurance protection, as a part of the cost they must pay for the privilege of attempting to heal the sick.

If optometrists, who are not trained or qualified to perform medical functions, persist in their efforts to achieve medical status through legislative channels, the "new ballgame" that optometrist Castleman refers to hasn't even been developed yet. And there can be no doubt that in comparison to the present, it will make Russian roulette look like a game of Parcheesi.

High as the present cost may be in terms of malpractice insurance, if damages due to mismanagement continue to mount, the cost to the optometric profession will soar. More importantly, the cost in suffering and loss of vision to those who have entrusted their eyesight to them will climb.

Optometry has for many years been an honorable and necessary profession. Today, however, the validity and credibility of the profession and all who practice it are being undermined and seriously damaged by those few misguided zealots who for reasons of social status or economic gain seek to function beyond their training and their capabilities without regard for patient well-being or patient safety.

The ultimate cost is one that defies calculation. It is the cost of being blind. No amount of money, however astronomical the sum, can replace the God-given gift of sight, as Ms. Brown states in her deposition on page 1.

Acceptance of such a fate is hard enough if the victim is confident that all that could have been done was done, but to be doomed to darkness knowing that such a fate need not have been, is not acceptable.

The ultimate cost, blindness, can be drastically cut, if not eliminated, by demanding that every man, woman, and child in this nation be assured only medical care by M.D.s, not pseudo-medical care by non-medical practitioners.

Optometric contentions that would substitute quantity for quality and convenience for competency must be challenged by rational persons and must be constantly refuted.

We recognize that there are many practitioners in the field of optometry who believe as we do, that medicine is a function for only those trained and qualified to perform in that field: medical doctors.

However, if it takes the naked truth and horror stories told in gruesome detail to awaken the American people, then that is but another cost that all of optometry must pay for the actions of a few. Yes, the cost is high, but if, indeed, as optometrist Castleman says, there is to be a "whole new ballgame", medicine is committed to making it one that makes the patient, not the non-medical practitioner, the league champion. Batter up! JHA

Michigan Ophthalmologists Launch Aggressive Campaign With Positive Ads in Regional Editions of National Magazines

Michigan has taken a bold new approach to the invasion of medicine by optometrists — non-medical practitioners.

Although Michigan was the first state to defeat optometric drug legislation in 1966 and has successfully resisted since that time, the state in the past two years has been confronted with serious new challenges.

According to Justin L. Moran, Director of Public Information and Communications for the Michigan Ophthalmological Society (MOS), the first challenge came from the development of prepaid "eye care" programs that discriminated against Ophthalmologists.

The second challenge was, according to Moran, the national advertising campaign undertaken by the American Optometric Association. As one of the top five markets in the United States, Moran said, Detroit was particularly affected by the misleading campaign.

To meet the first challenge, that of providing complete high quality eye care through pre-paid eye care programs, Michigan Ophthalmologists formed Medical Eye Services of Michigan, Inc. (MESOM). This organization provides panels of Ophthalmologists for third party payment programs such as Blue Cross/Blue Shield and offers employers a self-insured eye care program administered by Mutual Eye Claim Audits, Inc. of Indianapolis, Indiana. This program is particularly significant in Michigan, one of the most highly industrialized states in the union, where much of the eye care provided is handled through insured plans.

To counter the challenges of the current national advertising campaign sponsored by the American Optometric Association, Michigan decided to take the offensive and launch a full-scale hard-hitting marketing effort designed to educate and inform the public. That program, now underway, includes a series of strong, positive, paid advertisements, which have been placed in the Michigan editions of leading national magazines.

The first advertisement, which is carried on the back page of this issue of THE PEN, was placed in the Michigan editions of *Time*, *Newsweek* and *U.S. News & World Report*. The first advertisement appeared in full color. Others will be black and white.

In addition, Moran reports, a third advertisement is being produced which will be placed in the television program guides of metropolitan area Sunday newspapers.

Weekly News Magazines Chosen

According to Moran, weekly news magazines were chosen for the primary media effort because of their excellent penetration among influential leaders in the state, and among individuals likely to become involved in providing or negotiating for pre-paid eye care programs. To make certain union leaders at all levels receive Ophthalmology's message, reprints of the ads are being mailed to all 2800 elected union officials in the state shortly after they appear in the various publications.

The third ad, which has a headline reading, "When an M.D. prescribes your glasses, you get the finest eye care possible", is being placed in television program guides to reach the mass market, and patients most likely to respond to hearing television advertising sponsored by optometry.

Although it is too early to evaluate the full impact of the advertising effort, Moran believes it has already had one good effect. In his view, the first ad brought home to Michigan optometrists the realization that such a campaign could have deadly impact, and prompted a resolution from the Michigan Optometric Association, which called for the immediate cancellation of AOA's $6 million dollar national ad campaign.

Moran states that the Michigan initiative originated with the MOS Executive Council and Society president, Philip C. Hessburg, M.D. The MOS Secretary Jerome D. Davis, M.D., who serves as chairman of the Society's Public Information and Communication Council, was assigned to implement the council's decision.

In addition to retaining marketing professional Justin Moran to act as Director of Public Information and Communications, the MOS and MESOM commissioned a prominent Detroit marketing and research organization, Lincorp Research, Inc., to identify attitudes and opinions which had to be corrected in order to motivate the public to seek eye care from Ophthalmologists.

In addition to determining that the public did not know the difference between optometrists and Ophthalmologists, the firm turned up two other significant findings, Moran said.

The research firm discovered that the public views optometrists as being in the same relationship to Ophthalmologists as osteopathic physicians are to physicians, and believe they have the same training and perform substantially the same services.

They also found that the public generally viewed eye care in a mechanical rather than a medical context. The reasoning: to correct poor vision, one needs eyeglasses. To get these appliances one must see the "mechanic" who fits and sells them (e.g. the "eye doctor"). Findings showed little comprehension of the eye as an organ of the body, subject to disease or injury, which might require the services of a physician or surgeon.

Three Advertising Objectives

After selecting Buckheim and Rowland, Inc., of Ann Arbor, to produce and place its advertising, MESOM studied the research data and on the basis of the findings formulated three objectives for its advertising. They were:

1) To create awareness of the fact that there is a significant difference between an Ophthalmologist and an optometrist;

2) To create awareness of the fact that an Ophthalmologist is better qualified to care for the eye, including routine examinations for corrective lenses, because of his medical education; and

3) To create awareness that prepaid eye care programs that do not provide an opportunity to choose eye care by Ophthalmologists are inferior fringe benefits.

According to Justin Moran, the Michigan program has been so well received by the medical profession, businessmen, union leaders, and others that Dr. Hessburg has contacted the presidents of all state Ophthalmological societies offering to share with them the Michigan experience.

Moran says, "Clearly, in order to protect the public health, our ultimate objective must be to preserve the position of the Ophthalmologist as the provider of primary eye care. Time may very well prove that the best way to do this is to use marketing techniques to motivate and modify patient behavior. While the use of such an approach is new for a medical specialty, Michigan's Ophthalmologists appear to be demonstrating that it can be done successfully in an ethical, tasteful, easily understood, and extremely effective manner." ●

THE PEN...

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VICTIM BLAMES ADS *Continued from page 1*

Although recent advertising efforts have been greatly expanded, optometry made the same claims long before initiating its media blitz. In a pamphlet titled "Answers to Your Questions About Glaucoma" which was disseminated long before '77, the AOA had this to say about the detection of glaucoma:

"Glaucoma is most frequently detected during a professional vision examination. Optometrists check carefully for glaucoma in the 'eye health' part of an optometric examination by inspecting the interior of the eye, giving field-of-vision tests and taking eye pressure measurements . . . (with) a tonometer. Used routinely by optometrists, it records quite accurately subtle and gradual changes in pressure as well as dramatic changes the patient may be aware of because of discomfort or impaired vision."

The Collins case, which is scheduled for hearing in November, 1979, will undoubtedly attract national attention, and may well spark a rash of similar suits, since many cases of glaucoma overlooked by optometrists have been reported by medical doctors and patients across the nation. ●

Mail to: James H. Allen, M.D., 9104 Quince St.
New Orleans, LA 70118

PEN MEMBER APPLICATION

"PEN MUST SURVIVE AND GROW . . . IT IS ALREADY THE MOST VIABLE, POTENT, AND ACTIVE COMMUNICATIONS FORCE IN MEDICINE — IT'S A MUST DO - CAN DO - AND WILL DO ORGANIZATION."
Alton Ochsner, M.D.

STATEMENT OF INTENT

I intend to be an active member of PEN and I endorse and support the STATEMENT OF PURPOSE.

In providing my resources I am assuring that PEN will continue to block efforts to invade medicine at the expense of the public health. I am subsidizing the ever-expanding promulgation of truth, the circulation of THE PEN and other publications to an ever-expanding audience. I am assuring the availability of resource materials, mass communications, legislative, and other expertise relating to this issue to all who support medicine in this cause.

I DESIRE TO INFORM AND BE INFORMED AND HEREBY PLEDGE DUES IN THE AMOUNT OF $250 ANNUALLY. (Subject to reduction as PEN grows)

Date_____ 19____

Name_____

Address_____

City_____ State_____ Zip_____

Telephone: (Area)_____ Number_____

Ophthalmologist?_____ Other specialty_____

Profession, other than M.D.?_____

Check enclosed ($250)_____ Please bill me_____

☐ Resident Dues $25.00
☐ Affiliate (spouses, office staff) $25.00
☐ Military M.D.s $150.00

$53,500 SETTLEMENT *Continued from page 1*

tometrist and his insurance carrier. But, as she sadly notes, "No amount of money can pay for the loss of my eye and the agony I went through."

Motivated by a sincere desire to protect other innocent people from a similar fate, Ms. Brown has provided the following testimony of her tragic experience:

While waiting in an optometrist's office where I had taken my mother to have her hearing aid fixed, I read information about contact lenses. I only wore glasses for close work in my office job and had always hated to wear glasses so I became interested in wearing contacts.

The optometrist informed me there would be a charge for the examination, but if I decided to purchase contacts, it would be included in the purchase price. The cost was $400.00 for one kind and $450.00 for another kind. He advised bifocal lenses, which he said were semi-soft, or if I cared to have the soft lens, he could make one eye for distance and one eye for close. He suggested the bifocal. These, he said, were new and somewhat difficult to fit but as he put it, very interesting. I trusted his advice.

On January 15, 1977, I signed a contract.

The contacts were changed many times over the period of nearly one year. They would be mailed to me about one week before an appointment.

I received my last pair in December 1977. One night around midnight, I woke in terrible pain. Both eyes were swollen closed and my face was puffed. I had some Tylenol No. 3 on hand so I took some for the pain. That was not strong enough.

The next morning, I was still in horrible pain. I called the optometrist's office as soon as it was open and was advised to alternate between hot and cold packs.

The next day there was no improvement. I called again and told them (both husband and wife are optometrists) it felt like I had glass in my eye and that I thought I must have an infection. The woman "doctor" informed me they knew I did not have glass in my eye and I did not have an infection. She said I could go to hospital first aid but she wanted to warn me, it had cost one of their patients eighty five dollars to do that.

Finally, a friend was worried because I had not been to work, and she called me. She had her husband take me to the optometrist's office. By that time there was a white film covering my right eye, and it looked horrible, and my pain was excruciating. The man optometrist took one look and ran for the telephone. He called an Ophthalmologist and then took me to his office. The Ophthalmologist had me admitted to the hospital where I finally had expert help.

The doctor was in to see me as many as three times a day, as well as bringing his colleagues for conferences. The Ophthalmologist was able to save my eye, but not my sight in my right eye. The antibiotics which were necessary to fight the germ affected my intestines, therefore, all through the year of 1978, I was ill, because I still had to be on medicine for the eye. For months my face was swollen and there was no shape to my eye. I had to go to work in that condition.

After I was well enough to think straight, I decided to get advice from an attorney. I felt if I could take the optometrist to court, and get it on record, I may be able to keep this from happening to some one else. I would shudder every time I saw a television advertisement where optometrists were fitting contact lenses.

As it turned out, I wasn't the first to bring suit against the optometrists' insurance company. My own attorney had brought suit against them for another party. The insurance company offered us an out-of-court settlement which we accepted in the amount of $53,500 in my case.

I hope and pray that laws will be passed to prevent this sort of thing from happening. No amount of money can pay for the loss of my eye and the agony I went through.

On February 18, 1979, one of Seattle's best Ophthalmologists did surgery on my right eye. He first had to remove the cataract that had been caused, he then had to graft the white part of my eye which was so thin and then over all of that, he transplanted a cornea. Some of the stitches are covered up and will remain. Some have dissolved and a week ago he removed half from the cornea. In all there were nearly forty stitches in the eye. I was in surgery for two hours. My eye now looks pretty much like the other one. I still can not see and I know I will never regain the vision I had but I am so thankful for all my doctors of Ophthalmology. ●

Optometry Kills National Television Commercials

Facing a decline in membership attributed to a $200 special assessment for this year's portion of a multimillion dollar national advertising campaign, the American Optometric Association (AOA) has decided to eliminate television ads and restrict expenditures to $500,000 this year, down from $1.3 million in 1978.

The possible effects of exaggeration in optometric advertising is reflected in the suit, in which AOA is a co-defendant, brought by John Collins (See page 1).

According to the July 1 *American Optometric Association News*, after several days of debate at the AOA annual meeting held in Anaheim, California, June 17-23, the AOA House of Delegates compromised on a resolution by the Michigan Optometric Association to terminate the 2.5-year National Consumer Communications Program (NCCP) and instead resolved to more diligently concentrate efforts on collecting the special assessments.

The AOA *News* reported that, "Indications are that the association could witness a potential 15% to 20% decline in membership a year from now if 1979 and 1980 NCCP assessments are not paid. Many state optometric associations, primarily those serving industrial states, indicated severe membership losses based upon current collections received."

The AOA *News* also stated that AOA Trustee John D. Tumblin, O.D., former chairman of the AOA Advisory Committee on the NCCP, said no monies have been allocated for the final years of the NCCP. "Nevertheless," Tumblin said, "a loss of even one member is too much for this association to accept." ●

UNITED STATES PHYSICIANS EDUCATION NETWORK
Statement of Purpose

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- The American people must be protected by placing and keeping health care in the hands of experts, whose abilities are established by having reached a standard level of medical education.
- The logical minimum level of education necessary for leadership to protect the public in shaping the optimum health care delivery quality standards in the United States is the degree of Doctor of Medicine or Osteopathy, earned at a school of medicine or osteopathy — at an accredited institution of higher learning.
- Government at every level should cooperate with medicine in establishing these health safety standards.

Membership in PEN is available to any law-abiding citizen who subscribes to these truths, and desires to be informed, as well as to participate in informing the public at large.

Only an Ophthalmologist can diagnose and treat these four common eye diseases.



Melanoma

You'll probably never have the four diseases pictured here. But how can you make sure?

You should know that all four of them can lead to permanent blindness. And one, melanoma, is a cancer.

Nobody likes to think about eye diseases. But as long as you have a choice, isn't it better to think about them before... rather than after? That's why there's no better time than now to see an ophthalmologist.

Cataract





Fungal Corneal Ulcer

Why an ophthalmologist? Because he's a physician. Fully trained and qualified to examine the eye; not only to prescribe glasses but also to diagnose all abnormalities; and—above all—to prescribe corrective treatment, including drugs, therapy, and, when necessary, surgery.

And, being a physician, an ophthalmologist can also check your eyes for symptoms of other diseases like high blood pressure and diabetes.

Glaucoma



Some group benefit programs only permit you to see an optometrist. Make sure yours permits you to choose an ophthalmologist. Then see him. It could mean the difference between vision... and blindness.

This message presented as a public service by

MESOM

Medical Eye Services OF MICHIGAN, INC.

A non-profit advisor to eye care programs.

1010 Antietam Road, Detroit, MI 48207 (313) 962-2394

Reprinted with the permission of the Medical Eye Services of Michigan, this advertisement appeared in full color in the Michigan editions of Time, Newsweek, and U.S. News & World Report.

MARVIN J. GRENDAHL, M.D.
OPHTHALMOLOGY
3500 LATOUCHE
ANCHORAGE, ALASKA 99504
277-2661

ALLOW ME TO INTRODUCE MYSELF -- MY NAME IS MARVIN GRANDAHL.

I AM GRADUATED FROM THE UNIVERSITY OF MINNESOTA WITH A BACHELOR OF ARTS DEGREE.

I AM A GRADUATE OF THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL.

I HAVE COMPLETED MY PH.D. THESIS WORK IN PHYSIOLOGY AT THE UNIVERISTY OF MINNESOTA. AT THAT TIME, I WAS A TEACHING ASSOCIATE IN THE DEPARTMENT OF PHYSIOLOGY AND A CARDIOVASCULAR RESEARCH FELLOW. I WAS ALSO A NIH RESEARCH FELLOW DURING THAT TIME.

I WAS AN OPHTHALMOLOGY FELLOW AT THE MAYO CLINIC IN ROCHESTER, MINNESOTA.

I AM NOW AN OPHTHALMOLOGIST IN PRIVATE PRACTICE IN ANCHORAGE, AND WICH TO URGE YOU TO HELP DEFEAT HOUSE BILL #75 AND SENATE BILL #79.

In reviewing House Bill #75 and Senate Bill #79, Section 2, Subsection 08.72.305 - Use of Drugs for Diagnosis, included in the list of drugs proposed to be used is a class of drugs called miotics. This group of drugs is only therapeutic and has no diagnostic use. They are used for treating chronic glaucoma and acute angle closure glaucoma. What is a therapeutic drug doing in a "diagnostic" bill? Mr. George Hall's and Mr. Sternberg's (both Anchorage optometrists) responses to this question at the March 1, 1978 meeting of the Legislative Coalition of Health Care Professionals in Anchorage and at the 1978 hearings on a similar bill introduced and defeated last year respectively was: "To take care of angle closure." "To use this as a first aid measure." This is treatment.

The proposed bill lists only broad general categories of the desired eye medications, not specific drug names and concentrations. The classes of drugs include such potent substances as Cocaine, Atropine, Scopolamine, Phenylephrine and Phospholine Iodide. All these drugs when applied to the eye are readily absorbed into the bloodstream and are capable of producing a wide range of total effects.

Cocaine, a topical anesthetic and mydriatic (dilater of the pupil) is a Class II narcotic controlled substance which is subject to wide spread abuse by addicts and requires a controlled substance registration certificate to dispense. Atropine and Scopolamine are cycloplegic agents which paralyze the eye's focusing power and in sufficient doses produce irritability, hallucinations and even coma. Phenylephrin (a mydriatic) has the ability to raise the blood pressure markedly and to alter the rhythm of the heart and has been implicated in deaths in older people through strokes and in children through cardiac arrhythmias. Phospholine Iodine, a miotic which constricts the pupil is used in the treatment of glaucoma (elevated pressure in the eye) and in certain cases of crossed eyes. The active ingredients are related to the active substance in certain insecticides and nerve gas. This medication has been shown to produce retinal detachments and cataracts. Miotics are a therapeutic class of drugs and are listed incorrectly in the proposed bills as diagnostic drugs.

The above are only a few examples demonstrating what potential dangers exist in the various classes of drugs listed in the proposed bills. By allowing wide spread use of these drugs by nonmedical persons, the overall risk to the general public of potentially serious side effects or untoward reactions are markedly increased.

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 dilemma 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. (Please read Ref.#43, which explains this point in detail for the State of Alaska)

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 $4,135 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 attempt 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 priviledge to use these same diagnostic drugs as theraputic agents. An attempt was made in West Virginia to legislate the privilage 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 nationnl work force, care for the other half. The statistics in Alaska show that there 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 both congregated in Anchorage, Fairbanks, Kenai Peninsula and the southeast. There are only two areas (Kodiak and Bethel) 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 itinerant 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 74 or senate bill 75 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 which to use drugs much take short slide and lecture courses on pharmacology. This has or will create two classes of optometrists, which can only lead to additional consumer confusion 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 have therapeutic uses. Will the optometrists resist the temptation to use these drugs to treat conditions beyond their knowledge and skill?

It has been said by the optometrists that they would like to use dilating eye drops also in the their bush clinics when they see Alaska natives. A unique situation exists within the native population of Alaska. The incidence of angle closure glaucoma is 1 in 1,800, not 1 in 20,000 as in caucasions. To allow the optometrist to use these dilating eye drops would result in many more cases of acute angle closure glaucoma, for which they are not trained to treat, and which requires quick and effective treatment to prevent blindness. Sometimes angle closure glaucoma requires administration of intravenous Diamox, Manitol or urea. This would result in further expenditure of health care dollars.

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 practive of such professions.[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 practive 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 broad 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 practive within the healing professions. Any such right is a conditional use.[21]

The justification for such regulations 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 occupations engaged in health care delivery. This includes many professions which are not obviously included in "...the practive of medicine..."[24] Further, the state has the power to define what constitutes the practive of any profession and may then confine practitioners of various health disciplines to the particular system of practive 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 competent training. That includes courses, testing and most important of all, clinical experience under supervision. This is the 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 latitutde 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 rests.[30] This cannot be interpreted as meaning anything 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 incompetent 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 - i.e., 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 regulate 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 improper diagnoses which are nonetheless economically costly, to disabling or fatal mistakes in clinical judgement - either diagnostic or the end result of therapeutics.

Insofar 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 which 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/pharmacology 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 implants, vitrectomies, 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, lat 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 optometric 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. The optometrists seem to want to become doctors, but do not want to go through the extensive number of years training it requires. 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 all paramedical groups, e.g. naturopaths, acupuncturists, and 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 2

PH. D. THESIS BY DON C. PEARSON, M. D. - APRIL 28, 1977 - WORTHEN
THE OPHTHALMOLOGIC OPTOMETRIC INTERFACE T. A. A. O. O. 1977

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	49%	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 I

SYMPOSIUM ON LEGISLATION

PH. D. THESIS BY DON C. PEARSON, M. D. - APRIL 28, 1977 - WORTHEN
THE OPHTHALMOLOGIC OPTOMETRIC INTERFACE T. A. A. O. O. 1977

Comparison of Optometry and Ophthalmology

	Optometrists	Ophthalmologists
1 - License	In all states as optometrists	In all states as Physicians and Surgeons
2 - Prerequisite	2 yrs. of college (60% of beginning students have baccalaureate degree or higher	Graduation from Medical School (M.D.) 3 - 4 years College
3 - Curriculum	School or College	Medical school internship, Postgraduate (residency)
Pharmacology	64 hours* 126 hours **	307*** (187 hrs. general with 18 months clinical and 120 hrs. ocular with 4yrs. 6mo. clinical
Pathology	20-60 hours	200 hours general with 3 years clinical and 148 hours ocular with 3 years clinical
4 - Period of training	4 yrs (34-36 months)	3-5yrs. (36-60 months)
5 - Time for education after high school	6-8yrs (54-72 months) Max. 4yr. undergrad. Max. 4yr. Opt. college	11-14yrs. (120 months)
6 - Number of active practicioners	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)

* Mr. George Hall's report on Pennsylvania School of Optometry to March 1, 1978 meeting of Legislative Coalition of Health Care Professionals.

** 126 hours - Southern College of Optometry

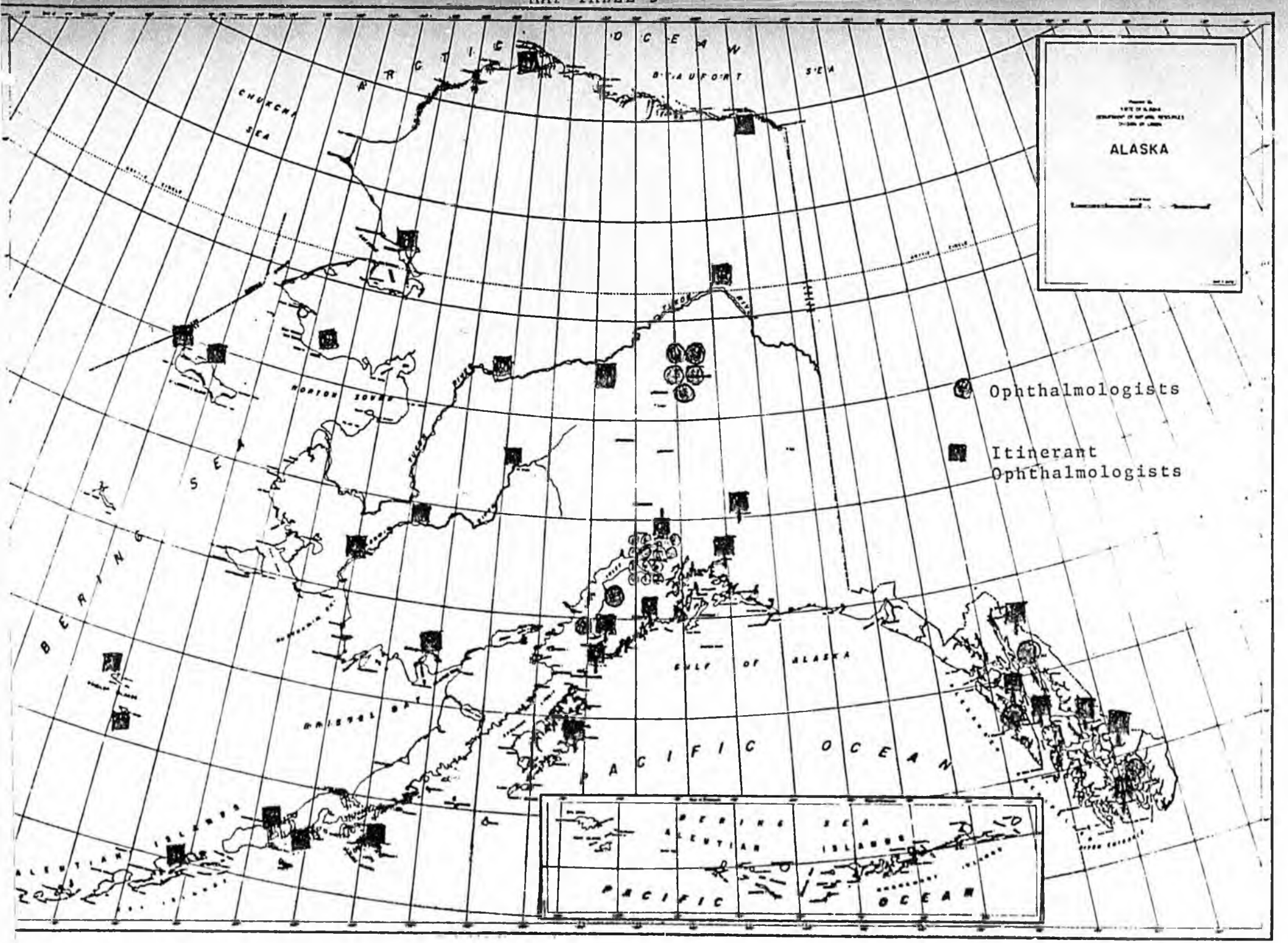
*** Mayo Clinic and Iowa

TABLE 3

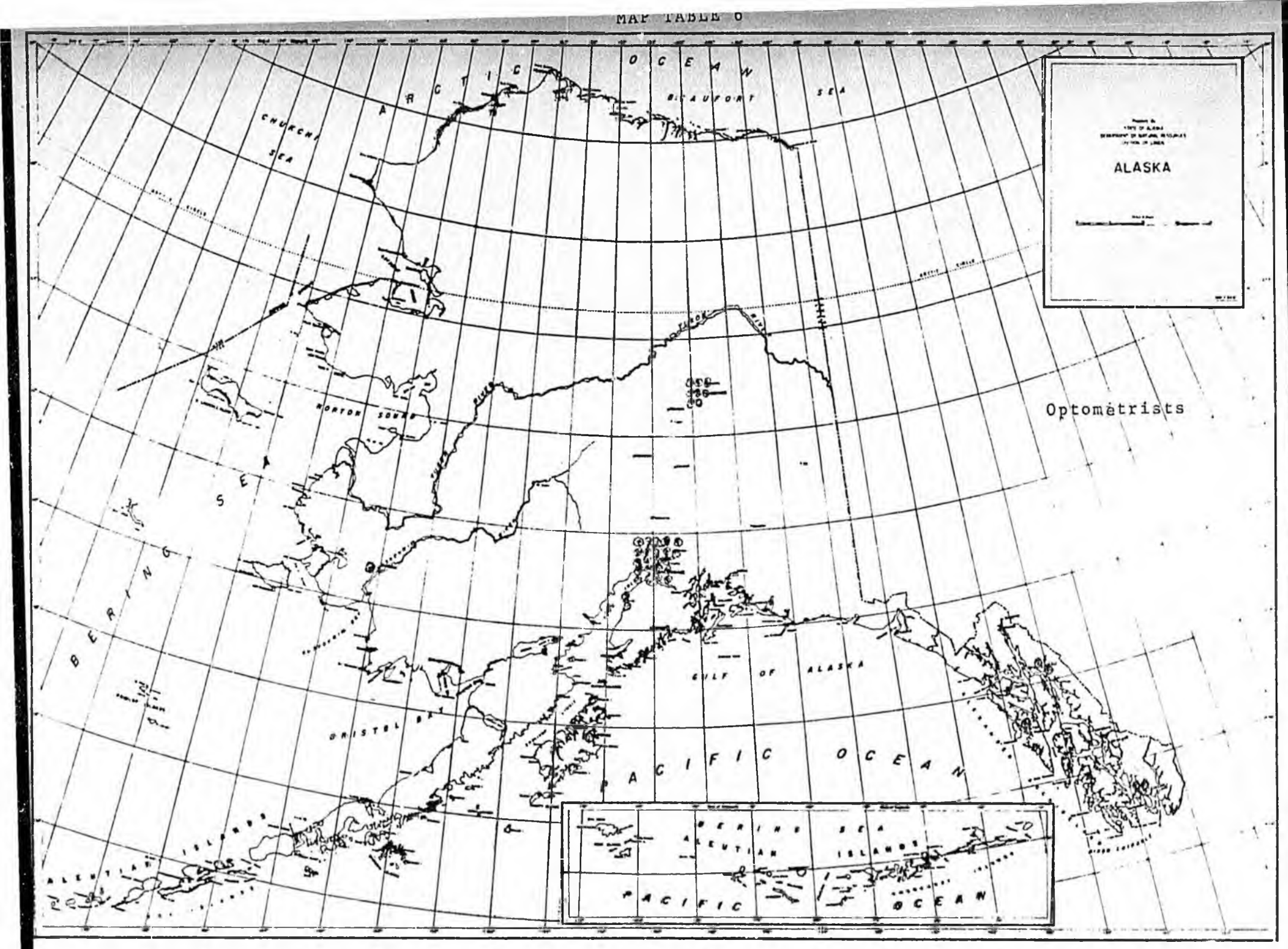
CIVILIAN CONSUMER SPENDING FOR VISION CARE AND SIGHT CORRECTION SERVICES IN 1975

	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
		No optical shops No surgery

MAP TABLE 5


ALASKA
Ophthalmologists
Itinerant Ophthalmologists
ARCTIC OCEAN
BEAUFORT SEA
CHUKCHI SEA
BERING SEA
NORTON SOUND
BRISTOL BAY
GULF OF ALASKA
PACIFIC OCEAN
ALEUTIAN ISLANDS

MAP TABLE 6


ALASKA
Optometrists
ARCTIC OCEAN
BEAUFORT SEA
CHUKCHI SEA
NORTON SOUND
BERING SEA
BRISTOL BAY
GULF OF ALASKA
PACIFIC OCEAN
ALEUTIAN ISLANDS
BERING SEA
ALEUTIAN ISLANDS
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 part'cularly 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 ophthalmologists 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. 18.54.030 - 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 crrency 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, 59 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.'"



Associated Press wirephoto

on can be seen eclipsing the sun in this series of Manitoba, west of Winnipeg.

watch in awe eclipses sun

At Olympia, the Washington state capitol, the clouds broke 10 minutes before total eclipse.

The curious broke out homemade pinhole projectors and makeshift viewers as scientists set up more sophisticated telescopes or conducted experiments in chartered aircraft above the clouds.

But a mattress of clouds several thousand feet thick covered most of the Pacific coast and many had to settle for a televised version.

At Goldendale, Wash., near the Columbia River, more than 1,000 persons had gathered, some from as far away as New England and California.

A cloud bank moved in at the crucil moment of totality, but a muffled cry of awe and joy rippled over the hillside at the small public observatory as the last tiny sliver of sun fell behind the passing moon.

One of those traveling more than 3,000 miles to the snowcovered prairie of northwestern North Dakota was Jim Manning, assistant director of the Morehead Planetarium at Chapel Hill, N.C. He came with a party of eight which drove three days in a van and compact car to get there.

"You feel the awesome power of the laws of nature, how they affect things, and all you can do is sit there and watch," Manning said. "It's a gut feeling of helplessness and you say, 'My God, look what's going on.' It's a mystical experience."

The shadow crossed the earth at speeds over 3,000 miles an hour, beginning on the West Coast near Portland, Ore., and dissolving over Greenland.

Commerce panel urges

'Eliminate 7 health boards'

By ROSEMARY SHINOHARA
Our Juneau Bureau Chief

JUNEAU — A drastic housecleaning that would eliminate 7 of 11 state boards regulating the health professions was proposed Monday by majority members of the House Commerce Committee.

The commerce committee Democrats also propose that two of four health boards dealing with "life and death" professions be required to improve their work within two years, or face death by legislative action.

FRED BROWN, D-Fairbanks, chairman of the committee, presented the plan Monday, but no votes have been taken on it yet. The committee expects to finish considering the fate of the 11 boards audited under the 1977 Sunset Law by Thursday.

Brown said the proposal calls for the state Medical Board, which licenses and polices doctors, to be placed on "one-year probationary status." The committee is expected to recommend that the board hire an executive director to help straighten out its affairs, and return for another "sunset" review in 1980.

A legislative audit of the Medical Board said it had failed to "effectively police" the profession, and neglected to look into consumer complaints. The state Commerce Department's division of occupational licensing, responsible for investigating cases brought to light by the boards, shares the blame, the auditors said.

THE STATE DENTAL Board, meanwhile, should be given two years to shape up, the majority members of the committee suggest.

Unlike the Medical Board, the Dental Board is overly - restrictive in permitting outsiders to set up practice in Alaska, the representatives said.

The committee will recommend that the state boards of nursing and pharmacy, the two other "life and death" boards, be continued for four years, the normal period before another "sunset" review is required. However, significant changes were recommended for the pharmacy board.

Of the other seven health boards, those regulating psychologists, dispensing opticians and nursing home administrators should be phased out over the next year, and four others regulating veterinarians, chiropractors, optometrists and physical therapists should terminate within 1½ years, Brown said.

THE LICENSING functions of boards which terminate would generally be taken over the division of occupational licensing.

The legislative audit division, which prepared reports on all 11 of the health boards, was highly critical of many of them, but recommended that only two, those for nursing home administrators and dispensing opticians, be disbanded. The nursing home administrators agreed with the recommendation, as there are few of them in the state.

Asked to comment on the committee's proposal Monday, legislative audit chief Gerald Wilkerson said, "It would certainly put the fear of God into the rest of the boards."

AAO Program Attracts Residents

Over 150 ophthalmology residents attended a program sponsored by the American Association of Ophthalmology entitled "Tips on Starting Yourself in Practice." The program, as a special service to ophthalmology residents, was held during the Annual Meeting of the AAO in Kansas City, Missouri, and was conducted by George S. Conomikes, President, Conomikes Associates, Inc. Robert J. Crossen, M.D., Chairman, AAO Council on Ways, Means and Finance, opened the program by extending a welcome to the residents.

Conomikes Associates, Inc., a professional medical management consulting firm based in Marina del Rey, California, has worked with all types of medical practices throughout the United States and through the sponsorship of the AAO has conducted an annual series of workshops for ophthalmology residents and ophthalmologists in practice. For a complete schedule of practice management workshops for 1979 see page 14.

The AAO was happy to have served the residents by sponsoring the program in Dallas and hopes that all residents who attended benefited from Mr. Conomikes' expertise in the area of practice management.

U.S. Liable for Failure of Military Optometrist to Refer a Patient

The United States District Court for the District of Alaska (in *Robert K. Steele, etc. v. United States of America,* No. F75-27 Civil) on October 20, 1978, concluded that the failure of a military optometrist to refer a child patient, a medical military dependent, to a medical practitioner "was not a 'judgment call' but a violation of the governing principles of professional standards."

This ruling under the Federal Tort Claims Act [28 U.S.C. 1346 (b)] held that an eight-year-old boy, son of a soldier, who received medical care at the Eye Clinic, Bassett Army Hospital, Ft. Wainwright, Alaska, could recover for the loss of his right eye. The military optometrist examined the child in December, 1973, and in January, 1974, and found "no good reflex" and limited light perception. Eyeglasses were prescribed and the child was instructed to return for follow-up in four months. When seen on June 10, 1974, his right eye had limited eye perception. On June 17, 1974, an ophthalmologist found the child's right eye essentially blind and inflamatory. It was involved with a tumor and a retinal detachment. The eye was later removed as life threatening.

In an 18-page opinion, District Judge James M. Fitzgerald held, "Optometrists are trained to recognize symptoms of many diseases which may be discovered by eye examination. They are not permitted under recognized optometric standards to undertake a definite diagnosis but recognize this as the responsibility of a medical doctor. Obviously, it is foreseeable that failure to refer to a qualified medical practitioner, when required to do so, will result in delay of diagnosis and the institution of treatment; so it proved to be in Timothy's case. At the time the referral was finally made to an ophthalmologist, it was too late. Time had run out, and the only thing that could be done was to remove the eye.

"I conclude that the plaintiff is entitled to recover in this action from the United States for the loss of Timothy's right eye."

Capt. Blais To Head Navy Eye Care Unit

Navy Captain Bernard R. Blais is the first ophthalmologist assigned to the Navy's Bureau of Medicine and Surgery in the capacity of an ophthalmologist.

Dr. Blais' responsibilities will include coordination of medical and visual eye care for Navy and Marine Corps personnel, plus the design and development of a sight conservation program within the Navy to fulfill the requirements of the Occupational Safety and Health Act (OSHA).

Assigned to the Occupational and Preventive Medicine Division of BUMED, Dr. Blais will serve as project manager of the Sight Conservation Program for active duty Navy and Marine Corps personnel specifically and Civil Service employees generally.

A Professor of Surgery (Ophthalmology) at the Uniformed Services University of Health Sciences, Capt. Blais has been actively involved for many years in the educational and socio-economic aspects of medical eye care.

He earned his M.D. from the College of Medicine of the University of Vermont in 1958 and served his internship at the Naval Hospital, Portsmouth, Va. His residency was in Ophthalmology at the Naval Hospital, Philadelphia, and he also spent a year at the Armed Forces Institute of Pathology in Washington, D.C., under a Fellowship in Ophthalmic Pathology.

Dr. Blais has been certified by the American Board of Ophthalmology since 1966 and is a long-term member of the American Association of Ophthalmology.

AMERICAN ASSOCIATION OF OPHTHALMOLOGY

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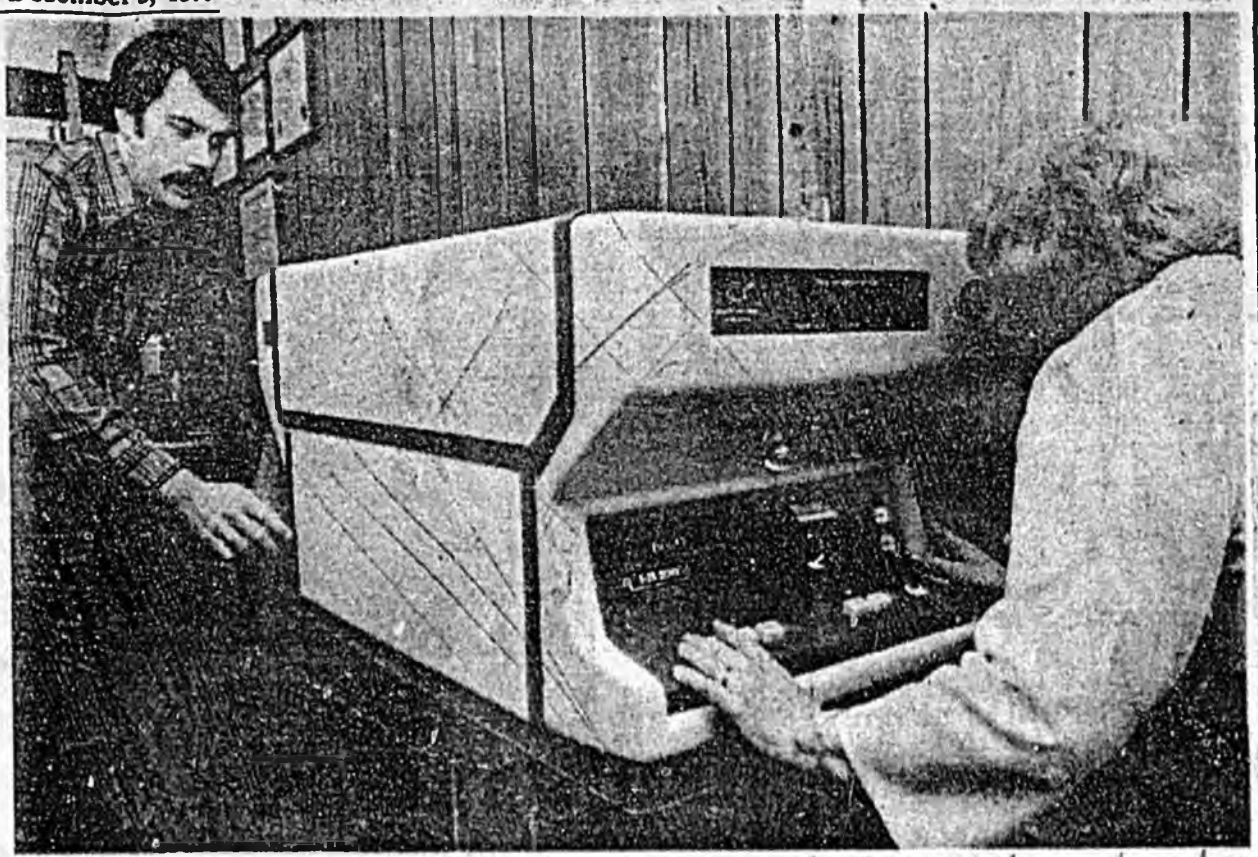
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MACHINE SIMPLIFIES EYE TESTS

With this space-age computerized device, technicians can have a patient's glasses prescription in hand in about a minute and a half. However, traditional procedures are still followed for much of the examination. At left, Dr. Bill Faulkner adjusts controls for a seated patient. At the other end of the machine optometric technician Carolyn Hazel prepares to take the reading, printed out on a small slip of paper.

Computer Gadget Comes To Town To Help Determine Eyeglass Needs

An automatic vision refractor, born of space-age technology, now is in service in Anchorage.

The computerized machine takes just 90 seconds to establish the correct prescription for eyeglasses. The patient needs no eye drops nor does he need to make decisions as to which correction helps him to see better.

Even if the patient can't speak, the machine will read his eyes and pick out the proper correction, at least to a point.

Installed at the Anchorage Eye Clinic, 1345 E. Ninth Ave., the machine is the only one in Alaska.

Dr. Bill Faulkner, one of the physicians at the center, says that while the instrument "will not replace the traditional refraction techniques, it will prove invaluable in detecting the proper visual prescription. It will also be utilized in contact lens fitting

It can pick up early clues to glaucoma and cataracts by pointing out that not enough light is getting into the patient's eyes.

The computer-based machine was originally developed by the National Aeronautics and Space Administration to test the vision of astronauts.

Another space-age spinoff adapted to ophthalmologists' offices is the tonometer, which screens for glaucoma. Instead of actually touching the eyeball to test inner pressure, the new machine measures and records pressure by blowing a whiff of air into each eye. This device has been in use in local offices for a year or so.

The refraction examination is simple. The patient looks directly into the computer screen, a technician at the opposite end presses a button, and he sees a pale green light, one eye at a time.

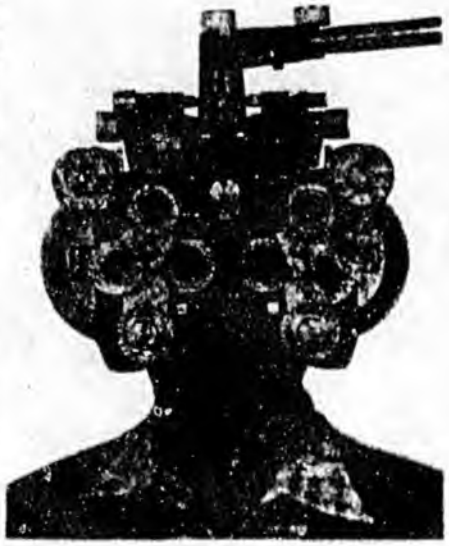
The readout tells the degree of nearsightedness or farsightedness, how much astigmatism is in each eye and where it's located on the eye's axis.

The machine, manufactured by Acuity Systems Inc. of Reston, Va., costs about $28,000. Company technicians are here training clinic staff in use of the machine.

Municipality of Anchorage

Ladies Home Journal

# of 20/20 vision.



This amazing instrument is called a phoropter. It contains almost every possible lens combination. It can help determine which prescription is best for you.

HOW CAN I FIND OUT WHETHER MY EYES ARE WORKING RIGHT OR NOT?

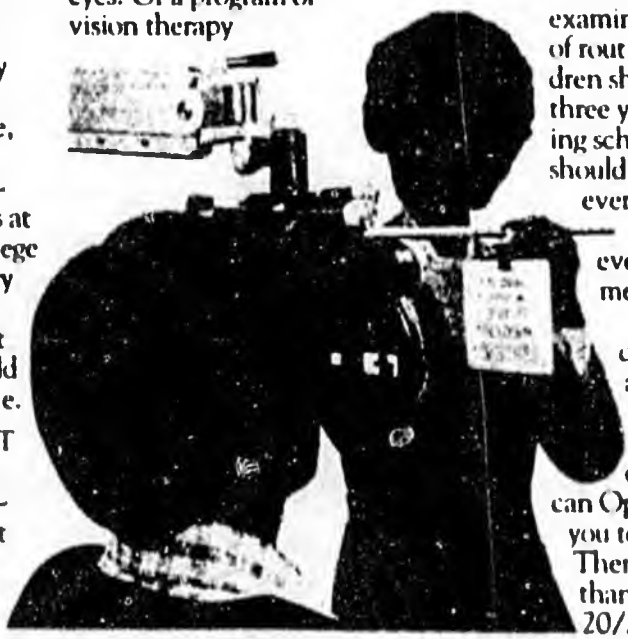
It is important that you receive a thorough examination to determine how well your eyes are doing their job. A member of the American Optometric Association is a highly skilled doctor of optometry.

To become licensed to practice, today's optometrist must have a minimum of two to three years undergraduate college education plus at least four years at a specialized college of optometry. Doctors of optometry who are members of the AOA are totally committed to the ideal that every member of your family should receive the best vision care possible.

WHAT CAN AN OPTOMETRIST DO FOR ME?

Hopefully, the results of your optometric examination will show that you have no need for corrective lenses. If this is the case, suggestions may be made as to how you can practice good visual habits to prevent problems in the future, or keep a minimal vision problem from progressing.

If a vision problem is detected and you are already wearing glasses, your optometrist can update your prescription to make up for the changes that may have taken place in your eyes. If contact lenses are necessary or preferred to glasses, your family optometrist is highly qualified and skilled, through years of education and clinical experience, to provide you with the care and follow-up to ensure a proper fit and healthy eyes. Or a program of vision therapy may be needed or recommended to improve inadequate vision skills.



You should know that besides being able to detect conditions such as glaucoma or cataracts, a doctor of optometry may detect signs of diseases that are not directly related to vision but that show up in the eye. By looking into your eye with a special instrument, an optometrist can see blood vessels and the optic nerve, the only visible part of the nervous system. Among conditions which may be detected by internal eye examination are hypertension and diabetes. When signs or symptoms are discovered you will be referred to your family physician or other health care practitioner if necessary.

WHEN SHOULD I SEE AN OPTOMETRIST?

The American Optometric Association recommends that regular eye examinations be considered a matter of routine preventive care. All children should have examinations by three years of age and regularly during school years. After age 20, you should see an optometrist at least every two years. After age 35 you should have an examination every year, or as often as recommended by your optometrist.

But basically the answer to the question of "when should I see an optometrist?" is "NOW." Your eyes are always changing, and if you haven't had them examined recently, the American Optometric Association urges you to do so as soon as possible. There is a lot more to good vision than just passing an eye chart test. 20/20 vision isn't enough.

Your Family Doctor of Optometry. The person to see. And keep seeing.

American Optometric Association

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Sen. Hackney;

For your information
from Senator Fillion's
office.

Fill
SB 75

Hns. 2-22

Peninsula Eye Clinic
PETER E. CANNAVA, M.D.
OPHTHALMOLOGY
BOX 1629
SOLDOTNA, ALASKA 99669

TELEPHONE 262-4462

February 18, 1980

Senator Clem Tillion
Pouch V
Juneau, Alaska 99811

The optometrists would have the legislature believe that they simply desire the use of a "little dose of eye drops" in order to serve the public better!

The enclosed page from one of their leading journals clearly portrays their real motives for legislating themselves into the world of eye drops. These people ultimately will be requesting that you create eye surgeons out of them.

The Optometrists have attached their drug bill to their Licensing Board renewal which will be renewed as part of the "sunset legislation" Thus renewal of their board will create drug pushers out of them. This is quite a sly maneuver! I hope the Free Conference Committee sees this and deletes it from their Board renewal bill.

Sincerely,

Peter E. Cannava, M.D.

PEC/bc

OPINION

READERS COMMENTS

More on third parties

To the Editor:

May I clarify a statement in the article, "Third Party Care Comes to Steel Country," which appeared in your December issue?

The article states, "One schedule permits charging the patient the difference between lens and fee benefits and the O.D.'s charge."

It is important that doctors of optometry understand that the difference which they may charge is between the amount of the benefit and a reasonable and customary charge *established by the carrier.*

Although there are a few minor exceptions, the vast majority of the steel programs do *not* permit participating providers to charge the difference between the program benefit and the individual doctor's usual and customary charge. The ceiling is established by the carrier.

Terry O'H. Stark
Harrisburg, Pennsylvania

No time to look back

To the Editor:

Articles in various professional journals vehemently oppose the use of drugs, sphygmomanometry, nutritional counselling and other procedures which are essential to the practice of primary eye care.

The latest of these is a letter by Dr. Harold Friedenberg (Review of Optometry, October 15) who states, "Never has optometry been a profession capable of or trained for the therapeutic aspects of eye care."

I think that Dr. Friedenberg underestimates the capabilities and training of contemporary optometrists. And I am sure that he overestimates the capabilities and training of other doctors who use therapeutic drugs without restriction.

Other disciplines are evidently not as squeamish about expanding their professional scope. Opticians fit soft and hard contact lenses without benefit of formal undergraduate or graduate training. Nurses are expanding their scope of practice considerably with fewer professional prerequisites than are required of optometrists. Dental hygienists and denturists are seeking licensure to practice independently of dentists. Podiatrists and osteopaths practice on a level which is significantly higher than their original concept of practice.

The field of health care is changing and optometry must change with it. The rapid growth of retail optical concerns is a threat to private optometric practice. If our profession is to survive, it must upgrade its scope of services commensurate with that provided by other health care professions.

This is no time to look back at what has been. What will be is our immediate concern.

Vincent P. Lupica, O.D.
Bronx, New York

Coming sooner or later?

To the Editor:

It's time for Dr. Friedenberg to stop practicing 19th century optometry. If he feels he isn't capable of using therapeutic drugs, then he shouldn't.

But, please, let others practice a full scope optometry. We are prepared to treat. And, sooner or later, we will.

Martin A. Malz, O.D.
Philadelphia, Pennsylvania

Courage to stand up

To the Editor:

Congratulations to Harold L. Friedenberg, O.D., who had the courage to stand up and take an "Unpopular Stand" (Opinion, October).

Organized optometry is running scared, and it should be. One year ago I warned our state association president and executive director that our members didn't fully understand or appreciate the reasons for the adoption of the tremendous assessment to fund the National Consumer Communication Program. I predicted that we would lose many members, especially in and around big cities like Chicago.

My warnings were completely ignored and now, one year later, we have the results: Our local society, which had 58 members one year ago, is now down to 39, with the number dropping rapidly.

We can criticize the politicians. We can blame the FTC, Sears and Pearle Vision. But those of us who have a practice large enough to take in a young graduate, and who don't are the real reasons why our profession is going down the drain.

Our future lies with our new graduates. Please make a spot for them in your practice.

Herbert E. Smith, O.D.
Des Plaines, Illinois

O.D.'s: Ready for more

To the Editor:

I hope all the Jimmie Newells and Harold Friedenbergs have said their piece (Opinion, October), because you boys are bringing me and the profession right down.

The legal limitations imposed upon this poor profession frustrate me. And I'm sure they frustrate most other recent and future graduates.

We are intelligent and we are aggressive. We are ready to treat pathological conditions of the eye. And given the opportunity for postgraduate training, we are ready to perform surgery.

I'm sick and tired of referring a routine conjunctivitis or glaucoma patient. I'm sick and tired of giving in to the fancies of the FTC and the propaganda of commercialists.

Let's put ourselves above all this, let's shoot for the top. To do so, we must work to pass more laws that increase the scope of our practice. And we must think seriously of the reality of post-optometric training in the field of ophthalmic surgery and pathology.

To all the Jimmie Newell's of this profession, go cut a few lenses and adjust a few frames. But for God's sake keep quiet and allow this profession to go forward.

Alan Frank, O.D.
Berwick, Pennsylvania

ALASKA VISION CLINIC

DENNIS L. ALBERT, O.D.

THE PROFESSIONAL CENTER
2221 E. NORTHERN LIGHTS - SUITE 206
ANCHORAGE, ALASKA 99504 272-7211

FILE SB75

February 28, 1980

The Honorable Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

Enclosed is information relating to Georgia's passage of diagnostic pharmaceutical legislation for optometry on Feb. 14, 1980.

There are now 32 states which allow the use of diagnostic drugs in optometry (24 by changes in optometry laws, 8 by existing laws). There is simply no excuse to allow the ophthalmologists to stall passage of the Alaska DPA bill (HB79 and SB75). Is there some compelling reason why this should not be passed, that has not been brought to the attention of the hundreds of legislators in these 32 states?

Respectfully,

Dennis Albert, O.D.

American Optometric Association

BULLETIN
From
OFFICE OF COUNSEL

VOL. XXXVIII, BULLETIN NO. 28 February 19, 1980

TO: O, T, DEC-C, Statutory Definition Advisory Committee, EMS, E, NE, State Association Presidents, Executives, Legislative Chairmen, Attorneys, Legislative Counsel, Statutory Definition Chairmen, Optometric Legislators, IAB-EC, State Board Presidents, Secretaries, Attorneys, Administrative Heads of Schools and Colleges, Mrs. Martin, AC, FRC, GC

SUBJECT: Georgia Legislation

FROM: Thomas E. Eichhorst, Counsel

On February 14, 1980, Georgia Governor George D. Busbee, a Democrat, signed into law Senate Bill 31. This law, entitled, "AN ACT To amend Code Chapter 84-11, relating to optometrists, so as to permit the use of pharmaceutical agents for diagnostic purposes by optometrists; to provide for the appointment of an additional member to the Georgia State Board of Examiners in Optometry; to change certain of the provisions relative to the appointment of members; to provide for the confirmation by the Senate of persons appointed as members of the Board; to repeal conflicting laws; and for other purposes", is enclosed.

The bill passed the House on February 4, 1980 by a vote of 121-42. It passed the Senate, as amended, on February 5, 1980, by a vote of 33 to 22.

Georgia is the twenty-fourth (24th) state to enact legislation specifically authorizing optometrists to utilize pharmaceutical agents. Twenty-two (22) states authorize optometrists to utilize diagnostic pharmaceutical agents; two states authorize optometrists to utilize pharmaceutical agents for diagnostic and therapeutic purposes. The list (and dates of enactment) of these states is as follows:

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

NAME	DATE OF ENACTMENT
Rhode Island	July 16, 1971
Pennsylvania	March 1, 1974
Tennessee	May 8, 1975
Oregon	May 20, 1975
Maine	June 24, 1975
Louisiana	July 6, 1975
Delaware	July 10, 1975
*West Virginia	March 4, 1976
California	July 9, 1976
Wyoming	February 17, 1977
New Mexico	March 4, 1977
Montana	April 12, 1977 (at 10:10 a.m.)
Kansas	April 12, 1977 (at 2:00 p.m.)
*North Carolina	June 3, 1977
Kentucky	March 29, 1978
Wisconsin	April 29, 1978
Nebraska	February 13, 1979
South Dakota	March 15, 1979
Utah	March 21, 1979
North Dakota	March 22, 1979
Arkansas	April 2, 1979
Nevada	May 25, 1979
Iowa	June 8, 1979
Georgia	February 14, 1980

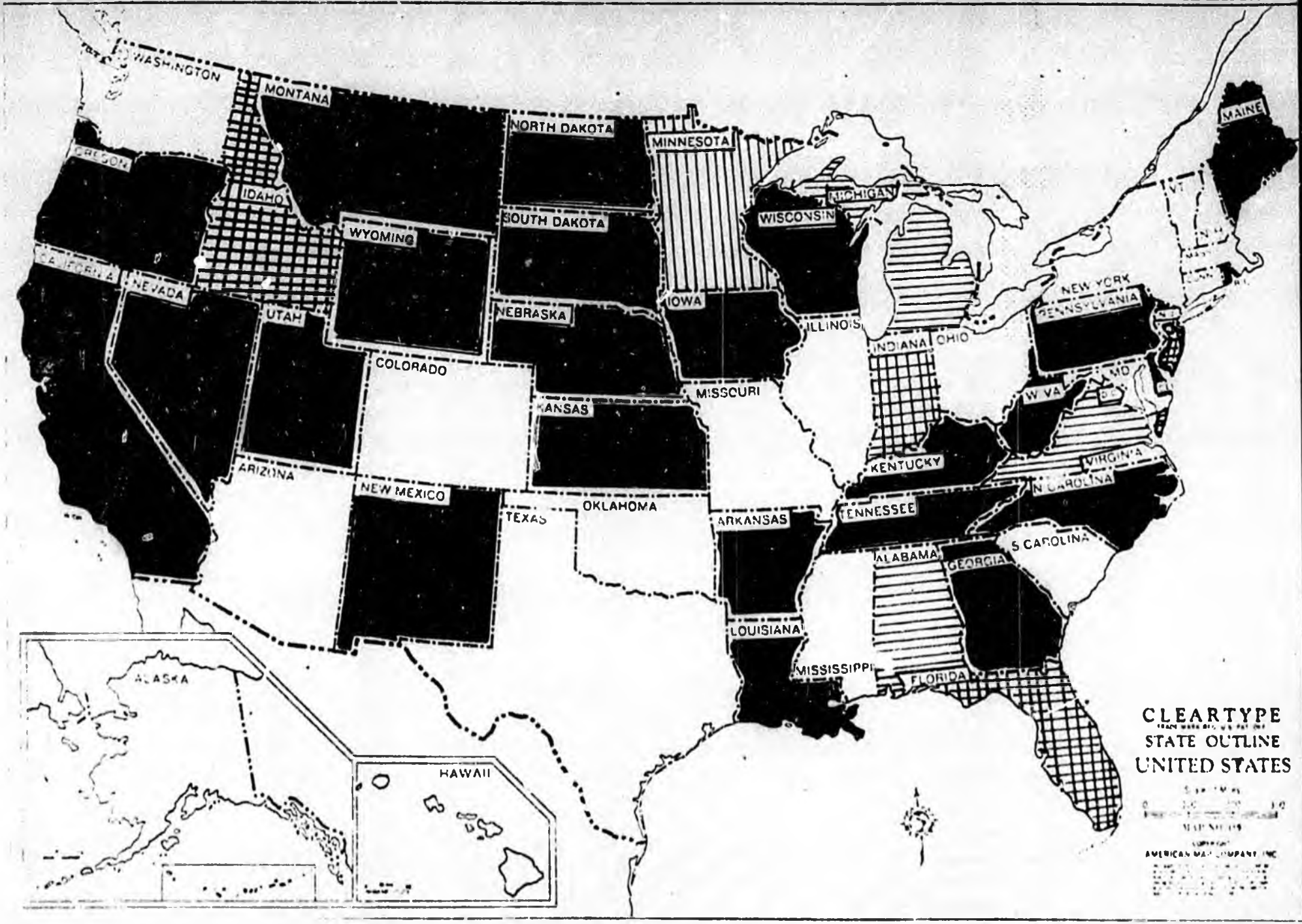
*both diagnostic and therapeutic

[In addition, there are eight (8) other states that do not statutorily prohibit the use of DPAs by optometrists; several of these states have attorney general opinions (+favorable) (-unfavorable) on this point: Alabama (AG-), Florida (AG+), Idaho (State Board Statement +), Indiana (AG+), Michigan (AG-), Minnesota, New Jersey (AG+), Virginia (AG-).]

For your information we are including an updated map showing geographically the utilization of pharmaceutical agents by optometrists.

2/14/80

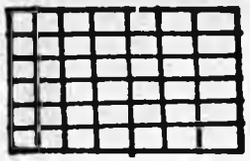
UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS



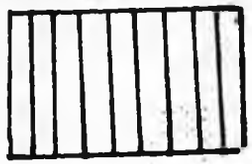
UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS



Authorized by Optometrists by Statute



Permitted by Opinion of Attorney General or State Board Secretary



No Statutory Prohibition



No Statutory Prohibition but Negative A.G. Opinion

File

3-15-80

Dear Mr. Hackney,

I would like to ask your support for Bill No. 35. I see no reason why properly trained doctors of optometry should not be permitted to use diagnostic drugs in their field. In other states and in the armed forces optometrists do use diagnostic drugs. Why not in Alaska? I again urge your support for Bill No. 35.

Thank you.

Michael A Lingenfelter
P.O. Box 5433
North Pole AK
99705

TO: Senator Glenn Hackney
Alaska State Senate

Mar. 15, 1980

Dear Mr. Hackney:

I have moved recently to Alaska from the state of Oregon where Optometrists are allowed to use diagnostic drugs. I see no reason why Doctors of Optometry in Alaska should not be given the legal right to use these drugs which tney are trained to use.

Senate Bill No. 75 is a cause which you should support.

Thank You.

Edel J. Laycock

Mrs. Edel J. Laycock
94 Ridgetop Loop
Fairbanks, Alaska 99701

Honorable Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

March 13,1980

Dear Mr. Hackney;

I would like to urge you to support Senate Bill 75. The bill will promote better eye health care by granting optometrists the right to use diagnostic drugs in their professional field. It will also correct the inequity of current Alaska law chich allows health aids to administer these eye drops while prohibiting their use by a Doctor of Optometry.

Thank you.

Mrs James Sewell

Mrs. James Sewell
S.R.Box 80922
Fairbanks, Ak. 99701

March 20, 1980

Mr. Glenn Hackney
Alaska State Senate
Pouch V,
Juneau AK 99811

Dear Mr. Hackney,

I would like to ask your support for Senate Bill No. 75. Optometrists should be allowed by law to use the diagnostic drugs whicl they are trained to use.

Thank you for your consideration.

Sincerely,

Joseph C. Schmidt

Joseph C. Schmidt

P.O. Box 5451
North Pole, AK 99705

312 - 2th Ave.
Fairbanks, Alaska
March 27, 1980

The Honorable Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

I am writing to ask your support of Senate Bill #75 which would allow optometrists to use diagnostic eye drops for which they have been trained. This bill is in the best interest of the public health of Alaskans.

Yours truly
Marjorie Swarner
(Mrs. A.M. Swarner)

SB
80

COMMITTEE REPORT

SENATE

1/29/79

FURTHER: Finance

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 80

supplemental appropriations to University of Alaska, working capital fund and grievance procedures

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation INDIVIDUAL

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Chris Sturgulewski

Betty Fahrenkamp

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Glenn Godwin

CHAIRMAN

NO REC

S 60 (Rev. 12/78)

SB 80
By Fullerton
Rep. of Govt.

"An Act relating to capital [illegible] to the Univ. of Alaska; relating to the [illegible] fund; and providing for [illegible]"

Introduced 1-29-79
Logged 2-19-79
Referred Finance
Comm. Meeting 2-21-79 - held - 3-7-79
Comm Action Passed out of Comm. with letter of intent - Stevens, Ferguson, Hohaker - do pass
Hohaker & Ferguson - no rec.

Glenn: Dr Paradise @ U of AK Juneau is new to state just arrived last week - perhaps you would like to introduce him. He only here as observer & to meet all.

Dr. Carter of U of AK Fbks notified
Bob Coghill
Bob VanHolte
Bob Breese - SB 89
Jamie Bates for SB 89
Dr Paradise @ U of AK Juneau as observer only
Gross office Sen Green

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

Glenn Hackney, Chairman
Frank Ferguson, Vice Chairman
Mike Colletta
Bettye Fahrenkamp
Arliss Sturgulewski

Copy

March 7, 1979

SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE
LETTER OF INTENT FOR SB 80

The Senate Health, Education and Social Services Committee feels the University of Alaska has made good faith efforts to comply with legislative requests to get its financial affairs in order. It is the intent of the Health, Education and Social Services Committee in passing out SB 80 that the University should be allowed a fund for flexibility of operations. However, the Committee feels that the Finance Committee should look carefully at the appropriateness of the figure called for in SB 80.

Senator Glenn Hackney
Chairman

SCSHB 83

79

Funding Information:
General Fund: $4,867,500
Other Funds: -0-
$4,867,500

Introduced: 1/29/79
Referred: Health, Education & Social Services and Finance

IN THE SENATE

BY THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

SENATE BILL NO. 80

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act making supplemental appropriations to the University of Alaska, working capital fund and grievance procedures; and providing for an effective date."

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

* Section 1. The sum of $4,829,000 or the amount lapsed by the university at the close of FY 1978, whichever is less, is appropriated from the general fund to the University of Alaska for the purpose of removing the deficit stated in the university's annual report and establishing a working capital fund.

* Sec. 2. The sum of $38,500 is appropriated from the general fund to the University of Alaska for the purpose of providing funds for grievance procedures with the Alaska Community Colleges' Federation of Teachers.

* Sec. 3. The unexpended and unobligated portion of the appropriations made in this Act lapses June 30, 1979.

* Sec. 4. This Act takes effect immediately in accordance with AS 01.-10.070(c).

79

RE: Sec 1 only SB 80

F476 Audit
Unallocated Deficit 1,002.4
F477 Audit
Unallocated Deficit 4,911.9

Net, F477 Operations 3,909.5
less:
Accrued annual leave 1,837.0

2,072.5 instead of 4,829.0

Accrued Annual Leave
F476 increase 312.5
F477 increase 1,524.5
1,837.0

LAWS OF ALASKA

1978

Source

FCCS SCSHB 953

Chapter No.

79

AN ACT

Authorizing the Department of Administration to make advances to the University of Alaska; and providing for an effective date.

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

* Section 1. AS 37.10.088(a) and (b) are amended to read:

(a) During any fiscal year the Department of Administration may make advances to the University of Alaska against verified receivables from appropriations for grants and contracts from federal or private sources of the university and upon condition that the university reimburse the fund for these advances from funds received by the university from federal or private sources. The advances may not exceed 80 per cent of the verified receivables from grants and contracts appropriated from federal or private sources.

(b) Until June 30, 1980, the total of advances in any fiscal year may not exceed 20 per cent of the total of grants and contracts from federal and private sources appropriated to the university for that fiscal year. After June 30, 1980, the total of advances in any fiscal year may not exceed 10 per cent of the total of grants and contracts from federal and private sources appropriated to the university for that fiscal year. The amounts advanced in any fiscal year shall be repaid in full to the department within 120 days following the close of that fiscal year. If the repayment is not made on a timely basis, the department may withhold amounts due from state fund appropriations for the university.

* Sec. 2. This Act takes effect immediately in accordance with AS 01.10.070(c).

Approved by the Governor: June 28, 1978
Actual Effective Date: June 29, 1978

UNIVERSITY OF ALASKA
FAIRBANKS, ALASKA 99701

February 14, 1979

TO: The Honorable John Sackett
Chairman, Senate Finance Committee

The Honorable Russ Meekins
Chairman, House Finance Committee

Gentlemen:

At its meeting on February 1, 1979, the University Assembly passed the following resolutions in support of the University of Alaska administration.

1. The University Assembly supports the University of Alaska administration in requesting that the $4.87 million lapsed by the University of Alaska during FY78 be reappropriated to the University in addition to the regular FY79 appropriation.

2. The University Assembly supports the University of Alaska administration in requesting that the state government appropriate only the General Fund monies and not university generated income and grant monies.

As you are aware, the University Assembly is "the all University body including both four-year and community college units made up of students, classified staff, faculty and administration charged by the Board of Regents with the task of recommending policy".

Foster F. Diebold
President

FFD:sj

cc: Members of the Senate Finance Committee
Members of the House Finance Committee
Dr. Hugh B. Fate, President, and
Members of the Board of Regents
All Chancellors
President's Staff
John Morack, President, University Assembly

SB 80

JA01 0011 11.12 JA01 0035 11.12 03/01/79

TO: TRUDY, FBX
FROM: SENATOR HACKNEY, JNU

PLEASE DELIVER FOLLOWING TO: DR. CARTER, VICE PRES, FINANCE
U OF A - FAIRBANKS
SENATE BILL 80 WILL BE BEFORE SENATE HESS COMMITTEE ON
WEDNESDAY, MARCH 7, 3:30 PM, IN ROOM 207 CAPITOL, JUNEAU.
WOULD YOU PLEASE BE IN ATTENDANCE. THANK YOU.

THANKS, TRUDY. /M/ EOM

To Senator Hackney

LA21 1023 11.19 JA01 0036 11.20 03/01/79

TO SENATOR HACKNEY FROM TRUDY

DR. CARTER WILL BE PLEASED TO APPEAR BEFORE YOUR
COMMITTEE ON MARCH 7. /TC/ EOM

SB

88

COMMITTEE REPORT

SENATE

1/31/79

FURTHER: Judiciary

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had SB 88 relating to truant children

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Chairman

CHAIRMAN

60 (Rev. 12/78)

SB88 "An Act pertaining ~~SHESS~~ to Guest ~~Liability~~ 79-80
By: Meland

Introduced 1-31-79
Logged 1-31-79
Referred to Judiciary
Comm. meeting 3-14-79 - Passed with letter of intent.
" Action taken & Senate Secy. 3-15-79 9:40 am

F/N & Position papers
Sen. Meland's office notified
HSS - Notified

3/14/79

SB 88

Sen. Meland. This bill has been before this committee before. It saw action a year ago, but after going through both this committee and the Judiciary Committee it somehow got lost before the 162 days was up.

SB 88 is a bill put in by request from a principal from the Sitka Junior High by the name of Duke Duncing. I think possibly it might be just as well to give the committee a little background from a letter that I did receive which caused me to go ahead and have the bill written up. Mr. Duncing sees the problem this way. He says, 'I've tried to solve the truancy problem by following the procedures outlined under the compulsory attendance law (AS 14.30.030). At that time, 1970, it took most of the year to bring the problem to the attention of the courts and by then the school year was nearly over. Meanwhile students were truant from school for two or three weeks at a time and I could find no way to get them back to school. Currently both the school attorney, Mr. Weddle of Juneau and Assistant District Attorney, Mr. Jim Hanley advised that it is virtually impossible to use the compulsory attendance law as you do have to prove wilful intent on the part of the parent. He goes further in saying while looking for a more expedient solution to the problem after my experience with the compulsory attendance law, I talked to the Honorable Judge Carlson and his solution to the problem was filing a petition under the juvenile statutes, which stated a minor came under the perview of the court when he is habitually truant from school or home or habitually so conducts himself as to injure or endanger the morals or health of himself or others. Mr. Dunsing said this worked very well as long as Judge Carlson sat on the bench in Sitka, but there was some reluctance on the part of subsequent Superior Court judges to follow through, but it still always was effective when they did. The new statutes took out the explicit wording in regard to truance and so consequently it is much more vague. The result it where that we are back to where we were several years ago with still no effective way to get truants back in school.

It has been my experience the last two or three years that when students are habitually truant from school they end up getting in more trouble than they would have been if they were in school.'

That is briefly what he has in mind. Last year when this bill came out of both this committee and the Judiciary committee there was no fiscal note on it. I am very suprised to hear that this little four line change now, comes out of Health and Social Services and says that to be effective the fiscal note is going to be $1,946,000 up to $2,334,000 by 1984. H&SS asking for 51 social workers to put this into effect. I'll be most anxious to listen to testimony.

Elisabeth Murktarian. At the present time the statute does not cover habitual truancy and the statute primarily addresses child protection. The department doesn't feel that truancy alone is reason enough to intervene in a family and iniatiate court action with regard to child protection.

Sen. Hackney. Is that why the fiscal note came out so high?

Elisabeth Murktarian. In terms of the fiscal note, it was felt it would be necessary to have additional staff to perform these functions and would require having a social worker in each of the 5 highschools in Anchorage and one for each school district.

It would be a social worker III. I'm not sure what the salary is, I think it is a range 16.

Sen. Ferguson. What you are attempting to do here is have a social worker in every school.

Elisabeth Murktarian. Every school district, except in Anchorage where we'd have one associated with the five high schools in order to address the specific problems of truancy.

Sen. Fahrenkamp. I wonder if there is why there is one needed for each high school in Anchorage, why there isn't one needed for each of the high schools in Fairbanks?

E. Murktarian. I'm not sure why that was done.

Sen. Fahrenkamp. Mr. Chairman, do you know the salary of a range 16?

John Pugh. It's around $2,000 a month approximately.

Sen. Sturgulewski. Mr. Chairman, if we had this kind of thing on the books previously, I have a good idea that it was there for not a question of somebody playing the truant officer daily as in olden days, but that it was an additional protection to be utilized in those cases when it was particularly needed. Is that true? How did we handle it before? Isn't there a way of having something like this on the books that gives the kind of a tool in those particular cases when it is needed. I find it a little bit offensive to think that there is only one way to apply a law. We just don't enforce laws that we. You just don't go out and create a whole world because you've got maybe 10, 15, 20 or 30 or whatever the number of kids are across the state. Why do we have to, in order to get to what must be a problem, have to do this great big glorious that is going to cost us a couple of million dollars? Isn't there an inbetween way to get it on the books and to add that tool to whoever has other charges and do something with it?

E. Murktarian. I think that if truancy is associated with other problems in the home such as neglect or abuse or some of the other things which are covered in AS 47.10.010 that the department can intervene under the present statute.

Sen. Sturgulewski. We have testimony that's not true, then what's happening in the delivery system somewhere that says that it has to be listed because we do have areas where we are habitually absent as a condition, refusing to accept available care as a condition, and I can't see what the big deal is just adding one more thing that would give evidence.

Sen. Hackney. That escapes me too. We don't put a social worker in every school in the state to deal with the other areas that come under putting kids under the jurisdiction of Health and Social Services.

E. Murktarian. The other areas which are covered in the statute have to do with problems in the home and in some instances petititions are filed and children may be placed in foster care and is working with the family. In terms of school attendance alone, the role I think of the social worker would be somewhat different in terms of what a social worker could do to insure school attendance.

Sen. Fahrenkamp. What's wrong with truant officers?

Sen. Sturgulewski. Could we take a look at the statute that is being proposed. Are those things mutually exclusive or are those things added together to say, there is a problem, we are going to go to court and we are going to have things done.

Sen. Hackney. This is the section of law that deals specifically with kids who get . . .

Sen. Sturgulewski. It just seems to me that what we are doing is adding another category of decision making, we are not creating a whole new field, I mean these things work together.

E. Murktarian. The way the statute had been changed in 1977 primarily the categories under which proceedings can be made for a child in need of aid have to do primarily with child protection situations, where a child needs somekind of protection.

Sen. Sturgulewski. Is there another area in this statute where it might more appropriately be located. When we are talking about . . . The thing to do is to get a child somehow cared for to where they can get help. Would you find that the fact that they're habitually truant from school, they've got aproblem. Is that a different than the child who is habitually absent from his home? Might not your solution be the same thing? You've got a kid in trouble. He needs to be identified. I'm just having some real problems seeing why we need a different system for this child who has obviously got a problem if he is not getting to school.

E. Murktarian. Under the exiting statute if there are other problems in his nonattendance from school, the child can be served.

Sen. Hackney. Why couldn't the child be served in the normal social worker situation instead of putting a social worker in every school? Are you saying caseloads are to the point where . . .

E. Murktarian. Caseloads are high, yes. And this would be an additional responsibility related specifically to schools and ensuring school attendance.

Sen. Fahrenkamp. If you took 51 social workers and you paid them $2,000 a month for a nine month period, and added to it the $25,500 that they need for equipment, I don't know what equipment they need, and the $15,500 for commodities, whatever that is, and the $6,100 for contractual services, and the $4,600 for travel, I can't come anywhere near, I am just about a million dolla s short of their figures.

Sen. Meland. I am just wondering whether the young lady can say, I'm most anxious to know when those words were stricken, did the state all of a sudden start saving $2 million?

Sen. Sturgulewski. Could we have Sen. Meland once again, why do we need this?

Sen. Meland. Well, I've tried to answer. . . The problems are listed in Mr. Duncing's letter. And he goes on to say 'the most outstanding example this year is a girl, age 14, who had not been in school since the 3rd or 4th day of school' . . .

Sen. Sturgulewski. Who is having the problem? Would it be the one that would normally be enforced through H&SS, would that be a logical place to handle this kind of thing?

Sen. Meland. What he is trying to do, I think, is to atleast have the court enter into it. He says 'we've tried to get something done in both cases but cannot find anyone willing to pursue udner either the new law or the compulsory attendance law, we've had 2 or 3 other cases in the district this year that would there have been an avenue, we would have done something. These are not situations where we wish to see anyone punished, and I've never seen anyone punished unless other things were brought into the case besides truance. I think this is quite important too.

I think you kind of have a handle on it. We're not trying to put kids in jail or any such. It seems to be sufficient to have a couple of three cases a year brought before a judge and have him lay out the alternatives to discourage further truancy, this also acts as a deterrant to others who might be considering it and in some cases the judge determines it is not the fault of the child but tht of the parents. In either case it brings the attention of someone who had the power to do something about it instead of having it drift in limbo.

Sen. Hackney. I don't think we are talking about that many kids and so I suppose the logical question that comes is, if we go ahead and pass this bill and the department gets an extra 20 kids around the state dumped on them as the result of it, it it going to cause the department to flounder if we don't allow you any more bodies to . . .

E. Murktarian. I'm not sure. I don't have the figures available of the number of children we are talking about but again, it has to do with whether or not something which has to do with the school system and primarily should fall under the responsibility of the child action agency.

Sen. Fahrenkamp. It seems to me that truancy is a school district function or school function, this to me is conflict and I'm wondering if we don't have it under the wrong section.

Steve Hole. The department supports the bill without respect to the fiscal implication. Essentially there are two problems with the compulsory attendance law. The first is the issue of remedy and the second is the issue of jurisdiction. In the compulsory attendance statute, the remedy is with the parent, if the parent doesn't care enough to insure that the kid attends school, throwing the parent in jail or fining the parent isn't going to make any difference. The second problem, that of jurisdiction, is that in order to initiation action under the compulsory the school district has to act as a quasi-enforcement role. That is not a role easily assumed by most school districts. The reason the proposed statutory change appears to have some merit is that in those rare instances where the issue is that of jurisdiction, the kid is running lose, there is obviously no parental control, the issues go far beyond compulsory attendance or truancy, but that is one of the issues. It provides a very immediate means for a case to be presented to a court, the court to impose its jurisdiction upon the child if necessary, put him into a foster home. If necessary, take a variety of steps but have immedicate reaction with respect to the kid.

In other words, the remedy is with the child. The problem.

Sen. Hackney. I would suggest that we might entertain a motion to pass the bill out with whatever recommendation you feel comfortable with, and attach to it a letter of intent that would say it is not the intent that masses of social workers be hired to take care of the problem.

Sen. Sturgulewski. It says enactment of the bill would essentialy remove the responsibility for truance investigation from the various school districts throughout the state. That bothers me. If that's true, that certainly isn't our intent either. There is a flat statement there so if we pass this, will we make the situation worse because we are not getting the schools to do anything.

Sen. Hackney. That is an excellent point. I would not see it that way, I would see it as being an addition of a little more strength for the schools to be able to deal with those occasional situations where habitual truancy is . . .

E. Murktarian. In response. The schools district, I think he mentioned, were having difficulty with assuming the enforcing role in regard to truancy, that role would end up being transferred

to the Division of Social Services and they would end up with the role of trying to enforce student attendance. Petititioning the court, bringing it under court jurisdiction is not necessarily going to ensure that a child is going to go to school even if you place him in a foster home.

Steve Hole. We don't see this bill as having any impact upon present truancy monitoring procedures that districts might have interms of home-school coordinators, counsellors, those kinds of things. Again, its a mechanism that would be imposed in very rare instances, but where it is very truly needed. It only goes one step beyond what the districts presently do in that it provides a mechanism to bring that which is a real problem for very few children to the attention of someone who can make a difference. Presently, there is no jurisdictional control in terms of a district doing anything with a problem child who really needs some help, but who does not attend school or whose parents do not care.

Sen. Sturgulewski. Any statute that we might have that deals with the responsibility of the school district to handle truancy would still be in effect. I would move that we pass out SB 88 with individual recs with the letter of intend covering two areas, one regarding social workers and the other the fact that it is not our intent this bill would remove this responsibility for truancy investigation from the various school districts.

No obs, so ordered.

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

Glenn Hackney, Chairman
Frank Ferguson, Vice Chairman
Mike Colletta
Bettye Fahrenkamp
Arliss Sturgulewski

LETTER OF INTENT FOR SB 88

It is the intent of the Senate Health, Education and Social Services Committee that those rare cases of need with which the School District cannot cope would be addressed by SB 88. It is not the intent that this would remove from the School Districts their present role in enforcing attendance.

Glenn Hackney
Chairman

Date: March 14, 1979

INTRODUCTION OF BILLS (Senate) (Cont'd)

Truant Children

SENATE BILL NO. 88, by Senator Meland. Amends AS 47.10.010(a)(2)(A), under Art. I "Jurisdiction of the Juvenile Courts," to add "habitually truant from school" to conditions which bring a minor under the jurisdiction of the Juvenile Courts. (1977 amendment re-wrote (a) and omitted this condition.) Does not provide for effective date.

Introduced January 31 and referred to HESS, then to Judiciary.

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

SENATE BILL NO. 88

"An Act relating to truant children."

This Bill would amend AS 47.10.010(a)(2)(A) to include habitual truancy from school as a reason for adjudication of a child as a "child in need of aid."

The Governor's Children's Code Task Force, after considerable study and deliberation, recommended that truancy be eliminated as a reason justifying adjudication of a child as a child in need of aid The Department supported this recommendation which was accepted by the Legislature and became law in 1977.

The Department does not consider truancy alone as sufficient justification for it to intervene in a family and to initiate court action. If the Department is required to assume this additional responsibility it would be very costly, requiring the hiring of staff to deal with this problem area.

In addition, if a child protection situation such as abuse, neglect, or abandonment exists in addition to habitual truancy, the Department can intervene and initiate court action under AS 47.10.010(a) as it presently reads. Under AS 47.17.020, schools are required to report child abuse and neglect situations to the Department of Health and Social Services.

RECOMMENDED BY: Art Holmberg DATE: 3/5/79

Art Holmberg, Director
Division of Social Services

APPROVED BY: Helen D Beirne DATE: _____

Helen D. Beirne, Commissioner
Department of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill No. 88
Title An Act relating to truant children.
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Health and Social Services
Program Category Affected Social Services
BRU, Program, or Subprogram(s) Affected Social Services BRU
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES		$1894.6	$1989.3	$2088.8	$2193.2	$2302.9
200	TRAVEL		4.6	4.8	5.1	5.3	5.6
300	CONTRACTUAL		6.1	6.4	6.7	7.1	7.4
400	COMMODITIES		15.3	16.1	16.9	17.7	18.6
500	EQUIPMENT		25.5				
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		$1946.1	$2016.6	$2117.3	$2223.3	$2334.5

FUNDING (Thousands of Dollars)

GENERAL FUND		$1946.1	$2016.6	$2117.3	$2223.3	$2334.5
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		51	51	51	51	51
PART TIME						
TEMPORARY						

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

Enactment of this bill would essentially remove the responsibility for truancy investigation from the various school districts throughout the state. It is difficult, at this time, to determine exactly how many social workers would be required to meet this obligation. In all, districts would require part of one social worker's time, larger districts more than one worker. We have taken, therefore, an average of one per district, with the exception of Anchorage, where we have established six. The salary costs are based on current salary schedules, plus the additional FY 79 4% increase and an estimated 5% salary increase for FY 80. Reimbursement of mileage at $.25 a mile x an average of 30 miles a month x 51 workers would minimally be required. Telephone rental would be necessary at an average of $10 a month for each worker; general office supplies at an average of $300 a year each; and a desk and chair, at an average of $500 each.

IV. DATE 2/20/79 PREPARED BY Art Holmberg, Director
AGENCY Division of Social Services
PHONE 465-3170

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

33-001 (Rev. 12/78)

GREATER SITKA BOROUGH SCHOOL DISTRICT
ACCREDITED BY THE NORTHWEST ASSOCIATION OF SECONDARY SCHOOLS & COLLEGES

LCSB88



P. O. BOX 179 SITKA, ALASKA 99835

NELAND J. HAAVIG
SUPERINTENDENT

February 1, 1979

Senator Glenn Hackney, Chairman
Health Education and Social Services Committee
Pouch V
Juneau, AK 99811

Dear Senator Hackney,

I am writing in support of Senate Bill number 88 relating to truant children.

The juvenile statutes which were adopted a couple of years ago took out any specific wording regarding truancy. Thus no one wants to touch the problem. What we have in effect is a compulsory attendance law with no effective way to enforce it. I have been advised by both our school attorney, Mr. Randy Weddle of Juneau, and the Assistant District Attorney, Mr. Jim Hanley, that it is virtually impossible to use the compulsory attendance law as one must prove "willful intent" on the part of the parent.

These are not situations where we wish to see anyone punished and I never saw anyone punished under the old statute unless other things were brought into the case besides truancy. It seems to be sufficient to have a couple or three cases a year brought before a judge and have him lay out the alternatives to discourage further truancy. This also acts as a deterrent to others who might be tempted to be truant from school. In some of my past cases the judge determined that it was not the fault of the child but that of the parents. In either case it brings the situation to the attention of someone who has the power to do something about it.

It has been my experience that when students are habitually truant from school they end up getting into other trouble with the law when they should have been in school.

I urge passage of Senate Bill 88 so that schools again have an effective tool to see that children are in school attendance as they should be to become productive citizens.

Sincerely,

Daniel D. Dunsing

Daniel D. Dunsing, Principal
Blatchley Junior High School

DDD/ll

cc: Senator Meland

Box 1732
Sitka, Alaska
February 15, 1979

Senator Hackney:

I would like to express my concern over the too frequent situation of children under the age of 16 years who attend school only sporadically and whose education is then severely limited. Many of these children begin having serious attendance problems in fifth or sixth grade - sometimes earlier. At this time the Court has been unwilling to give attention to this problem, even after unsuccessful efforts to work with the family.

I hope that Senate Bill #88, presently in committee, will help by providing one more alternative in working with these students and their parents. Please support this bill.

Thank you

Susan White



SCHOENBAR JUNIOR HIGH SCHOOL
217 Schoenbar Road
KETCHIKAN, ALASKA
99901

CHARLES MARKSHEFFEL, Principal

February 27, 1979

Senator Glen Hackney, chairman
Health Education and Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

This is to ask your support of Senate Bill 88.

Without teeth in a truancy law we will continue to lose students who at 13 and 14 years of age make their own decisions as to school attendance.

Thank you.

Sincerely,

C. Marksheffel

CC: Pete Meland

GREATER SITKA BOROUGH SCHOOL DISTRICT
ACCREDITED BY THE NORTHWEST ASSOCIATION OF SECONDARY SCHOOLS & COLLEGES



P. O. BOX 179 SITKA, ALASKA 99835

NELAND J. HAAVIG
SUPERINTENDENT

Etolin Street School
February 7, 1979

Senator Glenn Hackney
Chairman
Health, Education, and Social Services Commission
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

Ever since the "child in need of supervision" category was wiped off the books several years ago, there have been no teeth in the compulsory school attendance laws of this state. As an elementary school principal in Sitka, I have observed numerous occurrences of habitual absence from school on the part of young school-age children. In all of these cases there was neglect on the part of the parents of these children, in my opinion, and the state is doing nothing to correct this bad situation.

I go to a lot of effort to document cases, then turn the information over to Division of Family Services or to the State Division of Corrections. They try, in many cases, to help, by contacting the parents and talking to them. But there seems to be little they can do based on poor attendance at school, alone.

It is not my wish that the schools take over the affairs of parents. But when those parents violate the laws of the state by not seeing to it that their children get to school regularly, or when a parent cannot handle a child and the child will not go to school or do anything else his or her parents tell him to do, that child needs some kind of supervision.

I therefore support Senate Bill 88 and urge that your committee recommend it to the full Senate.

Very truly yours,

Ronald A. Rhodes

Ronald A. Rhodes
(Principal)

RAR:dem
Enclosure
Copy to Senator Pete Meland

STATE OF ALASKA

JAY S. HAMMOND
GOVERNOR

DEPARTMENT OF EDUCATION

OFFICE OF THE COMMISSIONER | POUCH F--ALASKA OFFICE BUILDING
JUNEAU 99811

March 7, 1979

Senator H.D. Meland
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Meland:

Re: Our Telephone Conversation
Concerning SB-88

After discussing your bill with some attorneys, it appears that enactment of the legislation proposed in the above referenced bill could facilitate the remediation of habitual truancy problems.

I would be willing to testify in favor of the bill should it come up for hearing in a legislative committee.

Sincerely,

Steve Hole
Education Administrator

cc: EILH

GREATER SITKA BOROUGH SCHOOL DISTRICT
ACCREDITED BY THE NORTHWEST ASSOCIATION OF SECONDARY SCHOOLS & COLLEGES

P. O. BOX 179 SITKA, ALASKA 99835

NELAND J. HAAVIG
SUPERINTENDENT

December 15, 1978

Senator Pete Meland
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Pete,

Time is rolling by and I wanted to make contact with you on the truancy matter one more time before the 1979 Legislature gets under way.

I asked Robert Schell, Baranof Elementary Principal, to bring the truancy subject up at the Alaska Elementary Principals' meeting this year. He reported back to me that he didn't have to as others had the same concern and brought up the subject. He assures me that there will be a letter coming from the Elementary Principals' Association supporting our proposed legislation. Perhaps you can advise us as to where such a letter should be directed and what other kinds of support would be helpful.

Also, enclosed is a letter from the school attorney outlining an interesting problem due to the new statutes.

Have a pleasant Holiday.

Sincerely,

Daniel D. Dunsing, Principal
Blatchley Junior High School

DDD/ll

Enclosure

DEC 7 REC'D

LAW OFFICES OF
FAULKNER, BANFIELD, DOOGAN & HOLMES
SUITE 201, 311 FRANKLIN STREET
JUNEAU, ALASKA 99801
(907) 586-2210
TELEX 090-48-338

NORMAN C. BANFIELD
MICHAEL M. HOLMES
*RANDALL J. WEDDLE
WILLIAM B. ROZELL
LAWRENCE T. FEENEY

CHARLES N. BRENNAN
TOM BATCHELOR
ANTHONY M. SHOLTY
JAMES R. WEBB
*JAMES N. REEVES

HERBERT L. FAULKNER (1882-1972)
FRANK M. DOOGAN (1923-1977)
*ANCHORAGE OFFICE

ANCHORAGE OFFICE
510 FIRST NATIONAL BANK BLDG.
425 G STREET
ANCHORAGE, ALASKA 99501
(907) 274-0666
TELEX 090 28-455

November 29, 1978

Neil Haavig, Superintendent
Greater Sitka Borough School District
P. O. Box 179
Sitka, Alaska 99835

Dear Neil:

The California Supreme Court has recently handed down a decision of some importance to school districts. Since there is no Alaska case law directly on this point and since the Alaska Supreme Court often looks to the California Supreme Court as new law develops, this decision could have an impact on the potential liability of school districts in this state.

In Hoyem v. Manhattan Beach City School District, the ten year old plaintiff had left the school grounds, apparently without the knowledge of the administration, while classes were still in session. He was thereafter struck by a motorcycle at a public intersection and was seriously injured.

He sued the school district on the grounds that the accident was a proximate result of the school district's negligent supervision of him in failure to keep him on the school premises. The school district moved to dismiss the Complaint on the grounds that they could not be liable for his leaving the school premises contrary to regulations and a resulting accident which occurred off the school grounds.

The California Supreme Court ruled that the Complaint did state a claim against the district and that it was a jury question as to whether the district had been negligent in failing to properly supervise the plaintiff and whether the accident was a proximate result of that failure. The case has now been sent back for a jury trial on these issues.

Although this was a decision by a narrowly divided Court (4-3), it poses a potential expansion of district liability if it is to be followed in this state. It is particularly troubling since, given the recent amendments to the Children's Code which make truancy prosecutions exceedingly difficult if not impossible, districts will have their truancy procedures strictly scrutinized if they ever find themselves in a case such as this one. Although there may well be cause for frustration as to the effectiveness of procedures to restrict truancy problems, it would appear that just from the potential liability standpoint it is important that district personnel continue to advise parents of truancy problems and follow the other procedures which the district may specify in this regard.

Yours very truly,

Lawrence T. Feeney

LTF:am

Truancy File

Superior Court

State of Alaska

FIRST JUDICIAL DISTRICT
JUNEAU COURT and OFFICE BUILDING
POUCH U
JUNEAU, ALASKA
99811

CHAMBERS OF
THOMAS B. STEWART, JUDGE

May 9, 1978

The Honorable H. D. "Pete" Meland
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Pete:

This is in response to your letter of May 3, 1978, asking my comments on Senate Bill 490, concerning truant children. At the outset I should note that whatever is said in this letter constitutes only my own views and does not in any way reflect the views of any other judges or of the court system at large. I cannot speak officially on behalf of the court system concerning any legislation.

Among the materials you forwarded was a memorandum from Joseph A. Guthrie of the Legislative Affairs Agency which purports to state that I have refused to exercise any jurisdiction at all over truants. This is not a correct statement, and I do not know where Mr. Guthrie may have obtained it. In fact, no one has sought to charge a minor before me as a delinquent because of truancy, and accordingly I have never had any occasion to rule on the question judicially. It is possible his comment came at second or third hand because of some discussions in which I and other judges informally raised questions about the meaning of various provisions of the children's code as substantially amended in 1977.

It seems apparent from those revisions of last year that the major effort at revision of the juvenile code, which was largely sponsored by an active group in Anchorage, included an intent to take truant children, and others who were not delinquent in the sense

of violating criminal laws, completely out of treatment by the juvenile justice system. In other words the intent appeared to be to have problems such as truancy, alcoholism and other matters handled by agencies not connected with the police, district attorneys, or courts. This is a view that has affected the juvenile laws in many states throughout the nation in recent years. Without commenting on the overall merits of this view, I would at least express concern that this removal of so-called "status offenders" from the justice system leaves a void, unless some other societal agencies are prepared to address the problems and needs of these minors in some meaningful way. Many hold the view, for example, that truancy is a matter that should be handled within the confines of the school system and their relationships with parents, and this view seemed to be reflected in the amendments to the juvenile code that were adopted last year. You may be able to confirm this in more detail, if you wish, by contacting Andrew Brown, the attorney who prepared the language at the behest of the group which sponsored the amendments. Another person knowledgeable in this area would be Betsy McGuire, who was executive director of the office of child advocacy (since abolished) that coordinated the efforts.

Senate Bill 490 as drafted would of course make clear that truancy is a matter that should be handled through the courts, and the language proposed would seem to be fully sufficient for that purpose.

With respect to the amendment that suggests some changes in AS 14.30.045 and .030, it appears that this language would broaden the utility of the compulsory school attendance law to enable prosecution, or the threat of prosecution, of parents who are not responding when their children are truant. I am in general inclined to view that this statute is addressed to parents and is not a suitable vehicle for finding a child delinquent. Again, however, this is a view not determined from any case brought against a child to find him or her delinquent as a result of truancy. Accordingly, I would not want any statements made here to suggest the position I might take in a case where that issue is appropriately argued and submitted for judicial treatment. I am generally in accord with the views expressed to you by others that intent to violate the statute must be found before a conviction could occur, and this complicates the enforcement of these provisions of the law. The language offered would appear to be suitable to accomplish the purpose apparently intended.

Please let me know if I can be of any further assistance on this subject, which I would be glad to discuss with you informally if you wish to call.

With personal regards,

Very truly yours,

Thomas B. Stewart
Presiding Judge

STATE OF ALASKA
THE LEGISLATURE
LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

MEMORANDUM February 3, 1978

SUBJECT: Court Jurisdiction over Truant Children (W.O. 4818)

TO: Senator H.D. Meland

FROM: Joseph A. Guthrie, Legislative Counsel

Mr. Dunsing's problem arises from a legal dispute over the coverage of AS 47.10.010(a), following its amendment last year by sec. 32, ch. 63, SLA 1977. AS 47.10.010(a) lists those acts committed by children, or situations in which children may find themselves, which if established by proof, give the court "jurisdiction" over a minor child. In this context, jurisdiction refers to a legal relationship between the court and the child whereby the court has the power to impose any of the number of dispositions (e.g. institutionalization, probation, termination of parental rights) on a child found to be under the court's jurisdiction.

Prior to last year's amendment, AS 47.10.010 provided that a court could exercise jurisdiction where a child was proven to be "habitually truant." That phrase was removed by sec. 32, ch. 63, SLA 1977.

The legal dispute is over whether a court can still exercise jurisdiction over a truant. The district attorneys and Judge Craske say that jurisdiction can still be exercised by finding a child to have violated AS 14.30.010 and AS 14.30.020 (the compulsory school law) and thus by virtue of those violations of laws, a delinquent under AS 47.10.010(a)(1). Judge Stewart, on the other hand, argues that the intent of the legislature in enacting sec. 32, ch. 63, SLA 1977 would be violated in finding a truant delinquent and therefore refuses to exercise any jurisdiction at all over truants.

This ambiguity could be solved by adding the words "habitually truant from school" to AS 47.10.010(a)(2)(A), thereby making it read:

> Sec. 47.10.010. JURISDICTION. (a) Proceedings relating to a minor under 18 years of age residing or found in the state are governed by this chapter, except as otherwise provided in this chapter, when the court finds the minor
>
> (2) to be a child in need of aid as a result of
>
> (A) the child being habitually absent from his home, habitually truant from his school, or refusing to accept available care, or having no parent, guardian, custodian, or relative caring or willing to care for him, including physical abandonment by...

Please let me know what you want to do.

JAG:hjd

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF LAW

CRIMINAL DIVISION

POUCH KC – STATE CAPITOL
JUNEAU, ALASKA 99811

June 5, 1978

The Honorable H. D. "Pete" Meland
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Re: Senate Bill 490

Dear Senator Meland:

Your letter of May 3, 1978, to Juneau District Attorney Larry Weeks concerning the problem of children truant from school has been referred to my office for response. Please accept my apologies for the delay but we have been tied up until just the other day in work with Senate Judiciary on the proposed revision to the criminal code.

As I understand it, what you wish to accomplish through the referenced legislation is to permit the superior court to become involved in serious truancy matters without the necessity of proving that a crime under AS 14.30.090-.040 (the compulsory education provisions) has been committed.

Your question is whether the bill as originally introduced or the proposed amendment attached to your letter would adequately address the issue. It is our opinion that the better approach is embodied in the original version of SB 490.

The original version of the bill directly and concisely clarifies the jurisdictional question concerning habitual truants and would clearly permit court intervention without resorting to criminal proceedings and attaching the stigma of delinquency to the child. An habitually truant child would be deemed as a "child in need of aid" under AS 47.10.010(1)(2) and would be treated in a similar manner as the other statutory categories of runaway and abandoned children.

03-C7LH

The proposed amendment attached to your letter would accomplish two things unrelated to the goal of the original version of the bill. First, section 1 of the amendment would permit an habitually truant child to be suspended from school. It is our imprsssion from the supporting materials attached to your letter that the desired result is to require children to attend school and not to prohibit them from doing so. Second, section 2 of the amendment merely makes specific what has always been apparent from the face of the statute, that parents and guardians may be criminally charged with a violation of the compulsory education law.

I trust that we have been responsive to your inquiry. If you have any further questions, please do not hesitate to let us know.

Very truly yours,

AVRUM M. GROSS
ATTORNEY GENERAL

By: Daniel W. Hickey
Daniel W. Hickey
Chief Prosecutor

DWH/mt

SB
89

SB 89 S. HESS An Act requiring competitive bidding on postal transportation contracts.
By: Kerttula.

Introduced 1-31-79
Logged 1-31-79
Referred Finance
Comm. meeting - 3-7-79 - held
Comm. Action

notified: Kerttula
Bob Bruce
Janice Bates

Sec. 37.05.220. Purchasing agent. The Department of Administration is the purchasing agent for the state. The department shall

(1) purchase, rent, or otherwise provide for the furnishing of supplies, materials, equipment, or contractual services for all state agencies;

(2) have power to authorize an agency to purchase directly certain specified supplies, materials, equipment, or contractual services under conditions and procedures prescribed in § 230 of this chapter;

(3) prescribe the manner in which supplies, materials, and equipment shall be purchased, delivered, stored, and distributed;

(4) prescribe the time, manner, authentication, and form of making requisitions for supplies, materials, equipment, and contractual services;

(5) fix standards of quality and quantity and develop standard specifications after consultation with the several state agencies, and approve or determine final specifications;

(6) have power to transfer to or between agencies or to sell or trade in supplies, materials, and equipment of agencies which are surplus, obsolete, or unused; and the department shall make proper adjustments in the accounts of the agencies concerned;

(7) prescribe the manner of inspecting deliveries of supplies, materials, and equipment and of making tests of samples submitted with bids and samples of deliveries to determine compliance with specifications;

(8) prescribe standard forms for bids and contracts for construction, purchases of supplies, and other purposes, which bids and contracts may contain provisions which the department considers necessary; but all contracts for construction shall require the filing of an acceptable performance bond and a penalty provision for failure to perform the contract according to its terms;

(9) provide for other matters which may be necessary to carry out the provisions of this chapter and the rules and regulations adopted under it. (§ 1 art IV ch 82 SLA 1955; am §§ 6, 7 ch 186 SLA 1957; am § 1 ch 55 SLA 1960)

Am. Jur. and C.J.S. references. — 42 Am. Jur., Public Funds, § 1 et seq.
81 C.J.S. States §§ 168 to 176.

Sec. 37.05.230. Competitive bids. In the manner provided in this chapter and rules and regulations established under it

(1) a contract for construction and repairs, or a purchase of and contract for supplies, materials, equipment, and contractual services must be based on competitive bids; an award shall be made to the lowest responsible bidder after advertising for bids, except that (A) Repealed by § 2 ch 92 SLA 1967; (B) a bid shall be awarded to an Alaska bidder if his bid is not more than five per cent higher than the lowest nonresident bidder's; and (C) competitive bids need not be required (i)

for contractual services where no competition exists; (ii) for sales involving fair trade items; (iii) when, in the judgment of the purchasing agent, food, clothing, or medical supplies, or materials for use in laboratory and experimental studies may be purchased otherwise to the best advantage of the state; (iv) where rates are fixed by law or ordinance; (v) for items traded in on like items; or (vi) for professional services;

(2) if the amount of the contractual services, purchase, or sale is estimated to exceed $2,500 sealed bids shall be solicited, when practicable, by publication in a newspaper calculated to reach prospective bidders and by posting notices in public places within the area where the work is to be performed or material furnished and in addition the department may also designate a trade journal for publication; the department shall also solicit bids by sending notices by mail to all active prospective bidders known to it and all bids shall be sealed when received, and shall be opened in public at the hour stated in the notice; the department may negotiate directly if it finds that it is in the best interests of the state;

(3) a contractual service, purchase, or sale where the known requirements are estimated to be less than $2,500 may be made either upon competitive bids in accordance with (2) of this section or in the open market, in the discretion of the department; but, so far as practicable, shall be based on at least three competitive bids and recorded as provided in § 240 of this chapter; small purchases of less than $300 in the discretion of the department may be made on the open market, and may be by cash payment from petty cash accounts set aside for that purpose; the department shall determine the amount of the petty cash accounts needed by each state agency, and inspect the petty cash accounts at least once each year to determine that the total plus amounts of receipts for unreplenished disbursements is equal to the fixed sum of cash set aside; shortages in petty cash accounts are a personal liability of the responsible head of the agency to whom the account is set aside; the department shall make all necessary rules and regulations governing use and replenishment of petty cash funds;

(4) the provisions of this section relative to competitive bids do not apply to contracts for the operation of transportation systems for students to and from the schools within the state, as are authorized under AS 14.10.070; and these contracts may be awarded by bid or negotiation and, at the discretion of the Board of Education, may be awarded for periods of three years or less;

(5) an "Alaska bidder," for the purpose of bid awards under (1) (3) of this section, is a person who

(A) holds a current Alaska business license,

(B) submits a bid for goods or services under the name as appearing on his current Alaska business license,

(C) has maintained a place of business within
six months immediately preceding the date o
(6) the competitive bid requirements of this s
air taxi services used by state employees wher
executed; the department affected shall pay th
tariff rates as published by him with the Air Tran
for the type of aircraft required; the tariffs
throughout the state and may reflect the divers
areas of the state; the air taxi service used in eac
by the state employee who is to fly in the aircra
state employee is flying in the aircraft by the en
cases the air taxi operator shall have complied
02.05.260 and other prequalifying regulation
department.

(7) the provisions of this section relative to an
apply to contracts estimated to exceed $5,000, o
of Transportation and Public Facilities, which a
35.15, or the Department of Highways, which a
19.10.

(8) the provisions of this section relative to
apply to the purchase of products or services ma
by a sheltered workshop. (§ 3 art IV ch 82 SL
23 ch 186 SLA 1957; am § 1 ch 77 SLA 1959; a
am § 1 ch 82 SLA 1964; am §§ 1, 2 ch 92 SLA
1970; am § 1 ch 92 SLA 1975; am §§ 1, 2 ch 1

Cross reference. — As to preference of producers or dealers in Alaska in making purchases or awarding contracts for supplies, see AS 36.20.010.

Effect of amendments. — The first 1975 amendment added paragraph (8).

The second 1975 amendment substituted "$2,500" for "$1,000" near the beginning of paragraphs (2) and (3) and substituted "$300" for "$100" near the middle of paragraph (3).

Editor's note. — AS 14.10.070, referred to in paragraph (4), was repealed by § 59, ch. 98, SLA 1966.

Pursuant to Executive Order No. 39 (1977), the reference to the Department of Transportation and Public Facilities has been substituted for a reference to the Department of Public Works in paragraph (7).

Legislative committee reports. — For report on 1962 amendment, see 1962 House Journal, pages 591, 592. For report on ch. 194, SLA 1975 (SB 279 am), see 1975 House Journal, p. 1541.

The purpose of this chapter was not only to protect the state and the public purse from uneconomical failure to r
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(C) has maintained a place of business within the state for a period of six months immediately preceding the date of his bid.

(5) the competitive bid requirements of this section do not apply to air taxi services used by state employees when no formal contract is executed; the department affected shall pay the air taxi operator the tariff rates as published by him with the Air Transportation Commission for the type of aircraft required; the tariffs need not be uniform throughout the state and may reflect the diverse conditions of various areas of the state; the air taxi service used in each case shall be selected by the state employee who is to fly in the aircraft, or if more than one state employee is flying in the aircraft by the employee in charge; in all cases the air taxi operator shall have complied with AS 02.05.010 — 02.05.260 and other prequalifying regulations established by the department.

(7) the provisions of this section relative to an "Alaska bidder" do not apply to contracts estimated to exceed $5,000, of either the Department of Transportation and Public Facilities, which are authorized under AS 35.15, or the Department of Highways, which are authorized under AS 19.10.

(8) the provisions of this section relative to competitive bids do not apply to the purchase of products or services manufactured or provided by a sheltered workshop. (§ 3 art IV ch 82 SLA 1955; am §§ 8 — 10, 23 ch 186 SLA 1957; am § 1 ch 77 SLA 1959; am § 1 ch 158 SLA 1962; am § 1 ch 82 SLA 1964; am §§ 1, 2 ch 92 SLA 1967; am § 1 ch 61 SLA 1970; am § 1 ch 92 SLA 1975; am §§ 1, 2 ch 194 SLA 1975)

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Legislative committee reports. — For report on 1962 amendment, see 1962 House Journal, pages 591, 592. For report on ch. 194, SLA 1975 (SB 279 am), see 1975 House Journal, p. 1541.

The purpose of this chapter was not only to protect the state and the public purse from uneconomic contracts let because of failure to request competitive bids and because of possible favoritism, but was also to insure that contractors would be insured a certain amount of "fair play" in dealing with the state government and in competing with one another for state contracts. 1959 Op. Att'y Gen., No. 27.

Preparation of regulations as prerequisite for bidding. — For an opinion of the attorney general as to the preparation of regulations to be submitted to the secretary of state pertaining to the prequalification of contractors as a prerequisite for bidding on construction projects, see 1959 Op. Att'y Gen., No. 27.

And filing thereof. — For an opinion of the attorney general as to filing regulations pertaining to the prequalification of contractors as a prerequisite for bidding on construction projects, see 1959 Op. Att'y Gen., No. 27.

Publication of regulations concerning bidding and letting of contracts. — See same catchline in note to AS 37.05.020.

Bids required for exclusive lease or franchise. — The state cannot grant an

SB
90

COMMITTEE REPORT

SENATE

FURTHER: Finance

1/31/79

Date: Feb. 21, 1979

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 90

supplemental appropriation to University of Alaska for acquisition of library books

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Lowell Thomas, Jr.

Betty Fahrenkamp

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Ingram - none

Glenn Godfrey
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

SB 90
By: Hechinger
& Bereuter

"An Act making a [illegible] SHESS 79-88
[illegible] for the [illegible] of
[illegible] books and [illegible]

Introduced: 1-31-79
Logged:- 1-31-79
Referrals: Finance
Comm. Meeting 2-21-79
" action Passed

48 214
SJR 14

MEMORANDUM

TO: Senator Hackney

FROM: Garrey Peska

DATE: February 27, 1979

RE: SUPPORT FOR S.B. 90

	Total Appropriated	Amount Vetoed	Amount Left
Fairbanks Campus	$ 300,000	$ 200,000	$100,000
Anchorage Campus	$1,500,000	$1,000,000	$500,000
Juneau Campus	$ 38,400	$ 38,400	-0-
Total	$1,838,400	$1,238,400	$600,000

SB 90

Sen. Hackney. SB 90 proposes to equalize somewhat the library appropriation for the University of Alaska. The library appropriation as it went through last year was an interesting animal. There was a decision made in the wisdom of the legislative bodies that the funding for the U of A for books would be put in under a capital budget instead of under operations. The governor saw that figure coming by the desk of there when squeeze time came and he squeezed it to the tune of near a million dollars.

It hurt the campus in Fairbanks so badly that they literally were unable to renew their magazine subscription. They did manage to do that much of it out of the governor's contingency fund of $30,000. You'll notice there are three figures in here: $150,000 for Fairbanks, $40,000 for Juneau and $10,000 for Kenai. Anchorage is not included in here and there is a very good reason for that. Their funding did get cut but they came out smelling like a rose compared to the rest of the campuses. They came out with a half million dollars last year due to the manner in which the governor vetoed that bill. He divied it up in an entirely different manner so that Anchorage came out of it with about half a million out of a total appropriation of a million and a half. The million and a half was the amount that went in under the capital budget last year.

The million and a half was the total appropriation. When the governor whacked that . . .

Books were a $1,500,000, the governor vetoed a million of that, 500,000 went to Anchorage and nothing went to the other campuses.

Sen. Fahrenkamp. The only thing Fairbanks got was the appropriation of $30,000 from the governor's contingency fund to continue subscriptions.

Sen. Hackney. There were some students who were down here and talked to me specifically about the Juneau campus and Kenai campus. The community college in Kenai were actually sharing books in some of the courses that were presented at that community college this year. It was that bad down there. The Juneau campus was in really tough shape because they got nothing last year either for books. The students who were in here from Juneau said that $40,000 would at least give them a start. That's the reason this bill was structured in that manner. If there isn't objection to the numbers, I would like to move this on to the Finance Committee.

Sen. Fahrenkamp. We are doing everything we can do, we are allowing credits, we're trying in every way we can to get students to attend school within the University, especially in courses that are offered. But if you don't have the necessary

library facilities, no matter what course you are taking you are handicapped. I for one would like to see this moved through.

Sen. Sturgulewski. The only concern I would have on this is that there are probably other schools where this has hit and perhaps we haven't heard of them.

Sen. Hackney. The governor really got some bad advise from his staff last year. That's the only thing that we can figure out. He apparently thought there was money in the regular budget in addition to the million and a half. He felt that by whacking a million and a half down to $500,000 in addition to what was in there he was doing a good thing.

Sen. Ferguson. There are some other community colleges that didn't get any bucks either. Northwest, the one in Nome has a problem, there are a number of them.

I'll try and get the figures and let you (Sen. Hackney) have them in Finance.

Sen. Sturgulewski moved the bill out with individual recs.

UNIVERSITY OF ALASKA

LIBRARY AND MEDIA SERVICES

FOUR-YEAR CAMPUSES

FY 1978

Library statistics used in this study reflect the programs of all library and media services facilities on each campus. They are the statistics reported by each director for inclusion in the Annual Statistical Report, University of Alaska Libraries, published by the Rasmuson Library of the Fairbanks Campus. Statistics are for FY 1978, the most recently completed year. Enrollment count is as of the Spring Semester 1978 and the volume count is as of June 30, 1978.

Library and Media Expenditure
For Each F.T.E. Student Enrolled

Fairbanks	$715
Juneau	395
Anchorage	299*

Volume Ratios: Volumes Owned
Per F.T.E. Student Enrolled

Fairbanks	152
Juneau	62
Anchorage	44*

Staff Ratios: Library and Media
Professionals to Students

Fairbanks	1:136
Juneau	1:201
Anchorage	1:354*

*Includes resources of Alaska Health Sciences Library

UNIVERSITY OF ALASKA, ANCHORAGE

LIBRARY STUDY
(Excluding Media)

Table 1, Volumes Owned. The study shows the number of volumes per full-time equivalent student in the University of Alaska, Anchorage Library compared with seven publicly-supported Northwest university libraries. Statistics for libraries outside Alaska are for the year ending June 30, 1977. Statistics for Alaska campuses are as of June 30, 1978, and enrollment statistics for Alaska campuses are as of the Spring Semester 1978.

Volumes Owned Per F.T.E. Student:

1.	University of Alaska, Fairbanks Libraries	152
2.	University of Nevada, Reno	84
3.	Washington State University, Pullman	65
4.	University of Idaho, Moscow	59
5.	University of Washington, Seattle	56
6.	Oregon State University, Corvallis	50
7.	University of Alaska, Anchorage	44*
8.	Montana State University, Bozeman	37

Mean number of volumes per F.T.E. student: 68

Table 2, Library Staff (Excluding Media). Number of full-time equivalent students served by each full-time equivalent professional librarian in the University of Alaska, Anchorage Library, compared with seven publicly-supported Northwest universities (excluding media services). Statistics for Library staff on Alaska campuses are those reported by each director for inclusion in the Annual Statistical Report, University of Alaska Libraries, published by the Rasmuson Library of the Fairbanks Campus. Enrollments for Alaska campuses are as of the Spring Semester 1978. Statistics for campuses outside Alaska are those reported to the U.S. Office of Education for 1977, the latest data available in Alaska.

Professional Staff:

1.	University of Alaska, Fairbanks Libraries	195
2.	Washington State University, Pullman	284
3.	University of Nevada, Reno	334
4.	University of Washington, Seattle	355
5.	University of Idaho, Moscow	400
6.	Oregon State University, Corvallis	499
7.	University of Alaska, Anchorage	472*
8.	Montana State University, Bozeman	579

Mean number of F.T.E. students served by each full-time professional librarian: 390

*Includes resources of Alaska Health Sciences Library

Special Legislative Appropriations to UAA Library and Media Services, 1977-1979

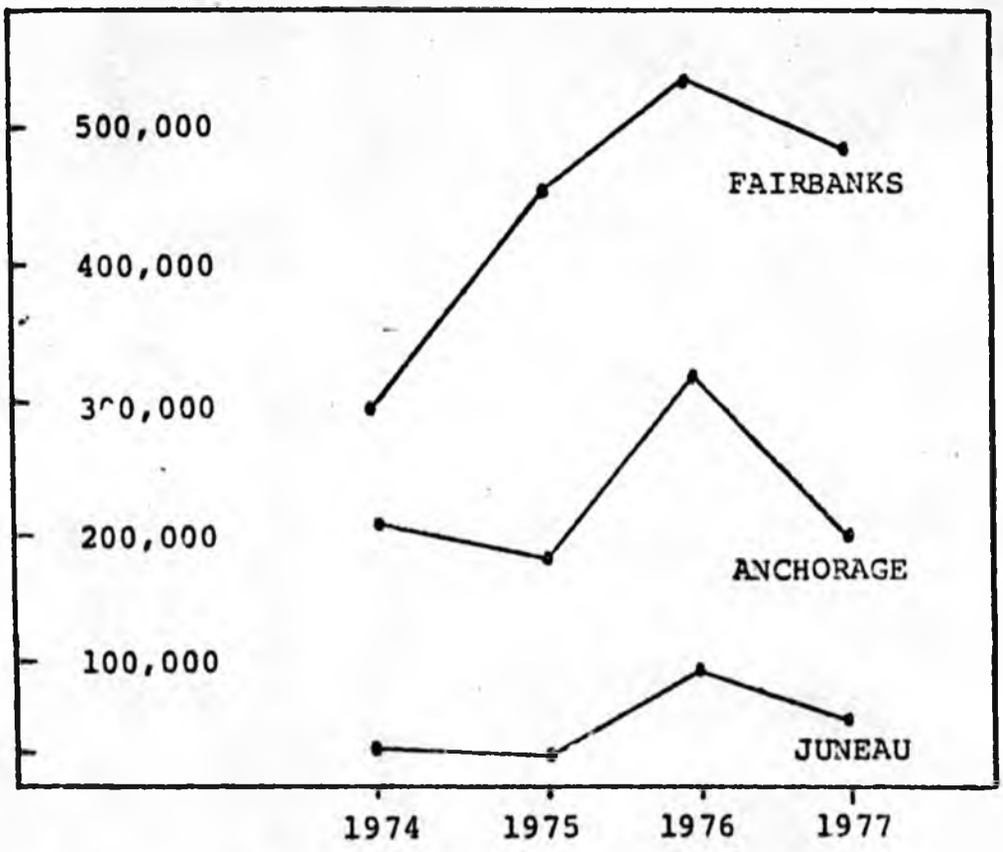
Year and Item	Amount Appropriated	Vetoed by	Amount Vetoed	Amount Remaining
1977				
Establishment of MSS Dept. (Pipeline Papers)	$ 100,000	Governor advised by U of A President	$ 100,000	-0-
Library Equipment	50,000		50,000	-0-
Media Equipment	250,000		200,000	$ 50,000
1978				
Books	250,000	Governor	175,000	75,000
Library Equipment	50,000		50,000	-0-
Media Equipment	250,000		250,000	-0-
1979				
Books	1,500,000	Governor with advice of U of A Financial Vice President in memo form	1,000,000	500,000
Media Equipment	200,000		50,000	150,000
TOTALS	$2,650,000		$1,875,000	$ 775,000

UNIVERSITY OF ALASKA

FOUR-YEAR CAMPUS LIBRARIES

Comparative Expenditures for Books, Microfilm and Binding

1974 - 1977



Kenai 414 FTE

SB

124

COMMITTEE REPORT

SENATE

FURTHER: Finance

2/8/79

Date: 2/9/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 124

relating to general relief assistance

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation INDIVIDUAL

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Betty Fabrenkamp No Rec

Mike Colletta No Rec

Curtis Sturgeon Meds substantial amendment

Glenn Hackney
CHAIRMAN

DO PASS IF AMENDED

S 60 (Rev. 12/78)

AB 124 "An act relating to general S. HESS 79-80
By Tillina relief; repealing ... providing for an effective date."

Introduced 2-8-79
Logged 2-8-79
Referred Finance
Comm. meeting 3-9-79
" action (2) no rec. COLLETTA FARRENKARP (2) Pass if amended HACKNEY STURGULEWSKI

Taken from table Hearing @ 8:30 a.m. 3-12-79

Spoken to HESS "

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC ASSISTANCE

POUCH H-07 – JUNEAU 99811

March 14, 1979

The Honorable Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

During departmental testimony of Senate Bill 124 you requested that the Division of Public Assistance develop a public service employment (PSE) program which could be inserted into the state's General Relief Program.

Attached please find an addendum to our initial position paper of Senate Bill 124 describing such a PSE program and related costs.

We have considered this proposal very carefully and feel it reflects a reasonable approach to the work issue. Admittedly we have very little experience in the administration of a work placement program, but this proposal and our cost estimates reflect our understanding of what the PSE program would entail as well as what it would cost.

I hope this is of some value to your committee's efforts to resolve the work issues raised in Senate Bill 124.

Please let me know if I may be of any further assistance.

Sincerely,

Rod Betit

Rod Betit
Director

RB:as

Attachment

POSITION PAPER/Department of Health & Social Services

ADDENDUM TO

POSITION PAPER

ON

SENATE BILL 124

The Division of Public Assistance, Department of Health & Social Services shall have the responsibility for the administration of the Public Service Employment program. General provisions of this program shall include:

(1) DESIGNATION OF PSE PARTICIPANTS:

All able-bodied recipients shall be required to meet the requirements of the PSE program unless exempted under one of the following provisions:

(a) persons physically or mentally disabled

(b) minor children living in the home of the recipient

(c) persons age 60 years of age or older

(d) persons who have the primary responsibility or the care of a minor child or other disabled person.

(2) WORK REQUIREMENTS:

(a) If unemployed for reasons other than voluntary separation without good cause or separation for misconduct within the prior 90 days, the individual shall register for work both in the PSE project and through the Department of Labor ES registration process.

(b) Each individual in (a) above must actively seek gainful employment and or not refuse to accept employment when offered.

(c) If entitled to UI benefits must apply for and exhaust all of those benefits. If the amount of those UI benefits are less than the specific need for which the applicant is applying, supplemental assistance may be granted to meet that need providing that the amount of assistance does not exceed the maximum amount of $80 per person per month and providing UI income is within GR standards.

(3) DISQUALIFICATION PERIODS:

(a) Applicants or recipients who refuse or fail to comply with any of the requirements or conditions of the GR program shall be disqualified or denied assistance. The disqualification or denial of one member of the household shall exclude the entire assistance unit from the program.

(b) Disqualification Periods - Non-compliance of the GR work requirements will result in disqualification and exclusion from the program for a period of 6 months. These six month disqualification periods shall include:

1. Quitting a job without good cause

2. Being fired from a job for misconduct

3. Refusing or failing to exhaust UI benefits or any other prior resource available to the individual.

4. Refusing an offer of bonafide employment.

5. Refusing to participate in the PSE program.

At the end of the disqualification period the individual must reapply and satisfy all requirements in order to receive GR benefits.

(4) AVAILABILITY OF WORK PROJECTS:

During period of time when the PSE bank does not have enough projects to assign all recipients to a project, the recipient shall be required to report to the PSE Coordinator and be available for assignment for a thirty day period. At the end of the thirty day period, if the recipient has not been assigned to a project, he will have met his work assignment requirement.

(5) JOB OFFER WHILE PARTICIPATING IN PSE:

If an individual is engaged in a PSE project and is notified that he has a bonafied offer of employment the offer of employment will have presedence over the work project and no penalty for noncompletion of the PSE project will be enforced.

(6) ABSENCE FROM PSE ASSIGNEMENT:

If an individual fails to complete or appear for the PSE project, the individual shall be given an opportunity to complete the project, without penalty, providing that the days missed are completed within seven days from the first infraction. Days missed shall include all excused or unexcused absentees. Failure to make up the day(s) missed for unexcused absences shall result in disqualification from future eligibility to the program for a period of six months.

(7) WORK PROJECTS:

The following criteria shall be considered in establishing PSE projects:

1. Provide jobs which, to the extent possible, utilizes, nurtures and sustains the productive capacities of the individual.

2. Accomplishes work which, otherwise may not be undertaken due to the absence of regular positions and or funds.

3. Is of a nature which entails little or no expense to the State.

POSITION PAPER/Department of Health and Social Services

(8) PUBLIC SERVICE EMPLOYMENT ADMINISTRATION RESPONSIBILITY:

In order to implement the PSE program the division shall establish in each of its five regions a PSE coordinator, with one PSE assistant in the Anchorage region. The position of PSE Coordinator will be required to have an in-depth knowledge of the GR program eligibility factors, experience in personnel management, and extensive knowledge of employment availability and job development. Based on current position description and experience requirements, this new classification would be comparable to the Eligibility Worker III position.

The PSE in each region would screen, interview and provide the GR applicant with a work project after establishing that the applicant has met the eligibility criteria for the GR assistance program. The PSE would have a work bank which would be in the result of requests from public service employment agencies. The participant in the PSE program would be required to participate in PSE for approximately three days per month to satisfy the grant amount of $80 maximum per month (minimum wage times 8 hours per day result in approximately three to three and a half work days). Non-participation in the required three work days each month would result in disqualification from the GR program.

(9) GRANT AMOUNTS

Grant amounts will be paid up to a maximum of $80 per person per month. For households containing more than one person the participating household member(s) shall be required to participate in the PSE program until that individual(s) has equaled in work hours the grant assistance amount.

FISCAL IMPACT

The fiscal impact of establishing this classification for the PSE program will be approximately $134,977. (five PSE coordinators times $22,827 = $114,135 plus $20,852 for the Anchorage assistant)

Rod Betit 3/15/74
Rod Betit, Director Date
Division of Public Assistance

Catherine M. Lowe 3/15/74
Helen D. Beirne, Commissioner Date
Department of Health & Social Services

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

February 7, 1979

MEMORANDUM

SUBJECT: Workfare in Hawaii and Alaska (W.O. #6173)

TO: The Honorable Clem Tillion

FROM: Sharman Haley
Policy Analyst

In conjunction with your request for draft legislation modeled after Hawaii's General Assistance and work program, we have done some preliminary analysis as to the impact this sort of program modification might have in Alaska.

Eligibility

The State of Hawaii chose to restrict eligibility for its General Assistance program to eliminate aid to able-bodied childless people between the ages of 18 and 55. There is no data readily available regarding what percentage of Alaska's General Relief (GR) recipients fall into precisely this category; however a year ago it was estimated that approximately 25% of Alaska's GR recipients are employable singles without children. We therefore might anticipate approximately a one-fourth reduction in the General Relief rolls if such a restriction was adopted in Alaska.

Last year's GR appropriation included legislative intent that the department adopt regulations excluding childless employable singles and childless couples of which one member is employable from GR eligibility. These regulations have been drafted and circulated for public comment. Alaska legal services has challenged the department's authority to restrict eligibility without statutory authorization, and so the department is waiting for an attorney general's opinion prior to adopting and implementing these regulations. The program is still aiding all needy persons.

The portion of the Hawaii law requiring evidence from a physician that a person is disabled or unable to work may be problematic in Alaska. A physical exam in this state often costs more than the $80 maximum GRA grant. Furthermore, in many areas of the state there is a shortage of physicians. It is precisely in these areas that temporary and permanent disabilities are frequent.

TO: SENATE HESS COMMITTEE - SENATOR HACKNEY
FROM: CHRIS BEARDSLEY, 1412 ANNAPOLIS, ANCHORAGE, AK
279-7151

PLEASE PASS SB124. THIS BILL IS LONG OVER-DUE. A FAIR DAY'S WORK FOR A FAIR DAY'S PAY. EOM

Job Search

Hawaii's General Assistance program requires that every able-bodied recipient engage in active job search. They must visit at least three employers each week, and as verification the employer must sign a card stating that he or she was contacted and no job was available. In small communities with few employers, the employers become very irritated with the weekly requests for signatures when there is little likelihood that there will be a job opening in the near future. This would be a problem in rural areas of Alaska as well. The Alaska Unemployment Insurance Benefits Program has long dealt with these problems and has essentially exempted people in remote areas from job search requirements which would be unreasonable in their situation.

Temporary Work Assignments

The Hawaii General Assistance program provides eligible single people a maximum grant of $122 per month, plus a maximum housing allowance of $175 per month. Family units receive more aid. This monthly assistance continues as long as the person remains eligible. Able-bodied recipients must register for and accept a temporary work assignment in which they work off the value of their grant. The number of hours of work required is determined by dividing the total grant by the minimum wage. Clients with a work requirement of less than one day (a grant less than $21) are exempted from work. A single able-bodied recipient receiving a maximum grant of $297 would be required to work more than 100 hours each month.

Alaska's General Relief program as it is currently administered is an emergency aid program in which the client must apply and demonstrate a specific need. Aid may be granted up to a maximum amount of $80 per person for one month, usually in the form of a vendor payment for rent or another essential item. General Relief assistance is not normally on-going from month to month, though the client may reapply each month. Using Hawaii's temporary work assignment formula, an able-bodied Alaska recipient receiving a maximum grant would be required to work about 25 hours each month, or one-quarter of the hours of work under Hawaii's program.

Public Work Projects

The temporary work assignments under Hawaii's General Assistance program are coordinated at the county level. Each client is personally interviewed in order to match the client's skills and ability with an available work project. Projects are established in schools, offices, parks, and highway crews. Each recipient works under the supervision of a regular public employee. Most clients can be placed without difficulty,

but the few who cannot be placed immediately are placed in a pending file, and not penalized. Clients are encouraged to seek their own work projects. In many rural areas of Alaska, it may be prohibitively expensive to arrange face to face interviews with clients or unfeasible to arrange supervision public work projects as is done in Hawaii.

Job Barriers

Hawaii does not provide day care assistance or transportation to clients on temporary work assignments. These are the responsibility of the clients. Clients are provided up to $33 per month in addition to their welfare assistance to cover work related expenses. Since the large majority of Hawaii's clients are single and over 55, and most others are two parent families in which only one parent is required to work, child care is not a particular problem. The same would presumably be true for Alaska if similar eligibility restrictions were imposed. However, transportation may be a major problem in many areas of Alaska which are either remote, or not adequately served by public transportation.

Conclusions

It is likely that some clients in remote areas of Alaska would have to be exempted from work requirements if this legislation were enacted. The work program might be feasible in urban areas of the state, but even there the overhead of administering the program may not be worth the relatively few hours of work required of the average recipient. Restricting eligibility however appears to be a relatively simple mechanism for reducing General Relief expenditures.

It should also be noted that any modification of eligibility requirements or imposition of work requirements in General Relief Assistance would also apply to the General Relief-Medical (GRM) program, as the statute is currently constructed. Thus, the attached bill would eliminate able-bodied childless people between the ages of 18 and 54 from eligibility for General Relief-Medical assistance, and would impose work requirements on able-bodied recipients of medical assistance. Medical bills can be very high and the number of hours of work required of a GRM recipient could amount to months, or even years.

SH:dh

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

ON

SENATE BILL NO. 124

For an Act entitled: "An Act relating to general relief assistance; and providing for an effective date."

I. Historical Perspective

The issue of whether single employables and childless couples should receive General Relief assistance was first explored during the 1978 Legislative Session. This was precipitated by an increasing expenditure level in GR and expectation that it would continue into FY79 and FY80. While this issue was being considered by the Legislature, DHSS was moving to finalize new state regulations redefining "need" under the GR Program.

In March 1978 DHSS' new regulations became final. These new regulations did not delete single employables and childless couples. Rather, the regulations continued the GR Program's broad coverage but required that the applicant's need be immediate and desperate. If rent assistance was sought, an eviction notice had to be produced. If utilities were at issue, a shutoff notice was necessary before aid could be granted. The financial effect of this change in the GR Program was not clear at the time the 1978 session ended. Consequently, the FY79 GR appropriation was reduced from the Governor's amended request of $1,016.3 to $823.3 and Legislative intent was inserted to delete ~~single~~ employables and childless couples. The FY79 GR Program reduction was based on an estimate of potential savings given by DHSS.

In September 1978 DHSS published proposed regulations to delete single employables and childless couples to comply with Legislative intent. Alaska Legal Services comments were received and reviewed by the Attorney General's office. Alaska Legal Services made it clear that court action would be initiated if DHSS proceeded to adopt these regulations. An Attorney General's opinion lead DHSS to conclude that it did not have authority to remove these two groups.

At the present time, these two groups are still being served under the GR Program. In spite of this, DHSS expects to lapse approximately $200.0 of its FY79 appropriation for GR. This, when added to the $193.0 initially deleted by the Legislature from the Governor's amended FY79 request, results in an expected savings of $393.0 for FY79. This savings resulted not by deleting single employables and childless couples, but by redefining how "needy" or "desperate" an applicant had to be in order to receive assistance.

II. Analysis of SB 124

It appears clear that the legislative intent of SB 124 is to limit general relief assistance payments by restricting individuals from

participating in the General Relief program. However, there are several critical technical areas which were not addressed in the bill. The following brief summary will address of few of those major areas which would create administrative as well as financial burdens upon the State.

The bill was patterned after Hawaii's General Assistance program. As their program is relatively new, there is no data readily available regarding the success of Hawaii's program as a means of reducing costs or providing meaningful employment.

(1) The word "assistance" in AS 47.25.120 - AS 47.25.300 is defined in section 300 to include medical assistance. The bill appears to have been drafted without specific regard to this fact. If it is the intent to eliminate emergency medical coverage for persons who do not meet the requirements of this bill, that specific intent should be stated.

(2) Job Search

The requirements for Public Service Employment in Hawaii requires an individual to contact three perspective employees each week and have the prospective employer verify in writing that those contracts were made. In small communities with few employers, this would create a burden upon employers when there is little liklihood that there would be a job opening. The Alaska Unemployment Benefits program has long dealt with these problems and has essentially exempted people in remote areas from job search requirements.

(3) The bill establishes eligiblity for individuals who are disabled and the determination of disability is to be made by a physician. The cost of this medical exam would in most cases exceed the amount of the assistance granted unless specifically covered under GR Medical.

III. Analysis of Current Fairbanks Situation

How many new ones

At the present time thre are the following kinds of needy citizens applying for GRA in the Fairbanks area/DPA:

(1) Persons who have dependent children in their homes, single individuals, and who have lived in Alaska several years, quit their job(s) to take a pipeline job and now cannot find employment.

(2) Persons who have dependent children in their homes, single individuals and couples who came to Alaska to work on the pipeline and at the completion of the pipeline construction have not been able to find employment.

(3) In addition to the above people applying for GR, we have noted an increase in the number of applicants who have lived in Alaska from a few to many years but who have never worked on the pipeline. These same people have had jobs but are not now working because of a slow down in the Fairbanks economy and resultant lay off.

Information gathered by the North Star Borough Information Office supports the fact that there are many unemployed people in Fairbanks actively seeking jobs. This office also predicts few new jobs (seasonal) during the summer months (1979). This office also predicts that most of the unemployed people who wished to leave Alaska have already left and that there will be few people leaving in the future. The present economy, coupled with the construction of the gas pipeline not having any appreciable effect with regards to jobs until 1981-82, indicates that unemployed persons will have to continue depending heavily on GR if no other help can be obtained. It is of interest to note too that the number of people on unemployment compensation is decreasing while the number of people who have exhausted unemployment compensation benefits is increasing.

IV. Departmental Position on SB 124

DHSS beleives it has significantly impacted GP expenditures through redefinition of the degree of need which must be present before assistance is rendered. This is an approach which is not present in Hawaii's GR program as a cost-containment factor. DHSS feels its current approach to reducing GR expenditures is more equitable than that offered by SB 124 which is patterned after the Hawaii program. It is clear to DHSS that only person' in desperate situations are currently receiving aid under the GR Program, and that many of them are long-time Alaskans who are simply unwillingly displaced from the job market with no hope of employment. DHSS feels this need is real and should be met so long as costs remain within that amount considered affordable by the Legislature, as is presently the case in GR for FY79.

However, if the desire of the Legislature is to delete these two groups, the Department has a number of technical problems with SB 124 which we would like to discuss with the bills draftors. The Department will make every effort to comply with the Legislature's desires in this matter in time to effect the necessary changes by July 1, 1979.

Rod Betit 3/9/79

Rod Betit, Director Date
Division of Public Assistance

Helen D. Beirne 3/9/79

Helen D. Beirne, Commissioner Date
Department of Health & Social Services

SB 124 - SECTIONAL BREAKDOWN

SECTION 1(1) - Because of excessive welfare costs & burden on taxpayer, general relief assistance (GRA) must be provided only to:
(1) needy citizens who are unable to work & those with dependent children; and
(2) a WORK REQUIREMENT must accompany state GRA for able-bodied recipients.

SECTION 1(2) - Purpose of Act: Limit GRA payments to persons:
(1) 55 years old
(2) disabled
(3) have dependent children in homes
(4) unable to provide sufficient support for themselves or dependents.

SECTION 2(a) - To receive GRA under this program: must conform with those conditions listed in section 1(2) plus not be receiving other assistance under this chapter and must be resident of state.

SECTION 2(b) - Criteria outlined for determining residency.

Section 2(c) - Spells out controlling conditions for those 55 & over to be eligible for program, e.g. unemployed, actively seeking employment, not refusing employment, etc.

SECTION 2(d) - Spells out controlling conditions for those disabled to be eligible, e.g. determined to be needy, unable to meet requirements established by FEDS SSI program, unable to engage in substantial gainful employment.

SECTION 2(e) - Says individuals with children are eligible for GRA if they meet above criteria.

SECTION 2(f) - Additional condition for receiving GRA: if individual is physically fit, able to work, and employable, SHALL, accept an assignment to work on PUBLIC WORK PROJECTS as directed by the Dept of H/SS.

Section 2(g)- Individuals disqualified for failure to comply, shall be excluded from GRA for a period not longer than 12 months.

SECTION 2(h) - Designates H/SS to adopt regs to enforce this section & establish criteria/standards for conditions and requirements of GRA.

SECTION 3(a) - Assigns H/SS the responsibility for providing public service employment of public works projects to individuals receiving GRA and UI compensation benefits.

SECTION 3(b) - Designates H/SS to adopt regs to carry out purpose of this section, e.g.
(1) GRA recipient may not displace state/muni/individual working on contractual basis employee
(2) period of work cannot exceed the # of hours which, when multiplied by the prevailing rate of compensation for the work, equals the amount of GRA provided.
(3) no discrimination
(4) a person refusing without justification is ineligible for GRA.

SECTION 4 - DEFINITIONS SECTION

SECTION 5 - GRANDFATHER CLAUSE - individual receiving GRA on effec date who would otherwise be excluded shall continue to receive assistance as long as he meets the requirements of this ACT.

SECTION 6 - This ACT takes effect July 1, 1979.

* those between the ages of 18 & 55, not having children. i.e. and employable, would be restricted from GRA.

SB 124

Honolulu Star-Bulletin

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Published at 605 Kapiolani Boulevard / Honolulu, Hawaii 96813

A-14 Thursday, Jan. 18, 1979

Another Approach to Welfare Problem

Gov. Ariyoshi has encountered constitutional objections to his proposal to impose residency requirements for welfare benefits in order to discourage indigent Mainlanders from coming to the Islands.

But he got the Legislature to approve a different approach — denying general assistance welfare payments to persons who are able-bodied, less than 55 years old, and with no dependent children.

And to the governor's satisfaction, the law is serving the purpose of removing newcomers from the welfare rolls.

In the first six months since the law was enacted, 875 cases have been dropped from the rolls, for a saving of $963,000. The number of general assistance payments being approved has dropped by 66 percent; applications received have dropped 46 percent.

The greatest impact has been on persons from the Mainland who have been in Hawaii six months or less. These dropped from 42 percent of the total of general assistance recipients last May to 31 percent in October.

The governor hails these results and says Island taxpayers "should not be further burdened with welfare payments to those who come to Hawaii without either a prospect of employment or even a desire for employment."

The new law seems to have skirted the constitutional objection to a residency requirement while achieving much the same effect. It shows that many strategies can be explored to achieve the goal of controlling population growth.

Eventually the courts may uphold residency requirements for welfare benefits and government employment as necessary to cope with excessive population growth. But that will take time.

In the meantime, another approach is working.

SECTION 4. This Act shall take effect upon its approval.
(Approved May 23, 1978.)

ACT 103 S.B. NO. 1782-78

A Bill for an Act Relating to Public Assistance.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. **Findings and Purpose.** (a) The legislature finds that welfare costs have been rising precipitously in recent years, at a rate more than twice that for general fund tax revenues. As a result, providing funds for welfare has often meant a curtailment of other much-needed State programs and services. The legislature further finds that the limited financial resources of the State necessitates some curtailment of public assistance benefits.

(b) The purpose of this Act is to limit general assistance payments to persons who are disabled, or are at least 55 years of age, or have dependent children in their homes, and who are unable to provide sufficient support for themselves or their dependents.

SECTION 2. Section 346-71, Hawaii Revised Statutes, is amended to read:

"**Sec. 346-71 General assistance.** (a) The department of social services and housing shall administer and provide public assistance to eligible persons who are disabled, or are at least 55 years of age, or have dependent children in the home not otherwise provided for under this chapter, and who are unable to provide sufficient support for themselves or those dependent upon them, provided that such persons are bona fide residents of this State.

For purposes of determining whether persons seeking assistance are bona fide residents of this State, the department of social services and housing shall consider, but is not limited to considering, the following factors: enrollment and receipt of welfare benefits from another jurisdiction; physical presence in the State; maintenance of a place of residence in the State; the availability of furnishings and household and personal effects sufficient to lead a reasonable person to conclude that the place of residence is more than a public accommodation; qualification as to residence for purposes of voting in the State; change in vehicle operation license; vehicle registration; enrollment of children in local schools; bank accounts in this State or any other jurisdiction.

(b) A disabled person between eighteen and sixty-five years of age shall be eligible for general assistance, if he:

(1) Is determined to be needy in accordance with standards established by this chapter and the rules and regulations of the department;
(2) Is unable to meet the requirements established by the Federal Supplemental Security Income Program or its successor agency; and
(3) Is unable to engage in any substantial gainful employment because of a physical or mental impairment determined and certified by a licensed physician. "Substantial" as the term is used herein shall mean at least 30 hours of work per week.

Any person determined to be eligible under this subsection may be referred to any appropriate State agency for vocational rehabilitation services and shall be required to accept said services as a further condition of eligibility for the receipt of general assistance under this section. In addition to the foregoing, any person determined to be eligible under this subsection may be required to seek employment, and participate in public work projects as described in section 346-31, and in public employment projects as described in section 346-102.

(c) A person with children shall be eligible for general assistance if:

(1) He is unemployed for reasons other than voluntary separation without good cause or for misconduct; and

(2) He is actively and diligently seeking gainful employment; and

(3) He has not refused to accept employment when offered; and

(4) He has registered and is available for work as required by section 383-29; and

(5) He has exhausted all of his benefits under chapter 383; provided, however, should the benefits of any person under chapter 383 be less than those for which he would otherwise be eligible hereunder, he shall be eligible for supplementary general assistance; and provided further, that this provision of exhaustion shall not apply to those persons not entitled by law to such benefits.

"Children" as used in this section shall mean a person who:

(1) Is ineligible for and is unable to obtain aid under a federal assistance program; and

(2) Is in need, and has not sufficient income or other resources to provide health care and support to maintain a standard consistent with this chapter; and

(3) Has not attained the age of eighteen years; provided, however, that a child between the ages of eighteen and twenty-one years shall be eligible for assistance under this section, if he or she.

(A) Is regularly attending high school to complete requirements leading to a high school diploma or its equivalent; or

(B) Is employed part-time and is enrolled at least half-time in an organized program of vocational or technical training designed to fit the child for gainful employment; or

(C) Is employed part-time and is enrolled at least half-time in a local college or university; and

(4) Is living in a home with his father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, uncle, aunt, first cousin, nephew, niece, or hanai parents in a place of residence maintained by such relative as his own home; or is living in a family home or institution conforming to the standards fixed by the department.

A child for the purposes of this section does not include an unborn child or fetus.

(d) A person who is at least 55 years of age shall be eligible for general assistance if:

(1) He is unemployed for reasons other than voluntary separation without good cause or for misconduct; and

(2) He is actively and diligently seeking gainful employment; and
(3) He has not refused to accept employment when offered; and
(4) He has registered and is available for work as required by section 383-29; and
(5) He has exhausted all of his benefits under chapter 383; provided, however, should the benefits of any person under chapter 383 be less than those for which he would otherwise be eligible hereunder, he shall be eligible for supplementary general assistance; and provided further, that this provision of exhaustion shall not apply to those persons not entitled by law to such benefits.

(e) The department shall further require in addition to the conditions and requirements stated in subsections (c) and (d), that persons who are physically fit, able to work, and employable shall as a condition to receiving general assistance, register for work on public work projects and accept an assignment to work under section 346-31 or accept such employment as may be offered to them by the department under section 346-102 or by an employer. The term "public work projects" includes any kind of labor under the department of accounting and general services of the State or the department of public works of any county, or under any other department, board, commission, or agency of the State or any county. All such agencies may employ persons registering under this section. Payment for the work shall not be made from the funds of the agency employing such persons but shall be made from the funds of the department. The department shall promulgate such rules and regulations as it deems necessary to enforce and carry out this section.

(f) Applicants and recipients shall be required to satisfy all applicable provisions of this section. Recipients disqualified for failure to comply with any of the requirements under the provisions of this section shall be excluded from general assistance for a period not to exceed twelve months.

(g) The department shall by rules adopted pursuant to chapter 91, establish criteria and standards for the foregoing conditions and requirements."

SECTION 3. A person receiving general assistance on the effective date of this Act who would otherwise be excluded by the provisions of this Act shall continue to receive general assistance provided he satisfies the requirements under section 346-71(e) and the department finds that:

(1) He isunemployed for reasons other than voluntary separation without good cause or for misconduct; and
(2) He is actively and diligently seeking gainful employment; and
(3) He has not refused to accept employment when offered; and
(4) He has registered and is available for work as required by section 383-29, and
(5) He has exhausted all of his benefits under chapter 383; provided, however, should the benefits of any person under chapter 383 be less than those for which he would otherwise be eligible hereunder, he shall be eligible for supplementary general assistance; and provided further, that this provision of exhaustion shall not apply to those persons not entitled by law to such benefits.

Such person shall also be subject to provisions of subsection 346-71(f).

SECTION 4. Severability. If any provision of this Act or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the Act which can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

SECTION 5. Statutory material to be repealed is bracketed. New material is underscored. In printing this Act, the revisor of statutes need not include the brackets, the bracketed material, or the underscoring.*

SECTION 6. This Act shall take effect upon its approval.

(Approved May 23, 1978.)

ACT 104 S.B. NO. 1469

A Bill for an Act Relating to Public Assistance.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. Section 346-53, Hawaii Revised Statutes, is amended by amending subsection (b) to read:

"(b) The maximum basic needs allowance which the department shall initially pay a recipient considering income and resources in accordance with this chapter shall be $100 plus an additional $44 for each additional person whose needs have been taken into account by the department. Beginning January 1, 1978 and on or before January 1 of each odd-numbered year thereafter, the director shall submit a report to the legislature indicating the amount of additional moneys required to implement a cost of living increase for the adjusted basic needs allowance equal to the annual percentage increase, rounded to the nearest dollar:

(1) In the average weekly wage in covered employment as computed by the director of labor and industrial relations pursuant to section 383-22, or

(2) In the consumer price index for Hawaii as computed by the United States Department of Labor, whichever is lowest.

The director shall request that such amount be reflected in that portion of the executive budget relating to the department. If additional funds are appropriated for a cost of living adjustment, then the adjusted basic needs allowance shall be adjusted to reflect the appropriation.

The department shall pay a recipient the maximum basic needs allowance if the department determines that his needs are not reduced by his income or resources."

SECTION 2. Section 346-54, Hawaii Revised Statutes, is amended to read as follows:

"Sec. 346-54 Report to the legislature. On or before January 1 of odd-

*Edited accordingly.

SB

130

COMMITTEE REPORT

SENATE

FURTHER: Finance

2/12/79

Date: 3-12-79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CS SB 130 establishing incentives for students to attend colleges and universities in Alaska

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[X] replace with CS for SB 130 [ ] same title [X] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

SB 130
By: Rodey, Hackney & Sackett
CSSB 130

"An Act establishing incentives for students to attend colleges and universities in Ak. and providing for an effective date."

SHEFC 79-80

Introduced 2-12-79
Logged 2-12-79
Referred Finance
Comm. meeting 3-12-79 – Passed CS
" action Passed CS Taken senate floor @ 9:30 AM 3-15-79

Telegram from Foster District stating position of UofAK.

Notified Spraker
" UofAK. & JUNEAU
Kerry Lonsing
4-2-79 - Sent telegram & Ron messenger

3/12/79
SB 130 (Sen. Ferguson, chairing meeting)

Sen. Rodey. Mr. Romesburg has some proposed amendments for this bill. The bill is very simple, it basically allows those students who go to school in Alaska to receive a quicker forgivenss, as members of the committee are aware, under the student scholarship loan program there is a foregivness for 4 years and this allows those people who go to school in Alaska to receive 3 years of that forgivness while they are going to school.

There are several benefits of this. First of all, the direct benefit to Alaskans who go to school in Alaska. Secondly, because the average loan for undergraduate students attending school in Alaska is lower than the average, there would be a benefit to them in that additional way and would hopefully provide for more loans in the future. Third, the benefit to the economy, particularly Anchorage and Fairbanks where we have most of our students centered.

I am very familiar with the Alaska Student Loan program and would be happy to answer any questions. This bill would, very simply, give an additional advantage to students in Alaska, Alaskan's going to school in Alaska without penalizing in any way those people who go outside to school. I realize it is necessary to go outside.

Sen. Sturgulewski. We are subsidizing by a great deal of dollars per student to keep our young people who go through education here is a very costly process. What do you feel again, if you could give me some of your benefits, what is the major thing that you see accruing to having those students stay? From what I understand an awful lot of kids go outside as my son and many others do simply because they want that experience, they come back and will be perhaps even better Alaskans after an education outside. Why encourage the keeping of the students here. Why not let them go where they can get excellence in whatever program they want?

Sen. Rodey. There are several reasons. First off, many students go outside, when I was in school, because it was ceaper in many ways. This would hopefully give us parity, whether you are a businessman or a working person in Alaska, we all know tht it cost more to live here. This is a very indirect way of acknowledging that problem.

Sen. Fahrenkamp. In many areas of the University we are subsidizing and working in every way we can to try and improve the education that is available for the students within the state. This type of encouragment will help us to reach further along toward our goals of excellence within the courses offered here. More students we have available, the better our changes are of securing and having more excellent programs.

Sen. Rodey. In responde to Sen. Sturgulewski's earlier concern, education is subsidized regardless of what level and how we might have it, but society has determined, particularly in Alaska, that ability to have college level courses in a state university are absolutely essential to the wellbeing of the state. We are paying that subsidy as every other state is and I think it is a worthwhile one and a decision that was made by the public many years ago.

Sen. Sturgulewski. The more successful we are, the more expensive it is. I happen to believe in education and will be interested in Dr. Romesburg's comments.

Kerry Romesburg. I was asked to give a fiscal note on it and we haven't given one on the bill as it stands because we really don't know what kind of fiscal impact it would have. To determine fiscal impact we would have to determine how many students would be graduating from Alaskan insitutions that would be not remaining here because if they stayed here there is no fiscal impact at all. They would get the same cancellation benefits from working and living in Alaska, it would just take them longer to get it, 5 years as opposed to having it upon graduation. So, assuming there stay here there is no impact. Some, undoubtedly go out after they graduate and do not return and I have no idea of the numbers so we really can't tell what kind of impact it would have fiscally.

This merely is to provide the incentive for them to attend in-state and it really is a compromise that's come out of a few years of this. Discussed past bills.

We have available the ability to get in on a program. There are a couple of things in your packet, "Guaranteed Student Loan Program".. This program has been around for some time, in fact it was part of the 1965 higher education act. It provides funds for students to go to college under a federal subsidy. It is really an insurance program. What it is, the federal government insures a loan and says that if a bank or non-profit state or other agency makes a loan to a student for educational purposes, the federal government will underwrite it, will guarantee that that loan will be paid back. We have not participated in the program as far as the state goes. We have participatedin the private sector for some years and our agency handles that.

In November of this year Congress made a change in this program which enables us to get into it now. What they did is in the past they had a parental income restruction, now they've removed it. Before they would pay interest only for a person who had a salary of less than $25,000. That's gone now. There are no income restrictions. So now we can participate in the program. Went over figures on the sheet.

This requires a number of amendments and in your packet is a 3-page sheet of amendments to SB 130. I would like to appologive for the fact that we have to do it by this mechanism. I understand that the Senate has taken a position that they will take not new bills and so now we are going the amendment route

instead of trying a separate bill.

Sen. Rodey. I am in agreement with these amendments and I think that Mr. Romesburg is to be congratulated for finding a way to save the state money and provide additional educational opportunities for Alaskan students and I will be more than happy to help carry this on the floor. I think it is a very desirable part of the bill.

Kerry Romesburg. A number of the amendments are really just housekeeping kinds of things. The principal change is the one labeled section 4 which makes loans interest bearing while a student is enrolled. The reason for that is not even the federal government will pay us interest if our law says we are not charging any. So we are going to charge them interest. The truth is the student won't pay any. If the federal government doesn't pay it, the state will waive it and pay it for them anyway.

Everybody who applies will be eligible, yes. But they may not be able to get 100% of their loan insured by the federal government. The remainder, for instance if we were to award a studnet $3,000, $2,500 would be insured by the federal government, $500 by us. While they are in school, interest would accrue on all of that. The federal government would pay us, the State of Alaska, the interest on the $2,500. We, the State of Alaska, would pay on behalf of the student the $500, we would waive it. So, for the student there is no change. But for us it amounts fo a lot of money.

Right now we say that payments begin within a year after they graduate and the federal language says 'shall begin no earlier than 9 nor later than 1 year. So we are changing that to get the no earlier than the nine months in and the fact that it has to be paid in not less than 5 nor more than 10 years. However, if they can accelerage their payments and receive benefits of that kind.

Then we have the deferments. The military deferment that we currently have for 3 years the in the Peace Corps, which we do not currently have. We have it only if it is required alternate service. The 3 years in the domestic volunteer service which is the VISTA program and the real new one which we haven't ever had before is the unemployment one. If a person simply cannot find a job and they are seeking unemployment and are registered as seeking unemployment we can waive payments for up to 12 months. The interest is paid by the federal governemnt at that time. It is a one-time only during the life of the loan.

The remainder is mostly housekeeping.

One the fiscal note, these are our estimates. The first year that we would receive benefit would be not 80 but 81 when we actually receive payment. We would receive 300,000 from the federal government in the way of interest payments that would

come into the program. No only with this program pay interest, but they will also pay an administrative cost allowance for the agency handling these loans -- 1% of the amount. So, we will get $50,000 and 10,000 under contractual. So the first year we can get $360,000 in income from the federal government and will reduce the general fund by that amount.

The way this looks to me, over the next 4 years we will have about $1.6 for the State of Alaska without any appreciable change in the program whatsoever.

What happens if the federal program dries up? The State of Alaska reverts to the program we've always had.

Sen. Ferguson. I am ready for a motion, I would thing it would be better to create a CS by this committee.

Sen. Fahrenkamp. I would move that this committee enter a CS for SB 130 to include amendments proposed to SB 130.

Sen. Ferguson. No objections? So ordered? The title should be changed.

Sen. Sturgulewski. I move that we pass out of committee CSSB 130 with individual recommendations. No obs so ordered.

SHELDON JACKSON COLLEGE

P.O. BOX 479
SITKA, ALASKA 99835

March 25, 1979

Fill

The Honorable Glenn Hackney
Chairperson, Senate Health, Education
and Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

Pleased be advised that Sheldon Jackson College endorses the intent and the substance of Senate Bill 130 that establishes an additional incentive in the Student Scholarship Loan Program for students to attend colleges and universities in Alaska.

Thank you for your consideration and best wishes at this busy legislative season.

Sincerely,

Hugh H. Holloway

Hugh H. Holloway, Ph.D.
President

cc: Rep. Eliason
Senator Meland

UNIVERSITY OF ALASKA
FAIRBANKS, ALASKA 99701

March 8, 1979

The Honorable Glenn Hackney
Chairperson, Senate Health, Education
and Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

I want you and other members of your committee to know that the University of Alaska strongly endorses both the intent and substance of Senate Bill 130, establishing an additional incentive in the Student Scholarship Loan Program for students to attend colleges and universities in Alaska.

This legislation--also favored by the Alaska Student Lobby--has particular merit because it is not coercive, would not force students to attend institutions of higher learning within the state, and yet it would very substantially benefit those students who want to study and make their homes in Alaska. Current law provides an incentive to students to live and work in Alaska following completion of their education by converting to a grant up to 40 percent of their loans, based upon length of residence and employment in the state. To also allow time spent at an Alaskan college or university to be taken into account for this incentive would seem to be a move to strengthen the basic objective of the loan act.

As you are well aware, a majority of those students receiving state scholarship loans are attending colleges and universities outside Alaska. While many of these students undoubtedly desired to attend particular institutions beyond Alaska, for one reason or another, there could very well be among them a number who might have chosen to pursue their education in Alaska were an incentive such as that proposed in SB 130 available to them.

I have heard no adverse comments on SB 130 and would, again, commend it highly as a means of increasing that body of trained and educated persons who are contributing so substantially to Alaska's general well-being and progress. The legislation will also, I believe, materially strengthen Alaskan colleges and universities, public and private, and thereby provide yet another incentive for students to remain in the state.

Sincerely,

Foster F. Diebold
President

FFD/bkd
cc: Members, Senate HESS Comm.

PLEASE REPLY BY AIRMAIL

STATE OF ALASKA

ALASKA COMMISSION ON POSTSECONDARY EDUCATION

JAY S. HAMMOND, GOVERNOR

POUCH F - STATE OFFICE BUILDING
JUNEAU, ALASKA 99811
(907) 465-2855

M E M O R A N D U M

TO: The Honorable Glenn Hackney
Alaska State Senate

FROM: Kerry D. Romesburg, Executive Director
Alaska Commission on Postsecondary Education

SUBJECT: SB 130

DATE: March 16, 1979

An example: If a student wishes a loan to attend Alaska Bible College, they would still receive a loan under the state loan program. The difference being that their loan would not be federally guaranteed. Rather, it would be state "guaranteed"; that is, it would be handled the same as it is currently.

There would be no attendance restrictions which do not currently exist.

AMENDMENTS TO

SB 130

PURPOSE OF AMENDMENTS.

The State of Alaska, through the state scholarship loan program, is eligible to become a lender under the Guaranteed Student Loan Program as provided for under Title IV, Part B of the Higher Education Act of 1965, as amended. This program would provide certain benefits to the State and to the State loan program which otherwise would be unavailable. To enable this participation, the following amendments must be made to the scholarship loan program.

Section 3. AS 14.40.763(b) is amended to read:

(b) The loans may only 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] approved by the commission, and if the loans are federally insured, by the U.S. Commissioner of Education.

Section 4. AS 14.40.763(e) is amended to read:

(e) Loans are [NON-INTEREST] interest bearing while a student is enrolled under (c) of this section or is receiving a deferment of payments under (k) of this section however, a student shall be entitled to have paid on his behalf and for his account a portion of the interest in accordance with (m) of this section.

Section 5. AS 14.40.763(g) is replaced by:

(g) Loan repayment of the principal amount together with interest thereon, in periodic installments, shall begin no earlier than nine months nor later than one year after the student terminates his studies and shall provide for repayment of the total amount owed in not less than five nor more than ten years from the commencement of repayment and not more than fifteen years from the date of execution of the original promissory note evidencing the disbursement of the loan, except as provided for in (k) and (e) of this section.

Section 6. AS 14.40.763(k) is replaced by:

(k) Periodic installments of principal shall be deferred, but interest shall accrue and be paid unless the borrower is eligible for interest payment benefits under (m) of this section, during any of the following:

1. return to student status as provided in (c) of this section;

2. serving on active duty as a member of the Armed Forces of the United States;

3. serving, for up to three years, as a volunteer under the Peace Corps Act;

4. serving, for up to three years, as a full-time volunteer under the Domestic Volunteer Service Act of 1973;

5. for a one-time, up to twelve months, period in which the borrower is seeking and unable to find employment in the United States; or

6. if borrower becomes disabled, 50 percent or greater, as certified by competent medical authority.

Section 7. AS 14.40.763 is amended by adding a new section which reads:

(e) In case of hardship, the committee may, in up to six month increments, extend repayment of a loan for an additional period of up to five years, within the fifteen year requirement of (g) of this section.

Section 8. AS 14.40.763 is amended by adding a new section which reads:

(m) a borrower is eligible for payment on his behalf by the U.S. Commissioner of Education, a portion of the interest on that portion of his loan which is federally insured, and by the State of Alaska, a portion of the interest on that portion of his loan which is not federally insured during

1. that period prior to the beginning of the repayment period of that loan

2. deferments as provided for under (k) of this section except

(i) when military service under (k)(2) exceeds three years, and,

(ii) when disability under (k)(6) is 50 percent or greater, but less than total

in which case, the State of Alaska will pay on behalf of the borrower the interest on all loan amounts.

Section 9. AS 14.40.763(j) is amended to read:

(j) A portion of a loan shall be [CONSIDERED A GRANT] paid on behalf of the borrower by the State of Alaska, if, upon completion of the course of study for which the loan was granted, the [GRANTEE] borrower spends at least two years employed in the state. The portion of the loan which shall be [REGARDED AS A GRANT] paid by the State shall be the following percentages of the total loan received plus [ACCRUED] interest:

1.	two-three years residency		10 per cent
2.	three-four years residency	[20]	10 per cent
3.	four-five years residency	[30]	10 per cent
4.	over five years residency	[40]	10 per cent

for c to a total of 40 per cent.

Section 10. AS 14.40.806 is amended by adding a new definition, and renumbering as required, that reads:

(2) "federally insured" means a loan covered by the provisions of the Guaranteed Student Loan Program of Title IV, Part B, of the Higher Education Act of 1965 (P.L. 89-329), as amended.

gives those students a quicker forgiveness for those who attend ak school

Introduced: 2/12/79
Referred: Health, Education & Social Services and Finance

IN THE SENATE BY RODEY, HACKNEY AND SACKE.

SENATE BILL NO. 130

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act establishing incentives for students to attend colleges and universities in Alaska; and providing for an effective date." enable ak student loan to become a guaranteed loan program

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

* Section 1. The legislature determines that

(1) there are no incentives in the student loan program for residents of Alaska to attend colleges and universities in Alaska as compared with colleges and universities outside Alaska;

(2) the result of this lack of incentives is that 64.9 per cent of all undergraduate student loans and 92.9 per cent of graduate student loans go to students attending colleges and universities outside Alaska;

(3) the amount of the average loan to undergraduate students attending colleges and universities in Alaska is lower than the average of similar loans in all but one of the 10 western states and the amount of the average loan for graduate students is the lowest in the West;

(4) the funds spent on education in Alaskan colleges and universities go further than when the funds are spent out of state; and

(5) it would be an aid to the Alaskan economy if the funds in the student loan program were spent for education in Alaskan colleges and universities.

* Sec. 2. AS 14.40.763 is amended by adding a new subsection to read:

(1) Each year spent attending a college or university in Alaska qualifies as a year of employment and residency under (j) of this section.

AMENDMENTS TO

SB 130

PURPOSE OF AMENDMENTS.

The State of Alaska, through the state scholarship loan program, is eligible to become a lender under the Guaranteed Student Loan Program as provided for under Title IV, Part B of the Higher Education Act of 1965, as amended. This program would provide certain benefits to the State and to the State loan program which otherwise would be unavailable. To enable this participation, the following amendments must be made to the scholarship loan program.

Section 3. AS 14.40.763(b) is amended to read:

(b) The loans may only 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] approved by the commission, and if the loans are federally insured, by the U.S. Commissioner of Education.

Section 4. AS 14.40.763(e) is amended to read:

(e) Loans are [NON-INTEREST] interest bearing while a student is enrolled under (c) of this section or is receiving a deferment of payments under (k) of this section, however, a student shall be entitled to have paid on his behalf and for his account a portion of the interest in accordance with (m) of this section.

Section 5. AS 14.40.763(g) is replaced by:

(g) Loan repayment of the principal amount together with interest thereon, in periodic installments, shall begin no earlier than nine months nor later than one year after the student terminates his studies and shall provide for repayment of the total amount owed in not less than five nor more than ten years from the commencement of repayment and not more than fifteen years from the date of execution of the original promissory note evidencing the disbursement of the loan, except as provided for in (k) and (e) of this section.

Section 6. AS 14.40.763(k) is replaced by:

(k) Periodic installments of principal shall be deferred, but interest shall accrue and be paid unless the borrower is eligible for interest payment benefits under (m) of this section, during any of the following:

1. return to student status as provided in (c) of this section;

2. serving on active duty as a member of the Armed Forces of the United States;

3. serving, for up to three years, as a volunteer under the Peace Corps Act;

4. serving, for up to three years, as a full-time volunteer under the Domestic Volunteer Service Act of 1973;

5. for a one-time, up to twelve months, period in which the borrower is seeking and unable to find employment in the United States; or

6. if borrower becomes disabled, 50 percent or greater, as certified by competent medical authority.

Section 7. AS 14.40.763 is amended by adding a new section which reads:

(e) In case of hardship, the committee may, in up to six month increments, extend repayment of a loan for an additional period of up to five years, within the fifteen year requirement of (g) of this section.

Section 8. AS 14.40.763 is amended by adding a new section which reads:

~~(m)~~ a borrower is eligible for payment on his behalf by the U.S. Commissioner of Education, a portion of the interest on that portion of his loan which is federally insured, and by the State of Alaska, a portion of the interest on that portion of his loan which is not federally insured during

1. that period prior to the beginning of the repayment period of that loan

2. deferments as provided for under (k) of this section except

(i) when military service under (k)(2) exceeds three years, and,

(ii) when disability under (k)(6) is 50 percent or greater, but less than total

in which case, the State of Alaska will pay on behalf of the borrower the interest on all loan amounts.

Section 9. AS 14.40.763(j) is amended to read:

(j) A portion of a loan shall be [CONSIDERED A GRANT] paid on behalf of the borrower by the State of Alaska, if, upon completion of the course of study for which the loan was granted, the [GRANTEE] borrower spends at least two years employed in the state. The portion of the loan which shall be [REGARDED AS A GRANT] paid by the State shall be the following percentages of the total loan received plus [ACCRUED] interest:

1.	two-three years residency		10 per cent
2.	three-four years residency	[20]	10 per cent
3.	four-five years residency	[30]	10 per cent
4.	over five years residency	[40]	10 per cent

for up to a total of 40 per cent.

Section 10. AS 14.40.806 is amended by adding a new definition, and renumbering as required, that reads:

(2) "federally insured" means a loan covered by the provisions of the Guaranteed Student Loan Program of Title IV, Part B, of the Higher Education Act of 1965 (P.L. 89-329), as amended.

ALASKA STUDENT LOAN PROGRAM

1978-79

A. Financial Status:

Actual Balance of Revolving Fund 6-30-78	$ 2,690.2
79 Appropriation	3,600.0
Total Available	$ 6,290.2
78-79 Loans Awarded as Per Authorization	(5,000.0)
Balance	$ 1,290.2
78-79 Loans Awarded - Additional	(900.0)
Balance	$ 390.2
Anticipated Collections thru 6-30-79	1,440.0
Projected Balance FY 80	$ 1,830.2

B. FY 80 Budget (Original Request):

	Cont.	Add.	Total
General Fund	$4,420.0	$1,227.0	$5,647.0
Revolving Fund	1,400.0	453.0	1,853.0
Total	$5,820.0	$1,680.0	$7,500.0

C. Loan Awards:

	Undergrad.	Graduate	Total
77-78 Actual	1,985	280	2,265
78-79 Present (8-27-78)	2,328	345	2,673
78-79 Pending (11-17-78)	N.A.	N.A.	513

D. Descriptive Information:

1. Average award 77-78 $2,033
   78-79 2,207

2. Undergrad./Grad. Ratio

	Undergrad.	Graduate
77-78	87.6%	12.4%
78-79 (8-27-78)	87.1	12.9

3. Attendance In-State/Out-of-State:

	Undergraduate		Graduate		Total	
	In-State	Out	In-State	Out	In-State	Out
77-78	35.9%	64.1%	9.6%	90.4%	32.7%	67.3%
78-79	31.9	69.1	16.5	83.5	29.0	71.0

E. Observations:

1. The huge increase in applications this year is an across-the-board increase occurring at both the undergraduate and graduate levels.

2. The increasing cost of attending a postsecondary educational institution, as well as the increased undergraduate loan maximum (from $2,500 to $3,000) is reflected in an 8.6% increase in the average loan award.

3. The number of persons remaining in school is increasing, as is the number of new applicants. This is probably in part, a reflection of the post-pipeline economy of the State.

4. The FY 80 budget request is most likely underestimated. Funding for the current year could require as much as $7.3 million, if all applicants were to receive funds. If $7.3 million is used for 1977-78, 78-79 could require about $8.2 million. This is based upon 3,400 applicants at an average loan award of $2,400.

F. Alternate Actions:

AS 14.40.751. "There is created a scholarship revolving loan fund. . . . All repayments of principal and interest on scholarship loans shall be paid into the scholarship revolving loan fund and shall be used to make new scholarship loans. If estimated funds available from scholarship loan repayments are inadequate to fully fund estimated scholarship loans for any fiscal year, additional funding from the General Fund may be requested and appropriated for that year."

1.(a) We have mailed letters to all pending applicants informing them of the difficulty. We told them we will fund them if funds become available, and then maybe only for the second half of the academic year. We could continue in this manner, seek a supplemental budget appropriation when the Legislature convenes, and act accordingly.

(b) If we do this, it means that 515 applicants get nothing for first semester. It means some of these, plus new additional applicants attending a school on a quarter-term would get nothing for the first and possibly second quarter. If the supplemental passes, and if it survives veto possibilities, some students would receive funds. Based upon a 50% estimate, this would require about $700 thousand and mean an 78-79 outlay of $6.6 million. It also means we would have the projected $1.8 million in the revolving fund for our FY 80 match.

2.(a) We could fund all applications out of the revolving fund. We could then ask the Legislature for a supplemental to reimburse the revolving account and thereby produce the FY 80 match. Or, we could go into FY 80 with little or no match (an estimated $400 thousand would be left).

(b) The initial budget recommendations for FY 80 call for us to deplete the revolving fund next year in exactly the manner suggested here. The reason for this is to minimize the General Fund requirement. If we deplete the revolving fund this year and rely on total General Fund support for next year, we could face a difficult time -- if not in the Legislature, then surviving veto provisions. If funds are not forthcoming in FY 80, we would confront denying continued funding to as many as 1,500 students.

3. With either of the above alternatives, or any others, a number of changes could be suggested to reduce the loan volume. These include:

a. increasing the interest rate
b. removing the cancellation provisions
c. increasing the residency requirements, or giving preference to those with longer residency
d. making the loan program more "need" based in the Federal loan sense, i.e., restrictions on parental income, personal income, etc.
e. restricting the loans to certain programs, states, levels.

"Our Copy"

Introduced: 2/12/79
Referred: Health, Education & Social Services and Finance

IN THE SENATE BY RODEY, HACKNEY AND SACKETT

SENATE BILL NO. 130

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act establishing incentives for students to attend colleges and universities in Alaska; and providing for an effective date."

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

* Section 1. The legislature determines that

(1) there are no incentives in the student loan program for residents of Alaska to attend colleges and universities in Alaska as compared with colleges and universities outside Alaska;

(2) the result of this lack of incentives is that 64.9 per cent of all undergraduate student loans and 92.9 per cent of graduate student loans go to students attending colleges and universities outside Alaska;

(3) the amount of the average loan to undergraduate students attending colleges and universities in Alaska is lower than the average of similar loans in all but one of the 10 western states and the amount of the average loan for graduate students is the lowest in the West;

(4) the funds spent on education in Alaskan colleges and universities go further than when the funds are spent out of state; and

(5) it would be an aid to the Alaskan economy if the funds in the student loan program were spent for education in Alaskan colleges and universities.

* Sec. 2. AS 14.40.763 is amended by adding a new subsection to read:

(l) Each year spent attending a college or university in Alaska qualifies as a year of employment and residency under (j) of this section.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 130 (as amended)

Title

Requested by Date

II. FISCAL DETAIL

Agency Affected Education (Alaska Commission on Postsecondary Education)

Program Category Affected Education

BRU, Program, or Subprogram(s) Affected Student Scholarship Loan Program

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES			50.0	57.0	63.0	69.0
200	TRAVEL						
300	CONTRACTUAL			10.0	11.0	12.0	13.0
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.	0	0	300.0	340.0	374.0	411.0
	TOTAL	0	0	360.0	408.0	449.0	493.0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	(360.0)	(408.0)	(449.0)	(493.0)
FEDERAL FUNDS	0	0	(360.0)	408.0	449.0	493.0
OTHER (Specify Fund Source)						

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)

FY 80, 83, 84 is based roughly upon a 10% annual increase in loan volumes.

IV. DATE March 12, 1979 PREPARED BY

AGENCY Commission on Postsecondary Education

PHONE 465-2854

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

33-001 (Rev. 12/78)

GUARANTEED STUDENT LOAN PROGRAM

The Guaranteed Student Loan Program (GSL) was originally enacted under Title IV, Part B of the Higher Education Act of 1965. The purpose is to: encourage State and private non-profit agencies to establish adequate loan insurance programs for students in eligible institutions; provide a Federal program of student loan insurance for students not having reasonable access to a state or private non-profit student loan program (FISL); and pay Federal interest subsidy on loans made under these programs as well as on loans made under direct state loan programs.

Under this program students may borrow up to $2,500 as an undergraduate and up to $5,000 as a graduate student per year. Repayment is to include a maximum of 7% interest on the loans.

While a student is enrolled in school or under the following deferments:

1. return to full-time student status,
2. active duty in Armed Forces (up to 3 years),
3. service in the Peace Corps or VISTA (up to 3 years),
4. seeking and unable to secure employment (up to 12 months), and
5. totally disabled

the federal program will pay, on behalf of the student borrower, the interest on the loan(s).

If a borrower defaults, files bankruptcy, or dies, the holder of the note is reimbursed the entire amount due, interest and principal. That is, the federal program "guarantees" the payment of the loan.

The program also provides for additional payments if defaulted loans are pursued and collected and annual administrative cost allowances. The administrative cost allowances are based upon loan volume for the preceding year.

1% of amount

LA21 2300 15.42 JA01 0066 15.47 03/09/79

Rec'd 3-12-79 10 AM.

STATEMENT

TO: SEN. HACKNEY

FROM: FOSTER F. DIEBOLD, PRESIDENT, UNIVERSITY OF ALASKA, FBKS., AK 99701

I WANT YOU AND OTHER MEMBERS OF YOUR COMMITTEE TO KNOW THAT THE UNIVERSITY OF ALASKA STRONGLY ENDORSES BOTH THE INTENT AND SUBSTANCE OF SB 130, ESTABLISHING AN ADDITIONAL INCENTIVE IN THE STUDENT SCHOLARSHIP LOAN PROGRAM FOR STUDENTS TO ATTEND COLLEGES AND UNIVERSITIES IN ALASKA.

THIS LEGISLATION--ALSO FAVORED BY THE ALASKA STUDENT LOBBY--HAS PARTICULAR MERIT BECAUSE IT IS NOT COERCIVE, WOULD NOT FORCE STUDENTS TO ATTEND INSTITUTIONS OF HIGHER LEARNING WITHIN THE STATE, AND YET IT WOULD VERY SUBSTANTIALLY BENEFIT THOSE STUDENTS WHO WANT TO STUDY AND MAKE THEIR HOMES IN ALASKA. CURRENT LAW PROVIDES AN INCENTIVE TO STUDENTS TO LIVE AND WORK IN ALASKA FOLLOWING COMPLETION OF THEIR EDUCATION BY CONVERTING TO A GRANT UP TO 40 PERCENT OF THEIR LOANS, BASED UPON LENGTH OF RESIDENCE AND EMPLOYMENT IN THE STATE. TO ALSO ALLOW TIME SPENT AT AN ALASKAN COLLEGE OR UNIVERSITY TO BE TAKEN INTO ACCOUNT FOR THIS INCENTIVE WOULD SEEM TO BE A MOVE TO STRENGTHEN THE BASIC OBJECTIVE OF THE LOAN ACT.

*****THIS MESSAGE TO BE CONTINUED***** EOM

LA21 2395 15.55 JA01 0071 15.55 03/09/79

CONTINUATION OF MESSAGE TO SEN. HACKNEY FROM FOSTER DIEBOLD

AS YOU ARE WELL AWARE, A MAJORITY OF THOSE STUDENTS RECEIVING STATE SCHOLARSHIP LOANS ARE ATTENDING COLLEGES AND UNIVERSITIES OUTSIDE ALASKA. WHILE MANY OF THESE STUDENTS UNDOUBTEDLY DESIRED TO ATTEND PARTICULAR INSTITUTIONS BEYOND ALASKA, FOR ONE REASON OR ANOTHER, THERE COULD VERY WELL BE AMONG THEM A NUMBER WHO MIGHT HAVE CHOSEN TO PURSUE THEIR EDUCATION IN ALASKA WERE AN INCENTIVE SUCH AS THAT PROPOSED IN SB 130 AVAILABLE TO THEM.

I HAVE HEARD NO ADVERSE COMMENTS ON SB 130 AND WOULD, AGAIN, COMMEND IT HIGHLY AS A MEANS OF INCREASING THAT BODY OF TRAINED AND EDUCATED PERSONS WHO ARE CONTRIBUTING SO SUBSTANTIALLY TO ALASKA'S GENERAL WELL-BEING AND PROGRESS. THE LEGISLATION WILL ALSO, I BELIEVE, MATERIALLY STRENGTHEN ALASKAN COLLEGES AND UNIVERSITIES, PUBLIC AND PRIVATE, AND THEREBY PROVIDE YET ANOTHER INCENTIVE FOR STUDENTS TO REMAIN IN THE STATE.

FBKS LIO/AW/EOM

Feb. 22, 1979

FACT SHEET ON SB 130: "An act establishing incentives for students to attend colleges and universities in Alaska; and providing for an effective date."

Purpose: This bill would amend AS 14.40.763, changing the Alaska Student Loan Program by establishing financial incentives for Alaskan students to pursue their postsecondary education in-state. It does not punish, in any way, those students who nonetheless choose to go "outside" for their college education. For those persons, the loan program remains exactly the same.

Introduction: Established by the 1971 Legislature, the Alaska Student Loan Program provides low-cost educational loans to Alaskan students enrolled in undergraduate, graduate or career degree programs. In the seven years of operation, from 1971-72 through 1977-78, nearly 12,000 loans have been awarded to Alaskans pursuing education at the postsecondary level. These loans account for a combined total of over $21 million in state financial assistance.

Loan amount ceilings have been $2,500 and $5,000 respectively for undergraduate and graduate students, though the maximum loan limit for undergraduate study was raised to $3,000 by the 1978 Legislature. These need-based loans offer the recipient a ten-year repayment period at an annual interest rate of five percent. The student may use the state loan to attend any accredited college or university in the nation, or to attend approved vocational-technical education programs. An incentive, in the form of up to 40 percent cancellation, is offered to those individuals who work in Alaska after completion of their programs of studies.

Objectives: This bill, without changing the existant provision relating to the 40 percent cancellation, would also tie that provision to attendence at a college, university or voc-tech program in Alaska so that the student would enjoy a 10 percent cancellation after two years of attendence in-state, 20 percent after three years, 30 percent after four years, and the maximum cancellation of 40 percent after either five years of attendence or residence.

The benefits of this bill are primarily threefold:

1) Alaskans going to school in Alaska would receive direct financial benefit - without causing any reduction in benefits to those who still choose to go outside for their education;

2) because the amount of the average loan to undergraduate students attending colleges and universities in Alaska is lower than the average of similar loans in all but one of the 10 western states and the amount of the average loan for graduate students is the lowest in the West, the funds spent on educational loans would go further if a greater percentage of those funds were spent in-state (at present, 64.9 percent of all undergraduate student loans and 92.9 percent of graduate student loans go to students attending colleges and universities outside Alaska);

3) in addition to the point made above, that more students could receive loans without an increase in allocation of funds if more loans were made to students in-state, the Alaskan economy would also benefit from a greater expenditure of funds in-state.

Other Considerations:

Loan awards for FY 1979 have increased by approximately $2.2 million over the total of $4.6 million spent in FY 1978. That huge increase was due to three factors:

* increase in applications;

* increase in cost of education;

* increase in maximum undergraduate loan ceiling from $2,500 to $3,000.

There is another bill being considered by the Legislature this year, SB 10 by Sumner and Ferguson, which would make a special appropriation for FY 1980 of $7.5 million ($5.6 million General Fund), and for FY 1981 of $8 million ($5.9 million General Fund) to the student scholarship loan program. That bill has already passed out of Senate HESS and is presently before Senate Finance. Its significance rests in the fact that it would mandate a two-year appropriation so that loans could still be awarded in the spring of '80 for the '81 school year.

In addition, Kerry Romesburg, executive director of the Postsecondary Education Commission, has indicated that he will attempt to add several amendments to SB 130 when it comes before Senate HESS Committee. The effect of those amendments will be to enable the State Scholarship Loan Program to participate in the Federal Guaranteed Student Loan Progam. The purpose of that is to take advantage of several of the provisions of the federal program which will, without increasing the costs to either the student or the state, make available a significant amount of federal money (possibly $300,000) to add to the state funds for the program.

Prepared by Jim Kelly, Admin. Ass't.
Senator Pa Rodey

SB

142

COMMITTEE REPORT

SENATE

2/13/79

FURTHER: FINANCE

Date: 2-23-79

Mr. President:

The Committee on HESS has had SB 142 making a supplemental appropriation to the Department of Health and Social Services; and providing for an effective date.

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

AMENDMENT

OFFERED IN THE SENATE: BY: Senate Hess

To: _____ SENATE BILL No. SB 1.2

HOUSE BILL No. _____

PAGE: (1) LINE: 20

Line 20 change $1,353,800 to $1,310,500

AMENDMENT

OFFERED IN THE SENATE: BY: Senate Hess

To: _____ SENATE BILL No. SB 142

HOUSE BILL No. _____

PAGE: (1) LINE: 15

Line 15 change $38,000 to $47,300

SB 142
By: Rules Com. m.
Request of Gov.

"An Act making a ~~Supplt.~~ appropriation to Dept of HRS & ~~providing~~ for an effective date"

Introduced 2-13-79
Logged 2-13-79
Referred to Finance
Comm. meeting 2-23-79
Comm. Action Passed with amend - taken Senate Secy 2-26-79 @ 8:00 AM

Bruce Kelly - have been come before committee

Introduced: 2/13/79
Referred: Health, Education & Social Services and Finance

Funding Information:
General Fund: $1,441,800
Other Funds: -0-
$1,441,800

Slingelands fiscal audit v. performance audit

BY THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

IN THE SENATE

SENATE BILL NO. 142

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act making a supplemental appropriation to the Department of Health and Social Services; and providing for an effective date."

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

* Section 1. The sum of $1,441,800 is appropriated from the general fund to the Department of Health and Social Services, to be allocated as follows:

Office of Internal Review - Replacing shortfall of federal funds for FY 79	delete $ 38,000 insert * 47.300
Division of Social Services - Replacing shortfall of federal funds for FY 79 and cover excess expenditures of FY 79 appropriation	1,353,800 delete 1.332.0 insert * 1,310.5

* Sec. 2. The unexpended and unobligated portion of the appropriation made in sec. 1 of this Act lapses June 30 1979.

* Sec. 3. This Act takes effect immediately in accordance with AS 01.-10.070(c).

1 mil, 332 thou

strike these request in for these one → 1 mil, 310 thou, 500 hundred

w/ the above amend

STATE
of ALASKA

MEMORANDUM

Extra
SB 14
Copies

TO: Ron Lind, Director
Division of Budget & Management
Office of the Governor

DATE: December 18, 1978

FILE NO:

TELEPHONE NO:

FROM: Helen D. Beirne, Commissioner
Department of Health
and Social Services

SUBJECT: FY 1979 Supplemental Appropriation Request - Office of Internal Review

A supplemental appropriation request for $12,200 of State general funds for the Office of Internal Review, Administration Component is forwarded for your review and action.

A. REASON FOR THE SUPPLEMENTAL: Children in Foster Care and Institutional Care for the most part, are no longer considered AFDC eligible by the Federal criteria. Reimbursement for activities related to children in care of the Department can no longer be claimed. The change in eligibility criteria by the Federal Agency was not known until after after the FY 1979 budget was passed by the Legislature. General funds to replace the appropriation Title IVA Funds are requested.

B. CONSEQUENCES OF NOT FUNDING THE SUPPLEMENTAL: Support services for the other components of this BRU would be cut off. This component is comprised of one Administrator and two Clerical support positions. Without funding, employees would have to be laid off to stay within the appropriation level of State General Funds.

C. OTHER INFORMATION: No lapse in another BRU is anticipated, therefore, no funds can be identified which could be transferred to reduce this supplemental need.

FY 79 SUPPLEMENTAL REQUEST ANALYSIS

	FY 77 ACTUAL	FY 78 FINAL AUTH.	FY 78 ACTUAL	FY 79 GOV. BUDGET	FY 79 INITIAL AUTH.	FY 79 CURRENT AUTH.	EXPENDITURES + ENCUMBRANCES 7/1/-11/30	OTHER OBLIGATIONS 7/1/-11/30	PROJECTED EXPENDITURES + ENCUMBRANCES 12/1-6/30	FY 79 (DEFICIT) OR EXCESS	FY 80 CONTINUATI.
ERSONAL SERVICES	61.0	78.6	79.9	84.7	84.7	84.1	32.4	3.6	48.1	-0-	92.0
RAVEL	2.9	6.0	3.0	3.9	3.9	3.9	1.0	-0-	2.8	.1	4.1
NTRACTUAL SERVICES	.2	6.2	4.3	6.5	6.5	6.5	5.2	-0-	1.3	-0-	8.1
MMODITIES	.8	1.0	.6	.7	.7	.7	.5	-0-	.2	-0-	.7
UIPMENT	.2	1.4	.6				.1			(.1)	
NDS, BLDG. ...											
ANTS, CLAIMS, ...	4.7										
SCELLANEOUS											
TOTAL	69.8	93.2	88.4	95.8	95.8	95.2	39.2	3.6	52.4	-0-	104.9
DERAL RECEIPTS	234.4	38.5	259.5	39.6	39.6	39.6	.1		27.3	12.2	20.6
QUIRED GF MATCHING	76.0	38.4	36.5	39.5	39.5	39.5	.1		27.3	12.2	20.6
ER GENERAL FUND	(240.6)	16.3	(207.6)	16.7	16.7	16.1	39.0	3.6	(2.2)	(24.4)	63.7
ER-AGENCY RECEIPTS											

ENCY: Health and Social Services BRU: Office of Internal Review COMPONENT: Administration REVISED:

STATE
of ALASKA

MEMORANDUM

TO: F Ron Lind, Director
Division of Budget and Management
Office of the Governor

DATE: December 18, 1978

FILE NO:

TELEPHONE NO:

FROM: Helen D. Beirne, Commissioner
Department of Health
and Social Services

SUBJECT: FY 1979 Supplemental Appropriation Request - Office of Internal Review

A supplemental appropriation request for $75,800 of State general funds for the Office of Internal Review, Audit Component is forwarded for your review and action.

A. REASON FOR THE SUPPLEMENTAL: Children in Foster Care and Institutional Care, for the most part, are no longer considered AFDC eligible by the Federal criteria. Reimbursement for activities related to children in care of the Department can no longer be claimed. The change in eligibility criteria by the Federal Agency was not known until after the FY 1979 budget was passed by the Legislature. General funds to replace the appropriated Title IVA Funds are requested.

B. CONSEQUENCES OF NOT FUNDING THE SUPPLEMENTAL: The required audits will not get completed. The backlog of audits to be completed will increase sharply. Two current employees would have to be laid off immediately.

C. OTHER INFORMATION: Expenditures for this component have been less than one-twelfth of authorized per month. Vacant positions which have been filled during this fiscal year have been considered in this request. The total of Title IVA funding authorized for this component is $96,200, but vacancies resulting in approximately $40,000 has resulted in the lower Supplemental Request. No lapse in another BRU is anticipated, therefore, no funds can be identified which could be transferred to reduce this supplemental need.

FY 79 SUPPLEMENTAL REQUEST ANALYSIS

	FY 77 ACTUAL	FY 78 FINAL AUTH.	FY 78 ACTUAL	FY 79 GOV. BUDGET	FY 79 INITIAL AUTH.	FY 79 CURRENT AUTH.	EXPENDITURES + ENCUMBRANCES 7/1/-11/30	OTHER OBLIGATIONS 7/1/-11/30	PROJECTED EXPENDI-TURES + ENCUMBRANCES 12/1-6/30	FY 79 (DEFICIT) OR EXCESS	FY 8 CONTIN
PERSONAL SERVICES	148.8	215.5	152.7	305.1	305.1	303.0	69.3	9.2	184.5	40.0	321.5
TRAVEL	17.7	32.4	18.9	43.0	43.0	43.0	16.6	4.0	22.4	-0-	45.6
CONTRACTUAL SERVICES	9.7	12.2	8.9	65.5	65.5	65.5	11.4	6.5	47.6	-0-	71.3
COMMODITIES	1.8	3.2	2.7	4.9	4.9	4.9	.3		2.9	1.7	5.2
EQUIPMENT	.8	2.5	2.5				1.0			(1.0)	
LAND, BLDG. ...											
GRANTS, CLAIMS ...											
MISCELLANEOUS											
TOTAL	178.8	265.8	185.7	418.5	418.5	416.4	98.6	19.7	275.4	40.7	444.
FEDERAL RECEIPTS	22.9	86.1	-0-	148.5	148.5	148.5	-0-	-0-	72.7	75.8	62.9
REQUIRED GF MATCHING	22.9	86.1	60.1	148.6	148.6	148.6	-0-	-0-	72.8	72.8	62.9
OTHER GENERAL FUND	133.0	93.6	125.6	121.4	121.4	119.3	98.6	19.7	111.9	(110.9)	318.3
INTER-AGENCY RECEIPTS											

AGENCY: Health & Social Services BRU: Office of Internal Review COMPONENT: Audit REVISED:

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

SENATE BILL NO. 142

"An Act making a supplemental appropriation to the Department of Health and Social Services; and providing for an effective date."

Office of Internal Review

Senate Bill No. 142, in regard to the Office of Internal Review, provides for replacing a shortfall of federal funds with state general funds. The AFDC eligibility for children in foster care and institutional care changed drastically since the preparation of the FY 1979 budget. Activities by the Administration and Audit Components of the Office of Internal Review relating to children in foster care and institutional care are no longer eligible for Title IV-A federal reimbursement. A signficant amount of effort by this unit is made in auditing and rate setting of AS 47.40 related services.

If state general funds are not made available to replace the lost federal receipts, all Administrative and Audit staff will be subject to layoff by mid-April.

Division of Social Services

Senate Bill No. 142 provides for supplemental funding of $1,353,800 to replace unclaimable federal Title IV-A funds and to meet the increased costs of the foster care and institutional care programs. Recent projections based upon actual expenditures, the first six months of the fiscal year, indicate it may be possible to reduce the supplemental request to $1,332,000.

Under AS 47.10.230 and 47.40.040, the Division is required to provide 24-hour care and supportive costs for children in need of aid. Children placed in foster and institutional care are committed to the Division's custody, and the Division has no control over the number of children for who care must be provided or the rates paid (see attached audited rates).

Supportive costs, such as travel to and from placements, witnesses at court hearings, initial placement clothing purchases, medical care and psychiatric and psychological evaluations and treatment (the majority of which are court ordered for the child and parent(s)) must also be provided. The majority of the costs for evaluation, testing, examinations and other medically related care were borne by the Division of Public Assistance's Medicaid program in the past; however, such costs must now be assumed by the program. This policy change was enforced in FY 79 and therefore, the increases were not anticipated at the time the original budget request was prepared.

POSITION PAPER/Department of Health & Social Services

Replacement of $880,900 federal Title IV-A funds with general funds is required. Federal representatives conducted a review of the cases for which Title IV-A funds were being claimed, resulting in a drastic reduction in revenues for FY 78. The number of children meeting the federal criteria for AFDC-FC eligibility (45 CFR 233.110(a)(1) and (a)(2), has decreased drastically. Therefore, Title IV-A funds appropriated for FY 79 will far exceed actual revenues. Total replacement of these funds with general funds is requested, however, both the Divisions of Social Services and Public Assistance will continue determining eligiblity and claiming all possible federal reimbursement.

If general funds are not appropriated to cover the above, we will be unable to meet foster care costs beyond mid-May, and institutional care costs beyond mid-April.

Supplemental need for travel are based upon a one-month payment lag; professional costs upon actual contract limitations; clothing, provider payments and medical upon a two-month lag in Foster Care and a one-month lag, plus recent encumbrances, in Institutional Care. The total request is as follows:

	200	300	400	700	Fed Shortfall	GF Total
Foster Care	$51.8	$58.1	$26.4	-0-	$314.6	$450.9
Institutional Care	30.3	-	9.9	274.6	566.3	881.1
	82.1	58.1	36.3	274.6	880.9	1,332.0

Enactment of Senate Bill No. 142 is recommended.

RECOMMENDED BY: Roger C. Lange DATE: Feb. 22, 1979
Roger C. Lange, Administrator
Office of Internal Review

RECOMMENDED BY: A. Holmberg DATE: 2/22/79
Art Holmberg, Director
Division of Social Services

APPROVED BY: Catherine M. Lloyd DATE: 2/22/79
Helen D. Beirne, Commissioner
Department of Health and Social Services

Attachment

18 Explanation

FY 79

FY 80

stitutional Care Daily Rates

acility	FY 76 Audited Rate	FY 77 Audited Rate	Provisional FY 78 Rate	Est. FY 78 Revised Rate	Estimated FY 79 Rate	FY 78 Audited Rate	FY 79 Provisional Rate	FY 80 Esti Rate - 6%
aska Children's Services Inc.								
Jesse Lee	42.83	61.55	75.43	83.73	88.75	81.59	91.1	96.63
North Star House	33.91	39.88	64.52	71.62	75.92	67.01	40.56	42.99
Aquarius	27.43	36.26	45.79	50.83	53.88	47.61	47.01	49.83
Colletti	27.16	36.94	48.70	54.06	57.30	50.42	38.98	41.32
Youth Services Center	45.99	54.26	69.57	77.22	81.85	71.76	109.99	116.59
askan Youth Village	31.17	37.19	44.06	48.91	51.84	-	53.24	56.43
rrow Receiving Home			Rate not yet established			57.93	52.15	55.28
thel Receiving	24.68	44.09	Closed in FY 77					
oth Memorial Home	50.30	60.65	75.63	83.95	88.99	110.19	110.19	116.80
venant High School		14.89	*			36.04	46.96	49.78
llcrest Receiving Home	35.32	33.55	Rate not yet established			75.63	92.26	97.80
lltop Home	35.47	42.43	46.30	51.39	54.47	18.42	16.52	17.51
pe Center*	40.51	55.01	*			46.30	51.00	54.06
pe Cottage "A"*	28.70	31.70	*					
suit Volunteer Corps Group Home	29.53	26.21	36.04	40.00	42.40	62.04	66.03	69.99
neau Receiving Home	26.76	47.81	Rate not yet established					
neau Teen Home								
Boys	22.52	39.67	40.88	45.38	48.10	39.57	46.12	48.89
Girls	32.71	39.67	40.88	45.38	48.10	39.57	46.12	48.89
nai Peninsula Community Care Center	36.58	48.06	51.54	57.21	60.64	51.54	55.96	59.32
tchikan Children's Home						48.50	60.52	64.15
Receiving Home	39.22	43.30	48.50	53.84	57.07	20.72	18.19	19.28
Teen Home	34.95	43.30	48.50	53.84	57.07	62.25	59.97	63.57
dick Baptist Mission & Group Home	14.89	20.56	20.72	23.00	24.38	42.45	40.83	43.28
me Receiving Home	42.87	43.67	Closed in FY 77			65.52	64.86	68.75
rth Star Home	18.94	22.92	Closed			46.81	65.51	69.44
resbyterian Hospitality House	61.48	62.36	Rate not yet established			42.26	57.32	60.76
ffield House (Hope Center)*	22.91	22.46	*			68.71	68.71	72.8
. Mary's High School	7.71		*					
urning Point Boys Ranch	44.92	43.31	46.81	51.96	55.08			
Not under Institutional Care								

U Program Services - Institutional Care

Dept. of Health & Social Services
BRU CODE Health & Social Services REVISED

NT Institutional Care DATE REVISED

18 EXPLANATION

Page 4 of 4

000591

000

1023

(Rev. 5/78)

our copy

Introduced: 2/13/79
Referred: Health, Education & Social Services and Finance

Funding Information:
General Fund: $1,441,800
Other Funds: -0-
$1,441,800

IN THE SENATE

BY THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

SENATE BILL NO. 142

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act making a supplemental appropriation to the Department of Health and Social Services; and providing for an effective date."

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

* Section 1. The sum of $1,441,800 is appropriated from the general fund to the Department of Health and Social Services, to be allocated as follows:

Office of Internal Review - Replacing shortfall of federal funds for FY 79	$ 88,000
Division of Social Services - Replacing shortfall of federal funds for FY 79 and cover excess expenditures of FY 79 appropriation	1,353,800

47.3
35.1
12.2

1,310,800
43.3

* Sec. 2. The unexpended and unobligated portion of the appropriation made in sec. 1 of this Act lapses June 30, 1979.

* Sec. 3. This Act takes effect immediately in accordance with AS 01.-10.070(c).

STATE OF ALASKA

THE LEGISLATURE

BUDGET AND AUDIT COMMITTEE

AUDIT DIVISION
POUCH W — ALASKA OFFICE BUILDING

FINANCE DIVISION
POUCH WF — STATE CAPITOL

JUNEAU 99801

February 23, 1979

TO: Senator Hackney

FROM: John Lucas

SUBJECT: SB 142

The following changes should be considered for SB 142:

1. Section 1. The FY 79 supplemental request for for the Division of Social Services should be reduced from $1,353,800 to $1,310,500. A Revised Program is in process which would transfer $43.3 from Day Care to Foster Care.

2. Section 1. The FY 79 supplemental request for the Office of Internal Review should be reduced by $40.7 to a total of $47.3. In submitting their request, they did not take into account the fact that they expect to lapse $40.7 in the audit component.

In addition this bill only takes into account the amounts required by the Division of Social Services for FY 79. I have attached the additional funds which the Division will require for FY 78. This amounts to $704,600 to replace the shortfall in federal and program dollars. It is basically comprised of the following:

	Foster Care	Institutional Care	Total
FY 78 Expenditures	.2	(.2)	-0-
Fed. Receipts shortfall	194.8	441.3	636.1
Pgm. Receipts shortfall	59.6	8.9	68.5
Totals	254.6	450.0	704.6

02-001B (Rev. 10/76)

STATE of ALASKA

MEMORANDUM

TO: Art Peterson
Assistant Attorney General
Department of Law

DATE: February 2, 1979

FILE NO:

TELEPHONE NO:

SUBJECT: Supplemental Appropriation Department of Health & Social Services

FROM: Ron Lind, Director
Division of Budget & Management
Office of the Governor

RPL

Please prepare a bill for the Governor's introduction making a Supplemental appropriation in the amount of $704,600 to the Department of Health & Social Services for the purpose of replacing a shortfall in federal dollars during FY 78 in the program services BRU in the Division of Social Services.

This $704,600 should be appropriated from the general fund.

This act should take effect immediately and include a lapse date of June 30, 1979.

FY 78 SUPPLEMENTAL REQUEST ANALYSIS

	FY 77 ACTUAL	FY 78 FINAL AUTH.	FY 78 ACTUAL	FY 79 GOV. BUDGET	FY 79 INITIAL AUTH.	FY 79 CURRENT AUTH.	EXPENDITURES + ENCUMBRANCES 7/1/-11/30	OTHER OBLIGATIONS 7/1/-11/30	PROJECTED EXPENDI-TURES + ENCUMBRANCES 12/1-6/30	FY 78 (DEFICIT) OR EXCESS	FY 80 CONTINUATIO
PERSONAL SERVICES											
TRAVEL	42.5	65.3	87.8							(22.5)	
CONTRACTUAL SERVICES	51.3	106.0	211.1							(105.1)	
COMMODITIES	21.9	22.1	37.2							(15.1)	
EQUIPMENT	.1										
LANDS, BLDG. ...											
GRANTS, CLAIMS	1,341.8	1,906.7	1,764.2							142.5	
MISCELLANEOUS											
TOTAL	1,457.6	2,100.1	2,100.3							(.2) (194.8) IV A shortfall 0 KGF to OGF (59.6) Prog Net shortfall (254.6) Total supplement	
FEDERAL RECEIPTS	337.4	437.4	242.6							(194.8)	
REQUIRED GF MATCHING	234.4	372.3	98.0							(40.8)	
OTHER GENERAL FUND	616.1	1,107.8	1,636.7							(295.4)	
INTER-AGENCY RECEIPTS											
Program Receipts	128.4	182.6	123.0							(59.6)	
Other Funds	141.1										

AGENCY: Health & Social Services BRU: Program Services COMPONENT: Foster Care REVISED: _____

FY 78 SUPPLEMENTAL REQUEST ANALYSIS

	FY 77 ACTUAL	FY 78 FINAL AUTH.	FY 78 ACTUAL	FY 79 GOV. BUDGET	FY 79 INITIAL AUTH.	FY 79 CURRENT AUTH.	EXPENDITURES + ENCUMBRANCES 7/1/-11/30	OTHER OBLIGATIONS 7/1/-11/30	PROJECTED EXPENDI-TURES + ENCUMBRANCES 12/1-6/30	FY 78 (DEFICIT) OR EXCESS	FY 80 CONTINUATIO
PERSONAL SERVICES											
TRAVEL	41.5	45.2	45.2							0	
CONTRACTUAL SERVICES	17.7	(138.0)								(138.0)	
COMMODITIES	5.3	12.4	10.3							2.1	
EQUIPMENT											
LANDS, BLDG. ...											
GRANTS, CLAIMS, ...	2,891.4	4,298.0	4,161.9							136.1	
MISCELLANEOUS											
TOTAL	2,955.9	4,217.6	4,217.4							.2 (441.3) IV 0 RCF (8.9) Pro (450.0) Tot (441.3	shortfall to OGF Net shortfall l Supplement
FEDERAL RECEIPTS	421.9	719.3	278.0							(441.3)	
REQUIRED GF MATCHING	464.6	719.3	278.0							(441.3)	
OTHER GENERAL FUND	1,902.2	2,751.2	3,929.4							(891.3)	
INTER-AGENCY RECEIPTS											
Program Receipts	26.1	27.8	18.9							(8.9)	
Other Funds	161.1										

AGENCY: Health & Social Services BRU: Program Services COMPONENT: Institutional Care REVISED:

① At what point did info arrive re Federal criteria change? Do you have a letter? How advised?

② Were you only auditing to conform to a Federal requirement?

③ 75,800 was audit cost
12,200 was adm.

④ what points would be in.?

⑤ what happens if you

⑥ Is audit rept. before reimbursement to agencies

① Seaborne

② What employees would be laid off?

Simplistic Solution on HB 142

Would it be possible to mandate that individual parents of children from the middle class be made responsible for the costs of foster care, custodial care or institutional care for children of this class who require it since they are not covered by AFDC?

SB
143

COMMITTEE REPORT

SENATE

FURTHER: FINANCE

2/13/79

Date: _____

Mr. President:

The Committee on HESS has had SB 143

supplemental appropriations to Department of Health and Social SErvices, Administration of Justice

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Betty Johnson

MEMBERS HAVING
OTHER RECOMMENDATIONS:

_____
CHAIRMAN

S 60 (Rev. 12/78)

AMENDMENT

OFFERED IN THE SENATE: BY: SEnate Hess

To: _____ SENATE BILL No. SB 143

HOUSE BILL No. _____

PAGE: (1) LINE: 13

Line 13 change $132,400 to 232,400

AMENDMENT

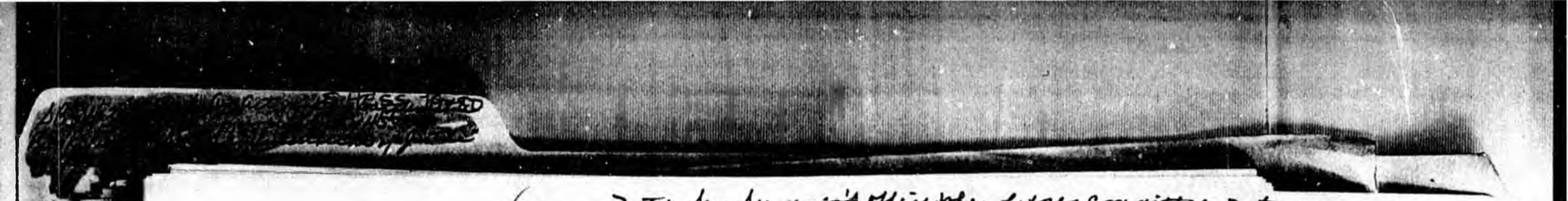
OFFERED IN THE SENATE: BY: Senate Hess

TO: _____ SENATE BILL No. SB 143

HOUSE BILL No. _____

PAGE: (1) LINE: 10

Line 10 change $253,300 to $234,992



Introduced: 2-13-79
Logged: 2-13-79
Referred: Finance
Committee Meeting 2-23-79
" action Passed with amendments taken Senate Reg 2-26-79. @ 1:00

Pointing finger

Notify Sen Summers's office when before committee. Notified 2-26-79
Don Van Eaton (formerly Abt Clinic. will be there
Jamie Pates - HESS - 3030
Chas. Sexton - Division of Correction - 3376
Gov's office

2/23/79

SB 143

Sen. Sumner. I've had a background in the care and feeding of human beings for 14 or 15 years in terms of board and care facilities; people who have emotional or social adjustment problems, mental illness, and I've been able to see through firsthand involvement hardships in terms of individuals' lives. But I was introduced to a family and then I found out there are several families that have as one member of their family an autistic child. What we are dealing with in autistic children is a personality behaviour that almost forbids the option or forecloses the option of being able to get any sort of relief in terms of sitters or in terms of someone to stay with or care for that child. Their erratic behaviour is such that they can burst into uncontrollable behaviour, then can tend to attack the person trying to care for them, they tend to do things that are so shocking; its out of the line of emotionally disturbed children or mentally ill children.

These youngsters are really difficult to control and difficult to predict their behavious. What happens then in that family is that after days and weeks and months of consistent high intensity observation of this child it just comes apart. There is a torment in a whole family, not just in terms of having someone which they wish could participate in normal activities, in sports and functions; but youngsters that absolutely require full attention on almost a day and night basis to care for. They tell me that from time to time they pray for sombody who has some training or some facility that can sit with this youngster or keep the youngster for 24 hours. They said sometimes 24 hours away is like a month's vacation and they need that sort of family support to help provide for these children.

The group of parents that I met with invited many of the legislators from the Anchorage area to come and they gave us an overview. One of the things they said that was typical among autistic children is that it is very difficult to be able by physical observance to tell that a child is autistic -- very beautiful children. They radiate no behaviour patterns that would cause you to exercise caution when dealing with them or working with them. Yet, you can be riding along and stop at a stop sign, they are liable to get out of the car and run and you can't get them back. If they are playing in the yard they are liable to run into the stree. It's this sort of unpredictable behavious that doens't let a mother or a father for one minute have a bit of peace. In many instances it ultimately drives the family to divorce and separation because there is no program no facilities capable of handling or dealing with these children.

In Alaska there is no funding program or project, as I understand it, to provide these types of services. I understand it is even difficult to get and I hate to use the term lable, but diagnosis to get it diagnosed in that category. As

a result most of them are precluded from many of the other programs.

To establish a program that would do two things: (1) a home care, in other words, a full 24 hours, 7 day a week service. I understand there are 2 to 4 children in API at the moment but that is the only type facility that is available for them to provide for that program, the autistic program, would take about $165,000. They budget they have submitted to me is $165,542. A separate respite program which involves more the capacity ot keep one of these youngsters either on a babysitting evening or 24 hour short term basis or maybe for a short vacation for the family at $163,492.

When it comes to which is the more important of these two programs, it's one of those things which is difficult to say. However, the respite program would serve more people. The autistic program would serve at a higher level of care, but it would serve fewer people. I would urge the committee to at least consider the total program, but I know and I know what the budget is this year. But, I would urge that at least one of the programs, the respite program be approved and if later in the budget if we can find the dollars or we can exercise some priority we could find room for the other month. At least for the time being, I believe one of the greatest callings that we can do this year is to be able to provide the families not only the children some short term peace of mind to know that their children are being cared for to give the family a little relief.

Sen. Sturgulewski. I think you've outlined what obviously is a real concern. As I understand, it is an extraordinary difficult to diagnosis. There is one 'diagnosis' case in API, two possibles in Valdez and others that at least the parents are absolutely convinced this is true. To go into a residential program I think it is better to move slowly into new areas to determine the need, but I notice some hesitation on the part of the Department of H&SS as to really some of the components of the respite program. Have you worked closely with them, or do they have people here that can speak in detail to that?

Sen. Sumner. My knowledge is basically that of having seen the families, having seen the behavious of the children and having listened to the family say that there is no way in the world we would get somebody to sit with one of these children for a short period of time. You'd never get them back. Soon you run out of people.

Sen. Fahrenkamp. Would this program be on a statewide basis or were you planning on starting a pilot project in one area?

Sen. Sumner. A majority of the families with children that would be cared for in this program live in Anchorage. To the best of my knowlege, it does not include facilities outside of the Anchorage area. The one thing that it does include that would be statewide is that it provides for some funding in terms of psychiatric consultant at $5,400. So we are talking roughly maybe

$17,000 or $18,000 at which they were hoping to be able to identify other children throughout the state and it would servie anyone if they brought their children in for a week or two if they wanted just a bit of relief or rest, they could bring their children in and it would service people from all over the state except it would not provide for transportation to get them into Anchorage.

Sen. Fahrenkmap. I know of cases that though not formally identified are definitely . . . So I was concerned that persons in other areas could not have this relief. If however, it is planned in this that people who are taking a short vacation or are getting away for the weekend could have someone in the Anchorage area and drop tneir children there knowing they would be perfectly safe until they returned that that would be helpful.

Sen. Hackney. I think that would be understood because I noticed the one individual that had been identified was a Barrow younster.

Sen. Sumner. I think so. This would provide for a facility and for the cost of care except it may occur for not only short periods of time but it could occur for significant periods of time.

Sen. Fahrenkmap. It bothers me very much that we put children with this identification in API. I think it is an injustice to both the family and the child. However, it is better than nothing.

Sen. Sumner. I can tell you I often said that every elected official ought to have to do through Sonoma State Hospital at least twice a year to keep in touch with reality because there are some priorities out there that exist when I look at the millions that drop through the cracks.

Sen. Hackney. Is it your understanding then that the individual is already on board down there are Hope Cottage?

Sen. Sumner. I don't know. I corresponded with a Mrs. Hohman I think it is for almost 3 years now and was invited into the home just before to see physically what is at work and to listen to them and to relate to you that their needs and cries for some respite.

If the autistic program, if that was under consideration, is a . . . I'm reasonably sure what they wanted to do there was to hire someone with specific training and specific capacity to diagnos and that would be a statewide effort and once identified hopefully we can begin to generate some sources other than general funds. I'm advised that what they are in hopes to do, Hope Cottage will be seeking alternate sources of funding in the future and will be reworking the proposal in order to be eligible for foundation monies. There are some foundation monies.

It says $329,035 is being requested for a pilot program for respite and residential care of autistic children. The funds will go to the Hope Cottage who has developed the program. Each committee member has a copy, etc. The program will be for at least 13 children, 3 of which are residential and between the

4y

ages of 4 and 18. At the present time there are 11 children identified as needing the respite with 4 in the residential care. These children are presently institutionalized at API and Harborview.

Sen. Hackney. A thought just occurred to me. The rate hearings are coming up next week, Tuesday or so, The man from Hope Cottage will be down here for the rate hearings. Would you have any objection if we do two things. The cost projections that you indicate here break this down to recurring costs, 8 month costs and 2nd year costs. It is my feeling that 2nd year costs very definitely should be included in the budget if we want to get serious about that. But, that start-up costs would legitimately be a concern as an addition to this bill if that is what we want to do. I think I would like very much to hear from the guy at ope Cottage first. I think John . . .

Sen. Sumner. I've advised the families as well that there are some loan programs available. I didn't know the final status. Once we pass it we think it is law but then it gets killed someplace else. But, there were some loan programs available at one time in terms of this respite care program or the residential program at which they might be able, collectively, to borrow money and buy one of the existing home facilities for this purpose. The one thing I will state now for the record that I do not want to see is anything - this program graduate to anything more in terms of regulations, requirements or law other than a babysitting program. I don't want it to get into all that criteria that sometimes accompanies institutional care. This is specifically for certain minimal programs and I really hope that the committee .. .

Sen. Sturgulewski. I appreciate your information. I personally would want to have more knowledge of how that would work but I've got to say that I've never seen 10 or 12 women that were as effective in making a presentation.

Sen. Hackney. It would not be your understanding that if we were to fund the respite program section of this that that would only be for autistic children.

Sen. Sumner. I don't follow. I know it would accommodate at least that care, if we've got the people and the facility it would be appropriate that it be fully utilized. I am in hopes that what we see here is only part of the overall imput to this because I know that if there is a facility available for this pecific purpose that the mothers will alternate share or time share some of the sitting costs. The problem they have is when they bring another child into their home, the exploratory attitudes sometime causes them to tear up a home, so there is some hesitance to do that. But if there was a place they could go I'm sure that they will time share and participate.

Sen. Hackney. I think also that these programs require some specialized equipment too, such as toys and that type of thing that isn't available to the ordinary home owner.

Sen. Sumner. I would have no objection because my initial plea to you is to getting the program ongoing and I will share in the most articulate terms the responsibility that the group has to continue its search for additional monies.

Cathy Lloyd. 143 is the corrections supplemental. If you'll take section 1, we have reduced that by $18,000. These are all the unpaid bills after we submitted the supplemental we were able to release some encumbrances and bring down the unpaid invoices $18,000. So we ask you to amend section 1 to read $234,992.

On page 2 of the position paper you will see that we had all the funding in the original appropriation but last year things were allocated by line item and we couldn't move the components around. So in effect we are just asking you to reappropriate in the lines where they are needed.

Sen. Fahrenkamp. As I understand it then, this appropriation is well within the budget, it is just a matter of transferring those parts that have to go back to the general fund if they are not expended.

Cathy Lloyd. That's right.

Section 2, we have asked from the original bill, please add $50,000. As you see in the position papers this was due to perhaps 2 things; the extra OMVIs we had and the fact that we did not have enough space here in the state.

Section 3, we ask this amount for the underfunding in line item 100 which is the personal services. Corrections runs institutions and security is a major problem. All the posts must be fully funded and fully secured. The budget last year, as you will see, was underfunded in line item 100. The state works on a 7 1/2 hour day which automatically builds in 2 1/2 hours overtime for these posts also which dries up that line.

Sen. Sturgulewski. The budget was underfunded, why was that? Are we talking about vacancy factors here?

Cathy Lloyd. Vacancy and turnover factor does more or less a double whammie . . .

Sen. Sturgulewski. Is that built in to as a budgetary figure at a 2% or 5% or something and that is what we are looking at?

Cathy Lloyd. Basically yes.

Sen. Sturgulewski. What is the figure that is used? Why did you get here?'

Cathy Lloyd. In the budgeting process they usually, they have been taking every year a larger and larger vacancy and turnover. In most programs of a fair size you can manage the vacancy and turnover. You can try to stagger hours. At down times you can have less people on duty. However, in institutions, especially in in insitution where security is a factor, you cannot turn down

your security at any particular time. We have to keep our security posts fully funded. I have here with me Mr. Sothan who is the acting director of Corrections who can speak to that if you'd like him to.

Mr. Sothan. The security posts basically are those posts that are most necessary as needed for the care and confinement of . . . we are talking security, not talking about treatment for the 24 hour security, the dormitories, the intake section, the single cell portions of it, those that have people there on a 24 hour basis even though some of them may be in transit. These are stationary posts that must be maintained 24 hours a day. There are other posts inside the institutions that don't necessarily have to be maintained 24 hours a day, the kitchen for instance. so you can pull off of that.

When we are talking about strickly security confinement or security posts, they are ones that must be maintained whether someone is sick, whether they have been injured on the job, whatever the reason may be, there must be a corrections officer there without fail to maintain security.

Sen. Fahrenkamp. In this shortfall of appropriations, is included the positions that the court fuled that under staute must be there at the 6th Avenue jail in Anchorage, is that in this appropriation?

Mr. Sothan. Yes.

Sen. Sturgulewski. What is the percentage vacancy factor you run and what are you budgeted for? Is there a nice science to that when the Finance Department gets through with your budget?

Cathy Lloyd. No.

Mr. Dalby. I'm the administrative officer. We run 24 hours and we have a 37 1/2 hour work week which really calls for 5.2 people per post in order to get your 24 hour coverage. The vacancy factor historically has been 5% plus, but it does vary between institutions. This is based upon an appropriated personnel record which shows vacancy. The problem is that when you have a PCN which is vacant we have to fill that with either a temporary or with overtime. On that basis we do not get credit against that vacancy factor for a temporary fill or a overtime fill. Therefore, it is historically we get assesse a vacany factor. We come up with this problem every year.

Sen. Sturgulewski It seems to me that if it is a chronic program, a justified one that ends up here every year that there should be some consideration of adjusting your budget process.

Cathy Lloyd. Yes, we agree and we have tried to do that every every year but they still seem to put consistently the same vacancy and turnover even though we are running 24 hour institutions.

Mr. Dolby. You'd asked whether there was that money included the appropriation for those extra officers at the Annex. I wasn't clear as what the meaning of that question was.

Sen. Fahrenkamp. The meaning of that question is that I have a copy of the court's order which says that according to state law you would have to have that many people there and I understood that even though we might want to take it out of the judicial budget, I'd just like to know if we are going to have to have another appropriation or if it were included in this #3.

Mr. Dolby. We are budgeted for those positions and they are there, 40 people are at the Annex.

Mr. Sothan. I think what you may be referring to Senator is that the court order says that you will increase 9 positions. Let me answer that. What he is talking about 9 positions over and above when the court case was originally filed almost 3 years ago. Since that point in time there are 40.5 positions. We already have those 9. We are under the statutes as far as Judge Singleton's order.

Sen. Fahrenkamp. How long have you been up to the statutes according to this.

Mr. Sothan. We came under when the Judge first came down on his order. We came under the full scale and we were finally able to locate, identify, train, advise and so forth last fall. This court case has been on so long that we've even had a change of defendant.

Sen. Fahrenkamp. Might we enlist your aid in getting a rush order on the Juvenile Facility we are trying to get built in Fairbanks so we can relieve that overcrowded situation before 1980.

Mr. Sothan. We find ourselves caught up quite often in a bureaucratic system which, based upon some of the laws in trying so many people together. And DOTPF, of course, it would be nice that if the bond money that has been awarded to the Division of Corrections was given over and they said 'OK, get to it boys, talk to your people and get it going.' Unfortunately it doesn't work that way, you can't spend the money before you have it, the bonds haven't been issued, so to get the money you've got a long process of paperwork, shuffling back and forth to do the designs before you are even ready to form your committees. It would be presumptious for the DOC or the Dept. of H&SS to go to these various locations to build these facilities without input from the citizenry there because we basically feel that they know the needs, so then we have to form committees to say we are ready to go for our design. It sounds like a lot of bureaucratic nonsense but it the system really does work, it just doesnt go as quickly as we'd like.

Sen. Fahrenkmap. I know the system orks, but it works too slowly to suit me, If you let me know how many committees you are going to appoint, Ill see tht they get down here tomorrow so we can

get this thing going. We need jobs in Fairbanks. I would appreciate cutting every bit of the red tape you can cut.

Sen. Hackney. You're tall us now that these positions were filled, the nine positions that Judge Singleton came out with this order, but the only way that you are going to pay for them is by passing this supplemental? Am I correct there?

Mr. Sothan. No. We are not just isolating just down to those 9 positions. The supplemental appropriation covers the full gamut of all the DOC and all security aspects. The nine positions that were brought in on the Judge Singleton orders were awarded to us especially last year on a supplemental. It was awarded, they were staffed and brought in. The request for supplemental appropriation to cover the amount of payroll we have for security positions now. That's doesn't actually enter into it as a total picture.

Sen. Fahrenkamp. I think the thing that is bothering you and bothering me is the type of publicity on this type of thing just now hits the fan and that upsets you.

In line of the questioning that I was after in regards to Juvenile Facilities, I would like to extend the invitation to you to join with the Interior Delegation on Tuesday night at 8:00 with Commissioner Beirne to help us try to solve this problem.

Sen. Hackney. Are there other questions? If not, we've had an amendment suggested.

Sen. Sturgulewski. I would move to amend section 1 by a decrease of $18,000 and to increase section 2 by $50,000.

Sen. Hackney. Any objection. so ordered

Sen. Sturgulewski. I move that we pass out of committee with individual recommendations SB 143 as amended.

Sen. Hackney. No objections? So ordered.

FEASIBILITY STUDY

DEVELOPMENTAL GROUP HOME/AUTISTIC

HOPE COTTAGES, INC.

1. The Need: Background and Rationale

Leo Kanner first identified autism as a developmental disability in 1943. Despite the passage of over three decades, the behavior of autistic children remains bewildering to clinicians as well as to parents and has proven to be a most difficult syndrome for which to obtain an adequate developmental history. Unless a physician or mental health specialist suspects autism and knows what signs are characteristic, the process of diagnosis is frequently thwarted from the beginning. The existence of wide differences in severity, a lack of specific physical signs and confusing terminology make diagnoses difficult at best. Research, however, has been ongoing and the diagnostic procedure continues to be refined with some recent signs of real progress occurring.

At present, there is no specific treatment for autism. Clinicians and educators involved in particular treatment approaches have made strong claims of success, but no treatment has as yet been demonstrated to dramatically alter the natural history of the disease. Many individual approaches have been attempted including psychotherapy, family therapy, speech therapy and special education. Other approaches include day treatment, residential treatment, psychiatric hospitalization, medication, megavitamins, sensory stimulation and sensory isolation. More recent research advances have indicated the strong possibility that an enzyme malfunction may be a major factor in the occurrence of this syndrome in a majority of the cases. Despite all of this, it appears that for the foreseeable future the major factor in the treatment of this disability will be patience, as one must recognize that improvements and regression are likely to occur within this population despite the influence of the most optimistically presented treatment plan.

Programs for the autistic in the Alaska area have been most noticeable by their absence. With the single exception of the program developed through the auspices of the Center for Staff Development and implemented within the Anchorage School District, there is no well-known structured educational or residential program for children exhibiting this syndrome now extant within our state. There is, however, a well functioning and devoted group of parents operating under the title of Parents of Autistic Children who have supported existing efforts in the treatment of their children and have moved to initiate improvements on those programs through group action and expressed individual interest. They are presently speaking to the needs of approximately 11 children exhibiting autistic or autistic-like syndrome who are living at home as well as the needs of at least four other students who are presently known to be institutionalized at the Alaska Psychiatric Institute in Anchorage and at Harborview Developmental Center in Valdez. Recently, there has been a new surge of energy in the parents' attempts to develop a more adequate residential program for those children who must remain away from their natural home as well as development of a respite activity that will continue the training programs for autistic children within a formalized structure after school hours. These are occasions when parents desperately need

to re-energize their depleted resources or, as frequently occurs, need that type of respite support to allow them to continue their training, to recreate and, in other ways, to remove themselves temporarily from the exhausting process of maintaining an autistic child.

This parent group, generally, appears to be well trained from frequent involvements within the school district program. They also continue their own individual efforts to update their knowledge in the area of autism and to move strongly to implement that knowledge within their child's learning structure as well as to demonstrate the ability to experimentally introduce new approaches to the treatment of autism within their living structure. This group is highly supportive of this proposal to develop and implement a residential/respite program for autistic children within the Hope Cottages complex. (See appendix for case descriptions of presently known autistic children within the Anchorage area.)

2. Numbers of Autistic Children in Alaska

The number of autistic children in Alaska is not accurately known. As previously stated, the process of diagnosing an autistic child is at best a loose one and these children frequently find themselves diagnosed within various psychiatric syndrome areas or within the mentally retarded categories. Further, since the State of Alaska is in a developmental stage in the sense of treating these youngsters and has not as yet developed a formal program for the treatment of autistic children, there is no state listing of children that we can utilize to estimate the existent need for services within this state. However, through the efforts of the Parents of Autistic Children group, we know that in Anchorage alone there are 13 children between the ages of five and 13 years who exhibit behaviors and developmental disabilities sufficiently to nominally classify them as autistic. It is difficult to come to a final estimation of the numbers of these children within this area until such time as more formal and effective procedures for diagnosis are utilized as common procedures within our treatment and educational areas. In addition to the children presently diagnosed in Anchorage, there are at least two other children in the Harborview Developmental Center in Valdez who appear to fall within this classification. Of the population presently known, at least three are in need of continued residential placement while the remaining seem to be able to be maintained within their natural home environment providing respite care becomes available to the parents as required.

In further examining the situation in Alaska, we should fall back on the results of surveys and inquiries to identify autistic children carried out in England, Wales, U.S.A. and Denmark. There have been at least three studies where a total population of children or a wide range of handicapped children were screened using case note inspection and interviews. All of these studies estimated the problems of the autistic syndrome to be between four and five children per 10,000 aged under 15 years.

Utilizing these results we might estimate the existence of approximately 40 autistic children within the Alaska area in need of specific programming developed for their diagnosed needs, when, and if, these needs are properly diagnosed. (1)

3. Definition - The Syndrome of Autism

The syndrome of autism is a developmental disability which is defined and diagnosed behaviorally. Signs and symptoms appear before 30 months of age and indicate disturbances in each of the following areas:

a. Developmental rates and sequences - Normal coordination of the three developmental pathways (i.e., motor, social-adaptive, language-cognitive) is disrupted by delays, arrests, and/or regressions among or within one or more of the pathways.

b. Responsiveness to sensory stimuli - There may be generalized over or under reactivity or alternations in these areas. One or more sensory systems are involved, e.g., sight, hearing, touch, balance, position, smell and taste.

c. Development of Speech, Language/Cognition and Nonverbal Communication - Speech may be absent (mutism) or delayed in onset with persistent immature inflections, syntax and articulation. Language/cognitive deficits include absence or limited ability to use symbols, only specific capacities may be present, failure to develop the use of abstract terms, concepts and reasoning, echolalia and/or the nonlogical use of concepts. Disturbances of nonviewable communication, include absence or delayed development of the appropriate use of gestures, disassociation of gestures and language, and/or failure to assign conventional symbolic meaning to gestures.

d. Relationships to people and objects - These are manifested by the failure to develop normal responsivity to people and to use objects appropriately (to assign proper symbolic or thematic meaning to objects.) There is a preference for self stimulation which refers to stereotyped repetitive behavior which appears only to provide the child with proprioceptive feedback (e.g., rocking, spinning objects, etc.).

The syndrome is caused by an underlying physical dysfunction within the brain, the exact nature of which is as yet unknown. It occurs alone or in association with mental retardation and other disorders known to affect the brain. This syndrome occurs approximately four or five times per 10,000 births and is four to five times more common in males. It afflicts persons in all parts of the world, of all racial and ethnic backgrounds, and all social classes. Studies of families with autistic persons have failed to identify any unique features including personality characteristics and I.Q.

Although autistic persons live a normal life span, the syndrome is severely incapacitating. Symptoms change over the course of time and periodic medical evaluations and special educational programs are required. Facilities with behaviorally structured developmentally appropriate programs have been demonstrated to be most helpful.

4. Program Goals

We propose the implementation of a pilot project residential/respite program for autistic children within the Hope Cottages program by November, 1978, or as soon thereafter as possible. We are looking at the development of one group living facility for autistic children and youth which will promote planned developmental growth toward self-dependence for a highly structured program in the context of a small, family oriented environment. This program will be developed in close coordination with the existing Judevine program at Whaley Center on a daily living routine basis and will, by the nature of these children's needs, develop a program tailored to suit each individual resident. This unit will function as a facility within the Hope Cottages structure and will be managed and developed by the organization's administrative staff.

It is recognized that this autistic program will not be successful until we can clearly define the problems that we are dealing with. In the past, efforts to educate autistic kids have been separated by professional issues. In this instance, we will approach the problem with a generalistic viewpoint that will give primary attention to the needs of the children and their families. Such orientation to the child will create a functional, instead of hypothetical, rehabilitative program. We cut across any categorical attempts to label and "pidgeon hole" those children since recent research has demonstrated that the label "autism" covers a wide variety of syndromes and results from the clustering of individuals who share similar ways of functioning.

This approach to primary attention to the needs of the child and his family and a sympathetic recognition of their plight does much to eliminate the scapegoating tendency identifiable in professional practice. A rehabilitative intervention lends itself to the direct involvement of parents, family and community in solving the child's problem. To accomplish this our program will carry a heavy component of ongoing inservice education for our staff as well as for the parents of these children. Where the parents have already developed a high level of expertise through their involvement in other existing programs, their inservice education will occur only as new methods and approaches evolve and require their further training.

Utilizing a rehabilitative process for the training of parents helps them to experience developing effectiveness with their child as well as the development of broader understanding of their child's needs. This serves to destigmatize parents, encourage effective action and decrease the degree of professionalization. For too long the parents of autistic children have been seen as a basic cause in their children's disability. We now know there is no proven research that gives strong support to this supposition. Our program, recognizing this fact, will involve the parents as equal partners in this rehabilitative effort (3).

This pilot program will be evaluated at the conclusion of one year of operation for effectiveness as a base model for a continuing program within the Hope structure as well as a model for other programs in the Southcentral region and thence throughout the State of Alaska.

The above stated goals will be met in the following ways:

By extending and expanding the structured, normalizing developmental program already employed in the Whaley Center of the Anchorage School District into a group home situation.

By extending and expanding a structured normalizing environment into the leisure time and the life style of the group home family through systematically exposing each resident to not less than four leisure time activities that can be done independently and four different recreational activities that are usually done in teams or groups for a minimum of 400 hours during the proposed project period.

By providing high quality residential training in basic skills for three autistic children and youth in residence and approximately 11 within the structure of our respite program functioning within the residential project to prepare them for an existence as close as possible to that of the mainstreams of society. To attain this goal, each resident will systematically sample not less than six different activities with vocational potential for a minimum of 240 hours during the proposed period.

Our object is to prevent institutionalization now and to facilitate deinstitutionalization in the future.

By developing a continued training model for the parents of these children that will enhance their present level of knowledge concerning their child's developmental disability and encourage acceleration of their ability to understand the nature of their child's needs and to respond to those needs in a highly structured and productive manner directly in line with the program's operation within the school district and within the residential unit.

Following a successful initial one year pilot period, a permanent program structure within the Anchorage community will be developed to serve as a model for other such programs throughout the State of Alaska and in other sections of the 50 states where bush situations and program needs situations similar to Alaska exist.

This pilot program will function across initial age spread of four to 18 years and will serve a population of at least 13 children, at least three of whom will be residents within the program and the remainder will be clients who will be involved at various times with the respite portion of this pilot effort.

Clients will be provided with maximum therapy and training through highly structured behavioral programming directed to moving them to as adequate and independent a self management posture as is feasible for their particular situation. Major emphasis will be given to developing communication skills, self management skills, self security concepts and others, not only as they relate to the individual's emotional need but also as they can be directed to the client's vocational planning and development. In addition to the group residents' training program for an initial nucleus of two or three resident clients, a respite care program will be provided for the pool of children now residing in the general Anchorage area numbering approximately 11. This respite care will be offered as required on the cyclical basis for parents. Exact programming of this offering will be determined by parent need and a schedule developed from that need as well as the program's operational realities. In addition, a training program for the parents of children in residence or respite will be offered in conjunction with the Judevine program within the Anchorage School District and attendance will be required on a schedule to be determined by the parent's present level of expertise. Parents will be required to maintain a demonstrated level of measured competency in caring for their children through the behavioral management program structure.

A base rate for the amount of respite care provided to a given family by the facility is established at 15 hours respite per month. To receive this service, the parents are required to actively participate in the Judevine Training Program which is conducted by the Anchorage School District. This training program includes ongoing training sessions and seminars and the parents involvement in this is a prerequisite to participation in the residential/respite program under the auspices of Hope Cottages, Inc.

Parents will be able to earn credit for time given to the training program, as well as for time volunteered to serve as management aides within the respite and residential porotions of the program. These credits can be utilized by parents for additional respite time for their children within the center. If additional respite is wanted by the parents, then it will be necessary for them to earn that time through direct service to the actual facility.

A program will be developed to certify the parents based on demonstrated proficiency in the application of various techniques involved in the training programs. A certified parent will get four hours respite for each one hour of involvement in the program. A non-certified parent will get two hours respite for every hour of active service. The certification will be reviewed at least annually to ensure an adequate level of proficiency on the part of the parents.

This proposed group resident/respite program is envisioned as a pilot effort for the possible future establishment of additional group residences for clients with similar developmental need throughout the State of Alaska. We envision this program as having the potential, both to prevent institutionalization of these clients as well as to bring autistic persons out of institutions and into the life of the community. We also

see the respite and training portions of our programs as ways of enhancing the child's natural parents' ability to work effectively with their children. In addition, we also look to the respite portion of our program to assist in developing the situation which will prevent the burning out of parental energies and allow them to maintain custody of their children instead of placing them in custodial institutions. For the vast majority of these children, being placed in our program will be seen as a means of enhancing the client's interaction with his natural family and every effort will be made to maintain that relationship and to build more effective management skills within the family structure to carry through the behavioral management programs proposed. It will only be a small minority of these children that will find long term residence within the Hope Cottages program.

This will be a full time facility operating on a seven day per week basis, 52 weeks per year. The client served within this program will either be diagnosed as autistic or will demonstrate autistic like syndrome to the extent that they are seen as feasible clients for our program.

5. Program Objectives

As previously noted, this pilot residential/respite program will serve as a learning center for that part of each child's day that is not involved within the public schools or in his natural home environment. In collaborating with the already existing program at the Whaley Center, it will concentrate on three objectives to meet the above stated goals.

a. Providing an environment for learning a basic communication system consisting of speech, gesturing, writing and so forth. In many instances, these learnings will be an extension of the programs underway for that child within the public school program.

b. Provide a learning environment that will serve for the continuation of the child's replacement of bizarre and inappropriate behaviors with adaptive social and interpersonal coping behaviors. This will provide an environment to promote basic skills including reading simple instructions, writing, telling time and money handling. The program will include emphasis on the maintenance of good personal hygiene, self dressing, preparing meals, cleaning rooms, washing and drying clothes and learning self meditating behavior control techniques where these objectives are in line with the existing learning stage of the child.

c. In addition and in coordination with the above objectives, the basic objective of the Hope Cottages, Inc. treatment program is to achieve spontaneous goal directed, age appropriate behavior from the children under treatment. The aim of treatment is, therefore, to bring about those behavioral changes or to continue the development of those behavioral changes necessary to ensure the child's placement in the community rather than having him or her spend their life in a chronic institutional setting. Treatment at this stage will be highly structured and individualized, designed to eliminate inappropriate behavior and to substitute normal responses.

Cognitive development, socialization skill development, prevocational skill development and a body awareness program will also serve as fundamental objectives for program organization within this residential/respite structure.

There will be strong emphasis in our program to the integration of programs within the treatment center with the parents and with community agencies, thus providing a continuum of care for children so that they are ready to move from one program to another and eventually out into the normal environment as soon as it is feasibly possible.

Further, and in coordination with the above objectives, this program will serve a training function for the parents of these children who are in need of such services. For those parents who have already acquired a high level of expertise in the behavioral maintenance of these children, this program will continue to prepare them in conjunction with activities now existing at the Whaley Center and to participate fully and in a coordinated fashion with our program goals within the child's home base situation. A facilitating program component reaching towards this objective will involve a voluntary or employed participation of certain of these parents within the respite and/or residential components of this program in such a manner that a continued level of their competency to assist in the managing of their children's programs will be displayed. It should be noted again that parents who are evaluated as possessing a high level of competency in managing and maintaining the behavioral management approach within their home structure will not be required to be involved in further training except only as new approaches to new habilitations are developed.

Each resident will be assessed in the area of communication skills, behavioral skills, including interpersonal coping behaviors and basic life skills, within four weeks of entering the group program. Assessment of a similar nature will already have been accomplished within the Whaley structure. This assessment period will be specific and directed to an organized diagnostic procedure operating in conjunction with and enhancing the child study team approach of the school district. That organization structure, which will include the child's parents, will serve to assist our assessment staff in evaluating areas in need of further specific evaluation. These evaluations will be conducted through the auspices of our psychological consultant program and our existing assessment staff. Specific skills and specific deficits of the residents will be identified and further development encouraged through the resident individualized programming. In addition, special attention will be directed to those activities which have vocational potential to assist in developing vocational training activities that can be realistically included in the residential and/or respite program developed for this child. An Individual Developmental Educational Plan will be developed for each resident and will be implemented by the resident staff. Progress towards educational plan goals will be reviewed each month and adjustments will be made as needed. A complete evaluation of the progress of each individual resident will be conducted on a monthly basis by the residential/respite

program staff in coordination with the consultant teams, parent representatives, school district representatives and Hope administrative staff. Any recommended changes in the individual's program will be implemented immediately.

6. Treatment Approach

The treatment approach will be a unique combination of humanistic psychology and behavior modification. Most of the children who enter our residential/respite program have limited ability or desire to relate to people as human beings. People are frequently treated as objects and mostly objects to be avoided. In order to break through this barrier we will try to have a primary therapist, or aide, assigned to each child. They will become the child's main source of training, discipline and satisfaction with the aim of forming a close, affectionate relationship which is based on reality. In this manner, the therapist or aide becomes a socialization trainer of the child.

With most children who are autistic, behavior modification is used extensively at the beginning of treatment. Specific autistic behaviors are eliminated through the principles of reward, extinction and punishment. Through the principles of positive reinforcement, toilet training, self care and other essential living skills are taught step by step, the child's responsibility gradually being increased as each subtask is mastered. As each child emerges into awareness, appropriate spontaneous behavior such as eye contact and in tiation of physical contact are encouraged in a more permissive atmosphere. In our approach, rigidly controlled behavior modification programs will be discontinued as soon as practical. A more normal interaction between therapist and child is necessary in order for the child to respond independently and appropriately in different situations. Once the child begins to verbalize, the expression of feelings and needs is encouraged using the reflection and interpretation approaches developed in humanistic psychology. Our eventual aim will be to produce spontaneous age appropriate behavior in the children. This can only be accomplished by encouraging and allowing it to develop in the context of a warm and caring relationship. Socialization only develops when it becomes important to a child to have emotional and physical contact with people he cares for. As soon as a child seems ready to make the transition, other therapists will be assigned to him at various times during the day. He will maintain contact with the primary therapist but the behaviors which have been learned with one therapist generalize to other important people in the child's environment.

Spontaneous interaction with other children will be encouraged throughout the program. Once the child has learned to relate to more than one therapist, structured situations will be set up on a two to one basis (one therapist and two children) to develop peer socialization skills. Once he has reached this level of performance, the training will be group oriented. The only time a child receives formal one to one therapy will be for specific skill development, then the child will go back to the group, where peer pressure and desire are motivating factors. The ultimate goal of our treatment is to keep the child in the community and where he is not now presently in the community to have him rejoin that setting if possible. As he develops, transfer can take place to family or other residential settings in the community. Wherever possible, children in the residential programs will spend weekends and vacations with their family or with a foster family.

7. Residents

There will be a projected population of 3 persons in residence at all times. Three other beds will be available for guests and will be expected to be in continuous use for purposes of respite care. These beds will be used only for children or youths participating within our overall program structure and whose parents attend the training programs within the Whaley Center structure and/or within our own program. In addition, students will receive respite care hours in direct relation to the number of volunteer hours given by their parents to the residential program.

The age range of the clients will be 4 to 18. The three residential clients will be drawn from the populations at API and Harborview Developmental Center. The Hope Cottages, Inc. facilities are designed to provide normalization experiences through the demands of daily living within the school, home and community. It will, therefore, be simply a matter of expansion of this concept to this unit to allow it to operate effectively within the Hope Cottages' structure.

It is difficult to assess the average length of residence for residential clients since it will vary with the individual. In those instances where it is possible for a client to return to his natural home, the length of stay may be a year or under. In most instances, it is expected that the length of stay will average approximately 2 years, terminating at some degree of independent living experience with support services from various sources. The sources could include other group homes operating at a lower level of individualization, their own home structure or in similar activities. The permanent residents are seen as moving into the facility by the 1st of November, 1978. This will allow for preparation of staff and facilities, structuring of program and other activities necessary to ensure optimum operation of the facility. The respite program will begin at approximately the same time.

8. Faci' ty

We propose, for this program, a duplex facility. A residential program will be housed on one side of the facility, staffed by a Living Unit Manager, Living Unit Manager Assistant and others. The other portion of the residence will house the respite program and will be staffed by a respite Child Development Technician. (Further information concerning this will be outlined in the staffing section of this paper.)

9. Delineation of Personnel Request

The autistic child has severely disordered behavior accompanying his communication deficit which serves to isolate him and deny him access to normal learning opportunities. He usually shuns human contact, apparently by choice, and his only spontaneous action is to produce the absolute minimum his environment will tolerate. Consequently, working effectively with such children requires a high concentration of individual attention so the barriers to communication must first be broken down and then means of reaching the child must be painstakingly built. Initially, the staff to resident ratio must be 1:1. Then, as the child develops and communication skills grow, he can share his aide with another resident and eventually with several others. Working effectively with autistic

children may seem very expensive, especially during the initial stages; however, providing effective developmental training is certainly cheaper in the long run. The cost of maintaining these children presently in institutions in Alaska runs to approximately $50,000 per year. The respite portion of our program must also be adequately staffed, hopefully, on at least a 1:3 basis. Our respite program will not serve as a care taking facility. Instead, it will specifically continue the activities developed within the Judevine program in the school district and within our own structure and the respite client will be seen as a member of this program in active participation while he is in respite care. In addition, the parent and other part time aide involvement with these children during respite will be held to as high a professional level as is possible and will, by its nature, continue their training for effective operation with children demonstrating this syndrome. Staff coverage for regular weekdays when the residents attend the Whaley Center program (8:00 a.m. to 3:30 p.m.) will be limited to Living Unit Manager. Emergency respite care may be required during these periods and, hopefully, this could be covered by the pre-arranged presence of program aides. Weekend days and holiday coverage will be handled by resident staff supplemented by aides on a pre-arranged basis. There must also be supplementary staff available in addition to the Living Unit Manager and the Living Unit Relief person, even during the residents' sleeping hours.

10. Staff

10.1 Programming Staff

This program will be developed and managed through the services of a Behavioral Management Team that will be assigned for approximately 25 hours per week to the project. In addition, there will be working full-time within the residential and respite duplex unit, a Living Unit Manager, Living Unit Manager Assistant, a Residential Child Development Technician and a Respite Child Development Technician.

The proposed staff for the duplex facility will consist of a Living Unit Manager, Living Unit Manager Assistant (possibly spouse) who will manage and maintain the residential portion of this autistic living unit. In addition, a Child Developemnt Technician will manage and maintain the respite section of this unit. This staff will be supplemented by a Child Development Technician who will function within both sections of the unit as required but will be attached to the residential section. In addition, as outlined within this paper, parents of autistic children will be available, on varying schedules, to supply relief assistance within the program. During periods of extreme need within periods of extreme need within the respite aspects of the program, there will be further supplementation of this staff through the use of on call staff. (See attached Job Descriptions.)

The Behavioral Management Team and all other staff, plus parent aides, will be required to participate in the initial planning and development of the individual child's programming and any adjustments to that programming. Representative staff from Hope Cottages and from the Whaley Center will be invited to participate in planning/review activities for this pilot project as the needs arise. If feasible, the paid/volunteer parent aides will share one full time position among four or more individuals and will possibly fil' the living unit relief staff position.

10.2 Psychiatric Consultant

The Psychiatric consultant will be familiar with developmental disability clients. In addition, the consultant will, with the rest of the consultant staff and program/parent staff, undergo training in Judevine techniques to the extent necessary.

11. Evaluation

This pilot program will be evaluated on a monthly basis by the coordinating team consisting of a representative from Hope administration, the Behavioral Management Team, the Living Unit Manager and staff and representatives from the Parents of Autistic Children group. The areas to be assessed will, of course, include a regular staffing report developed by the Living Unit Manager on each client's progress. Respite clients will also be evaluated in a similar fashion. In addition, the thrust of the program to meet the following areas of concern will also be evaluated and considered.

1. Responsiveness - Will be closely examining the manner in which developmental group home and respite services respond to the individual developmental needs of our clients.

2. Availability - Will be consistently evaluating the services offered by our programs to be certain that they are not duplicating similar services offered in the community and that they fill gaps in the local area comprehensive service delivery system.

3. Accessibility - Although our potential for servicing clients in either the residential or respite facility during our pilot program will be limited in scope, we will, throughout that first pilot year, be developing information concerning existing unserved client needs within the Southcentral area and throughout the State of Alaska. Following the pilot year we will recommend programming to meet the needs of these individuals.

4. Records - Our record keeping procedure will coordinate with that presently employed by the Hope Cottages system, including habilitation planning and staffing and all the human service facilities presently employed.

5. Quality of Services - Our team will be asked, from time to time, to invite outside agency representatives, including those from the university and the School District, to assist in measuring the quality of our services and recommending possible improvement of those services.

References

1. L. Wing, L. Brierley, S. R. Yeates, J. Gould. Psychological Medicine, Volume VI, No. 1, "The Prevalence of Administrative and Epidemiological Studies"

2. "The Proposed Definition of the Syndrome of Autism for the National Society for Autistic Children and the American Psychiatric Association." DSM 3 Committee. Edmund Ritvo, Chairman, Professional Advisory Board, NCAC; B. J. Freeman, Division of Mental Retardation and Child Psychiatry, UCLA Medical School, Los Angeles, California.

3. Eric Schopler, Robert Reichler. Psychopathology and Child Development. Plenum Publishing Corporation, New York, 1976

APPENDIX I

Proposed Budget

COST PROJECTIONS

REVISED

	AUTISTIC PROGRAM				RESPITE PROGRAM			
	One Time Costs	Recurring Costs	8 Month Costs	2nd Year Costs	One Time Costs	Recurring Costs	8 Month Costs	2nd Year Costs
Salary & Wages		$48,260	$48,260	$ 72,527		$48,260	$48,260	$ 72,52
Psychiatric Consultant		8,840	8,840	13,520		8,840	8,840	13,52
Consultants		5,400	5,400	5,400		5,400	5,400	5,40
Food		2,675	2,675	4,000		2,000	2,000	3,00
Linen & Bedding	$ 300	100	400	100	$ 300	100	400	10
Cleaning Supplies		200	200	300		200	200	30
Office Supplies		80	80	120		80	80	12
Minor Equipment & Supplies	3,500	600	4,100	600	3,500	400	3,900	60
Utilities		1,100	1,100	1,400		1,100	1,100	1,40
Telephone & Telegraph		400	400	600		200	200	30
Repairs & Maintenance		450	450	675		450	450	6
Rent		5,200	5,200	7,800		5,200	5,200	7,80
Local Mileage		200	200	300		200	200	30
Other		200	200	200		200	200	20
	$3,800	$73,705	$77,505	$107,542	$3,800	$72,636	$76,430	$106,24
Overhead			39,000	58,000			38,500	57,25
Budget Total			$116,505	$165,542			$114,930	$163,49
Cost Per Resident Day			$ 123.42	$ 116.91			$ 236.97	$ 124.4
Projected Revenue								
Autistic			$116,505	$165,542				
Respite Care							$114,930	$163,493
Days of Care			944	1,416			485	1,31

Prepared from information provided by Program Staff.

9/15/78

SALARY COSTS

REVISED

	From 11-1-78 to 6-30-79			79-80 FY	
	Autistic	Respite	Total	Total	Recommended Salary Range
Staffing:					
Living Unit Manager 24 hours per day, 5 day week	10,000	10,000	20,000	30,000	Salary Contract
Spouse Aide salary, 40 hour week	5,000	5,000	10,000	15,000	Salary Contract
Relief 2 days per week 16 RT + 16 OT	2,335	2,335	4,670	7,279	$3.15/hr. RT until 1-1-79 $3.40/hr. RT until 1-1-80 $3.60/hr. RT until 1-1-81
CDT Autistic 4.2 FTE	30,925		30,925	46,388	$5.31/hr.
Respite 4.2 FTE		30,925	30,925	46,388	$5.31/hr.
	48,260	48,260	96,520	145,055	

Prepared rrom information provided by Program Staff.

9/15/78

APPENDIX II

Job Descriptions

HOPE
COTTAGES

2805 Bering Street
Anchorage, Alaska 99503
Telephone: 278-9641 *(Administration)*
274-1581 *(Program)*

Pauline Martens, President
Board of Directors
Roger O. Weed
Executive Director

Job Description
Living Unit Manager

Definition: The Living Unit Manager will be responsible to the Behavioral Management Team for the promotion of the individual growth and development of the residents in the developmental group home/autistic within a normalizing atmosphere. He/she will carry out all aspects of both the residential and respite programs, as developed by that team and will further be responsible for managing premises while on duty and may not hold any other employment.

Typical Assignments:

Develops and maintains a warm home-like environment that is conducive to the achievement of optimal development by the residents.

Responsible for the maintenance of all records in accordance with the Habilitation Plans and accreditation procedures.

Participates in all related staffings.

Responsible for the implementation and assessment of all behavioral modification programs developed for residents, including self-medication, household chores, appearance, meal preparation and related activities.

Supervises the Living Unit Manager Assistant, Residential Child Development Technician, the Respite Child Development Technician, Emergency Relief Staff and parent aides.

Ensures that the staff and the facility conform to Policies and Procedures, as established by the Board of Directors.

Cooperates in the development of innovative approaches to training and activity programs for all residents consistent with their needs.

Maintains active liaison with community agencies, including the School District, as required, to facilitate a unified effort to the residents' development.

Coordinates continuing inservice training for staff.

Cooperates in the development of research projects with the Behavioral Management Team, both in conjunction with the universities and independently, and assures that any recommended projects are in the best interest of the residents of the Autistic program.

Participates as a member of the Behavioral Management Team in all instances where that participation is desireable.

Other duties as periodically assigned by the Behavioral Management Team.

This facility is in compliance with Title VI of the Civil Rights Act of 1964.

Selection Standards:

Knowledge of:

Behavioral modification techniques

Crisis intervention techniques

Inservice approaches for staff development

Normal child developmental schedules

Residential/respite approaches to the training of children with autistic tendencies

Special education procedures, particularly in the area of behavioral modification

Management principles and existing treatment programs using the normalization and least restrictive environment concepts.

Ability to:

Relate to and instruct behaviorally disturbed children.

Maintain consistent and responsible direction for residents and staff.

Follow accreditation standards.

Maintain records in accordance with Hope Cottages' Policies and Procedures.

Manage and assist in the development of short and long term behavioral modification programs, including those directed to the areas of living skills, social skills, and community interaction skills.

Demonstrate the ability to interface effectively with other professional agencies and systems, particularly School District programs, psychiatric facilities, psychological programs and other community support agencies.

Effectively communicate, by verbal and written methods, to maintain good supervisor/supervisee and parent aide relationships.

Plan for long range goals.

Prepare appropriate budgets, as required.

Recommended Degrees:

A Master's level program with major emphasis on behavior modification techniques is strongly suggested.

Experience:

At least three years experience in a residential program, hopefully involving respite care, and directed to the facilitation of behavioral modification within groups of autistic or other behaviorally disturbed children.

Licenses: Alaska Driver's License

Salary Range: (Exempt)

_____	_____/_____	_____	_____/_____
Authorized Signature	Date	Reviewer's Signature	Date
_____	_____/_____	_____	_____/_____
Author's Signature	Date	Reviewer's Signature	Date
_____		_____	_____/_____
Date Approved By Board		Reviewer's Signature	Date

LG/dl/#6689/6697

HOPE COTTAGES

2805 Bering Street
Anchorage, Alaska 99503
Telephone: 278-9641 *(Administration)*
274-1581 *(Program)*

Pauline Martens, President
Board of Directors

Roger O. Weed
Executive Director

JOB DESCRIPTION

Living Unit Manager Assistant
(Living Unit Manager Spouse)

Definition: The Living Unit Manager Assistant is responsible to the Living Unit Manager for the promotion of the individual growth and development of residents and respite clients within the Autistic program. The Living Unit Manager Assistant will live on the premises while on duty and may hold other employment only when specifically approved by the Behavioral Management Team.

Typical Assignments:
Responsible for the supervision and/or provision of housekeeping services, meal preparation and general living environment control.

Assist the Living Unit Manager in all instances where program implementation, living unit conditions or emergency resident situations require that assistance.

Assist the Living Unit Manager in the transportation of residents or respite clients between programs within and without the Hope system.

Responsible for the supervision of personal cleanliness and other living skill habits in residents and respite clients, as well as all living time schedules (meals, sleep, as programmed).

Other duties as periodically assigned by the Living Unit Manager.

Selection Standards:

Knowledge of:

Crisis intervention techniques, child development schedules, developmental needs of autistic/behaviorally disturbed children.

Supervision techniques

Ability to communicate repair and ground maintenance needs, as required, to the appropriate individuals.

Degrees: A Bachelor level, or above, experience in behavior modification techniques would be desireable.

Licenses: Alaska Driver's License.

This facility is in compliance with Title VI of the Civil Rights Act of 1964.

_____/_____ _____/_____
Authorized Signature Date Reviewer's Signature Date

_____/_____ _____/_____
Author's Signature Date Reviewer's Signature Date

_____ _____/_____
Date Board Approved Reviewer's Signature Date

LG/ws1/#0365

HOPE COTTAGES

2805 Bering Street
Anchorage, Alaska 99503
Telephone: 278-9641 *(Administration)*
274-1581 *(Program)*

Pauline Martens, President
Board of Directors

Roger O. Weed
Executive Director

JOB DESCRIPTION

Residential Child Development Technician

Definition: The Residential Child Development Technician is responsible to the Living Unit Manager and the Living Unit Manager Assistant for the care and treatment of residents within the Autistic program.

Typical Assignments:
The Residential Child Development Technician will:

Cooperate and act as a team member in the complete care and treatment of residents.

Assist in the implementation of behavorial modification programs, as developed.

Assist in the supervision of residential client activities in all living situations.

Assist in maintaining the living environment in a clean, orderly state.

Accompany residents on outings, as required.

Follow through with all recommendations directed to the welfare of the clients as recommended by the Living Unit Manager or Living Unit Manager Assistant.

Contribute to and implement individual Habilitation Plans, as required.

Take necessary care of resident's personal effects and clothing.

Interface with resident parents and parent aides, as required, on a cooperative and faciliatory basis.

Employment Standards:
The Residential Child Development Technician will:

Have at least 2 years experience in a similar residential/respite program or be able to demonstrate, to the satisfaction of the Behavior Management Team, that his/her life experience and/or training is the equivalent of such experience.

Demonstrate a level of academic training sufficient to allow him/her to carry through the occasionally complex and specific behavioral modification program that will be a major aspect of the employment needs in the situation.

This facility is in compliance with Title VI of the Civil Rights Act of 1964.

Express a willingness and demonstrate ability to:

Carry through all program recommendations recommended or given to him/her by the Living Unit Manager or the Living Unit Manager Assistant.

Show a cooperative, logical and facile approach to the structuring and the implementation of all assignments given to him/her to so carry out.

_____	_____	_____	_____
Authorized Signature	Date	Reviewer's Signature	Date
_____	_____	_____	_____
Author's Signature	Date	Reviewer's Signature	Date
_____		_____	_____
Date Board Approved		Reviewer's Signature	Date

LG/ws1/#0366

HOPE COTTAGES

2805 Bering Street
Anchorage, Alaska 99503
Telephone: 278-9641 *(Administration)*
274-1581 *(Program)*

Pauline Martens, President
Board of Directors
Roger O. Weed
Executive Director

Job Description
Respite Child Development Technician

Definition: The Respite Child Development Technician will be responsible to the Living Unit Manager and the Living Unit Manager Assistant for the operation and maintenance of the respite section of the Autistic unit. He/she will receive and implement programs and procedures for the management and maintenance of that respite program in a cooperative and facile manner and will, in addition, be responsible for managing the involvement of emergency relief people and parent aides within that program.

Typical Assignments:

Carry out proposed admissions and departure scheduling for all respite clients.

Communicate with the parents of respite clients as to entrance and departure schedules, program needs, clothing needs and other maintenance situations.

Assisting with the transport of clients to and from their home or institutional settings, as required.

Simple maintenance activities, as required within the structure.

Responsible for the supervision and, where required, the preparation of meals, sleeping and other living situations as normally occur within a respite facility.

Responsible for other duties as periodically assigned by the Living Unit Manager or the Living Unit Manager Assistant.

Selection Standards:

The Respite Child Development Technician will:

Have at least 2 years experience in a similar residential/respite program or be able to demonstrate to the satisfaction of the Behavior Management Team that his/her life experience and/or training is the equivalent of such experience.

Demonstrate a level of academic training sufficient to allow him/her to carry through the occasionally complex and specific behavioral modification training program that will be a major aspect of the employment needs in the situation.

Express willingness and demonstrate ability to:

This facility is in compliance with Title VI of the Civil Rights Act of 1964.

Carrying though all program recommendations recommended or given to him/her by the Living Unit Manager or the Living Unit Manager Assistant.

To show a cooperative, logical and facile approach to the structuring and the implementation of all assignments given to him/her to so carry out.

Salary Range:

Authorized Signature	Date	Reviewer's Signature	Date
Author's Signature	Date	Reviewer's Signature	Date
Date Approved By Board		Reviewer's Signature	Date

LG/dl/#3053

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF MENTAL HEALTH
MENTAL HEALTH CLINIC

750 W. 2ND AVENUE
ANCHORAGE 99501

July 17, 1978

Loyad Gatham
Director of Professional & Living Unit Services
Hope Cottage, Inc.
2805 Bering Street
Anchorage, Alaska 99503

Dear Loyad,

As promised on our recent phone contract I have checked with Harborview and A.P.I. regarding children who might be appropriate for Hope Cottage's proposed program for Autistic Children. Harborview reports that they have only one. He is Johnny Kenton from Barrow. A.P.I. reports that they have two such individuals. They are Brad Hemme and Bobby Kakline. I am not sure of the spelling of Bobby's last name.

As regarding the request for the number of people from South Central who we know need I.C.F.M.R. care, I have requested this information from our information center and they have promised me that I will have it this week. I will forward it to you as soon as I receive it.

Sincerely,

Lee A. Killgore

Lee A. Killgore, A.C.S.W.
D.D. Client Program Manager

LAK/jl

cc: Robert Gregovich

Southcentral Regional Resource Center

650 International Airport Rd.
Anchorage, Alaska 99502
907-276-4524

September 11, 1978

Mr. Loyd Gathman
Director of Professional
and Living Unit Services
Hope Cottages
2805 Bering Street
Anchorage, Ak. 99503

Dear Loyd:

Thank you for the opportunity to review Hope Cottages' Developmental Group Home proposal for autistic children. Your proposal was of particular interest in that it addresses a critical need in Alaska.

I was particularly impressed with a number of factors:

1) The proposed coordination with the Whaley Center and implementation of services based upon the Judevine program would seem to provide optimum service delivery consistency.

2) The involvement of families at several levels is indeed refreshing. Perhaps more than any other single factor, family involvement in habilitation programs for the more severely handicapped leads to the greatest behavioral changes.

3) The emphasis on leisure time activities creates a life style of learning rather than a "school-only" learning environment.

4) The structure of residential training and the provision of highly trained staff is indeed important to realize advancement.

5) The goal of prevention of institutionalization is a concept long needed by programs for handicapped children.

6) The inclusion of structured respite services strengthens the entire program.

7) The evaluation plan prior to full program

implementation offers a firm, objective basis for future planning.

You and your staff are certainly to be congratulated for preparing a proposed project which I feel has an excellent basis for providing quality services to autistic children. Please keep me informed as to future developments and know that the Alaska Vision/Hearing Impaired Program is available to assist in any manner possible.

Sincerely yours,

Clyde

Clyde Farrington
Coordinator
Alaska Vision/Hearing
Impaired Program

CF:cy

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

JAY S. HAMMOND, GOVERNOR

DIVISION OF MENTAL HEALTH
ALASKA PSYCHIATRIC INSTITUTE

2900 PROVIDENCE AVENUE
ANCHORAGE 99504

September 14, 1978

Loyd Gathman
Director of Professional
and Living Unit Services
Hope Cottages

Dear Mr. Gathman:

Thank you for forwarding the material on the feasibility study for the Developmental Group Home for the autistic. I have forwarded this material on to Mr. Branton and Dr. Gregovich to let them know that I would be willing to review this study.

Sincerely,

Mason W. Robison, M.D.
Superintendent
API

cc: T.R. Branton
Assist. Director
DMH&DD

Robert P. Gregovich, PhD
Program Administrator
Developmental Disabilities

JG-F2LH

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF MENTAL HEALTH
State of Alaska
Dept. of Health & Social Services
Division of Mental Health
SCRO Regional Supervisor
825 L Street, Room 501
Anchorage, Alaska 99501

September 18, 1978

Loyd Gathman
Director of Professional
and Living Unit Services
Hope Cottage
2805 Bering Street
Anchorage, Ak 99503

Dear Mr. Gathman:

Thank you for the copy of Hope Cottages proposal for developing residential and respite care for Autistic Children and your request that I comment on this.

First I want to say that I believe that respite care for all D.D. individuals is the number one need in Alaska and the Anchorage Area. I believe that respite care for this group of Autistic Children is the number one need in Anchorage at the present time. The only reservation I have regarding the proposal as presented to me is in the concept of parents earning hours of respite care through their participation in the program. I realize that the program is built on family involvement and some means maybe needed to insure this. My concern is that this method maybe the most difficult on those families who need the service most. Such as single parents who work and those with a number of other children. I am sure that you are aware of these potential problems and will be looking at different approaches as the project develops.

I am not sure about the need for the residential part of the proposal. It seems that the only confirmed need in Anchorage area is one child. The two from Harborview are both from the Northern part of the State. Since the program is in part based on family participation and it would be very difficult if not impossible to involve these families directly in the program, I have some questions regarding the value of the program to them. Also there is some question in the mind of Staff people at Harborview as to whether either of these individuals are in fact autistic. I have asked the psychologist at Harborview to check into this and give me a report on these two boys.

Since there was no budget information provided it is impossible to comment on the cost effectiveness of this program as compared to other programs.

I hope these comments will be helpful to you. If you wish to discuss this with me further please contact me.

Sincerely,

Lee A. Killgore

Lee A. Killgore, A.C.S.W.
D. D. Client Program Manager

LAK/lt

cc: Robert Gregovich

EDWARD J. REASOR
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION

ROBERT L. GRIFFIN
~~DONALD J. MILLER~~

☒ Main Office:
4337 SPENARD ROAD
ANCHORAGE, ALASKA 99503
907/279-2431

☐ Hawaii Office:
EDWARD J. REASOR
ATTORNEY AT LAW
SUITE 1500, HAWAII BUILDING
745 FORT STREET
HONOLULU, HAWAII 96813
808/521-6394

ONLY REASOR ADMITTED

August 24, 1978

Mr. Loyd Gathman
Hope Cottage
2805 Bering
Anchorage, Alaska 99503

Dear Mr. Gathman:

Please be advised of my support of the formation of a residential/respite program for autistic children in the Anchorage area. By the formation of such a program, the parents of an autistic child can be assured of a continuing program with the necessary structured program in the parents' absence whether that absence be for brief respite time or for the residential care of their child. Such a program would also allow both parents to be engaged in employment with the knowledge that their child is being provided with the same care and instruction received at home and at school.

This letter may be used as supporting evidence of the necessity of such a program and to support the public's general interest in such a program.

Sincerely yours,

Edward J. Reasor

EDWARD J. REASOR

/bk

August 24, 1978

Mr. Loyd Gathman
Hope Cottage
2805 Bering
Anchorage, Alaska 99503

Dear Mr. Gathman:

I am writing to advise you of my support of the formation of a residential/respite program for autistic children in the Anchorage area. This is a most needed program. Through such a facility parents of autistic children will be able to obtain respite relief from their autistic child with the knowledge that the structured and on-going necessary program is being carried out in their absence.

This letter may be used as supporting evidence of the public's general interest in such a program and to support the necessity of this type of facility.

Sincerely yours,

ROBERT L. GRIFFIN
6701 Cranberry
Anchorage, Alaska 99502

August 24, 1978

Mr. Loyd Gathman
Hope Cottage
2805 Bering
Anchorage, Alaska 99503

Dear Mr. Gathman:

Please be advised of my support for the formation of a residential/respite program for autistic children in the Anchorage area. By the formation of such a program, the parents of an autistic child can be assured of a continuing and on-going program with the necessary structured setting in the parents' absence whether that absence be for brief respite time or for residential care of the child.

This letter may be used as supporting evidence of the necessity of such a program and to support the public's general interest and support of such a program.

Sincerely yours,

William F Meese

WILLIAM F. MEESE
1543 East 26th
Anchorage, Alaska 99504

August 4, 1978

Mr. Loyd Gathman
Hope Cottage
2805 Bering
Anchorage, Alaska 99503

Dear Mr. Gathman:

This letter is to lend my support to the formation of a residential/respite program for autistic children in the Anchorage area. This letter may be used as supporting evidence of the support and interest of the general public in such a program and to support the necessity of such a program.

Sincerely yours,

Betty Watts

BETTY L. WATTS
7720 Ascot Street
Anchorage, Alaska 99502

August 24, 1978

Mr. Loyd Gathman
Hope Cottage
2805 Bering
Anchorage, Alaska 99503

Dear Mr. Gathman:

We, the undersigned, hereby lend our support for the formation of a residential/respite program for autistic children in the Anchorage area. This is a necessary program to enable the parents of an autistic child to obtain respite or residential care for their child in their absence whether such absence be for brief respite time, for both parents to be employed, or for the residential care of their child on a permanent or temporary basis.

This letter may be used as supporting evidence of the necessity of such a program and to support the public's general interest in such a program.

NAME	ADDRESS
Norman N. Watts	7720 Ascot Street
Betty Lou Watts	7720 Ascot Street
Bonnie L. Watts	7720 Ascot Street
Barry M Kaskie	1650 E 27th Ave.
Norman R. Olson	8326 NORTHWIND AVE
Wallace F Hopkins	4673 Wesleyan Dr -
Thomas R Arthur	1741 W 15th Ave
Dan R Blake	2613 Cottonwood
Alan D. Bothwell	SR 30 Scott Rd PALMER

ANCHORAGE
SCHOOL DISTRICT
4600 DeBarr Road - Anchorage, Alaska
99504
AREA CODE 907-333-9561

Helen S. Whaley Center
2220 Nichols Street
Anchorage, Alaska 99504
October 4, 1978

TO WHOM IT MAY CONCERN:

As Director of Special Education for the Anchorage School District I wish to lend my endorsement to the proposal for the provision of a group home and respite center for autistic children. As the providers of educational program for these youngsters, we are extremely concerned with their resident placement and their home situation. We are pleased to be able to be a part of a provision of a behavior management system which will be used in the respite center setting and carry over into our school setting.

We are extremely aware of the stress that can be experienced by parents of autistic children when they are in need of emergency shelter for the child or they are in need of some relief. The way in which the proposal elicits commitments from the parents and provides for their active involvement with the center is outstanding.

Again, may I say that I heartily endorse this proposal and look forward to this facility becoming a reality in the very near future.

Sincerely,

James L. Rich
Director of Special Education

JLR/jw

ANCHORAGE
SCHOOL DISTRICT
4600 DeBarr Avenue · Anchorage, Alaska
99504
AREA CODE 907-333-9561

October 3, 1978

HELEN S. WHALEY CENTER
FOR LEARNER ASSISTANCE
2220 NICHOLS STREET
ANCHORAGE, ALASKA 99504

TO WHOM IT MAY CONCERN

As Supervisor of the Behavior Adjustment Program, the program primarily designed to serve autistic children who are certified for Special Education services in the Anchorage School District, I heartily endorse the proposal for a group home for autistic youngsters developed by Hope Cottages, Inc. As a consultant during the planning stages of this project, I feel that I was able to give some input and become aware of the reality of the development of this project.

We are enthusiastic about the planning to use the same behavior management systems with the students in this proposed home setting that have proven to be successful in our school system. We feel that we are well staffed and equipped to assist with training personnel for this project.

It is my hope that this project will be funded in order to fill a sure gap in available community services to handicapped individuals and their families.

Please contact me if I can be of further assistance.

Margaret R. Lowe

Margaret R. Lowe
Principal

MRL/pe

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF MENTAL HEALTH

JAY S. HAMMOND, GOVERNOR

POUCH H-04 — JUNEAU 99811

Bob Morgan
DDD
+ add to Autistic Package. Return to me.

RECEIVED

OCT 23 1978

HOPE COTTAGE, INC.

October 19, 1978

Roger Weed, Executive Director
Hope Cottages, Inc.
2805 Bering Street
Anchorage, Alaska 99507

Dear Mr. Weed:

Please accept my apology for not responding sooner to your request for feedback on Hope Cottage's proposed program for autistic persons.

The proposal reads well, and I am certain that a great deal of thought went into its development. We do have data from parents of autistic children that indicates the need for out-of-home, overnight respite care services. However, we do not presently have data indicating that the residential service that you propose will be utilized by autistic persons, nor do we have data indicating that those individuals who display autistic behavior and who are at API or Harborview would benefit significantly by the proposed residential service.

Accordingly, I suggest that your efforts be concentrated on a respite care program and that it not be limited to autistic persons. Second, in order to show that residential services are needed, I suggest that evidence be gathered on the basis of actual individuals in need of a common type of specialized service.

I cannot comment on the cost of the proposed service, because a budget was not included with the proposal sent me. I would be interested in reviewing the proposed budget if available.

Sincerely,

Robert P. Gregovich

Robert P. Gregovich, Ph. D.
Program Administrator
Secion of Developmental Disabilities
Division of Mental Health and D. D.

RPG/mcd

POSITION PAPER
Senate Bill No. 143

"An Act making supplemental appropriations to the Department of Health and Social Services, Administration of Justice; and providing for an effective date".

The Department of Health and Social Services supports the intent of Senate Bill No. 143.

Section 1 The Department of Health and Social Services Division of Corrections has updated the supplemental request in detail to February 21, 1979, and hereby submits appropriate changes and supporting schedules totalling $234,932 to cover the payment of goods and services provided the Division during FY78. Invoices could not be paid because there were insufficient authorization balances in applicable budget components. An exhaustive effort was made to effect reallocations of available funds within the Division of Corrections budget, however, a legal determination was made that unpaid amounts were to await legislative approval of a supplemental in 1979. The Division lapsed funds in excess of the unpaid invoices.

Detail schedules of the unpaid invoices are available on request.

POSITION PAPER/Department of Health and Social Services

PUBLIC PARTY/Department of Health and Social Services

The invoices are summarized by BRU and relative lapsed funds are shown as follows:

BRU/Component	Unpaid Invoices	Lapsed Funds Other	Lapsed Funds Pay	Lapsed Funds Total
Adult Confinement				
102 - SCC/Palmer	$ 9824	$ 11	$	$ 11
104 - SCC/Anchorage State	94	10194	35608	45802
108 - SCC/Juneau	2573	6316	24002	30318
110 - SCC/Fairbanks	67546	475	60	535
112 - SCC/Ketchikan	18378	90	69	159
112 - SCC/Anchorage Annex	73531	33	1	34
115 - SCC/Eagle River	3703	461	-	461
117 - SCC/Ridgeview	2827	2448	84564	87012
119 - SCC/Nome	223	155	2824	2979
120 - Local Facilities	-	59008	4522	63530
140 - Out of State Contractual	-	0	0	-
	$178699	$ 79191	$151650	$230841
Juvenile Confinement				
202 - McLaughlin Youth Ctr	$ 2456	$ 9169	$ 17	$ 9186
220 - Institutional Care	53245	(1672)	-	(1672)
290 - Foster Care	-	1050	-	1050
	$55701	$ 8547	$ 17	$ 8564
Probation & Parole				
410 - 1st Judicial Dist.	$ 592	$ 25859	$ 1498	$ 27357
425 - 2nd Judicial Dist.	-	24940	28697	53637
435 - 3rd Judicial Dist.	-	4007	-	4007
455 - 4th Judicial Dist.	-	25643	-	25643
	$ 592	$ 80449	$ 30195	$110644
Admin. & Support				
	$ -	$ 1318	$ 20574	$ 21982
TOTAL DIVISION	$234992	$169505	$202436	$371941

Section 2: The FY 79 Out-of-State Contractual budget of $1109.0 allowed for approximately 122 prisoners. The out-of-state prisoner count rose to 157 by January 3, 1979 due to the reduction of available in-state bedspace. Judge Singleton's order to reduce the population level at the Annex Correctional Center and the impact of the 3 day sentence provision for OMVI convictions triggered an increase of out-of-state placements. Twenty prisoners with seven or more years sentences were transferred to federal facilities during November and December 1978. This represented 10 more placements than originally projected within the $182.4 supplemental request.

By maintaining the 157 level until June 30, 1979 a maximum of 28574 additional mandays will be consumed (182 days x 157 prisoners) at a cost of $762,000 (28574 x $26.68). The federal billings from July 1, 1978 to December 31, 1978 totalled $578,139 for 21, 662 mandays of confinement or an average of $26.68 per manday.

Total costs for FY 79 is estimated to be $1,340.1 ($578.1 + $762.0). The supplemental request of $182.4 will be approximately $50.0 short of the current projection of total costs ($1340.1 less budget $1,109.0 plus $182.4 request = $48.7). Prisoner relocations to lower cost facilities and the non-charge for days prisoners are in transit between federal facilities may reduce costs. There are no prisoners housed in federal facilities eligible for parole before June 30, 1979.

Section 3: The FY 79 personal services underfunding budgeted for Adult Confinement is $335,800. Although the appropriate personnel budget report of 12/28/78 shows year to date vacancy savings of $255,222, a shortfall is projected for the year because of the expenditures for temporaries which do not offset the vacancy savings figure in the report. In addition, projections from the same appropriated personnel budget report show that overtime expenditures may run $50,000 over budgeted amounts.

Institutional staffing consists of a number of posts for supervisory and guard duty, most of which must be manned on a 24 hour a day basis to maintain order among the inmates. A post that is not staffed for long periods of time could signal the inmates that they are not under close observation due to staff shortages. This could lead to prisoners fights, sexual assaults, strong arming, property destruction, and escape attempts. The continuous presence of a Correctional Officer in an area reduces the risk of these incidents occurring. Temporary employees also fill posts vacated during correctional officer training at the Sitka Academy. The near 20% correctional officer turnover rate and high usage of sick leave also impacted personal services costs.

The projected shortfall is now $382,000. Overtime is being restricted as much as possible, and a correctional officer training class has been cancelled which will save overtime and

POSITION PAPER/Department of Health and Social Services

temporary employee funds that would have been spent on fillins during trainee absences. The agency also has an excess of $100,000 in the local facilities allocation which can be transferred to correction center allocations, thus reducing the supplemental request to $282,000.

Ten of the 14 new positions authorized in FY 79 for Adult Confinement were put in the Anchorage Annex Correction Center. Some of these positions could have been transferred to other correction centers to help alleviate the shortfall, except that the State has filed a proposed plan to comply with Judge Singleton's recent orders on Annex which prevents this. This agreement between the State and Judge Singleton specifies that there will be 40 positions staffing the Annex, even with the reduced population.

Institutional program and administrative type positions in other correctional centers could be laid off, but this was considered unwise in light of expanding prison populations and understaffing that already exists in most institutions. (see attached detail)

Other alternatives to limit correctional officer overtime were considered unworkable because of probably successful labor union grievances.

The alternatives of closing the Ridgeview Women's Facility would be a step backward and cause pressures on other institutions.

The FY 78 delete and add supplemental which transferred $400,000 out of the Juvenile Confinement BRU to offset Adult Confinement personal services shortfalls is probably not feasible this year because the FY 79 budget for Juvenile Confinement was adjusted to eliminate the prior year amounts overbudgeted

The problem is further compounded this year because of the Governor's 1% personal services veto which took $83,700 out of Adult Confinement.

Recommended: _____ 2/23/79
Charles E. Sothan, Acting Director
Division of Corrections
Date

Concurrence: Catherine M. Floyd 2/23/79
Helen D. Beirne, Commissioner
Health & Social Services
Date

PLAN A

Correctional Center	No. of Positions	Job Class	Personal Services Savings March 1 to June 30, 1979	Impact
Palmer	1	Assistant Supt.	$ 14.9	All programs eliminated - auto/welding Farm Program Road Maintenance Arts and Crafts Sign Shop General Education Work Release Administrative and supervisory expertise reduced by approximately 50%. Other institutions will not receive any farm program benefits, i.e., fresh produce
	1	Inst. Instructor	8.8	
	4	Correctional Officer	35.7	
	6		$ 59.4	
Anchorage State	1	Assistant Supt.	$ 10.6	Education programs eliminated. Counseling, parole and classification activity will be reduced by 50%. Administrative and supervisory expertise reduced by approximately 50%. Prisoners will not be classified to other facilities as rapidly, and parole preparation will be delayed causing a bottleneck for the entire adult institutional system.
	1	Inst. Counselor	10.2	
	2	Correctional Officer	20.6	
	4		$ 41.4	

Correctional Center	No. of Positions	Job Class	Personal Services Savings March 1 to June 30, 1979	Impact
Juneau	1	Assistant Supt.	$ 10.6	All programs eliminated - Mechanical/Electrical, General Education, Arts and Crafts, Work Release, On Staff Medical Care
	1	Inst. Counselor	11.4	
	1	Nurse	8.5	
	1	Vocational Inst.	10.2	
	1	Institutional Inst.	8.5	
	5		$ 49.2	Administrative and supervisory expertise reduced by approximately 50%. Parole preparation, counseling classification reduced by 50%.
Fairbanks	1	Assistant Supt.	$ 12.8	All programs eliminated - General Education, Arts and Crafts, Work Release
	1	Community Counselor	9.8	
	1	Institutional Inst.	9.8	
	3	Correctional Officers	38.3	
	6		$ 70.7	Administrative and supervisory expertise reduced by approximately 50%. Parole Preparation, counseling classification reduced by 50%.
Ketchikan	Ø		$ Ø	Present staff levels are below minimum considering split locations and/or physical plans of facilities. Ridgeview programs are by citizen volunteer groups with equivalent of one correctional officer's time for security.
Nome	Ø		Ø	
Ridgeview	1	Correctional Officer	10.6	
			$ 10.6	

Correctional Center	No. of Positions	Job Class	Personal Services Savings March 1 to June 30, 1979	Impact
Anchorage Annex	1	Assistant Supt.	$ 10.6	Administrative and supervisory expertise reduced by approximately 50%.
	1	Inst. Counselor	10.6	
	7	Correctional Officers	74.5	
	9		$ 95.7	Counseling reduced by 50%.
				Reduction of staff is possibly in contempt of part of the Mosely vs. Beirne case, Judge Singleton's tentative ruling, and the State's proposed plan submitted to the Court for consideration.
Eagle River	1	Assistant Supt.	$ 11.4	All programs reduced 50%
	2	Inst. Counselor	20.4	Counseling Reduced 50%
	1	Vocational Instructor	9.8	Administrative and supervisory expertise reduced by approximately 50%.
	5	Correctional Officers	52.0	
	9		$ 93.6	
TOTAL	39		$357.6	The Differential $357.6 - $282.0 = $75.6 is scheduled to account for any unforseen delay beyond March 1, 1979 in the lay off plan.

PLAN B

Substitutes Labor, Trades & Crafts positions in place of Correctional Officer Staff reductions at respective Correctional Centers.

Anchorage State	1	Maintenance Mechanic	$ 12.1
Juneau	1	Maintenance Mechanic	10.4
Fairbanks	1	Maintenance Mechanic	10.9
Anchorage Annex	1	Maintenance Mechanic	13.3
Ridgeview	1	Maintenance Mechanic	12.0
			$ 58.7

Reductions of maintenance staff wholly restricts preventative maintenance programs. Mechanical equipment failures, down time, and make-shift repairs eventually prove more costly through major repair and replacement expenses and disrupted operations. All institutions are experiencing more frequent repairs as equipment ages.

Alternative Plan to effect additional savings:

It is not economically feasible to continue leasing the Ridgeview Facility under proposed terms of the new owners. It has been estimated that necessary major repairs would cost the State an estimated $250,000 to bring the building up to acceptable standards. The lease costs for the next 2 to 2½ years would amount to $506,200 excluding escalation clauses for increased taxes and insurance. Alternative housing at significantly lower life cycle costs are being explored.

The sentenced females now housed at Ridgeview could possibly be moved to contract facilities outside of the State, with as many as deemed judicious to be moved to other State operated correctional centers. The unsentenced female offenders should be held within reasonable distance of the Anchorage courts and legal resources to avoid further legal actions. Returning the unsentenced females to a separate wing of the Annex is one immediate solution - barring successful court injunctions by the Human Rights Commission or other adverse legal actions. The other possibility would be to house the unsentenced females in the maximum security unit at Eagle River. The Annex location would require 5.2 staff added back to the proposed Plan A. At Eagle River it would require 9.0 staff - 5.2 security and 3.8 booking and administration since this facility does not have a booking office.

Closing Ridgeview by March 1, 1979 would generate approximately $60,000 in lease cost savings, and $200,000 in personal services if the entire staff was terminated on that date.

The projected $260,000 savings would be offset by the following:

Out of State Contractual Services	
10 Female prisoners at $25.00/day x 120 days =	$ 30,000
Estimated care costs, medical and personal care items not covered in the daily rate	4,000
Transportation costs includes escorts (cost to State)	8,000
	$ 42,000
Removal of electronic equipment, fencing and restoration of Ridgeview premises	50,000
Add back one half of Ridgeview staff costs to accommodate just the unsentenced prisoners	100,000
	$192,000

The net savings projected of $68,000 is predicated on all elements of this drastic change in operations to mesh exactly on time. This savings could rapidly dissipate through hidden costs due to slippage and disruptions in operations and program efforts.

Other Alternatives Explored:

Personal Services Cost Reduction Concepts	Reasons for Rejection
1. Establish a policy of assigning staggered shifts to avoid the mandatory 2½ hours of overtime per week per correctional officer.	1. Prior arbitration (Sheffield case) in another Department addressed this issue - Ruling - "You cannot withhold that which was told they would receive at the time of their employment", i.e., normal and advertised 2½ hours of overtime per week. Any attempt to institute such a procedure would be sorely and successfully challenged by APEA.
2. Contract for all maintenance and repairs.	2. Funds not available in either operating budget or capital budget.
3. Reduce classification committee sessions by 50%. Estimated one time savings (expense deferred) $30,000.	3. This would cause serious classification backlogs. Prisoners must be moved through the system in an orderly and efficient manner. Timely classifications avoid problems in program, security, and bedspace. Also Human Rights Commission, Ombudsman complaints, and lawsuits are minimized. Postponement and/or delays result in much higher future costs.
4. Limit amount of sick leave and annual leave that can be taken for the balance of this fiscal year.	4. This procedure would result in successful grievances being filed, especially on sick leave. This also may trigger increased abuses of leave.
5. Postpone Anchorage Annex Correctional Center renovations involving correctional staff doing trades and craft work.	5. The bedspace crunch, and the Moseley vs. Beirne case calls for timely renovations of this facility. Legislative inquiries have already been received concerning renovations starting dates and progress.
6. "Add - Delete" supplementals	6. It is premature at this early date to develop any "add - delete" supplemental.

Should the Division of Corrections be forced to a layoff of Adult Confinement personnel, no guarantee can be given that basic security can be provided. The reduction of security levels in order to offset the projected deficit will return the operation of the State facilities to the same level or less than existed in the 1974-75 period. The present prisoner population is not only significantly higher but also prisoner profiles are now predominantly with felony convictions.

It was a clear mandate then with the high number of escapes - 65, internal incidents, the murder of a policeman, and the rape of a guard's wife, and we assume the mandate still exists that security levels cannot be reduced.

millions that slip through the cracks

Sec 2 - 18,000
Sec 3 - 50,000

Funding Information:
General Fund: $717,700
Other Funds: -0-
$717,700

Introduced: 2/13/79
Referred: Health, Education & Social Services and Finance

IN THE SENATE

BY THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

SENATE BILL NO. 143

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act making supplemental appropriations to the Department of Health and Social Services, Administration of Justice; and providing for an effective date."

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

* Section 1. The sum of ~~$253,300~~ $ 234,992 is appropriated from the general fund to the Department of Health and Social Services, Division of Corrections, for payment of goods and services provided to correctional centers during FY 78.

* Sec. 2. The sum of $182,400 232,400 is appropriated from the general fund to the Department of Health and Social Services, Division of Corrections, for increased prisoner placements + 50,000 in federal institutions during FY 79.

* Sec. 3. The sum of $282,000 is appropriated from the general fund to the Department of Health and Social Services, Division of Corrections, for the FY 79 shortfall in personal services costs for adult correctional institutions, to be allocated as follows:

Juneau	$ 34,000
Fairbanks	80,000
Ketchikan	17,000
Eagle River	71,000
Ridgeview	80,000

ST - do pers Juneau camp, Lagoon

* Sec. 4. The unexpended and unobligated portions of the appropriations made in secs. 1, 2, and 3 of this Act lapse June 30, 1979.

* Sec. 5. This Act takes effect immediately in accordance with AS 01.-10.070(c).

Sec 1 - -18,000
Sec 2 - +50,000

POSITION PAPER/Department of Health and Social Services

POSITION PAPER
Senate Bill No. 143

"An Act making supplemental appropriations to the Department of Health and Social Services, Administration of Justice; and providing for an effective date".

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Detail schedules of the unpaid invoices are available on request.

AMD

POSITION PAPER/Department of Health and Social Services

The invoices are summarized by BRU and relative lapsed funds are shown as follows:

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TOTAL DIVISION	$234992	$169505	$202436	$371941

POSITION PAPER/Department of Health and Social Services

Section 2: The FY 79 Out-of-State Contractual budget of $1109.0 allowed for approximately 122 prisoners. The out-of-state prisoner count rose to 157 by January 3, 1979 due to the reduction of available in-state bedspace. Judge Singleton's order to reduce the population level at the Annex Correctional Center and the impact of the 3 day sentence provision for OMVI convictions triggered an increase of out-of-state placements. Twenty prisoners with seven or more years sentences were transferred to federal facilities during November and December 1978. This represented 10 more placements than originally projected within the $182.4 supplemental request.

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POSITION PAPER/Department of Health and Social Services

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Recommended: _____ 2/23/79
Charles E. Sothan, Acting Director
Division of Corrections
Date

Concurrence: Catherine M. Lloyd 2/23/79
Helen D. Beirne, Commissioner
Health & Social Services
Date

PLAN A

Correctional Center	No. of Positions	Job Class	Personal Services Savings March 1 to June 30, 1979	Impact
Palmer	1	Assistant Supt.	$ 14.9	All programs eliminated - auto/welding Farm Program Road Maintenance Arts and Crafts Sign Shop General Education Work Release Administrative and supervisory expertise reduced by approximately 50%. Other institutions will not receive any farm program benefits, i.e., fresh produce
	1	Inst. Instructor	8.8	
	4	Correctional Officer	35.7	
	6		$ 59.4	
Anchorage State	1	Assistant Supt.	$ 10.6	Education programs eliminated. Counseling, parole and classification activity will be reduced by 50%. Administrative and supervisory expertise reduced by approximately 50%. Prisoners will not be classified to other facilities as rapidly, and parole preparation will be delayed causing a bottleneck for the entire adult institutional system.
	1	Inst. Counselor	10.2	
	2	Correctional Officer	20.6	
	4		$ 41.4	

Correctional Center	No. of Positions	Job Class	Personal Services Savings March 1 to June 30, 1979	Impact
Juneau	1	Assistant Supt.	$ 10.6	All programs eliminated - Mechanical/Electrical, General Education, Arts and Crafts, Work Release, On Staff Medical Care
	1	Inst. Counselor	11.4	
	1	Nurse	8.5	
	1	Vocational Inst.	10.2	
	1	Institutional Inst.	8.5	
	5		$ 49.2	Administrative and supervisory expertise reduced by approximately 50%.
				Parole preparation, counseling classification reduced by 50%.
Fairbanks	1	Assistant Supt.	$ 12.8	All programs eliminated - General Education, Arts and Crafts, Work Release
	1	Community Counselor	9.8	
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	3	Correctional Officers	38.3	
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Ketchikan	Ø		$ Ø	Present staff levels are below minimum considering split locations and/or physical plans of facilities. Ridgeview programs are by citizen volunteer groups with equivalent of one correctional officer's time for security.
Nome	Ø		Ø	
Ridgeview	1	Correctional Officer	10.6	
			$ 10.6	

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	9		$ 95.7	Counseling reduced by 50%.
				Reduction of staff is possibly in contempt of part of the Mosely vs. Beirne case, Judge Singleton's tentative ruling, and the State's proposed plan submitted to the Court for consideration.
Eagle River	1	Assistant Supt.	$ 11.4	All programs reduced 50%
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	9		$ 93.6	
TOTAL	39		$357.6	The Differential $357.6 - $282.0 = $75.6 is scheduled to account for any unforseen delay beyond March 1, 1979 in the lay off plan.

PLAN B

Substitutes Labor, Trades & Crafts positions in place of Correctional Officer Staff reductions at respective Correctional Centers.

Anchorage State	1	Maintenance Mechanic	$ 12.1
Juneau	1	Maintenance Mechanic	10.4
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Closing Ridgeview by March 1, 1979 would generate approximately $60,000 in lease cost savings, and $200,000 in personal services if the entire staff was terminated on that date.

The projected $260,000 savings would be offset by the following:

Out of State Contractual Services	
10 Female prisoners at $25.00/day x 120 days =	$ 30,000
Estimated care costs, medical and personal care items not covered in the daily rate	4,000
Transportation costs includes escorts (cost to State)	8,000
	$ 42,000
Removal of electronic equipment, fencing and restoration of Ridgeview premises	50,000
Add back one half of Ridgeview staff costs to accommodate just the unsentenced prisoners	100,000
	$192,000

The net savings projected of $68,000 is predicated on all elements of this drastic change in operations to mesh exactly on time. This savings could rapidly dissipate through hidden costs due to slippage and disruptions in operations and program efforts.

Other Alternatives Explored:

Personal Services Cost Reduction Concepts	Reasons for Rejection
1. Establish a policy of assigning staggered shifts to avoid the mandatory 2½ hours of overtime per week per correctional officer.	1. Prior arbitration (Sheffield case) in another Department addressed this issue - Ruling - "You cannot withhold that which was told they would receive at the time of their employment", i.e., normal and advertised 2½ hours of overtime per week. Any attempt to institute such a procedure would be sorely and successfully challenged by APEA.
2. Contract for all maintenance and repairs.	2. Funds not available in either operating budget or capital budget.
3. Reduce classification committee sessions by 50%. Estimated one time savings (expense deferred) $30,000.	3. This would cause serious classification backlogs. Prisoners must be moved through the system in an orderly and efficient manner. Timely classifications avoid problems in program, security, and bedspace. Also Human Rights Commission, Ombudsman complaints, and lawsuits are minimized. Postponement and/or delays result in much higher future costs.
4. Limit amount of sick leave and annual leave that can be taken for the balance of this fiscal year.	4. This procedure would result in successful grievances being filed, especially on sick leave. This also may trigger increased abuses of leave.
5. Postpone Anchorage Annex Correctional Center renovations involving correctional staff doing trades and craft work.	5. The bedspace crunch, and the Moseley vs. Beirne case calls for timely renovations of this facility. Legislative inquiries have already been received concerning renovations starting dates and progress.
6. "Add - Delete" supplementals	6. It is premature at this early date to develop any "add - delete" supplemental.

Should the Division of Corrections be forced to a layoff of Adult Confinement personnel, no guarantee can be given that basic security can be provided. The reduction of security levels in order to offset the projected deficit will return the operation of the State facilities to the same level or less than existed in the 1974-75 period. The present prisoner population is not only significantly higher but also prisoner profiles are now predominantly with felony convictions.

It was a clear mandate then with the high number of escapes - 65, internal incidents, the murder of a policeman, and the rape of a guard's wife, and we assume the mandate still exists that security levels cannot be reduced.

2/23/79

MEMO:

TO: SEN HACKNEY Paul

FROM: PAUL

Just to alert you to what the opposition is saying re: SB 33, here is the general theme that is permeating the correspondence replying to your request for info on this bill.

"Existing regulations already subject hospitals and long term care facilities to many expensive and time consuming inspections annually. In studies in Michigan and South Carolina it has been confirmed that government regulations (state and federal) add $21 to $25 to every patient's bill. Most of the regulations being proposed under this proposed bill (18.20.080, 18.20.085) either duplicate or unnecessarily add to already existing regulations covered in Medicare and Medicaid regulations." (See Ak State Hospital Assoc. letter, para. 1).

"If you should go further and implement these regulations we would like to point out that Section 1 18.20.080 does not include a requirement for a pre-notification of intent to survey nor a statement of the purpose for the survey. ASHA recommends that a reasonable advanced notice be required on the part of the surveyor and that the purpose of the visit be clearly stated to allow the institution time to prepare for the visit." (See AK State Hospital Assoc. letter, para. 2).

SB 142

Main thrust of 142 is that the Feds drastically changed AFDC eligibility for children in foster care and institutional care, resulting in the Dept of H&SS coming up with a shortfall of anticipated funds. Also the supplemental is needed, apparently, to meet the increased costs of the foster care and institutional care programs.

The change in AFDC eligibility, resulting in no anticipated funds from the Feds, and the increased costs for caring for these kids, requires a supplemental to the tune of $1,441,800.

SB143

SEE ATTACHED POSITION PAPER.

SEN. SUMNER WILL BE AT THE HEARING TO TESTIFY ON SB 143

SB

148

COMMITTEE REPORT

SENATE

FURTHER: Community & Regional Affairs

2/13/79

Date: _____

Mr. President:

The Committee on HESS has had SB 148

relating to liquor licenses

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[X] do pass with attached amendments(s)

[ ] same title

[ ] replace with CS for _____ [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation as amended

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Walters Stimpfle

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Jensen - DP as Am
Ellenberg - DP as Am

Walter Hackney
CHAIRMAN

NO REC

S 60 (Rev. 12/78)

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

To: _____ SENATE BILL No. 143

HOUSE BILL No. _____

PAGE: 1 LINE: 8-15

beginning line 8: delete Section 1 and renumber
remaining wections accordingly

SB 148 "An Act relating to [illegible] licensed"
By: Sackett

Notified Dept of Rev.
Sen Sackett

Introduced 2-13-79
Logged 2-13-79
Referred: Community & Regional Affairs
Comm. meeting 3-7-79
Comm. action Passed out with amendment (1) do pass - (3) no rec. Sturgulewski voted no, Ferguson Hoabery

SB148

SECTION 1 - ADDS SUBSECTION (c) TO AS 04.10.040 -

This section says that if an individual has a liquor establishment & holds both a beverage dispensary license & retail license & the only entrance to the place is through the beverage dispensary license side, the ABC Board wants authority to determine that additional entrances are needed for health, fire & convenience purposes.

SECTION 2 - AMENDING AS 04.10.145(a) -

Currently an individual that holds a recreational-site license may only sell beer at a recreational event. Passage of this bill would allow him to sell WINE also.

SECTION 3 - ADDS A NEW SECTION - SECTION 265 to AS 04.10.

The thrust of tis section is that if a municipality adopts by ordinance the standards and criteria spelled out in section 3(c) of this section for reviewing liquor licenses, then the municipality will have the review authority to disapprove liquor licenses. THAT'S ONLY IF MUNI's ADOPT STANDARDS IN COMPLIANCE WITH 3(c). If muni denies application for a license, then applicant can appeal to superior court.

SECTION 4 - AMENDS section 270 to accomodate new language presented in section 3 above -

What this section is saying, is that if the municipalities do not adopt the standards as spelled out in 3(c), then the application will be transmitted to the ABC Board for action and not the municipality.

SECTION 5 - AMENDS section 350(a) to accomodate new language presented in section 3 above -

In a nut shell what this section is saying is that if a muni has adopted an ordinance in compliance with 3(c), and the muni disapproves the reissuance of a license, then the license will not be renewed.

SECTION 6 - ADDS A NEW SECTION - SECTION 445 to AS 04.10 - TITLED LIMITATION OF SALES -

This section allows a municipality that is authorized to sale alcoholic beverages, to limit the the sale of beverages to *nondistilled beverages, by ordinance. However, an ordinance to limit the sale of beverages is not effective unless first approved by voters. CONVERSELY, those muni's that are limited to nondistilled beverages by ordinance, can repeal that ordinance if approved by voters.

* beer & wine

SB

163

COMMITTEE REPORT

SENATE

2/13/79

FURTHER: None

Date: 2/21/79

Mr. President:

The Committee on Health, Education & Social Services has had SB 163 relating to interschool activities

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[X] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Senator Hutchinson

CHAIRMAN

S 60 (Rev. 12/78)

DO PASS

SB 163 [illegible] Finance 79 80
By: [illegible]

Introduced: 2-13-79
Logged: 2-13-79
Referrals: NONE
Comm. meeting 2-21-79
" action passed

2-20-79 Leo Wells notified
2-20-79 Nat Cole Dept of Ed. notified

ALASKA SCHOOL ACTIVITIES ASSOCIATION

650 INTERNATIONAL AIRPORT ROAD ANCHORAGE, ALASKA 99502

LESLIE D. WELLS, ED.D
EXECUTIVE SECRETARY

907-272-9045

April 17, 1979

Representative Thelma Buchholdt
Pouch V
Juneau, Alaska 99811

Dear Mrs. Buchholdt:

As you know, I have been in contact with Shannon Garrett, your Administrative Assistant, concerning Senate Bill 163 am. We appreciate your cooperation in not calendaring this bill as it has given us the opportunity to work with the educational agencies who have an interest in this legislation.

We are interested in keeping this bill in Committee until we can meet this next month with the State School Boards Association and members of the State Board of Education. It is hoped that we can work out language that is mutually satisfactory and come back to your Committee with a unified position.

If you have any questions concerning this request, please do not hesitate to call me.

Sincerely yours,

Leslie D. Wells
Executive Secretary

LDW:jle

cc: Glenn Hackney

ALASKA SCHOOL ACTIVITIES ASSOCIATION

650 INTERNATIONAL AIRPORT ROAD ANCHORAGE, ALASKA 99502

LESLIE D. WELLS, ED.D.
EXECUTIVE SECRETARY

907-272-9045

April 17, 1979

Senator Glenn Hackney, Chairman
Senate HESS Committee
Alaska State Senate
Juneau, Alaska 99811

Dear Senator Hackney:

I apologize for not communicating with you sooner, but I have been working with the School Boards Association and the State Board of Education to come up with a plan to regain their support for Senate Bill 163. By this time, I trust that Bob Greene and Marshall Lind have talked with you concerning the problems and the plan to have a meeting of all groups concerned (except NEA Alaska) to work out the problems.

I feel confident that this can be done without doing any damage to the bill. It would appear that we need to place language in the bill that spells out local control by local districts and their boards of education. This, of course, is the intent of the measure, but there is apparently a need for such wording. Also, we hope that the three new members of the State Board of Education will attend the work session and become aware that the local control is where the action and control should be centered.

I will keep you informed concerning the progress of this action and will confer with you before any move is made.

Sincerely yours,

Les Wells

Leslie D. Wells
Executive Secretary

LDW:jle

cc: Board of Control

NEA - ALASKA

(ALASKA EDUCATION ASSOCIATION)

AFFILIATED WITH THE NATIONAL EDUCATION ASSOCIATION

Susan Stitham, President

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207 SEWARD BUILDING
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4808 Blackstone Circle
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Don Schulz
Region VI Director
4101 Abbott Road
Anchorage, Alaska 99507

Lori Sears
Region VI Director
P.O. Box 10-176
Anchorage, Alaska 99511

March 7, 1979

Dill

272-9045

243-1621

Thelma Langdon
2373 Captain Cook Drive
Anchorage, Alaska 99503

Dear Thelma,

On the issue of the composition of the AASA Board of Control and its relationship to the Department of Education, NEA-Alaska has several concerns.

First, we are not in favor (by action of Delegate Assembly) of the proposed separation of AASA from the Department. The Executive Board on March 3 passed a motion in opposition to the concept in SB 163. The basic reason for this position is that the public has a strong interest in the activities which AASA governs; their past performance in terms of a balanced emphasis between athletics and other extra-curricular activities, and the highly unrepresentative nature of their governing board makes it necessary in our view for the State School Board, whose responsibilities encompass the total education of all Alaskan youth, to retain a forum for public appeal, and thus, final control.

The composition of the Board of Control is another concern. At this time, each region selects its representatives to the state board; the regional boards are determined by the local school board and/or superintendent. In theory, anyone could represent a district, but in fact and intra-dition, AASA's whole governance structure is an old boy's club of principals and superintendents. NEA-Alaska has long been on record favoring the inclusion of coaches and/or sponsors on the Board, either as the representative from their school district or on a state-wide basis through the Association, as is proposed with the school board representative through AASB, and is currently the practice with the non-voting student representative. The Executive Board moved to attempt to achieve amendments to the AASA constitution to include a teacher as a voting member.

The second, and more pernicious aspect of the representation, is the complete absence of women from any AASA regional board or the State Board of Control. Despite the fact that a large proportion of athletes, activity participants, coaches and sponsors are female, they are effectively eliminated from any participation by the fact that the governance boards are made up exclusively of principals and administrators, a level of school employment that is notoriously male Caucasian. We feel strongly that this lack of representation must be addressed along with the lack of sponsor and coach representation, and in fact, could probably be addressed together.

For all these reasons, we support the continued overview of AASA by the Department of Education and the State Board, and would urge you to develop some plans for the remedying of these inequities and the consequent improvement of the extra-curricular environment for all Alaskan students.

Sincerely,

Susan Stitham

SS:tr

cc: Senator Glenn Hackney, Chair, Senate HESS
Les Wells, Executive Director, AASA
State Board Members
NEA-Alaska Executive Board
Ad Hoc Committee on AASA, Mat-Su, Jean Krause, Chair

ALASKA SCHOOL ACTIVITIES ASSOCIATION

650 INTERNATIONAL AIRPORT ROAD ANCHORAGE, ALASKA 99502

LESLIE D. WELLS, ED.D.
EXECUTIVE SECRETARY

907-272-9045

March 16, 1979

MEMORANDUM

TO: Senator Glenn Hackney
Dr. Marshall Lind
Board of Control
Joe Montgomery

FROM: Leslie D. Wells
Executive Secretary

SUBJECT: Status Report of Senate Bill 163 am

1. Our bill is waiting in House HESS for hearing. It has been held up due to the many bills that have to clear the HESS Committee and the House going to the Senate. At this juncture, we hope to get hearings on this bill the last week of March or the first week in April. We will keep everyone concerned informed.

2. At this juncture, we have picked up opposition from Ketchikan, as you know. Opposition has also developed from NEA Alaska. We understand it is due to the fact that there are no women or coaches elected to the Board of Control. This is a hard problem to deal with. Information is that they may try to amend the bill to assure equal representation for women. As we all know, it is awfully hard to mandate election results. The Constitution and By-Laws call for the superintendent or his representative to represent a member school in the regional and state organization. We will need to work to see that the HESS Committee members understand the problems with this issue. I understand a second idea that Van Houte mentioned is to have a Board of Control of 12 members (2 per region) where one would be a woman and one would be a man.

3. I will keep in contact with Shannon Garrett, Administrative Assistant to Mrs. Buchholdt and will discuss some of these items with you and Mrs. Buchholdt before the hearing. I have sent a packet of information to each member of the House HESS Committee.

4. This bill will also go to the Judicial Committee. Mr. Charles Parr from Fairbanks is Chairman. We will take direction from Senator Hackney as to what we need to do to prepare for this meeting.

5. Since Senator Ray had some problems with the bill I have written him and the two Juneau representatives. I trust that we have answered his concerns and trust that with the information we have sent to Mr. Miller and Mr. Duncan that they will be informed as to the need and value. Mr. Ed James will call them to discuss the need.

6. I am working with Bob Greene and Ron Hohman and the Commissioner's Office to keep on top of this bill.

LDW:jle

file w/ bill when it comes to Committee SB 163

ALASKA SCHOOL ACTIVITIES ASSOCIATION

650 INTERNATIONAL AIRPORT ROAD ANCHORAGE, ALASKA 99502

LESLIE D. WELLS, ED.D.
EXECUTIVE SECRETARY

907-272-9045

February 9, 1979

Senator Glenn Hackney
Chairman, Senate HESS Committee
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

The members of the Board of Control have asked me to express their deep appreciation for your cooperation and backing in introducing and sponsoring the Association's proposed legislation.

Before I left Juneau I spoke with Nat Cole and he reiterated that the Department will support the bill and that he would be happy to so testify. Please contact Mr. Cole if there are any areas where he can be of help.

May I express my personal gratitude for your assistance. I am available at any time to assist as needed. I can fly to Juneau with just a few hours notice. I currently plan to return to Juneau on the afternoon of February 19, Monday, and plan to remain there through Friday, February 23rd. Hopefully, President Frandsen will also be in Juneau for part of the week as we will be meeting with the State Board of Education on Thursday morning the 22nd. Thus, we can be available to work on this most important legislative need as may be timely. Again, I am available at anytime.

Our many thanks for taking time to assist with this need. It is evident that you are very busy this year with added leadership duties.

Sincerely,

Les

Leslie D. Wells
Executive Secretary

LDW:jle

cc: Nat Cole
Board of Control

ALASKA SCHOOL ACTIVITIES ASSOCIATION
650 INTERNATIONAL AIRPORT ROAD ANCHORAGE, ALASKA 99502
LESLIE D. WELLS, ED.D.
EXECUTIVE SECRETARY
907-272-9045

January 30, 1979

Senator Glenn Hackney
Chairman, Senate HESS Committee
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

President Ed Frandsen and the Board of Control requests that you be asked to introduce and sponsor the proposed revision to the Activities Association legislation which was passed in 1976. You will recall this need from our work with you last spring. Basically it is a clean up bill and contains no request for funds.

The proposal has been drafted by Mr. Ron Lorenson of the Attorney General's office and has the support of the Commissioner of Education. Resolutions of support have been passed by the membership of the State School Boards Association, the Superintendent's Association, and the Secondary School Principals Association and are enclosed. The attached materials give the rationale and need for the change, the proposal, and the current statute.

The Association earnestly requests your leadership and assistance in this effort and assures you that it is in the best interest of girl's and boy's school activities and the total educational community. This office stands ready to give full attention to this effort and supply you with any information that may be required.

I will call you on Thursday to discuss this proposal. Also plan to be in Juneau next Tuesday and Wednesday concerning this bill and other Association business.

Sincerely,

Leslie D. Wells
Executive Secretary
Alaska School Activities
Association

LDW:en

Attachments:
CC Board of Control:

Region I:	Dale Lusford, Nankek
Region II:	Wayne Taylor, Nenana
Region III:	Ed Frandsen, Wasilla
Region IV:	Ed Nash, Eagle River
Region V:	Ed James, Douglas
Region VI:	Bill Brannion, Fairbanks
State Dept.	Vern Williams, Juneau

ALASKA SCHOOL ACTIVITIES ASSOCIATION
650 INTERNATIONAL AIRPORT ROAD ANCHORAGE, ALASKA 99502
LESLIE D. WELLS
EXECUTIVE SECRETARY
907-272-9045

April 21, 1978

RATIONALE FOR ALASKA SCHOOL ACTIVITIES ASSOCIATION

LEGISLATIVE AMENDMENTS

The Board of Control and the membership of the Alaska School Activities Association believe that school interscholastic activities programs, including athletics, music, and speech and drama, can best be accomplished by member schools through self organization and control, with a minimum of state supervision and involvement. It is recognized that the Association requires a legal basis and assistance in funding its efforts because of the relatively small number of schools and high costs associated with the coordination and operation of activities in such a large state.

The Association has done an outstanding job of sponsoring activities for Alaskan youth over the past twenty-two years and now believes that the current legislation should be amended in order that the Association may better function to serve the needs of its membership. Current problems are:

1. There is duplication of effort and unnecessary administrative structure. It is agreed by the Commissioner of Education and the Association that it is unnecessary to operate the Association within the Department of Education.

2. The current statute is restrictive and does not allow each regional association to freely elect their Board of Control member.

3. The operation of the budget and the accounting system should be accomplished at the Association level to facilitate the needs of the organization, i.e., collection of officials' fees, purchase and sale of rule books, funding of officials' workshops, and the operation of state meets, tournaments and events.

The control of the Association lies with school districts and Boards of Education in the approval of organizational structure. The Association is operated by the superintendents of schools, either directly or through their appointed representatives. The revised legislation would foster this local control and would give the Association greater ability to react to the needs of its members.

Adequate funding from the state is essential in order to support the basic operation of the Association office. While other states have adequate income from state tournament receipts to support their total operation and to pay for participants' travel expenses, the small number of Alaskan schools and long distances between communities severely limits tournament gate receipts for such needs.

(over)

The Association has applied for funding of $65,000 for Fiscal Year 1979 through the Department of Education. At this writing the Department has included in their budget request to the legislature the amount of $57,200 for the Alaska School Activities Association. This provides funding only for the Association office operation and salaries.

Further information concerning the Association is given in the attached "11 Questions About Your Alaska School Activities Association."

LDW:el

Attachments: Legislation to be Repealed: AS 14.07.053
AS 14.07.054
"11 Questions About Your Alaska School Activities Association"
ASAA Constitution and Bylaws
ASAA Member School Directory
ASAA 1977/78 Annual Report

For an Act entitled: "An Act relating to interschool activities and providing for an effective date."

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

* Section 1. AS 14.07.053 is repealed.

* Sec. 2. AS 14.07.054 is repealed.

* Sec. 3. AS 14.12 is amended by adding new sections to read:

ARTICLE 4. INTERSCHOOL ACTIVITIES

Sec. 14.12.200. PURPOSE. (a) The legislature finds that the establishment, promotion and governance of interscholastic athletic activities and other interschool contests and programs can best be accomplished by the schools in the state through self-organization and control and with a minimum of state supervision and involvement and that accomplishment of these goals is a valid public purpose.

(b) The legislature further finds that, because of the relatively small number of schools in the state and the high costs associated with coordinating, on a state-wide basis, various interschool activities, the establishment, promotion and governance of interscholastic activities can not be carried out in an efficient and adequate manner without the provision of some financial assistance from the state..

Sec. 14.12.210. VOLUNTARY INTERSCHOOL ACTIVITIES ASSOCIATION. (a) School districts, on behalf of one or more of their schools, and private schools in the state may join together to establish a

voluntary association to provide for the efficient governing, promotion and control of interscholastic athletic activities and other interschool contests or programs recognized by the association.

(b) School districts joining the voluntary association established under (a) of this section may expend school funds for the support of the association.

(c) The association established under (a) of this section is not a state agency, nor is it a school district or other political subdivision of the state. However, employees of the association may participate in the public employees retirement system (AS 39.35) or, if the employee possesses or is eligible to possess a teacher certificate under AS 14.23.020, the teacher's retirement system (AS 14.25).

Sec. 14.12.220. INTERSCHOOL ACTIVITIES GRANTS. The commissioner of Education may make grants to an association established under sec. 210 of this chapter from funds appropriated for that purpose if the association:

(1) has adopted a constitution and bylaws for the governance, operation, regulation and supervision of interschool activities which treat the regions of the state and students in member schools on an equitable basis and in the best interests of the entire state;

(2) has a governing body whose membership is elected and is respresentative of the member schools in the various regions of the state;

(3) has adopted a reasonable operating budget for the period covered by the grant; and

(4) agrees to such other conditions in performing its

functions and expending the grant as the commissioner of Education considers appropriate, including the provision of an audit of the association's use of the grant funds within four months of the close of the grant period.

* Sec. 4. This bill takes effect on July 1, 1978.

LAWS OF ALASKA

1976

Source: SCS SSHB 399(Finance)

Chapter No. 128

AN ACT

Creating the School Activities Association within the Department of Education; and providing for an effective date.

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

* Section 1. AS 14.07 is amended by adding new sections to read:

Sec. 14.07.053. ALASKA SCHOOL ACTIVITIES ASSOCIATION. (a) There is created within the Department of Education the Alaska School Activities Association.

(b) The purposes of the association are to provide for the efficient governing of interscholastic activities through the promotion of those activities and other inter-school contests or programs sanctioned by the associ tion and to assist in the promotion of those other activities and interests as it may from time to time elect.

(c) A public or private school or school district in the state may become a member of the association if it applies for membership. The Department of Education shall make applications available to all public or private schools or school districts in the state.

(d) The governing body of the association shall be the board of control with at least one member from each judicial district on the board of control. A member of the board shall be elected from each regional activities association by the members of that region. The term of office for each member is two years, except that one-half of the members elected to the first elected board shall be elected for one-year terms under regulations prescribed by the commissionwr of education.

(e) The board in consultation with the Department of Education shall appoint an executive secretary, prescribe his duties and fix his compensation. He shall serve at the pleasure of the board.

(f) The board of control of the existing Alaska High School Activities Association in office on the effective date of this Act shall serve as the initial board of control for no longer than six months.

(g) The Department of Education shall approve the association's constitution and bylaws to ensure that all regions of the state are treated on an equitable basis and in the best interests of the state.

Sec. 14.07.054. ALASKA SCHOOL ACTIVITIES FUND. (a) The Alaska school activities fund is established within the Department of Education.

(b) The commissioner of education shall review the budget request of the Alaska School Activities Association and request a sum he approves that is equitable to all regions of the state.

(c) School districts and member schools of the Alaska School Activities Association may appropriate money to the fund.

* Sec. 2. This Act takes effect July 1, 1976.

Permitted to become law without signature
Actual effective date: July 1, 1976

ALASKA SCHOOL ACTIVITIES ASSOCIATION

650 INTERNATIONAL AIRPORT ROAD ANCHORAGE, ALASKA 99502

LESLIE D. WELLS
EXECUTIVE SECRETARY

907-272-9045

11 QUESTIONS

ABOUT YOUR

ALASKA SCHOOL ACTIVITIES ASSOCIATION

1. WHAT IS ASAA?

The Alaska School Activities Association is a voluntary, non-profit state legislature-approved organization of member schools operating under the auspices of the State Department of Education. Organized by and for the schools, the purpose of the Association is to promote, improve, and regulate interschool competition and activities in music, speech and drama, athletics and other areas of activities as the membership may so desire.

2. WHY ARE REGULATIONS NEEDED?

In early high school days, problems in interschool competition began to appear. Among the problems were that coaches played on school teams, playing rules and conditions could not be agreed upon, trained officials were lacking, etc. Fair, equal and safe competition was by chance. Chaos often prevailed. Today, girls and boys are assured of the opportunity to participate in sound and healthy educational activities.

3. HOW WAS ASAA STARTED?

In the early 1950's school administrators showed a deep concern about the abuses in interscholastic athletics. They saw the need for rules on age, amateurism, and attendance, and formed the organization known as the Alaska High School Activities Association in 1956. Meetings were held in conjunction with the annual Fur Rendezvous. A five-man Board of Control administered the affairs of the Association. This was a time for groping, yet much of the basic philosophy for our Activities Association was established during these early years. Basketball in twenty-four high schools was the only area of concern in early years.

Today, some twenty-two years later, eighty schools are involved in one or more of nine non-athletic areas and eleven athletic areas of interschool activities. On July 1, 1976, legislation became law which placed the Activities Association under the general direction and support of the State Department of Education. It is operated by member schools who vote for their representatives, approves changes in the constitution and bylaws, and participates in activities that fit the needs of their school and community.

Member schools vote for six regional members of the State Board of Control who set policies and practices and employs an Executive Secretary and other staff to administer and operate the Association business.

(Over)

4. WHO MAKES THE RULES?

Being aware that rules and regulations are necessary for any well-run activity organization, the member schools, through ASAA, have set forth necessary rules to assure equal opportunity and competition.

The constitution outlines the scope and purposes of the Association, while the bylaws deal with age, health, transfer, residence, scholarship, officials, awards, insurance, amateurism, etc., of pupils; the qualification of coaches; the sponsorship, supervision and number of games; practice and playing seasons; and special rules for various sports.

By adoption of the constitution and bylaws through application for membership, member schools, by their own initiative, have acted to discipline and control their own interscholastic activities. It, therefore, is the schools themselves with the approval of their school boards and superintendents that provide the authority under which the Association functions as approved by the State Board of Education.

5. HOW DOES ASAA WORK?

New rules and modifications of existing regulations are made by the member schools through the six regional associations. For purposes of administration and representation, the State of Alaska is divided into six representative regions. Membership in a region is based upon considerations including geography, school size and transportation considerations.

The Board of Control is the executive and administrative body that carries out the work of the Association through their Executive Secretary. This body enforces the rules voted by the member schools. The members of the Board are elected for terms of two years and represent the six regional associations. The Board, which meets four to six times per year, is in charge of the funds of the Association, rules on the eligibility of contestants in all activities, hears and decides protests, recommends changes in regional school placement, and sets dates and sites for various activities and tournaments.

6. WHAT DOES ASAA DO?

Approves, develops and directs interscholastic activities such as:

Basketball	Hockey
Cross-Country Running	Music Festivals
Cross-Country Skiing	Office Education Assoc.
Future Homemakers of America	ASCA (Student Council Assoc.)
Future Farmers of America	Swimming
Football	Tennis
Forensics & Drama	Track & Field
Distributive Ed. Club	Volleyball
Gymnastics	Wrestling
Honor Band and Choir	Vocational & Ind. Club

Protects students from exploitation by special interest groups;

Publishes a monthly newsletter, the official handbook, numerous guidelines and other materials;

Works constantly for the safety of participants;

Strives to promote good sportsmanship and cooperative spirit among schools;

Encourages a high quality of scholarship in order to compete in interscholastic activities;

Requires physical examinations and insurance standards be met before participation;

Seeks to keep awards for achievement on a sound, sensible basis;

Requires a coach to be a certified teacher and regularly employed by the school he represents, or controlled exceptions;

Aids officials, coaches and players in acquiring a thorough knowledge of the playing rules;

Distributes game rule books and films to schools and officials;

Promotes ethical codes among officials, coaches, players and fans;

Conducts clinics and rule interpretations meetings;

Tests and registers officials;

Provides numerous free publications and materials to schools;

Sanctions interstate events and meets;

Organizes and directs state championships.

7. HOW IS ASAA FINANCED?

ASAA, with a budget of less than $50,000 in 1976/77, derives its income from the State Legislature through the Department of Education (40%), membership dues (25%), officials dues (2%), sale of publications (2%), tournaments (largely basketball)(31%).

NOTE: This amount will not operate the Association.

A budget of $108,000 has been proposed for 1977/78 to finance the needs of the Association to include a full-time Executive Secretary and a ten-month office secretary.

All monies over and above operating expenses from tournaments and meets are used to make up losses in other activity areas.

8. WHAT IS ASAA'S ROLE IN EDUCATION?

School people have long recognized the values of a reasonable and sound school activities program. The purpose of the Alaska School Activities Association is to approve, develop and direct interscholastic programs so that these values are enhanced. ASAA exercises control to reduce overemphasis and assure that activities will remain in proper perspective, an integral part of the total educational program of the schools. It stresses the cultural values involved in all activities so that the students who participate will grow educationally. The goal is a well-rounded, educational experience for all students.

9. WHAT IS ASAA'S RELATIONSHIP TO OTHER ORGANIZATIONS AND OTHER STATES?

ASAA cooperates and works with all agencies that are concerned with the

(Over)

health and educational welfare of high school and junior high school students. Alaska, through ASAA, belongs to the National Federation of State High School Associations. It is an organization of all fifty states and some Canadian provinces. It helps to formulate uniform policies, standards and game rules so that the states, schools and students are playing the same games under the safest conditions.

10. WHO MAY BELONG?

Membership in the Association is open to all public and non-public schools eligible for participation in interscholastic activities. Over eighty schools are members.

11. WHERE IS THE ASAA OFFICE?

The Association office is located at 650 International Airport Road, Anchorage, Alaska 99502.

FOR ADDITIONAL INFORMATION CONTACT:

Dr. Leslie D. Wells
Executive Secretary
Alaska School Activities Association
650 International Airport Road
Anchorage, Alaska 99502

Telephone 272-9045

Revised April 1978

BOARD OF CONTROL MEMBERS:

Region I: Darroll Hargraves, Superintendent, Nome City School District
Region II: Wayne Taylor, Principal, Nenana High School
Region III: Ed Frandsen, Principal, Wasilla High School (President)
Region IV: Ed Nash, Principal, Chugiak High School (Vice President)
Region V: Ed James, Activites Director, Juneau-Douglas High School
Region VI: Evan Gillespie, Principal, Ben Eielson High School

Vern Williams, Consultant, Department of Education, Juneau

ALASKA SCHOOL ACTIVITIES ASSOCIATION

LEGISLATION

WHEREAS, schools in Alaska have ever-increasing activities for students; and

WHEREAS, there is a statewide Alaska School Activities Association; and

WHEREAS, the Alaska School Activities Association is controlled by appointed representatives of the member schools, their administration and their school boards; and

WHEREAS, the Alaska School Activities Association is now tied to the Alaska Department of Education by law; and

WHEREAS, this position leaves the functions of Alaska School Activities Association hindered by further administrative and appeals channels; and

WHEREAS, the Alaska Commissioner of Education is in favor of a separate State of Alaska funded agency;

THEREFORE BE IT RESOLVED, that the Association of Alaska School Boards support separation of the Alaska School Activities Association from the Department of Education.

Alaska Association Secondary School Principals
Resolution 10-78 #10 Passed

ALASKA SCHOOL ACTIVITIES ASSOCIATION

LEGISLATION

WHEREAS, schools in Alaska have ever increasing activities for students, and

WHEREAS, there is a statewide Alaska School Activities Association, and

WHEREAS, the Alaska School Activities Association is controlled by appointed representatives of the member schools, their administration and their school boards,

WHEREAS, the Alaska School Activities Association is now tied to the Alaska Department of Education by law, and

WHEREAS, this position leaves the functions of Alaska School Activities Association hindered by further administrative and appeals channels, and

WHEREAS, the Alaska Commissioner of Education is in favor of a separate State of Alaska funded agency,

NOW THEREFORE BE IT RESOLVED, that the AASSP supports separation of the Alaska School Activities Association from the Department of Education and established as a separate agency.

Alaska Association School Administrators
October 1978 - Passed - Resolution #14

Title: Legislation - Alaska School Activities Association

WHEREAS, schools in Alaska have ever increasing activities for students, and

WHEREAS, there is a Statewide Alaska School Activities Association, and

WHEREAS, the Alaska School Activities Association is controlled by appointed representatives of the member schools, their administration and their School Boards

WHEREAS, the Alaska School Activities Association is now tied to the Alaska Department of Education by law, and

WHEREAS, this position leaves the functions of Alaska School Activities Association hindered by further administrative and appeals channels, and

WHEREAS, the Alaska Commissioner of Education is in favor of a separate State of Alaska funded agency

NOW THEREFORE BE IT RESOLVED, that the Alaska Association of School Administrators support separation of the Alaska School Activities Association from the Department of Education and be established as a separate agency under the draft law attached.



BRISTOL BAY BOROUGH SCHOOL DISTRICT
P. O. BOX 169
NAKNEK, ALASKA 99633

PHONE 268-4225 OR 4265
HIGH SCHOOL

DALE L. LUNSFORD
SUPERINTENDENT

February 27, 1979

Senator Glenn Hackney
105 Assembly
Juneau, Alaska 99811

Dear Senator Hackney:

I want to thank you for your time and effort in sponsoring and supporting SB 163.

This bill will help establish a workable and effective Alaska School Activities Association if passed as you submitted it.

Thank you.

Sincerely,

Dale Lunsford

Dale L. Lunsford

DLL/kss

FILE SB 163

Ms. Ellen Hackney, Chairman
Health, Education and Social Services
Committee
105 Assembly Bldg
Pouch V
Juneau, Alaska 99811

Dear Sir;

I have just finished reading SB-163 and wish to voice my approval. I firmly agree that this would be an excellent move by the House and Senate to approve and pass this bill.

The schools and/or associations must be able to control and direct the activities within the state and/or district. Without local control many areas would be "lost in the shuffle." Too often regulations are passed for only a few without full consideration for all who have to abide by them. Many times small schools are "shut out" by rules and regulations passed by and/or for large schools.

I have been a voting representative to the Region V of the ASAA and know that controls are a necessity but those people involved should have a voice in the control, if you follow me.

Sincerely,
Jim Apley
Prin/Teacher El Capitan School

ALASKA SCHOOL ACTIVITIES ASSOCIATION

CONSTITUTION AND BY—LAWS

Revisions APPROVED BY Board of Control
December 15, 1976, and by a vote of
the membership January 20, 1977.
Approved by the State Board of
Education, JANUARY 29, 1977.

APPROVED revisions September 1, 1977
Pages 11, 14

Reprinted - October 1977

in member file

OFFICES
650 INTERNATIONAL AIRPORT RD.
ANCHORAGE, ALASKA 99502

ALASKA SCHOOL ACTIVITIES ASSOCIATION

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The Constitution and By-Laws of the Alaska School Activities Association as set out in pages 1-19 were approved by the State Board of Education, January 29, 1977, and adopted as state regulations effective March 24, 1977.

ALASKA SCHOOL ACTIVITIES ASSOCIATION

STATE BOARD OF CONTROL

REGION I (Alternate)
Mr. Dale Lunsford, Supt.
Bristol Bay School List.
Box 69; Naknek, Ak. 99633

REGION II
Mr. Wayne Taylor, Prin.
Nenana High School
Nenana, Alaska 99760

REGION III
Mr. Ed Frandsen, Prin.
Wasilla High School
Wasilla, Alaska 99687

REGION IV
Mr. Ed Nash, Prin.
Chugiak High School
Chugiak, Alaska 99567

REGION V
Mr. Ed James, Director
Juneau-Douglas High Sch.
Box 808; Douglas, Ak. 99824

REGION VI
Mr. Ivan Gillespie, Prin.
Eielson High School
Eielson A.F.B. Alaska 99702

STATE DEPARTMENT CONSULTANT
Mr. Vern Williams
Alaska State Dept. of Ed.
Juneau, Alaska 99811

STATE EXECUTIVE SECRETARY

Dr. Leslie D. Wells
650 International Airport Road
Anchorage, Alaska 99502
907-272-9045

The Alaska [High] School Activities Association, an organization created by the Superintendents' Advisory Commission in 1956 and recreated under state law, Chapter 128-SLA 1976, has been placed within the Department of Education. The Activities Association is authorized to prescribe the regulations and rules for conducting interscholastic activities involving teams, groups, or contestants when a second high school or organization is participating in athletics, music, dramatics, speech and debates, and any other interscholastic activity that may be desired. The Constitution and By-laws of the Association must be approved by the State Board of Education.

ASSOCIATION FORMS

Available upon request from:

Executive Secretary
Alaska School Activities Assn.
650 International Airport Road
Anchorage, Alaska 99502

PHONE: 272-9045

1. Membership Forms
2. Contest Contracts
3. Master Eligibility List
4. Constitution and By-Laws
5. Physical/Parent Consent Forms
6. Rule Violation and Protest Froms
7. Rule Books
8. Activitity Guides

STATEMENT OF PHILOSOPHY

The purpose of the Alaska School Activities Association is to coordinate the efforts of its member schools toward the ultimate objectives of interscholastic activities. The Association shall provide a means for schools to cooperate in order to enhance and protect their interscholastic programs. In order to accomplish this, the A.S.A.A. is guided by a philosophy consistent with the purposes of secondary education in Alaska.

Member school's programs must be administered in accordance with the following basic beliefs:

Interscholastic activities shall be an integral part of the total secondary school educational program, with emphasis on teaching "through" activities, in addition to teaching the "skills" of activities. They shall have as their purpose:

a. to provide educational experiences not otherwise provided in the curriculum;

b. to develop better citizens; and

c. to encourage high standards of citizenship.

Interscholastic activities shall be tailored to the physical, mental and emotional maturity levels of the youths participating in them and shall be primarily for the benefit of those youths.

Any district, regional or state contest or event held to determine what is a champion shall provide fair opportunities for schools to demonstrate and to evaluate what is best taught in their programs with the best taught from other schools and from other areas of the state.

Participation in interscholastic activities is to be granted to those students who meet the minimum standards of eligibility adopted cooperatively by this association and those additional standards established by each school or region for its own students.

The A.S.A.A. is concerned with the development of those regulations, standards, and policies essential to assist school districts, their boards of education, and administration of member schools in the implementation of their philosophy of interscholastic activities. Interschool activities shall be kept in proper perspective and must complement the academic program of the schools.

Nonschool activities sponsored primarily for the benefit of the participants in accordance with the philosophy compatible with the school district and school philosophy of interscholastics may have values for youth. When they do not interfere with the academic and interscholastic programs, and do not result in exploitation of youth, they shall be considered as a worthwhile supplement to interschool activities.

BRIEF HISTORY

In the early 1950's, interested school men in western Alaska, led by Mr. William Zahradnicek of Palmer, Mr. W. W. Lahnum, Acting Superintendent of Anchorage, and Mr. Gordon Guffey, Anchorage High School, saw the need for separating high school basketball tournaments from local business promotion as part of the Fur Rendezvous. Thus, the Western Alaska High School Activities Association was organized to assure the needed educational leadership. During these same years, Mr. Sterling Sears of Juneau, Mr. Les Wingard, and Mr. J. E. Danielson of Ketchikan, were moving ahead to fill the same need in Southeastern Alaska.

In 1956 the desire to have a state organization led to the establishment of the Alaska High School Activities Association by the State Department of Education Superintendents' Advisory Commission. The Constitution and By-Laws were approved in the fall of 1957. The officers of the two divisions elected Mr. J. E. Danielson, Superintendent of Ketchikan, as Secretary-Treasurer; Mr. William Zahradnicek of Palmer was elected Chairman; and Mr. George McMillan of Juneau, Mr. Joe Montgomery of Anchorage, and Mr. Sterling Sears of Juneau, were members of this first State Board of Control.

In April of 1973 regions were established for basketball tournament purposes by a vote of the schools involved in those regions. Consideration was given to both school population and/or geographical location. From these basketball regions evolved the regional concept for all activities using the same criteria: size and location.

Early years saw 20-25 schools (4,000 to 8,000 students) as members of the Association. Today, over 70 schools hold membership serving the needs of over 32,000 students.

The state operates under one Constitution and set of By-laws regarding membership, student eligibility, contest organization, sport seasons, and other areas of general concern.

A.S.A.A. EXECUTIVE SECRETARIES

1957-1960	J. E. Danielson, Ketchikan
1960-1965	Joe Montgomery, Anchorage
1965-1971	Les Wells, Anchorage
1971-1975	Rick Arndt, Anchorage
1976-1976	Ed Frandsen, Wasilla
1977-	Les Wells, full time

ALASKA SCHOOL ACTIVITIES ASSOCIATION

CONSTITUTION

ARTICLE I NAME

This organization shall be known as the Alaska School Activities Association.

ARTICLE II OBJECT

The object of this Association is to promote and control interscholastic activities and other interschool contests or programs sanctioned by the Association and to assist in the promotion of those other activities and interests as it may from time to time elect.

ARTICLE III MEMBERSHIP

INTRODUCTION:

Secondary schools of Alaska are defined as schools, public or private, with grades 7 through 12 or any combination of those grades.

SECTION 1. Eligible Schools

A. Any state public school district, or if not a part of a state public school district, any accredited or state approved secondary school may become a member of the Association by paying the applicable annual dues. Being a member constitutes recognition by the member of the Association's authority over the membership and agreement to comply fully with the Association's by-laws and policies.

B. A high school is defined as a school which offers grades 9 through 12 or any combination thereof.

C. A junior high school is defined as a school which offers grades 7 through 9 or any combination thereof.

D. On or before May 1 of each year participating schools of member school districts and other member schools must declare whether they will participate with grades 9, 10, 11, and 12 or 10, 11, and 12 and whether they will participate with grades 7 and 8 or 7, 8, and 9, if at all.

E. The Board of Control will hear any request for an organizational structure other than those mentioned above should a school district organize its secondary school or schools on a different basis.

SECTION 2. Membership Definition

A school district's membership status applies to all school units for which the district has made application and paid the applicable annual dues. Each of these school units is considered a "member school" for the purposes of this Constitution.

ARTICLE IV DUES

The annual dues and dates of payments shall be as set forth in the By-laws.

ARTICLE V OFFICERS AND DUTIES

SECTION 1. Board of Control

The Board of Control consists of the elected representative from each regional association.

SECTION 2. Terms of Board Members

A. The term of office for each member of the Board of Control is two years, except that one-half of the members elected to the first elected Board are elected for one-year terms based upon a drawing of lots.

B. Subject to the approval of the Commissioner of Education, the Board of Control shall appoint an executive secretary, prescribe duties and fix the compensation. This person shall serve at the pleasure of the Board. The Board may appoint other officers, agents and employees and prescribe their duties and compensation.

SECTION 3. Department of Education Consultant

The Commissioner of Education, or his designee, shall serve as a consultant to the Board of Control for the purpose of coordinating the activities of the Association within the Department of Education.

SECTION 4. Powers and Duties of the Board

A. The Board of Control is the executive and administrative body of the organization, subject to the restraint of the Constitution and By-laws of the Association.

B. The Board of Control may determine the time and place of its meetings. A majority shall constitute a quorum.

C. The Board of Control has supervision of all sanctioned interscholastic activities of participating schools of member school districts and member schools and interprets the rules of the Association.

D. With respect to funds, not subject to state fiscal procedures, the Board of Control has the charge of Association funds, shall audit and approve all expenditures, and shall conform to the financial policies and audit as set forth by the membership of the Association and the regulations of the State Department of Education.

E. The Board of Control may delegate to the Executive Secretary the authority to rule on all protests and rule violations and determine the penalties, not otherwise specified, for violations of the provisions of the Constitution and By-laws.

F. The Board of Control may make investigations relative to the violation of the Constitution and By-laws and policies of the Association.

G. The Board of Control may appoint special committees to assist in the arrangement and supervision of various activities and contests.

H. The Board of Control may sanction out-of-state meets, contests or activities.

I. The Board of Control may determine suitable awards for winners of contests sponsored by the Association.

J. The Board of Control may approve and register contest officials for use in those activities sanctioned by the Association.

K. The Board of Control may sanction and operate state championship plans, sites and finances.

L. Regional placement: The regional placement of schools is determined and reviewed annually by the Board of Control at its summer meeting. Changes in regional placement take effect on July 1st of the following summer. The change may take effect earlier if all schools involved and affected as well as the state Board of Control concur. New member school placement becomes effective immediately.

M. The Board of Control shall report annually to the Commissioner of Education, the State Board of Education, and the Alaska Association of School Administrators for the purpose of receiving advice and comments. The report will show programs carried out and a financial statement.

N. The Board of Control shall submit an annual financial audit and budget to the Commissioner of Education.

O. The Board of Control may grant eligibility to a student in certain hardship and emergency cases when granting eligibility does not violate the intent and the purpose of any of the standards of eligibility. The purpose of this provision is to provide for certain cases that are beyond the control of the students or their parents. (Refer to Article XIII in By-laws for procedures.)

ARTICLE VI REGIONAL ASSOCIATIONS

SECTION 1. Powers

The Alaska School Activities Association encourages and supports the creation of regional associations. Each regional association administers its own activities in accordance with the provisions of this Constitution and the Association's By-laws and policies. Regions may adopt their own By-laws not in conflict with those of the Association.

SECTION 2. By-Laws

A current copy of the By-laws of each regional association must be on file with the Executive Secretary of the Association.

ARTICLE VII LOCAL CONTROL

The chief administrative officer of a member, or his designee, shall be the member school's official representative and shall be responsible for each member school's actions.

ARTICLE VIII AMENDMENTS

SECTION 1. Amendments

A. Proposed amendments to this Constitution must be introduced at a regular meeting of the Board of Control. Amendments which are proposed by the Board of Control must be endorsed by the authorized representative of ten different member schools.

B. Adoption of a proposed amendment requires a majority vote of all member schools by mail ballot and approval by the State Board of Education. The Board of Control may make recommendations on proposed amendments.

SECTION 2. Effective Date

Amendments take effect July 1 following their adoption unless otherwise provided by the amendment.

ARTICLE IX EFFECTIVE DATE OF CONSTITUTIONAL AMENDMENTS

This revised Constitution takes effect immediately upon the majority vote of the membership and approval of the State Board of Education.

ALASKA SCHOOL ACTIVITIES ASSOCIATION

BY-LAWS

ARTICLE I BOARD OF CONTROL ORGANIZATION AND OPERATION

SECTION 1. Organization and Terms of Members

A. The administration of the Association is vested in the Board of Control composed of a representative elected by the member schools of each regional association and selected in such a manner as to assure that a representative is elected from each judicial district. Each elected member of the Board of Control has one vote.

B. The term of office expires on December 31st.

SECTION 2. Dates of Election and Replacements

Board of Control members shall be elected by December 1 of the year in which the term for the regional representative expires. A person may not serve more than three consecutive terms. The Board of Control will certify new board members in order to assure representation of all judicial districts.

If an encumbent ceases to be a voting member of the Board of Control because of death, resignation, incapacity, change of assignments from administration in a school district, or because of moving out of the region in which elected, the member schools of the regional association shall elect a replacement to serve on the Board of Control for the remainder of the term.

SECTION 3. Alternate Regional Representative

A regional association may elect an alternate member to sit on the Board of Control in place of the regular member for only the following instances: weather and transportation problems, medical illness, or other excusable and acceptable reasons as approved by the majority of the other members of the Board of Control.

SECTION 4. Meetings

The Board of Control shall meet not less than four times annually. They may otherwise convene upon the call of the president or upon the request of a majority of the Board of Control, the call to be issued by the executive secretary. The membership will be informed of the meetings in a timely manner.

SECTION 5. Officers of the Association

The officers of the Association are a president, vice president, and a secretary-treasurer. The president and vice president shall be elected from among the members of the Board of Control, each to be elected annually for a term of one year. No one individual may serve as president for a period longer than a total of five years. If the offices of either the president or the vice president become vacant because of death, resignation, or other emergency, it shall be filled for the remainder of the term by election by the Board of Control at its next meeting.

SECTION 6. Secretary-Treasurer

The secretary-treasurer is the executive secretary and serves at the pleasure of the Board of Control. The duties and functions of the secretary-treasurer are the responsibilities of the executive secretary.

SECTION 7. Association Funds

To the extent applicable, the secretary-treasurer shall comply with state fiscal procedures. With respect to funds not subject to state fiscal procedures, the secretary-treasurer shall, under the supervision of the Board of Control, have charge of funds of the Association. He shall make complete financial statements to the Association members at the time of the fall meeting. The accounts shall be audited at least annually and the cost of the audit will be paid by the Association. The financial year for the Association shall be July 1 to June 30. An annual report and an audit will be furnished the State Department of Education by October first of each year.

ARTICLE II MEMBERSHIP DUES

SECTION 1. Member Schools

Each participating school for which a member school district has paid dues is a "member school" as that term is used in these By-laws.

SECTION 2. Scale of Dues

Annual Association membership dues for school districts and non-school district schools shall be determined as the sum of the dues for each participating member school, based on the actual enrollment as shown on the third quarter attendance report for the prior school year for each school, as shown in the following table:

Enrollment	High School Dues for Next School Year	Jr. High School Dues for Next School Year
1-100	$100.00	$ 50.00
101-500	$200.00	$100.00
501-1000	$400.00	$200.00
1001-	$600.00	$300.00

SECTION 3. Date of Payment

Dues must be submitted to the ASAA executive secretary, payable to the Department of Education, by September 1 for that school year and are delinquent October 1. Delinquent members will be charged a 10% per month penalty on the balance owing but unpaid.

SECTION 4. New Member Schools

New members will not be assessed the penalty for the first year of membership.

ARTICLE III VIOLATIONS OF BY-LAWS AND CONTEST RULES

SECTION 1. Conduct of Activities

All school sponsored interscholastic sports, events, and activities of member schools must be conducted in accordance with the Association's By-laws, rules and policies.

SECTION 2. Conforming to Rules

A. By-laws, including eligibility rules, contest rules, and Board of Control policies may not be waived by consent between or among member schools.

B. As used in these By-laws, "rule" includes these By-laws.

SECTION 3. Violations and Disputes

A. All rule violations must be reported to the Executive Secretary in writing. Assessment and a decision will be rendered in a timely manner.

B. All questions in dispute must be submitted to the Executive Secretary. The Executive Secretary's decision is final unless it is appealed to the Board of Control. All questions in dispute and their disposition will be reported to all member schools.

SECTION 4. Protests Against Member Schools

A. A member school entering a protest against another school shall submit to the Executive Secretary, in writing, a full statement of the facts relating to the alleged violations committed by the offending school (use the form as exhibited in Appendix A). The Executive Secretary will submit copies of the complaint to the superintendent or principal of the accused school. The accused school may present its case in writing to the Executive Secretary within 14 days after receipt of the complaint. After reviewing the submitted materials, the Executive Secretary will render a decision.

B. All protests must be accompanied by a filing fee of $100. If the final decision is in favor of the presenting school, the fee will be refunded. If the protest is denied, the fee shall be forfeited. No decision on a protest will be made unless the filing fee has been paid.

ARTICLE IV APPEAL PROCEDURE

SECTION 1. Appeal by Member Schools and Individuals

A. A member school may appeal decisions of the Executive Secretary by requesting of the Board President, within 14 days of receipt of the decision, and in writing, that the case be presented to the Board of Control for review.

B. An individual who is adversely affected by a decision of the Executive Secretary may appeal that decision by requesting, within 14 days of receipt of the decision, that his or her member school's officially designated administrator request of the Board President, in writing, that the case be presented to the Board of Control for review.

C. All appeals, including all relevant factual matter and legal arguments, must be presented to the Board of Control in writing. Oral hearings are not a matter of right, but will be granted for good cause shown.

D. All appeals will be considered and a decision rendered in a timely manner.

E. In appeals involving rule violations, the Board of Control may assess the costs of the appeal against the member who is found at fault.

SECTION 2. Appeals Review Commission

A. An Appeals Review Commission will review decisions or interpretations of the Board of Control when requested by an affected individual, a member school, or a member school district by formal written appeal within 14 days of receipt of the decision.

B. The Appeals Review Commission is the State Board of Education or a committee of the State Board of Education.

C. All appeals, including all relevant factual matter and legal arguments, must be presented to the Appeals Review Commission in writing. Oral hearings are not a matter of right, but will be granted for good cause shown.

D. All appeals will be considered and a decision rendered in a timely manner.

ARTICLE V PENALTIES

Penalties assessed by the Executive Secretary or by the Board of Control upon member schools for violation of the By-laws will vary depending upon the nature and character of the violation. Penalties assessed may include one or more of the following:

1. Warning
2. Forfeiture
3. Probation
4. Fine - not to exceed five hundred dollars
5. Suspension from the Association - not to exceed 365 calendar days

ARTICLE VI CONTEST RULES

SECTION 1. Contracts for Contests and Events

Final agreements relating to contests or events between or among member schools must be incorporated into contracts on forms provided by the Association. These contracts must be executed by mutual consent of the representatives of the respective schools and exchanged not less than 10 days prior to the contests. The contract may not be cancelled or altered except by mutual consent of the schools involved.

Breach of contract will be considered a rule violation.

SECTION 2. Non-Member School and Out-of-State Rule

A. As a condition of membership, members expressly agree that they and their member schools will not take part in any interscholastic activities or contests with schools eligible for membership but who are not member schools of the Association. A waiver may be requested to participate with a non-member school.

B. A member school may not participate in any contest or event with an out-of-state school unless a sanction has been granted by the Board of Control.

C. Participation without a waiver under A or a sanction under B of this section will result in disciplinary action for the member school and may include suspension from Association membership and participation for a period of up to 365 days.

SECTION 3. Ineligible Students

A member school may not permit students who are ineligible under these By-laws to participate in or otherwise appear on the field or floor in uniform during any contest between itself and other member schools.

SECTION 4. Contest and Event Supervision

Each contesting school must have present at the contest or event a certificated faculty representative who is responsible for the conduct of its participants and students throughout the contest. The home school must have an administrator or his designee in attendance.

SECTION 5. Personal Conduct

A. High standards of courtesy, fair-dealing and sportsmanship must feature all Association contests or events.

B. In matters pertaining to personal conduct, such as gross violations of sportsmanship, attacks on officials and other acts of gross misconduct by any student, school staff member or school community members where the school has failed to act reasonably in controlling the community member, the Association will determine, after providing an opportunity to submit written statements or an oral hearing, or both, appropriate penalties and whether or not the student or school will be suspended or barred from future contests or events.

SECTION 6. Records

Each school shall keep accurate records of contests and events for a period of four years. These records, or copies, must be forwarded to the Executive Secretary upon request.

SECTION 7. Sunday Contest or Event Rule

Interscholastic events or contests may not be held on Sunday. If inclement weather forces the cancellation of one contest of a scheduled series, and the series cannot be rescheduled at a later date, the host school may request of the State Executive Secretary and its Region's Executive Officer that they sanction a Sunday contest.

ARTICLE VII SANCTIONED ACTIVITIES

SECTION 1. Compliance with Title IX

The Associat n will comply with the provisions of Title IX of the Education Amen ments of 1972. No person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, be treated differently from another person or otherwise be discriminated against in any activities regulated by the A.S.A.A.

Separate teams for members of each sex may be allowed where selection for such teams is based upon competitive skill or the activity involved is a contact sport. Contact sports include boxing, wrestling, rugby, ice hockey, football, basketball and other sports the purpose or major activity of which involves bodily contact.

The Association will insure that, when separate teams are allowed, equal opportunities in athletics are provided members of each sex, in keeping with Title IX regulations.

SECTION 2. Sports Recognized by the Association

Badminton	Diving and Swimming
Football	Basketball
Soccer	Wrestling
Cross Country Running	Ice Hockey
Bowling	Cross Country Skiing
Volleyball	Track and Field
Gymnastics	Tennis

SECTION 3. Activities with No Season Restriction

Activities with no season restriction include but not limited to:

Bowling	Honor Band, Choir, Orchestra
Cheerleade..	Music Festivals
Drill Teams	Forensics - Speech - Debate - Drama
Rifle Teams	Office Education Association - OEA
Chess	Future Homemakers of America - FHA
Eskimo Games	Future Farmers of America - FFA
Student Governments Conferences	Vocational & Industrial Clubs of Am. - VICA
Journalism Workshops	Distributive Education Clubs of Am. - DECA

SECTION 4. Activities Confined to a Season: Sports and Sport Season Dates, Pre-season Practice, Number of Contests, Number of Game Periods per Day*

*Next page

SECTION . Activities Confined to a Season: Sports and Sport Season Dates, Pre-season Practice, Number of Contests, Number of Game Periods per Day

A. All sports competition will be governed by National Federation of Interscholastic Athletics rules and guidelines where available, or by rules adopted by the Board of Control.

B. The following table sets out the seasons, the permissible pre-season practice periods, the permissible number of game periods per day exclusive of regional and state tournaments, and the permissible maximum games prior to regional tournaments for various interscholastic sport contests:

Sport	*Practice Prior to Participation	Date of First Game	No. of Game Periods/Day	Maximum Games Prior Reg. Tourn.	Season End Date
Football	Begin August 15 10 Separate Days	Last Weekend in August	Four	One Per Week	Third Weekend in October
Cross Country Running	Begin August 15 10 Separate Days				W/completion of Reg. or State meet
Volleyball	Begin August 15 10 Separate Days				W/completion of Reg. or State meet
Gymnastics	Begin August 15 10 Separate Days				W/completion of Reg. or State meet
Diving and Swimming	Begin August 15 10 Separate Days				W/completion of Reg. or State meet
Girls' Basketball	Begin October 15[1] 10 Separate Days	November 15[1]	6**	25[1] (30-1977-78)	W/completion of Reg. or State meet
Boys' Basketball	Begin October 21 10 Separate Days	November 15	6**	25[1] (30-1977-78)	W/completion of Reg. or State meet
Wrestling	Begin January 2 10 Separate Days			25[2] MATCHES (excl. forfeits) 20 day limit	W/completion of Reg. or State meet
Ice Hockey	Begin November 1 10 Separate Days	Last Weekend in November	3**	20	W/completion of Reg. or State meet
Cross Country Skiing	Begin November 1 10 Separate Days				W/completion of Reg. or State meet
Track and Field	Begin March 15 10 Separate Days				W/completion of Reg. or State meet
Tennis	Begin March 15 10 Separate Days				W/completion of Reg. or State meet

*excluding Sundays

**Overtimes not counted

[1]Effective 78-79 School Year

[2]Effective 77-78 School Year

ARTICLE VIII AMATEURISM

SECTION 1. Only Amateurs Are Eligible to Participate

A. Pupils representing member schools of the Association must be amateurs.

B. A pupil is a professional, not an amateur, and is ineligible if he or she receives or is promised money or other valuable consideration for competing in a sport recognized by the Association. This rule applies throughout the twelve months of the year. A professional in one of these sports is considered a professional in all. A pupil may play with or against those who are professional without losing amateur standing.

C. Acceptance of money or other valuable consideration as wages or expenses or of merchandise prizes for athletic competition renders a pupil ineligible for further athletic competition. No money is to be given to a contestant. However, it is permissible for a contestant to accept necessary meals, lodging and transportation while competing. Medals or trophies may be accepted. College scholarships may be accepted but the amount of the scholarship must be paid directly to the college of choice by the donors.

D. A pupil is ineligible if he or she competes under an assumed name for the purpose of concealing his or her status as a professional.

E. A high school student who has violated his or her amateur standing as set forth by these By-laws may apply to the Board of Control for reinstatement as an amateur, if 365 days have elapsed since the date he or she was declared ineligible, and if he or she has been in regular school attendance and not competed as a professional during the intervening period.

An application under this paragraph must be in writing and must be signed by the student and by the superintendent or principal, certifying that one calendar year has elapsed since the student was declared ineligible, that he or she has been in regular school attendance, and that he or she has not violated amateur rules during the intervening period.

SECTION 2. Signing of Contracts

The signing of any contract by a pupil whereby he or she agrees to compete in any athletic competition for profit immediately makes that pupil ineligible for further interscholastic athletic competition.

SECTION 3. Professional and College Try-Outs

Professional and college try-outs which interfere with a high school student's work or which involve a game in violation of Association rules may result immediately in that student's ineligibility for further interscholastic athletic competition.

ARTICLE IX AWARDS

The Board of Control designates, gives, and controls ribbons, medals, and trophies to be awarded to schools and individuals.

SECTION 1. Principal Approval

Awards must have symbolic value only. Awards may be accepted by a student only if granted through the school with prior approval of the school principal or school district superintendent.

SECTION 2. Value Limit

Awards, such as unattached letters, trophies, metal charms or pins, or similar articles, having symbolic value only, may be given to students by the school if the cost of the award does not exceed $10. In the case of state championships, the cost may be increased to an amount which does not exceed $15. This section does not apply to trophies awarded to teams by the state or regional associations.

SECTION 3. Invitational Tournaments

Leagues or schools conducting invitational tournaments or meets under Association rules may make awards to the winning schools or contestants if the awards are within the limits set forth in Sections 1 and 2 of this Article and in Article XV.

SECTION 4. Other Awards

Suitable awards, of symbolic value only, may be accepted by team members from service clubs, patriotic organizations, civic groups, Dads' and Mothers' Clubs, and similar organizations, provided they are given in compliance with the provisions of Sections 1 and 2 of this Article. However, jackets or sweaters may be accepted by state championship team members even if the cost exceeds $15. Gifts may not in any way advertise any firm or individual insofar as commercial or business interests are concerned.

SECTION 5. College Recruiting

Awards of transportation and entertainment by colleges and universities for recruiting purposes may be accepted by students, when carried on within the limitations of N.C.A.A., N.A.I.A., and college conference rules, if there is prior approval of the high school principal.

ARTICLE X QUALIFICATION OF COACHES

Coaches must be certificated teachers and must be regularly employed as teachers in the school district in which they coach. The Executive Secretary may waive temporarily these certification requirements upon satisfactory proof that a properly certificated coach could not be secured. A certificated staff member of the school district must accompany and be in charge of a traveling team.

ARTICLE XI PHYSICAL EXAMINATION, PARENTS' CONSENT

SECTION 1. General

A pupil may not be permitted to participate in a practice session or to represent his or her school in athletics, cheerleading, or other strenuous activities until there is on file with the superintendent or school principal a statement, signed by a practicing physician, nurse practitioner, physician's assistant, or a military medical examiner, and the pupil's parents or legal guardian, certifying that he or she has submitted to a physical examination within the prior

calendar year. The statement must certify that, in the opinion of the examiner, the student is physically fit to participate in strenuous physical activities. A waiver of this requirement may be temporarily made by the Executive Secretary in villages where no examiner is available.

Physical exam forms are available from the Association Executive Secretary.

SECTION 2. Wrestling Physicals

With respect to pupils participating in wrestling, the National Federation Rule Book for high schools governs all situations.

Prior to the pupil's first match, the examiner, as defined in Section 1 of this Article, must determine the lowest weight class the individual may wrestle during the season. This determination must be in writing, signed by the examiner and by the student's parents, before the student may be allowed to wrestle in a match. ~~Changes in weight class determination will be allowed during the season if the above procedure is followed.~~ Each school is responsible for the administration of the weight permit slips and the weight permit slips must be made an integral part of the eligibility roster.

DELETE
Rule change approved June 1977; effective date July 1, 1977.

Individuals must have their weight permission slip on file with their school before their name may be placed on the eligibility list. There must be a place for the examiner's signature and the parent's signature on the weight permission slip.

ARTICLE XII RULES OF ELIGIBILITY

Unless expressly limited, the following rules are intended to be minimum requirements for student eligibility to participate in all interscholastic activities and do not preclude a school, a school district, or a regional association from imposing additional rules that are reasonable and prudent.

SECTION 1. Enrollment Rules

To be eligible during a school semester for participation in interscholastic activities, a student must:

A. be properly registered;

B. be carrying a minimum of four classes that lead to granting of credit toward graduation; and

C. be in regular attendance at school and classes in which enrolled.

SECTION 2. Eight Semester Rule

A student may only participate in interscholastic activities during the first eight semesters of school after enrollment in the ninth grade.

SECTION 3. School Grade Rule

Students in grade eight and below are ineligible for participation as members of high school athletic teams in interscholastic competition including cheerleading.

SECTION 4. Similar Sports Participation Rule

A student may not participate as a member of other than a high school athletic team in similar contests during the same school season.

SECTION 5. Undue Influence Rule

A student is not eligible to participate in interscholastic activities if he or she has been unduly influenced or offered any remuneration, directly or indirectly for the purpose of causing the student or the student's family to reside in a given school district or school attendance area in order to establish his or her eligibility for activities participation.

SECTION 6. Age Rule

A student is not eligible to participate in interscholastic activities when he or she is no longer of school age as defined in AS 14.03.070. However if the student started a sport season while still of school age, the student will be allowed to complete that sport season.

SECTION 7. Semester Credit Rule

In order to be eligible to participate in interscholastic athletics and cheerleading during any semester after completion of the first semester of ninth grade, a student must have passed, for the immediately preceding semester, at least four courses which grant a semester of credit toward graduation. A student who has been ineligible for a complete semester under this section may become eligible after having attended the first day of the succeeding semester.

A. For purposes of this section, academic deficiencies may be made up through correspondence courses or summer school.

B. A grade of incomplete is considered as not passing until the incomplete is changed on the official school records.

SECTION 8. School Transfer Rule

A. A student who transfers school enrollment corresponding with an actual change in the place or residence (home, abode) of his or her parents or legal guardian is immediately eligible to participate in the interscholastic activities of the school to which he or she has transferred, providing he or she satisfies all other applicable rules of eligibility.

B. A student who transfers school enrollment without a corresponding change in the place of residence (home, abode) of parents or legal guardian is not eligible for participation in the interscholastic athletic activities of the school to which he or she has transferred for a period of 18 weeks following the transfer of enrollment.

C. The 18 week ineligibility rule stated in B of this section does not apply when:

1. the transfer in school enrollment is ordered by the governing body or the chief school administrator of the school district which is responsible for the student's education, whether the transfer is to another school of the same district or not, so long as the transfer was not made for interscholastic activities reasons;

2. the transfer was made to permit the student to take courses or study at a grade level not offered at the school from which he or she transferred; or

3. the transfer was made as the result of an order of a court or of a state or local agency empowered to take custody of children.

D. A school district may establish its own policy regarding intra-district transfer, so long as it is at least as stringent as this transfer rule. The district's policy must be submitted to the Executive Secretary for his approval. Upon approval, the district policy will prevail.

SECTION 9. Eligibility Lists for Sports and Cheerleading

A. A master eligibility list listing all participants in each sport and cheerleading must be prepared on the form provided by the Association for that purpose.

B. A copy of the master eligibility list must be received by the state Executive Secretary and the appropriate regional executive officer before the sixteenth school day of the new semester. The list for sport seasons starting during a semester must be mailed ten days before the first contest of that season.

C. Any additions or deletions to the master eligibility list must be filed as an addendum to the master eligibility list before an individual is allowed to participate.

ARTICLE XIII WAIVERS OF ELIGIBILITY RULES

SECTION 1. Student Request

A student who has been determined to be ineligible to participate in interscholastic activities under one or more of the eligibility rules of Article XII may request a waiver of that rule or rules by the Executive Secretary.

SECTION 2. Request Procedures

A request for a waiver must be directed by the student to the involved member school's officially designated administrator who shall then file a written request stating the full particulars of the case and the reasons felt by the student or the administrator, or both, to warrant the granting of the requested waiver.

SECTION 3. Review by Executive Secretary

Upon receipt of the waiver request, the Executive Secretary shall review it to determine whether any additional information is necessary. If additional information is necessary, the Executive Secretary shall request the administrator to supply it. The Executive Secretary shall render his decision as expeditiously as possible after receiving the waiver request and any additional requested information.

SECTION 4. Guidelines for Consideration

To assist students and member schools to decide whether to request a waiver in specific circumstances, the following apply:

1. If the student is a transfer student, a transfer of eligibility form must be supplied the A.S.A.A. office.

2. Except in unusual circumstances and for good cause shown, the Executive Secretary will not hear a request involving waiving of the standards of eligibility regarding semesters of participation, age standards, semesters of enrollment, or a school administrator's ruling regarding the school citizenship (conduct) of a student.

3. The Executive Secretary will not grant eligibility in any case in which the asserted hardship is the sole result of knowing conduct by the student or his or her parents or guardian which had the effect of causing the hardship.

4. Ignorance of any standard is not sufficient reason for waiving a standard.

ARTICLE XIV A.S.A.A. REGIONS

SECTION 1. Member Schools by Regional Placement

The following shows the placement of schools in the regional associations, effective July 1, 1977:

I	II	III
Aniak	Anchorage Christian School	Barrow
Bethel	Anderson Village	Bob Reeve (Adak)
Bristol Bay	Christian School of Alaska	Cordova
Covenant	Fort Yukon	Delta Junction
Dillingham	Galena	Homer
Kiana	Glennallen	Kodiak
King Cove	Kenny Lake	Palmer
Kivalina	McGrath	Seward
Kongiganak	Nenana	Valdez
Kotzebue	Ninilchik	Wasilla
Nelson Island	Nulato	
Noatak	Susan B. English (Seldovia)	
Nome	Susitna Valley	
Noorvik	Tanana	
Nunapitchuk	Tok	
Selawik	Tri-Valley	
Shishmaref	Tyonek (Bartlett)	
Togiak		
Unalaska		

IV	V	VI
Bartlett	Angoon	Eielson
Chugiak	Haines	Lathrop
Dimond	Hoonah	Monroe
East Anchorage	Hydaburg	North Pole
Kenai	Juneau-Douglas	West Valley
Service	Kake	
West Anchorage	Ketchikan	
	Metlakatla	
	Mt. Edgecumbe	
	Petersburg	
	Prince of Wales (Craig)	
	Sitka	
	Skagway	
	Thorne Bay	
	Wrangell	
	Yakutat (Mt. St. Elias)	

SECTION 2. Changes in Regional Placement

A. Changes in regional placement take effect on July 1 of the following summer, unless all affected schools and the Board of Control agree to an earlier effective date.

B. Changes in regional placement may be initiated by the Board of Control or by request of any member school.

C. Initial regional placement for new member schools will be made by the Board of Control. The Board will give full consideration to a recommendation or request from the new member school. Placement of new member schools becomes effective immediately.

ARTICLE XV TOURNAMENTS

SECTION 1. Handbooks

The Board of Control will cause athletic and activity handbooks of policies and procedures to be developed for their approval. These handbooks will be implemented for the operation of state interscholastic activities.

SECTION 2. Trophy Size

The following sizes are adopted by the Board of Control to give order and meaning for trophies:

State	20-25 inches
Regional	15-20 inches
Invitational	12-18 inches
Individual	10-15 inches

NOTE: Size number 3 figures must be used for individual trophies.

ARTICLE XVI BY-LAW AMENDMENT

SECTION 1. Method

These By-laws may be amended by a simple majority vote of the Board of Control sitting in regular session provided that at least 30 days advance notice has been mailed to the general membership. Additionally, amendments must be approved and adopted by the State Board of Education under AS 14.07.053 (c) and the Administrative Procedures Act (AS 44.62).

SECTION 2. Effective Date

Unless otherwise specified, amendments to these By-laws take effect 30 days after their filing with the lieutenant governor.

ALASKA SCHOOL ACTIVITIES ASSOCIATION

650 INTERNATIONAL AIRPORT ROAD ANCHORAGE, ALASKA 99502

LESLIE D. WELLS
EXECUTIVE SECRETARY

907-272-9045

April 21, 1978

RATIONALE FOR ALASKA SCHOOL ACTIVITIES ASSOCIATION LEGISLATIVE AMENDMENTS

The Board of Control and the membership of the Alaska School Activities Association believe that school interscholastic activities programs, including athletics, music, and speech and drama, can best be accomplished by member schools through self organization and control, with a minimum of state supervision and involvement. It is recognized that the Association requires a legal basis and assistance in funding its efforts because of the relatively small number of schools and high costs associated with the coordination and operation of activities in such a large state.

The Association has done an outstanding job of sponsoring activities for Alaskan youth over the past twenty-two years and now believes that the current legislation should be amended in order that the Association may better function to serve the needs of its membership. Current problems are:

1. There is duplication of effort and unnecessary administrative structure. It is agreed by the Commissioner of Education and the Association that it is unnecessary to operate the Association within the Department of Education.

2. The current statute is restrictive and does not allow each regional association to freely elect their Board of Control member.

3. The operation of the budget and the accounting system should be accomplished at the Association level to facilitate the needs of the organization, i.e., collection of officials' fees, purchase and sale of rule books, funding of officials' workshops, and the operation of state meets, tournaments and events.

The control of the Association lies with school districts and Boards of Education in the approval of organizational structure. The Association is operated by the superintendents of schools, either directly or through their appointed representatives. The revised legislation would foster this local control and would give the Association greater ability to react to the needs of its members.

Adequate funding from the state is essential in order to support the basic operation of the Association office. While other states have adequate income from state tournament receipts to support their total operation and to pay for participants' travel expenses, the small number of Alaskan schools and long distances between communities severely limits tournament gate receipts for such needs.

(over)

The Association has applied for funding of $65,000 for Fiscal Year 1979 through the Department of Education. At this writing the Department has included in their budget request to the legislature the amount of $57,200 for the Alaska School Activities Association. This provides funding only for the Association office operation and salaries.

Further information concerning the Association is given in the attached "11 Questions About Your Alaska School Activities Association."

LDW:el

Attachments: Legislation to be Repealed: AS 14.07.053
AS 14.07.054
"11 Questions About Your Alaska School Activities Association"
ASAA Constitution and Bylaws
ASAA Member School Directory
ASAA 1977/78 Annual Report

ALASKA SCHOOL ACTIVITIES ASSOCIATION

ANNUAL REPORT FOR 1977-78

This report reflects the paper shortage and the desire to set forth in outline form the accomplishments, conditions and needs of the Association as we continue to strive to serve the needs of the membership and their students. First, let us recognize that this is an Association of schools who elect to become members and are partners in setting the bylaws for all activities and eligibility rules. It is organized to promote and control good, sound interscholastic activities for all high school youths.

MEMBERSHIP AND PARTICIPATION

Let's look at the growth of membership. Ten schools joined in 1977-78. Eighteen new schools joined this year for a total of 94. Most of these are small schools in Region I ranging in size from 8 to 40. In the fall of 1976 there were 66 members.

Participation has increased in girls interscholastic sport activities by 76% over the past two years for a total of 3,290 in sports. Another 2,500 are in vocal and instrumental music, forensics-drama, student government and career club activities. Boys sports activities have increased by 15% during the same period for a total of 5,600 in sports and 2,200 in the other activities.

Thus, as David Hartman of NBC states on television for the National Federation of High School Associations during NCAA events "Support High School Activities - the Other Half of Education". Over half of Alaska's high school students gain educational and career value and leadership training from these important activities.

The state tournaments and meets report (Exhibit A) shows that approximately 1,900 students participated in state level championship activities. The current picture (1978-79) is not as bright due to financial restraints that were projected to your Board of Control by several school districts. Only 600 to 700 students will have the opportunity to participate in state level competition this year. Your Board of Control and this office are working to find means of improving this picture for the future. Many feel that a good program at state level should include 1200-1400 participants.

FINANCIAL REPORT

This report (Exhibit B) gives the financial status of the Association at the end of FY 1978. We are happy to report that the loss of FY 1977 has been turned around with reserves increasing by over $5,000 in FY 1978. The budget for the current FY 1979 is shown with the proposed budget FY 1980 (Exhibit C). The one big need that is not included is funds to offset costs of team travel to state tournaments and meets.

The total interscholastic activities growth picture is only slowed because of the lack of finances, lack of coaches and sponsors and the limitation of facilities. In the years ahead these limitations should be eliminated to give more students the best possible option to the drug and drop out society. Certainly this program must continue to be built upon a strong school academic program and a co-committment for intramurals and other local school activities to serve the needs and desires of all young people.

PRIORITIES AND NEEDS

First, the Association is seeking legislation to clean up and revise the legal foundation by which it operates. The plan calls for an uncomplicated law that allows flow-through state funding through the State Department of Education and authorizes

the Association to operate its own affairs under the auspices of member schools, their school boards and administrators. Removal from the State Department of Education would both save money and shorten administrative lines. It is noteworthy to report that the Alaska School Board Association, the Superintendents' Association and the Secondary Principals Association all have passed resolutions supporting the proposed revision to the Association legislation.

The second priority is funds to support interscholastic activity travel by Alaska high school groups. This is needed both to establish a support foundation for state tournaments and meets travel and for the many schools that have to travel by airline or air taxi service to achieve interscholastic competition during the regular activity season.

If these first two needs are met, it will follow that the need for stability in programming and participation at the state level will follow. This would then assure Alaska students the same opportunity that is found in other states where travel costs are not so expensive.

SUMMARY

1977-78 was a year of growth and improvement for the Association. Thanks to the hundreds of coaches, sponsors and administrators, Alaska students had many fine opportunities for growth, competition and just good participation.

We would like to recognize the leadership of President Ed Frandsen, Region III representative and Principal of Wasilla High School, and Vice-President Ed Nash of Region IV and Principal of Chugiak High School. These gentlemen have been reappointed by their regions for another two-year term and were re-elected to their respective office for 1979.

We would also like to express the Association's appreciation to past board member Ivan Gillespie, Region VI, who moved from Eielson High School to the central administration in the North Star School District as Director of Vocational Education. Let us also recognize the other board members who have given freely of their time to work for Alaska's youth: Dale Lunsford, Region I, Superintendent Bristol Bay School District; Wayne Taylor, Region II, Principal Nenana High School; Ed James, Region V, Assistant Principal Juneau-Douglas High School; Bill Brannian, Region VI, Principal Lathrop High School; and Vern William, Director, Department of Education, Juneau.

It is also noted that the Board of Control voted in March, 1977, to accept the recommendation of Alaska Association of Student Government to name a student to the Board of Control. Miss Sheryl Hall, senior at Dimond High, was selected to serve in this role as a non-voting member from A.S.G.A. for the 1978-79 school term.

Leslie D. Wells
Executive Secretary
November 1978

ALASKA SCHOOL ACTIVITIES ASSOCIATION

1977/78 State Event Champions and Statement of Income & Expenses

Event & Site		1st & 2nd Place Winners	No. of Participants	Director	Income	Expenses		Net Income or Expenses
						On-Site Expenses	Medals & Trophies	
X-Country Running Eielson	Girls	Service Dimond	120	Ivan Gillespie	$ -0-	$ 225	$ 239	-$ 464
	Boys	Dimond Service						
Honor Band,Choir, Orch. Kenai Central			235	Renee' Henderson	2,703	2,693	515	- 505
Volleyball Sitka	Girls	Dimond East	120	Mack McGown	316	1,190	160	- 1,034
Gymnastics East/Anchorage	Girls	East/Anchorage Bartlett/Dimond tie	120	Diana Peterson	807	1,119	355	- 667
Swimming & Diving Ketchikan	Girls	Ketchikan Dimond	240	Gene Horne	588	491	645	- 548
	Boys	Bartlett West/Anchorage						
Basketball Wasilla	Girls	Bartlett East	96	Ed Frandsen	3,325	2,094	214	+ 1,017
X-Country Skiing Chugiak	Girls	Service East	125	Kathy Christy	-0-	300	166	- 466
	Boys	West Valley East						
Basketball West Valley/Fairbanks	Boys	East Dimond	96	Don Klepper	12,368	4,820	213	+ 7,335
Wrestling Service/Anchorage	Boys	West Valley Chugiak	192	William Mell	5,773	3,890	239	+ 1,644
Forensics-Drama Dimond/Anchorage		East Bartlett	250	Mel McKelvey	-0-	184	431	- 615
Track & Field Bartlett/Anchorage	Girls	Dimond East	300	Eldon King Don Kassube	-0-	1,138	758	- 1,896
	Boys	Kodiak Bartlett						
Note: No transportation, food or lodging can be paid to participating teams due to lack of income.				TOTALS	$25,880	$18,144	$ 3,935	+ 3,801

EXHIBIT "A"

BALANCE SHEET - JUNE 30, 1978

ASSETS

Cash and Savings		$38,829
Office Supplies		149
Iventory		644
Total Current Assets		$39,622
Property-Office Equipment	$1,093	
Accumulated Depreciation	266	827
		$40,449

LIABILITIES

Unearned Dues for 1978-1979	$ 8,750
Prepaid Rule Books, Officials Fees	1,038
Total Current Liabilities	$ 9,788
Fund Balance	30,661
	$40,449

STATEMENT OF CHANGES IN FUND BALANCE FOR THE YEAR ENDED JUNE 30, 1978

Fund Balance, July 1, 1977	$22,692
ADD: Revnues and Other Income	35,788
	$58,480
DEDUCT: Expenditures and Other Expenses	27,819
Fund Balance, June 30, 1978	$30,661

STATEMENT OF REVENUE EXPENDITURES FOR THE YEAR ENDED JUNE 30, 1978

	REVENUE	EXPENDITURES
Dues	$15,910	
Rule Books, Officials Fees	4,381	
State Events	13,803	
Interest	1,294	
Income From Fines	400	
Executive Secretary Travel and Expenses		$ 3,339
Board of Control Expense		6,267
Bookkeeping Expense		1,020
Dues, Subscriptions and Miscellaneous		504
Equipment Rental, Maintenance		603
Postage, Printing, Office Supplies		2,663
Telephone		1,695
Depreciation		208
Audit Expense		500
Rule Books, Officials Workshop		3,585
Tournaments and Awards		7,435
	$35,788	$27,819

NOTE: Does not include state funds of $54,000 that paid for salaries, benefits, office rent and telephone.

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Approved Budget 1978-79

Tentative Budget 1979-80

	1978-79 Budget FY 79	Proposed 1979-80 Budget FY 80
Income:		
1) Dues - Membership	24.0	24.5
2) Tournaments and Events	26.0	26.5
3) Officials' Fees	.8	1.0
4) Sale of Rule Books	2.0	2.0
SUBTOTAL	52.8	54.0
5) State Funding Request	57.2*	65.0*
TOTAL PROJECTED INCOME	110.0	119.0
Expenses:		
1) Executive Secretary Salary	32.5*	34.0*
1-a) Retirement & Benefits	8.0*	8.5*
2) Executive Secretary Travel & Expenses	3.5	4.0
3) Clerical Salary & Benefits (10 month)	15.7*	16.8*
4) Extra Office Help	2.0	2.0
5) National Meeting - Executive Secretary	1.0	1.5
6) Board of Control Meetings & Travel	6.5	7.2
7) Rent & Utilities	3.5*	4.0*
8) Postage	1.5	1.7
9) Printing & Printing Machine Rental	4.0	4.0*
10) Phone	2.5	2.5
11) Supplies	1.4	1.6
12) Rule Books	3.0	3.5
13) Fidelity Bond	.5	.5
14) Audit	.6	.6
15) Liability & Property Insurance	.4	.4
16) Subscriptions, Dues & Miscellaneous	.7	.7
17) Equipment and Maintenance	1.1	2.0
18) Contract Services, Off. & Coaches Workshops	1.6	2.5
19) Tournaments & Awards	20.0	21.0
TOTAL EXPENSES	110.0	119.0
Estimated Deficit (Budget Request to State)	57.2* (Budgeted)	65.0*

*State Funds Request

ALASKA SCHOOL ACTIVITIES ASSOCIATION

ANNUAL REPORT

July 1, 1976 - June 30, 1977

Leslie D. Wells
Executive Secretary
650 International Airport Road
Anchorage, Alaska 99502
Phone 272-9045

ANNUAL REPORT

July 1, 1976 - June 30, 1977

This report is submitted to the Commissioner of Education, the State Board of Education, the Alaska Association of School Administrators, and the Association membership. It is also available to others who may have an interest in the Association's work.

The purpose of this report is to summarize the activities carried out in 1976-77, to give the financial statement, and to receive advice and comments.

The report contains a letter from the Associations' President and a report from the Executive Secretary concerning five areas. These areas are:

Part I - Financial Report;

Part II - Legislative Revision Proposal;

Part III - Rules and Regulations;

Part IV - Junior High Study Report;

Part V - State Level Activities Study; and,

Part VI - 1977-78 Dates of Seasons, State Meets, Tournaments and Other Activities

STATE BOARD OF CONTROL

Region I - Alternate

Mr. Dale Lunsford, Superintendent
Bristol Bay Borough School District
Post Office Box 169
Naknek, Alaska 99633

Region II

Mr. Wayne Taylor, Principal
Nenana High School
Post Office Box 127
Nenana, Alaska 99760

Region III

Mr. Ed Frandsen, Principal
Wasilla High School
Post Office Box 158
Wasilla, Alaska 99687

Region IV

Mr. Ed Nash, Principal
Chugiak High School
Post Office Box 218
Chugiak, Alaska 99567

Region V

Mr. Ed James, Coordinator
Juneau/Douglas High School
Post Office Box 808
Juneau, Alaska 99801

Region VI

Mr. Ivan Gillespie, Principal
Ben Eielson High School
Post Office Box 1250
Fairbanks, Alaska 99707

State Department Consultant

Mr. Vern Williams, Coordinator
Learner Assistance
Department of Education
Pouch "F"
Juneau, Alaska 99811

State Executive Secretary

Dr. Leslie D. Wells
650 International Airport Road
Anchorage, Alaska 99502

The Alaska (High) School Activities Association, an organization created by the Superintendents' Advisory Commission in 1956 and recreated under state law, Chapter 128, SLA 1976, has been placed within the Department of Education. The Activities Association is authorized to prescribe the regulations and rules for conducting interscholastic activities involving teams, groups, or contestants when a second high school or organization is participating in athletics, music, dramatics, speech, and debates, and any other interscholastic activity that may be desired.

The Constitution and By-Laws of the Association were approved by the State Board of Education on January 29, 1977, and adopted as state regulations effective March 24, 1977.

ALASKA SCHOOL ACTIVITIES ASSOCIATION
1976-77 Annual Report
President's Report

In 1956 the Alaska High School Activities Association was born out of the need to bring order and equal competion to the interscholastic program for high school students of the Territory of Alaska. In 1976 the Association was recreated under state law, Chapter 128-SLA 1976, to give the Association a firmer base and funding to employ staff so that the organization could carry on the vastly increased and important work of providing program management for the expanded interscholastic program among member schools of the state. The object of this Association has been and still is, "to promote and control interscholastic activities and other interschool contests and programs". Thus the Association strives to assure every student a fair and equal opportunity to participate and each school equal competition that is in the best interest of their students.

Certainly 1976 was a landmark year for the Association. Richard Arndt, Principal of Service High School, had resigned as Executive Secretary because of the work load (voluntary, non-paid position) and the realization that it was unfair to all concerned to continue in face of the ever increasing service needs that could not be adequately provided unless a way was found to provide for a full time executive officer and an association office. The Association is indebted to Mr. Arndt for the hundreds of hours of service from July 1971 to the end of 1975 that saw the Association grow by 50% in membership and almost 100% in new activities and student participants.

This writer agreed to fill the Executive Secretary's position on an interm basis of six months providing positive action was started to firm up the legal basis, and funding to provide for the needs of the Association. Thanks to the Commissioner of Education, Dr. Marshall Lind and Bill Butler, Principal of Palmer High School, who served as consultant to the Department of Education and the Association, legislation was created and passed.

In the spring of 1976 a reorganization committee was impanelled to rewrite the Constitution and By-Laws. This work was accomplished in good time by a broad based committee and the results were accepted by the membership of the Association in May of 1976. On July 1, 1976 the Alaska School Activities Association was created within the Department of Education by law (AS 14.07.053) and the Administrative Procedures Act (AS 44.62) was then implemented to effect the revised constitution and By Laws of the Association.

On October 1st the Board of Control approved the appointment of Dr. Leslie D. Wells as acting Executive Secretary and this writer returned to the Board of Control as the representative of Region III, and was subsequently elected president of the Board.

The Association is indebted to many, too numerous to name, for the assistance given in this Association land mark accomplishment.

While a great deal has been accomplished this past eighteen months there are still many needs to be met in serving the interests of the girls and boys of Alaska in the important field of interscholastic activities.

With anticipated growth in our state's population, we must expand our base and continue to provide expanded services. Hopefully, with the continued support of all professional educators, we will meet this challenge successfully.

Respectfully submitted,

E. M. Frandsen

E. M. Frandsen, President
Alaska School Activities Association

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Executive Secretary's Report

October 1, 1976-July 1, 1977

It is good to be back as your Executive Secretary after five years. Membership has increased 50 percent, the number of state level activities by 400 percent, and the number of student participants by over 100 percent. This rapid growth is unparalleled by any state in the National Federation of High School Associations which Alaska joined in 1956.

With music, sports, and the spinoff of forensics, debate and drama becoming the second international language, it can be said that member high school activities programs are assisting to prepare youth for the future.

Your president has spoken of the many who have worked so hard to build a firm basis for your Association. I would just add the appreciation and thanks to the many school administrators, sponsors, directors, and coaches for their untiring efforts and the great deal of time that has been spent on behalf of the many thousands of girls and boys who have benefited greatly from the interscholastic programs these past years. Programs in forensics, debate/drama, music groups, student government, career clubs, and the several athletic competitive sports programs have helped produce many of our local and state leaders over the past twenty years. We believe all youth are better off because of these experiences and wholesome competition.

Your Association staff will continue to give assistance to improve program and administer programs in the best interest of the majority. We will not promote new programs until the member schools and the policy board, the Board of Control, so indicates the need and desire. This is in keeping with the fact that funding and staffing is a heavy burden at the local level.

The following sections report on both what has happened and the needs for improving student opportunities in the future. Your reactions are desired; let us hear from you.

Leslie D. Wells
Executive Secretary

I. Financial Statement

The three statements included in this report are the 1976-77 State Events Income and Expenses Report, the Report of Income and Expenditures for the year of July 1, 1976 to June 30, 1977, and the Financial Statement giving assets and liabilities as of June 30, 1977.

An audit of the funds is being accomplished and will be forth coming by November 1, 1977.

These reports reflect the increased activities and expenses that have taken place during the past school year. Funding is very limited thus, the services are likewise limited.

It is noted that the income combined from state-level activities did cover the operating expenses of the fifteen state events. This did not reflect the cost for participating individuals or teams from member schools for travel, food, or lodging.

Budget - 1977-78 and 1978-79 Proposed Budget

The budget for 1977-78, as shown in this report, has been approved. The proposed budget, as submitted to the Board of Control, has been tentatively approved. It is noted that it contains a proposed dues increase of $50 for schools of 100 students and under; $100 for schools of 101 to 500; $150 for schools of 501 to 1,000; and $200 for schools over 1,001 students.

ALASKA SCHOOL ACTIVITIES ASSOCIATION

1976-77 State Events Income & Expenses

EVENT	SITE	DIRECTOR	INCOME	EXPENSES				NET INCOME OR EXPENSES
				Director's Fee	On-Site Expenses	Sub-Total	Medals & Trophies	
X-Country Running	Sitka	Mick Megown	$ -0-	$ 100	$ 73.80	$ 173.90	$ 250.00	$ - 423.90
Honor Band, Choir, Orchestra	Fbks. - Lathrop	Bill Brannian Bob Boko	1,040.50	150	1,102.80	1,252.80	515 - 477 (sales) = 38	- 250.30
Volleyball	Bartlett - Anch.	Eldon King	589.50	100	1,580.00	1,680.00	162.66	- 1,253.16
Gymnastics (D.S.)	East - Anchorage	Bill Frick Mary Lou Banks	655.50	100	705.00	905.00	236.40	- 385.90
Swimming & Diving	Chugiak	Ed Nash Kim Wolken	241.85	125	863.19	988.19	647.70	- 1,394.04
Girls Basketball	Fbks. - West Valley	Don Klepper	2,060.40	150	2,027.00	2,177.00	217.64	- 334.80
X-Country Skiing (D.S.)	Fbks. - Lathrop	Bill Brannian Jim Whisenhant	-0-	100	117.00	217.00	295.00	- 512.00
Boys Small School Basketball	Kotzebue	Walt Day	2,835.00	50	1,018.00	1,068.00	138.29	+ 1,619.71
Boys Basketball	Juneau	Tom Newell	11,877.00	150	4,622.12	4,772.12	209.56	+ 6,895.32
Hockey	Fbks. - West Valley	Don Klepper	799.85	50	675.00	725.00	213.36	- 138.51
Wrestling	Fbks. - Eielson University of Ak.	Ivan Gillespie	3,469.00	150	2,368.25	2,518.25	275.53	+ 675.82
Area Music Festival - Fbks.	Fbks. - North Pole University of Ak.	Lee Winn Marty Gifford Dan Osterback	3,861.50	150	3,711.50	3,861.50	-0-	-0-
Forensics-Drama (D.A.)	Fbks. - North Pole	Lee Winn Lyle Allison Marcia Burnside	-0-	100	92.10	192.10	456.07	- 648.17
Tennis (D.S.)	West - Anchorage	George Walker	-0-	50	-0-	50.00	145.04	- 195.04
Track & Field	Bartlett - Anchorage	Eldon King Don Kassube	-0-	150	764.90	914.90	798.78	- 1,713.68
		TOTALS:	$27,430.10	$1,675.00	$19,720.76	$21,395.76	$4,084.03	$ + 1,950.31

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Income & Expenditure Statement
For Year Ended June 30, 1977

Dues Income			$14,825.00
General Expenses:			
Professional Services	4,581.28		
Exec. Sec'y Travel & Expenses	6,990.97		
Board of Control Expense	6,506.29		
Clerical Expense	1,219.40		
Dues & Subscriptions	310.00		
Equipment Rental & Maint.	90.00		
Office Supplies Expense	329.52		
Postage Expense	842.23		
Printing Expense	1,399.88		
Phone Expense	1,169.22		
Depreciation Expense	45.60		
Misc. General Expense	264.35		
Total General Expenses		23,748.74	
Rule Books, Officials Fees Income			1,725.00
Rule Books, Officials Exams Expense		1,561.79	
State Events Income			12,590.04
State Events Expenses:			
State Events Expenditures	5,020.66		
Awards Expense	4,356.45		
Total State Events Expenses		9,377.11	
Workshop Income			182.00
Workshop Expenses		404.75	
Misc. Income			
Interest Income		592.17	
Other Misc. Income		9.30	
Total Misc. Income			601.47
Total Income & Expenditures		$35,092.39	$29,923.51
Net Loss			$5,168.88

ALASKA SCHOOL ACTIVITIES ASSOCIATION

FINANCIAL STATEMENT
June 30, 1977

Assets

Current Assets:			
Cash:			
Checking	5,067.85		
Savings	748.62		
Credit Union	4,699.95		
Total Cash		10,516.42	
Savings in Regional Associations		20,400.00	
Accounts Receivable		62.00	
Office Supplies		123.57	
Rule Books, Officials Exams		422.94	
State Events Supplies		635.00	
Educational Materials - Books		201.01	
Total Current Assets			32,360.94
Fixed Assets:			
Office Equipment	973.44		
Less Allowance for Depreciation	-45.60		
Total Office Equipment			927.84
Total Assets			33,288.78

Liabilities

Current Liabilities:			
Accounts Payable		4,500.00	
Prepaid Dues		6,700.00	
Prepaid Rule Books		447.00	
Total Current Liabilities			11,647.00

Net Worth

ASAA, Capital, July 1, 1976	26,810.66		
Less transfer of Savings to Regional Associations	20,400.00		
Less Net Loss for Year	5,168.88		
Decrease in Capital		25,568.88	
ASAA, Capital, June 30, 1977		1,241.78	
ASAA, Reserves Held in Reg. Associations		20,400.00	
Total Net Worth			21,641.78
Total Liabilities & Net Worth			33,288.78

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Approved Budget 1977-78

Tentative Budget 1978-79

	1977-78 Budget	Proposed 1978-79 Budget
Income:		
1) Dues - Membership	16.0	23.6
2) Tournaments and Events	23.0	25.0
3) Officials' Fees	.5	.7
4) Sale of Rule Books	.5	.7
SUB TOTAL	40.0	50.0
5) State Funding Request	54.0	65.0
TOTAL PROJECTED INCOME	94.0	115.0
Expenses:		
1) Executive Secretary Salary & Benefits	38.2	40.5
2) Executive Secretary Travel	3.5	4.0
3) Clerical Salary & Benefits - 1/2 time 1977-78 (full 1978-79)	8.3	14.4
4) Extra Office Help	1.0	2.0
5) National Meeting - Executive Secretary	1.5	1.5
6) Board of Control Meetings	5.5	6.5
7) Rent & Utilities	2.4	2.6
8) Postage	1.0	1.4
9) Printing	1.5	2.0
10) Phone	1.0	1.0
11) Supplies	1.0	1.4
12) Rule Books	1.5	2.0
13) Fidelity Bond	.5	.5
14) Audit	.4	.5
15) Liability & Property Insurance	.3	.3
16) Subscriptions, Dues, & Miscellaneous	.4	.4
17) Equipment Needs, Maintenance, & Rental	1.0	1.0
18) Contractual Services, Officials & Coaches Clinics/Workshops	4.0	10.0
19) Tournaments & Awards	21.0	23.0
TOTAL EXPENSES	94.0	115.0
Estimated Deficit (Budget Request to State)	54.0	65.0

1978-79 budget would call for increased dues (July 1978) of $50 to $200 according to size of school and increased state funding of $11,000.

II. Legislative Revision Proposal

It is planned to develop a proposal to give the Association the same legal basis as the Regional Resource Centers. This will allow the Association additional flexibility in the operation of their own internal affairs and to better service the needs of member schools.

The Board of Control has approved this in concept as has the Commissioner of Education. When the proposal is completed and the Board of Control had reviewed it, it will be sent out to member schools for their reaction and hopefully their backing with their local legislator. We also will seek support from the Alaska School Administrators Associations and other interested groups.

III. Rules and Regulations

Work was started in February of 1976 to evaluate, rewrite the constitution and by-laws of the Association. This was accomplished, and the membership approved the document the spring of 1976.

This was done in keeping with legialstion that was passed that same spring, and the work was subsequently approved by the State Board of Education and filed as state rules and regulations by reference.

Since that time, changes have been approved to reduce the number of basketball games from 30 to 25 and a change to start the girls basketball season on October 15 and end with the state tournament. These changes will be effective beginning with the 1978-79 school year.

Other changes allow for 25 wrestling matches within 20 match days. This allows for two matches on the same day if two or more schools desire. The wrestling weight clause "changes in weight class determination will be allowed during the season" was deleted. These changes are effective with the 1977-78 school year.

IV. Junior High School Survey

Thirty-eight districts responded to the questionnaire concerning interschool activities at the junior high level. A breakdown of these indicate 25 school districts have participation at this level, and that 27 districts favor the development and implementation of standards and guidelines.

Number of Districts	Currently Participating in Interscholastic Sports	Endorse Development of Standards and Guidelines
19	Yes	Yes
8	No	Yes
6	Yes	No
5	No	No
14 (no response)		

Suggested standards and guidelines are being developed for consideration by the Board of Control. Should the Board recommend action, their recommendations will be sent out to school districts for their reaction and response. Such guidelines are being developed from the materials collected from the several school districts who responded to the questionnaire. It is believed that such guidelines will be helpful in the administration of programs at the junior high level.

ALASKA SCHOOL ACTIVITIES ASSOCIATION

State Level Activities Study - 1976-77

1. Activities and Participation:

State level activities with information concerning the number of students involved is provided on page 10 to give assistance in evaluating the value of such programs.

Twenty state level contests and activities are currently approved by your State Association. These include five career (vocational) clubs activities and contests with a total of 600 student participants; speech and drama meet, total of 200 students; student government conference, 250 students; music honor groups, 235 students, and festivals, 3,000 students; and ten sports with a total of 690 girls and 650 boys. Sports include cross-country running, volleyball, girls gymnastics, swimming and diving, basketball, cross-country skiing, boys hockey and wrestling, and track and field. This is seven sports for both girls and boys.

This report shows that over 5,000 students (units not separate students) from as many as 74 high schools were involved in these state level activities. It is estimated that this would be 3,000 different students or 12 percent of the total state high school enrollment participated in these gifted and talented programs.

A study made by the Association office last year showed the total number students units involved in interscholastic activities state-wide is between 16,000 - 18,000. Schools of one hundred students report 65-70 percent involvement in one or more activities by students; in the very large schools it drops to 30-35 percent. It is estimated that at least 8,000 different high school students are involved which represents about one out of each three students in Alaska high schools.

In a study being prepared by Dr. Judith Kleinfeld of the Institute of Social and Economic Research, University of Alaska, in which your Association office has cooperated, the following observations have been made concerning extracurricular activities from the report issued last year to our membership:

"In addition, certain important educational goals appear actually to be subverted by the large size of these high schools. If the educational priority is to develop students' self-confidence, sense of responsibility, and leadership skills, it is small schools that appear to have the unquestionable advantage.

In an analysis of the quality of students' school experience in schools ranging from a low of 35 students in grades nine through twelve to a high of 2,287 students, Barker and Gump[1] found that it was in the smaller schools that students:

1) participated more frequently and in more kinds of extracurricular activities;
2) participated more often in classes;
3) developed a greater sense of personal responsibility for school affairs; and,
4) reported more satisfactions in the areas of developing competence, being challenged, and engaging in important activities.

Students in large high schools, in contrast, took courses in more academic specialties but reported that their satisfactions lay more in spectator roles.

Interestingly, a survey[2] of Alaskan high schools provides some parallel findings. It is in small Alaska high schools that a greater proportion of students participate in extracurricular activities.

Barker and Gump found that the optimal school size in providing students with these kinds of important developmental experiences was not the very smallest high schools. Rather, it was high schools with an enrollment of 61 to 150 students. It is noteworthy that this same optimal school size for high student participation also appears in the survey of Alaska schools."

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1 Roger G. Barker and Paul V. Gump. Big School, Small School. Palo Alto: Stanford University Press, 1964.

2 Alaska School Activities Association, 1976-77. Interscholastic Activities Participation Survey of High School, unpublished data.

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Report of Student Involvement
In State Level Activities
1976-77

Event	Approximate No. of Students Involved	No. of Schools Involved In State Activities	Total Schools Involved In Activities
State Student Government Conf.	250	28	36
Distributive Education Club of America	160	10	10
Office Education Association	100	14	18
Future Homemakers of America	160	12	14
Vocational/Industrial Club of America	100	10	10
Future Farmers of America	60	6	6
Honor Band, Choir, Orchestra	230	26	32
Music Festivals - Three Regions	3,000	30	32
Cross-Country Running	100	18	30
Volleyball	120	10	28
Gymnastics	150	12	16
Swimming and Diving	160	12	18
Girls Basketball	130	11	45
Cross-Country Skiing	140	16	20
Boys Small School Basketball	24	2	20
Boys Basketball	96	8	50
Hockey	60	4	12
Wrestling	144	30	46
Forensics-Drama	180	12	16
Track and Field	220	30	40

NOTE: In a study made by the State Association last year, it showed that between 16,000 - 18,000 student units (not necessarily separate students) were involved in interscholastic activities. Alaska has between 30,000 and 34,000 high school students.

2. Funding of State Level Activities:

In the financial section of this annual report are the operational expenses and incomes for all programs operated directly from the state office. The student government and career club activities reports are not available as they are only approved by the Association and are not directly operated by the Association. 1976-77 is the first year that the ten state-level activities have been operated by the reorganized association. They are set up on a rotating schedule of sites among Southeast (Region V), South Central (Regions III and IV), and Northern Alaska (Region VI). Thus, there is very little to compare as the state-level operation has changed quite completely. It is noted that each Region decides how to qualify their representatives to sport activities and forensics and drama. The standards for qualifications to state events are set by the State Board of Control. Music festival activities are held within regional limits in Region IV and V.

Generally, regional meets and tournaments are held. First and foremost - these events serve to culminate a season and determine the regional championship for the season. This provides incentive and participatory activities for all member schools. Second - these activities serve to qualify individuals or teams for state meets and tournaments.

It is noted that if a school team or individual qualifies for a state event that it becomes the local member school's decision whether they proceed to the state event. Generally, it is the responsibility of the school community to pay for the transportation and room/board for their students, teams, and sponsor/coaches. There is a growing attitude and in fact some actual assistance from the Regions in funding their representative to state-level championship events.

The Association conducted a study in February of 1977 with over 80 percent returns. This study indicated that most school districts budget less than .02 percent of their secondary school budget for interscholastic activities. With over 80 percent returns, the study gave a good picture of income and expenses.

Costs, due both to inflation and doubling of the number of activities and

participants over the past seven years, has gone from less than one million dollars to over 2.5 million dollars. This includes seven new sports activities for girls for a total of over 3,500 additional participants, and 1,700 additional boy participants for a total increase of 5,200.

The survey totals indicate that close to two million dollars is budgeted each year by districts with another one-half million coming from gate receipts and other fund raising activities. Report of expenditures:

1) Added duty pay for personnel - approximately 1.0 million;
2) Travel, food and housing - approximately 1.0 million; and,
3) Officials, equipment, administration and other costs - .5 million.

The report of this study is available from the Association office.

It is again noted that these programs serve to develop the musical and speech/drama arts, leadership skills, career training, and physical development. All of these activities add greatly to the eduational, emotional, physical, social, and psychological development of youth.

These activities form a broad basis for gifted student education and development. Thus, it is believed that funding for these activities can be well justified as well as the necessary time away from the regular classroom activity, provided each student is maintaining an average or above average record in their ongoing school studies.

3. Loss of School Time:

There has been expressed by at least ten percent of the membership that the loss of regular school time by students is considered a problem.

Along these lines the Association has taken action to reduce the number of basketball games per season from 30 to 25 (effective 1978-79) and to allow wrestling squads to participate in more than one meet per day, thus allowing schools to cut down on travel time and loss of school time.

It should also be noted that the Association is giving leadership for the creation of a "Central Area Music Festival" to serve the needs of the Mat-Su,

Kenai, and Kodiak Boroughs, as well as schools in the southern sections of Regions I and II. This will cut down on loss of school time and travel cost. They now attend the northern Region music festival in Fairbanks.

It is also noted that no school or region is required to send participants to state activities, meets, or tournaments. Regions or school districts may limit this participation beyond what is set by the State Association.

While it is recognized that in individual cases the loss of school time by selected students becomes quite heavy, it is generally true that these students maintain above average grades and are school leaders. Many students need what might be termed as gifted education through these activities that go beyond what is available on the local level.

However, it is important to restate that it is within each school and school district's authority and responsibility to limit their participation in interscholastic activities according to their local policies, guidelines, and needs. Your State Association sponsors and administers activities according to the stated needs and desires of the majority of the membership.

4. Summary - Values and Problems:

Interscholastic activities on the state-level gives youth many educational and social opportunities that cannot be provided otherwise. Just as Alaska is a collection of social, political, economic, and geographical units, it is also a unit for healthy school participation and interaction. Youth learn to lead, excell, and appreciate their heritage from these state-wide, educationally based activities. The state leaders of tomorrow are born and fostered in these activities and will go on to give leadership that will take over from those who now travel extensively to plan, develop, and lead our state today.

In every organization from church to civic, recreational to political, business to government - state leaders at the adult level travel to combine forces for the planning and development of a better state and local communities. Also, it is with the youth of our great state through school

interscholastic activities programs that provides the experience and social understandings that our state so badly needs.

It is submitted that these experiences are not only justification for the small expenditures now made but also a just basis for vastly increased funding to provide for gifted and talented student education to expand experiences and opportunities that are not provided for in the normal school study program.

What if - the schools did not control activities and tournaments through their association? It is submitted by some observers on the sports and activity scene that the situation would revert back to the early 1950's when competition was not in the best inerest of students and that the non-school forces cause students to be out of school for "championship competition" backed by private concerns exploiting students and schools.

Many feel that if a well controlled state-level program is dropped, the new media and downtown quarter back clubs will move in and cause "state championships" to take place without the best interest of the students or schools in mind.

ALASKA SCHOOL ACTIVITIES ASSOCIATION

Dates for Seasons, State Meets, Tournaments, & Other Activities

1977-78

ACTIVITY	PRACTICE STARTS	FIRST CONTEST	STATE CONTEST DATES	HOST REGION/SCHOOL
Football (One Game per Week)	August 15	Last Weekend of August	None	--
X-Country Running	August 15	--	October 8	North/Region VI - Eielson
Honor Band, Chorus, Orchestra	--	--	November 11-12	Central/Region III - Kenai
Volleyball	August 15	First Weekend of School	November 4-5	South/Region V - Sitka
Gymnastics (Developing Sport)	August 15	First Weekend of School	December 2-3	Central/Region IV - TBA
Swimming & Diving	August 15	First Weekend of School	December 8-10	South/Region V - Ketchikan
Girls Basketball (30 game lmt.) (1978-79 - 25 game limit	October 1 October 15	November 1 November 15)	February 16-18	Central/Region III - Wasilla
X-Country Skiing (Developing Sport)	November 1	After 10 Separate Days of Practice	February 24-25	Central/Region IV - Chugiak
Boys Basketball (30 game lmt.) (1978-79 - 25 game limit)	October 21	November 15	March 2-4	North/Region VI - W.Valley,Fbks.
Hockey (Developing Sport)	November 1	Last Week of November	March 17-18	Central/Region IV - Anchorage
Wrestling (20 game limit - 25 matches/20 days)	January 3	After 10 Separate Days of Practice	April 7-8	Central/Region IV - Service
Area Music Festivals (See proposed plan also)	-- --	-- --	April 13-15 April 20-22	-- --
Forensics/Drama (Dvlp. Activity)	--	--	April 28-29	Central/Region IV - Anchorage
Track & Field	March 15	After 10 Separate Days of Practice	May 19-20	Central/Region IV - Bartlett
Tennis	March 15	After 10 Separate Days of Practice	None	Regional Only

NOTE: All sports and participants must have 10 separate days of practice before participation.

A. State Student Government Conference
October 28-29 - Nome

B. DECA Conference
March 10-11 - Anchorage

C. OEA Conference
*March 17,18 - Anchorage ACC

D. FHA Conference
April 7-8 - Anchorage

E. VICA Conference
April 21-22 - Seward Skill Center

F. Journalism Workshops
April TBA - TBA

*NOTE: Corrected 10/20/77

ALASKA SCHOOL ACTIVITIES ASSOCIATION

650 INTERNATIONAL AIRPORT ROAD ANCHORAGE, ALASKA 99502

LESLIE D. WELLS
EXECUTIVE SECRETARY

907-272-9045

11 QUESTIONS

ABOUT YOUR

ALASKA SCHOOL ACTIVITIES ASSOCIATION

1. WHAT IS ASAA?

The Alaska School Activities Association is a voluntary, non-profit state legislature-approved organization of member schools operating under the auspices of the State Department of Education. Organized by and for the schools, the purpose of the Association is to promote, improve, and regulate interschool competition and activities in music, speech and drama, athletics and other areas of activities as the membership may so desire.

2. WHY ARE REGULATIONS NEEDED?

In early high school days, problems in interschool competition began to appear. Among the problems were that coaches played on school teams, playing rules and conditions could not be agreed upon, trained officials were lacking, etc. Fair, equal and safe competition was by chance. Chaos often prevailed. Today, girls and boys are assured of the opportunity to participate in sound and healthy educational activities.

3. HOW WAS ASAA STARTED?

In the early 1950's school administrators showed a deep concern about the abuses in interscholastic athletics. They saw the need for rules on age, amateurism, and attendance, and formed the organization known as the Alaska High School Activities Association in 1956. Meetings were held in conjunction with the annual Fur Rendezvous. A five-man Board of Control administered the affairs of the Association. This was a time for groping, yet much of the basic philosophy for our Activities Association was established during these early years. Basketball in twenty-four high schools was the only area of concern in early years.

Today, some twenty-two years later, eighty schools are involved in one or more of nine non-athletic areas and eleven athletic areas of interschool activities. On July 1, 1976, legislation became law which placed the Activities Association under the general direction and support of the State Department of Education. It is operated by member schools who vote for their representatives, approves changes in the constitution and bylaws, and participates in activities that fit the needs of their school and community.

Member schools vote for six regional members of the State Board of Control who set policies and practices and employs an Executive Secretary and other staff to administer and operate the Association business.

(Over)

4. WHO MAKES THE RULES?

Being aware that rules and regulations are necessary for any well-run activity organization, the member schools, through ASAA, have set forth necessary rules to assure equal opportunity and competition.

The constitution outlines the scope and purposes of the Association, while the bylaws deal with age, health, transfer, residence, scholarship, officials, awards, insurance, amateurism, etc., of pupils; the qualification of coaches; the sponsorship, supervision and number of games; practice and playing seasons; and special rules for various sports.

By adoption of the constitution and bylaws through application for membership, member schools, by their own initiative, have acted to discipline and control their own interscholastic activities. It, therefore, is the schools themselves with the approval of their school boards and superintendents that provide the authority under which the Association functions as approved by the State Board of Education.

5. HOW DOES ASAA WORK?

New rules and modifications of existing regulations are made by the member schools through the six regional associations. For purposes of administration and representation, the State of Alaska is divided into six representative regions. Membership in a region is based upon considerations including geography, school size and transportation considerations.

The Board of Control is the executive and administrative body that carries out the work of the Association through their Executive Secretary. This body enforces the rules voted by the member schools. The members of the Board are elected for terms of two years and represent the six regional associations. The Board, which meets four to six times per year, is in charge of the funds of the Association, rules on the eligibility of contestants in all activities, hears and decides protests, recommends changes in regional school placement, and sets dates and sites for various activities and tournaments.

6. WHAT DOES ASAA DO?

Approves, develops and directs interscholastic activities such as:

Basketball	Hockey
Cross-Country Running	Music Festivals
Cross-Country Skiing	Office Education Assoc.
Future Homemakers of America	ASCA (Student Council Assoc.)
Future Farmers of America	Swimming
Football	Tennis
Forensics & Drama	Track & Field
Distributive Ed. Club	Volleyball
Gymnastics	Wrestling
Honor Band and Choir	Vocational & Ind. Club

Protects students from exploitation by special interest groups;

Publishes a monthly newsletter, the official handbook, numerous guidelines and other materials;

Works constantly for the safety of participants;

Strives to promote good sportsmanship and cooperative spirit among schools;

Encourages a high quality of scholarship in order to compete in interscholastic activities;

Requires physical examinations and insurance standards be met before participation;

Seeks to keep awards for achievement on a sound, sensible basis;

Requires a coach to be a certified teacher and regularly employed by the school he represents, or controlled exceptions;

Aids officials, coaches and players in acquiring a thorough knowledge of the playing rules;

Distributes game rule books and films to schools and officials;

Promotes ethical codes among officials, coaches, players and fans;

Conducts clinics and rule interpretations meetings;

Tests and registers officials;

Provides numerous free publications and materials to schools;

Sanctions interstate events and meets;

Organizes and directs state championships.

7. HOW IS ASAA FINANCED?

ASAA, with a budget of less than $50,000 in 1976/77, derives its income from the State Legislature through the Department of Education (40%), membership dues (25%), officials dues (2%), sale o publications (2%), tournaments (largely basketball)(31%).

NOTE: This amount will not operate the Association.

A budget of $108,000 has been proposed for 1977/78 to finance the needs of the Association to include a full-time Executive Secretary and a ten-month office secretary.

All monies over and above operating expenses from tournaments and meets are used to make up losses in other activity areas.

8. WHAT IS ASAA'S ROLE IN EDUCATION?

School people have long recognized the values of a reasonable and sound school activities program. The purpose of the Alaska School Activities Association is to approve, develop and direct interscholastic programs so that these values are enhanced. ASAA exercises control to reduce overemphasis and assure that activities will remain in proper perspective, an integral part of the total educational program of the schools. It stresses the cultural values involved in all activities so that the students who participate will grow educationally. The goal is a well-rounded, educational experience for all students.

9. WHAT IS ASAA'S RELATIONSHIP TO OTHER ORGANIZATIONS AND OTHER STATES?

ASAA cooperates and works with all agencies that are concerned with the

(Over)

health and educational welfare of high school and junior high school students. Alaska, through ASAA, belongs to the National Federation of State High School Associations. It is an organization of all fifty states and some Canadian provinces. It helps to formulate uniform policies, standards and game rules so that the states, schools and students are playing the same games under the safest conditions.

10. WHO MAY BELONG?

Membership in the Association is open to all public and non-public schools eligible for participation in interscholastic activities. Over eighty schools are members.

11. WHERE IS THE ASAA OFFICE?

The Association office is located at 650 International Airport Road, Anchorage, Alaska 99502.

FOR ADDITIONAL INFORMATION CONTACT:

Dr. Leslie D. Wells
Executive Secretary
Alaska School Activities Association
650 International Airport Road
Anchorage, Alaska 99502

Telephone 272-9045

Revised April 1978

BOARD OF CONTROL MEMBERS:

Region I: Darroll Hargraves, Superintendent, Nome City School District
Region II: Wayne Taylor, Principal, Nenana High School
Region III: Ed Frandsen, Principal, Wasilla High School (President)
Region IV: Ed Nash, Principal, Chugiak High School (Vice President)
Region V: Ed James, Activites Director, Juneau-Douglas High School
Region VI: Evan Gillespie, Principal, Ben Eielson High School
Vern Williams, Consultant, Department of Education, Juneau

01-05-50-18-00 (05-11-3-20-07-00) STATE OF ALASKA -- COMPONENT BUDGET SUMMARY 05:50 1/12/79

CATEGORY: EDUCATION PROGRAM: EXECUTIVE ADMINISTRATION
AGENCY: DEPARTMENT OF EDUCATION SUB-PROGRAM: BOARDS & COMMISSIONS

EXPENDITURES & FUNDING	(01) 78 AUTH	(02) 78 FINAL	(03) 78 ACT	(04) 79 AUTH	(05) 79 SUPL	(06) 79 RP	80 CONT.	(08) 80 ADD	(09) REQUEST	(10) GOVERNOR	(11) HOUSE	(12) SENATE	(13) LEG. REC.
01 PERS. SERV.	35.5	54.9	51.7	56.2		6.8	59.7	5.7	65.4	57.7			
02 TRAVEL	70.0	45.3	39.6	74.2			113.7	4.0	117.7	78.7			
03 CONTRACTUAL	34.2	55.9	67.2	36.3		5.0	71.8	90.0	161.8	44.2			
04 COMMODITIES	5.6	5.6	.2	5.9			6.3	.3	6.6	6.3			
05 EQUIPMENT	.2	.2		.3			.3		.3	.3			
06 LANDS/BLDGS													
07 GRANTS, CLMS													
08 MISC.	27.0			11.3									
** TOTAL EXPEND	172.5	161.9	158.7	184.2		11.8	251.8	100.0	351.8	187.2			
09 I-A TRANSFER			.4	184.2									
10 FED. RECEIPT	15.0	15.0	15.0	15.9			16.9		16.9	16.9			
11 G. F. MATCH													
12 GENERAL FUND	112.5	141.9	138.7	115.0		6.8	182.9	100.0	282.9	117.3			
13 PGM RECEIPTS	40.0	40.0		44.3		5.0	47.0		47.0	47.0			
14 OTHER FUNDS	5.0	5.0	5.0	5.0			5.0		5.0	5.0			
15 FULL-TIME				2.0			2.0		2.0	2.0			
16 PART-TIME	1.0	1.0	1.0										
17 TEMPORARY	.2	.2	.2					.4	.4				
18 MAN-MONTHS	14.0	14.0	14.0	24.0			24.0		24.0	24.0			

REVISED PROGRAMS, SUPPLEMENTAL & SPECIAL APPROPRIATIONS AND FISCAL NOTES...

REVISED PROGRAMS: 79-25 $5.0, 79-959 16.8.

0C003

11 CURRENT AUTHORIZED POSITION SUMMARY

FY 80

		CURRENT YEAR–FY 79 AUTHORIZED			BUDGET YEAR–FY 80		
		NO. POS.	NO. MO.	ANNUAL AMOUNT	NO. POS.	NO. MO.	ANNUAL AMOUNT
	1	2	3	4	5	6	7
1	PERMANENT POSITIONS						
2	FULL TIME (FROM APBR OR FORM 11A)	1	12	33,144	1	12	33,960
3	PART TIME/SEASONAL (FROM FORM 11B)	1	10	12,060	1	10	12,970
4	OVERTIME (FROM FORM 11C)						
5	SHIFT DIFFERENTIAL (FROM FORM 11D)						
6	ADDITIONAL SALARY COSTS (FROM FORM 11E)						
7	SUBTOTAL PERMANENT POSITIONS SALARY COSTS (ADD LINES 2 THROUGH 6)			45,204			46,930
8	BENEFITS BASED ON GROSS SALARY COSTS FY 79– % FY 80– %			6,186			6,565
9	FY 79 FICA $ 45,204 X .0605 = $2,735 NO. 2 EMPLOYEES X $ 1143 = $2,286			2,286			
10	FY 80 FICA $ 46,930 X .0613 = $2,877 NO. 2 EMPLOYEES X $ 1588 = $3,176						3,176
11	HEALTH INS. DO CALCULATIONS BELOW–INSERT TOTALS HERE			2,590			3,109
12	TEMPORARY POSITIONS (FROM FORM 11F)						
13	BENEFITS BASED ON GROSS SALARY COSTS						
14	TOTAL PERMANENT AND TEMPORARY SALARY AND BENEFITS & MONTHS (FULL NEED) add lines 7 thru 13		22	56,266		22	59,780
15	LESS FCC AUTHORIZED AS ADJUSTED BY THE GOVERNOR (FROM FORM 4A)			(56,200)			
16	LESS ESTIMATE SALARY INCREASE ALLOCATION			(946)			
17	AMOUNT OF PERSONAL SERVICES UNDERFUNDING (CURRENT YEAR)			(880)			
18	% OF PERSONAL SERVICES UNDERFUNDING			%			%
19	AMOUNT OF PERSONAL SERVICES UNDERFUNDING (BUDGET YEAR)						( )
20	TOTAL AGENCY CURRENT POSITIONS SUMMARY (BUDGET YEAR)						59,780

21 HEALTH INS.		OTHER	LTC	SUPRV.	TOTAL
HEALTH INS. FY79	MONTHS	22			
	DOLLAR FACTOR	$117.77	$146.02	$101.02	
	TOTAL	2,590			
HEALTH INS. FY80	MONTHS	22			
	DOLLAR FACTOR	$141.32	$166.22	$121.22	
	TOTAL	3,109			

22 FUNDING SOURCE			
FEDERAL RECEIPTS			
GF MATCH			
GEN. FUND	56,200		59,780
I–A RCPTS.			
PGM RCPTS.			
OTHER			
OTHER			
PERCENT G.F.	100 %		100 %

AGENCY Education BRU Executive Administration COMPONENT Boards and Commissions DATE REVISED

11 CURRENT AUTHORIZED POSITION SUMMARY
page _____ of _____ pages, Form 11

02-1011

00716

DIRECTORY---1978-79

ALASKA SCHOOL ACTIVITIES ASSOCIATION

650 INTERNATIONAL AIRPORT ROAD

ANCHORAGE, ALASKA 99502

TELEPHONE 272-9045

BOARD OF CONTROL

REGION I
Mr. Dale Lunsford
Superintendent
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Box 69
Naknek, Alaska 99633
Telephone 268-4225

REGION II
Mr. Wayne Taylor
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Nenana, Alaska 99760
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Wasilla, Alaska 99687
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REGION IV
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Principal
Chugiak High School
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REGION V
Mr. Ed James
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REGION VI
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Lathrop High School
901 Airport Way
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Telephone 456-7794

Mr. Vern Williams
Administrator K-12 Program
Department of Education
Pouch F
Juneau, Alaska 99811

Ms. Sheryl Hall
Student Member
ASGA
7001 Town & Country Drive
Anchorage, Alaska 99502

STATE EXECUTIVE SECRETARY
Dr. Leslie D. Wells
650 International Airport Road
Anchorage, Alaska 99502

ALASKA SCHOOL ACTIVITIES ASSOCIATION
DIRECTORY - 1978-79

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VOCATIONAL CLUB SPONSORS

DECA	Bill Schrier Box 1509 Kenai, Alaska 99611	Conference Date - March 9 - 10 Anchorage
OEA	Korlyn Williams Box 1580 Wasilla, Alaska	Conference Date - March 16 - 17 ACC - Anchorage
VICA	Howard Lowry Wasilla, Alaska	Conference Date - April 13 - 14 Skill Center, Seward
FHA-HERO	Marge Schmeige Juneau-Douglas High School Juneau, Alaska	Conference Date - March 30 - 31 Anchorage
FFA	Steve Talovich P. O. Box 654 Delta Junction, Alaska 99737	Conference Date - April 12 - 14

ALASKA STUDENT GOVERNMENT ASSOCIATION OFFICERS

Tim Pearson, President - Nome
Laura Willey, Vice President - Wasilla
John Handeland, Secretary-Treasurer - Nome
Sara Hannan, President - Anchorage West High
Beth Overtelt, Vice President - Palmer
Carolyn Barry - Representative to State Board of Education

Executive Secretary
Mr. Lance Bowie
Assistant Principal
West Anchorage High School
Anchorage, Alaska 99503
Telephone: 274-2502

ALASKA SCHOOL ACTIVITIES ASSOCIATION
DIRECTORY - 1978-79

ACTIVITY CODES

SC	Student Council
B	Band
O	Orchestra
CL	Cheerleaders
VM	Music/Vocal Activities
SP	Forensics/Speech
DR	Drama
OEA	Office Education Association
FHA	Future Homemakers of America
FFA	Future Farmers of America
VICA	Vocational/Industrial Club of America
DECA	Distributive Education Club of America
FB	Football
CC	X-Country Running
GVB	Girls Volleyball
GYM	Gymnastics
S	Swimming & Diving
GBB	Girls Basketball
BBB	Boys Basketball
W	Wrestling
H	Hockey
SKI	X-Country Skiing
GTF	Girls Track & Field
BTF	Boys Track & Field
T	Tennis
DT	Drill Team

REGION I

SUPERINTENDENT PRINCIPAL ACTIVITY ADMINISTRATOR SCHOOL DISTRICT	ADDRESS TELEPHONE NUMBERS	ENROLLMENT GRADES COLORS MASCOT & SONG	DIRECTORS, COACHES, SPONSORS
AMBLER S - George White P - Floyd G. Ellis Northwest Arctic	Box 51 KOTZEBUE 99752 442-3472 AMBLER 99786 445-2154	20 9-12 Brown/Gold Grizzly	SC Peggy Mae Manus CL CC Orlando Lawhorn GBB Orlando Lawhorn BBB Orlando Lawhorn
ANIAK HIGH S - Robert McHenry P - Bill Reynolds Kuspuk	Box 108 ANIAK 99557 675-4380 675-4363	31 9-12 Black/Gold Half-Breed	SC B CL Ginny Stone CC LaMont E. Albertson GVB Bobette Bush GBB Glenn Vaughn BBB Dorman Wilson SKI LaMont E. Albertson
ATMAUTLUAK S - B. A. Weinberg P - Sue C. Hare Lower Kuskokwim	Box 305 BETHEL 99559 543-2677 ATMAUTLAUK 99559	25 9-12 Green/Gold Falcon	SC Ray Mitchell CL Judy Cottschalk GBB Bruce Wegner BBB Frank Neal W SKI Janet Carpenter
BETHEL REGIONAL HIGH S - B. A. Weinberg P - Lon Winters Activities-K. Coughlin Lower Kuskokwim	Box 305 BETHEL 99559 543-2677 543-2247	425 9-12 Blue/Gold Eskimo Warrior	SC B Dick Barker CL Karan Gier VM Dick Barker SP DR FFA VICA DECA CC David Williams GVB Diann Haynes GBB Mark Joshu BBB Bob Lenz W Darrold Sisler SKI David Williams
BRISTOL BAY S - Dale Lunsford P - Jim Henriksen Bristol Bay Borough	Box 169 NAKNEK 99633 268-4225 268-4265	85 9-12 Purple/Gold Angels	SC B J. Littau CL Mrs. Whicker Miss Kahl DR Bill Hatch GBB Pete Hahn BBB Bob Whicker W Bob Hardgrave
CHEFORNAK S - B. A. Weinberg P - Howard Appel Lower Kuskokwim	Box 305 BETHEL 99559 543-2677 CHEFORNAK 99561 787-8001	24	SC George Sam CL George Sam VM Walter Tirchiak GBB Walter Tirchiak BBB Walter Tirchiak W Walter Tirchiak
COVENANT HIGH P - Alfred White Private	Box 184 UNALAKLEET 99684 624-3282	80 Blue/Gold Wolverine	CC Jim Hjelm GBB Sue Eckels BBB Paul Johnson

DILLINGHAM HIGH S - Herb Oba P - Roy Warner Activities-D.LeClair Dillingham	Box 202 DILLINGHAM 99576 842-5223 842-5221	186 9-12 Blue/Gold Wolverine	SC B CL SP CC GVB	Roy Warner Judy Mowery Rod Mehrtens Ward Jones	GYM GBB BBB W SKI	 Don LeClair Vic Belleque Ward Jones J. Satterfield
EEK HIGH S - B. A. Weinberg P - Daryl Mannausau Lower Kuskokwim	Box 305 BETHEL 99559 543-2677 EEK 99578 543-2004	13 9-12	SC CL GVB W			
GAMBELL HIGH S - Ron Hohman P - Helen Hickox Bering Strait	Box 1088 NOME 99762 443-5237 Box 189 GAMBELL 99742 746-8001	41 9-12 Blue/White Polar Bear Gambell Fight Song	SC CL FHA GBB	Gary Jennings Christine Oozevaseuk Helen Hickox Gary Jennings	BBB	Rich Binek
KASIGLUK HIGH S - B. A. Weinberg P - Cauline Ferguson Lower Kuskokwim	Box 305 BETHEL 99559 543-2677 KASIGLUK 99609 543-2032	37 9-12 Black/Orange/White Tundra Fox	SC CL VM BBB	Stephen Marble Zack Brink Stephen Marble Zack Brink		
KIANA HIGH S - George White P - Richard Curtis Northwest Arctic	Box 51 KOTZEBUE 99752 442-3472 KIANA 99749 475-2195	70 9-12 Red/Gold Lynx	SC CL FHA CC S	Richard Curtis Alice Reed Ken Kristenson Dick Blair Ken Kristenson	BBB W GTF BTF	Jerry Covey Dick Blair Dick Blair Dick Blair
KING COVE S - Ben Kirker P - Ken Jones King Cove	Box 6 KING COVE 99612 497-2354 497-2354	22 9-12 Black/Gold Brown Bear	B CL VM GBB BBB	Irene Meyer Irene Meyer Irene Meyer Joe Linduska Ken Jones	GBB BBB	Joe Linduska Ken Jones
KIPNUK S - B. A. Weinberg P - Fred Johnson Lower Kuskokwim	Box 305 BETHEL 99559 543-2677 KIPNUK 99614 598-8001	43	CL W 	Kathy Nelson Loretta Kumya Gilbert Amik Rick Nelson		
KIVALINA-McQUEEN HIGH S - George White P - Calvin Baker Northwest Arctic	Box 51 KOTZEBUE 99752 442-3472 KIVALINA 99750 442-3742	85 9-12 Black/Yellow Quaviks	SC CL FFA CC	Dave Watkins Nancy Baker A. Hart Allex A. Hart Allex	GBB BBB W	Mary Ellen Bliss George Harbeson Charlie Sage
KONGIGANAK HIGH S - B.A. Weinberg P - J. P. Hogan Lower Kuskokwim	Box 305 BETHEL 99559 543-2677 KONGIGANAK 99559 696-8001	43	SC CL VM GBB BBB	Jim Hogan Lois Carey Michelle Renner Bill Wilkenson Rick Carey		

KOTZEBUE HIGH S - George White P - Jerry Covey Northwest Arctic	Box 51 KOTZEBUE 99752 442-3472 KOTZEBUE 99752 442-3341	204 9-12 Blue/Gold Husky	SC B CL VM CC	 Jesse Baker Wyn Huss Doris Brock	GBB BBB W	Nancy Westlund Ken Kester Craig Eldred
KWIGILLINGOK HIGH S - B. A. Weinberg P - W. P. Shepard Lower Koskokwim	Box 305 BETHEL 99559 543-2677 KWIGILLINGOK 99622	24 9-12 Blue/White Eagles	SC CL GVB GBB	W. P. Shepard Suzanne Fleming Suzanne Fleming Suzanne Fleming	BBB W GTF BTF	W. P. Shepard W. P. Shepard Suzanne Fleming W. P. Shepard
MANOKOTAK S - Dr. Robert Van Slyke P - Brian Lewis Southwest Region	Box 196 DILLINGHAM 99576 MANOKOTAK 99628	23 9-12 Purple/Gold Lynx	CC GVB W	Steven Campbell Greg Paxton		
NELSON ISLAND S - B. A. Weinberg P - Jim Swartz Lower Kuskokwim	Box 305 BETHEL 99559 543-2677 TOKSOOK BAY 99637	79 9-12 Red/White/Blue	CL GBB BBB W	B. McCarthy Ruth Jimmie/Katie Curtis Douglas Birch Lawrence Tung		
NEW STUYAHOK S - Dr. Robert Van Slyke P - Nels Nichols Southwest Region	Box 196 DILLINGHAM 99576 842-5288 NEW STUYAHOK 99636 693-8001	16	SC CC GVB W	Nels Nichols Pat Costello Molli Sipe Pat Costello	SKI	Pat Costello
NOATAK S - George White P - Valez Ransom Northwest Arctic	Box 51 KOTZEBUE 99752 442-3472 NOATAK 99761 342-3344	20 9-12 Green/White Lynx				
NOME-BELTZ HIGH S - Darroll Hargraves P - Robert Bellmore Activities-H. Green Nome	Box 131 NOME 99762 443-2231 443-5201	200 9-12 Blue/White Nanook	SC B CL DR OEA FHA FFA DECA	Robert Bellmore Clifford Roundtree Bonnie Hahn Dick Tardiff Linda Green Andy Mruzik Cindy Schmidge John Currie	FB CC VB GBB BBB W SKI	Jim Skelton Jim Skelton Bonnie Hahn Paul Carlson Tom Brannon Jim Skelton
NOORVIK HIGH S - George White P - Nathan Kyle Northwest Arctic	Box 51 KOTZEBUE 99752 442-3472 NOORVIK 99763 468-8001	60 9-12				

NUNAPITCHUK HIGH S - B. A. Weinberg P - Michael Murray Lower Kuskokwim	Box 305 BETHEL 99559 543-2677 NUNAPITCHUK 99641 543-2064	25 9-12	
POINT HOPE S - Don Renfroe P - Flore Lekanof North Slope	Box 307 BARROW 99723 852-6900 Box 22 POINT HOPE 99766 362-8001	49 9-12 Black/White	SC Charles Travis VM Debbie Mello GBB Helen Diggs BBB Charles Travis
SAND POINT HIGH S - Dr. Dick Bower P - Dr. Hugh Porter Aleutian Region	640 West. 36th Ave. Anchorage 99503 276-0006 Box 101 SAND POINT 99661 383-2393	51 9-12 Blue/White Eagle	SC Dr. Hugh Porter/Alan Saunders B Mrs. Norgen Steinbrecher CL Mrs. Jerri Nyberg GBB Roger Steinbrecher BBB Dan Krier
SELAWIK HIGH S - George White P - Ed Werneke Northwest Arctic	Box 51 KOTZEBUE 99752 442-3472 Box 29 SELAWIK 99770 484-2142	79	SC Gordon Heitzeberg CL Donna Werneke FHA Donna Werneke FFA Charley McNally DECA Trish Knight and Chuck Johnson GBB Jerry Olive BBB Eddie Knight
SHISHMAREF HIGH S - Ronald W. Hohman P - John Novak Bering Strait	Box 1088 NOME 99762 443-5237 SHISHMAREF 99772 649-3601	65 9-12 Green/White Northern Lights	SC Joan Novak CL Jill Beach GBB Randy Altermatt BBB Mike Beach
SHUNGNAK HIGH S - George White P - W. H. Armistead Northwest Arctic	Box 51 KOTZEBUE 99752 442-3274 437-2151 SHUNGNAK 99773	28 9-12 Maroon/Gold Eagles	SC Bryan Colson CL Bonnie Bless FHA Jill Carpenter FFA Bryan Colson CC Jeff Smith GBB Bonnie Bless BBB Douglas Walker
TOGIAK S - Dr. Robert Van Slyke P - Ben Cherry Southwest Region	Box 196 DILLINGHAM 99576 842-5288 TOGIAK 99678	44	SC Jim Moras CL Debbie Moras CC Kim Hubert GVB Dennis Dean GBB Carol Burmeister BBB Kim Hubert W Dan Zuspann SKI Dennis Dean
TULUKSAK S - B. A. Weinberg P - Brian Luebke Lower Kuskokwim	Box 305 BETHEL 99559 543-2677 TULUKSAK 99679 543-2089	22 9-12	
TUNUNAK S - B. A. Weinberg P - Paul Chilgren	Box 305 BETHEL 99559 543-2677 TUNUNAK 99681 599-8001	26 9-12	

UNALAKLEET HIGH S - Ronald Hohman P - Jerry Roach Activities-R.Johnson Bering Strait	Box 1088 NOME 99762 443-5237 624-5444 Box 130 UNALAKLEET 99684	81 9-12 Black/Gold Panthers	SC CL GVB GBB	Dennis Johnson Leana Grishkawski Sue Roach Jim Werden	BBB W SKI	J. Roach Jim Werden Don Peterson
UNALASKA HIGH S - William R. Gregory Unalaska City School	UNALASKA 99685 581-1222	44 9-12 Purple/Gold	SC B CL GVB	Richard Lee Robert Pritchett Susan Whiton Richard Lee	GBB BBB	Richard Lee Delmar Olson

SUPERINTENDENT PRINCIPAL ACTIVITY ADMINSTRATOR SCHOOL DISTRICT	ADDRESS TELEPHONE NUMBERS	ENROLLMENT GRADES COLORS MASCOT & SONG	DIRECTORS, COACHES, SPONSORS
ABBOTT LOOP CHRISTIAN P - Don Shields Private	2626 Abbott Road ANCHORAGE 99507 349-1723	82 9-12 Blue/White Eagle No Weapon Formed Against Thee	B Bill Colver BBB Randy Meier CL Jan Shields GTF Randy Meier SP Robin Wangaard BTF Randy Meier GBB
ANCHORAGE CHRISTIAN P - Dr. Del A. Brock Private	6401 E. Northern Lights ANCHORAGE 99504 337-9575	125 9-12	B James L. Kring BBB Carlin Dempsey CL Gail Billings W Joe Burton FB Carlin Dempsey BTF Joe Burton
ANDERSON VILLAGE S - Larry Nyland P - Robert Murray Central Railbelt	Box 4029 CLEAR 99704 832-5664 832-5462	45 9-12 Purple/Gold Grizzly	SC CC Bob Harty B Mr. Haeck GBB Bobbie Clark CL Christine Knights BBB Bill Etley DR Mrs. Crowder GTF Bob Harty BTF Bob Harty
COOK INLET ACADEMY P - Charles Crapuchettes Private	Drawer A SOLDOTNA 99669 262-5101	29 9-12 Blue/Gold Eagle The Fight Is On	SC Chuck Crapuchettes GBB Don Stump B Bert Schultz BBB Bill Goold CL MaryLou Elliott W Bill Goold VM Chuck Crapuchettes GTF Bill Goold CC Bill Goold BTF Bill Goold
FORT YUKON HIGH S - James P. Whitt P - Wilfred Files, r. Activities-M. Doppler Yukon Flats	Box 359 FT YUKON 99740 662-2515 Box 129 FT YUKON 99740 662-2352	55 9-12 Columbia Blue Eagle Eagle's Song	SC Mike Doppler GBB Bill Black B BBB Mike Doppler CL John Alexander W VM SKI Mike Mastel DR
GALENA CITY S - Peter E. Flisock P - Nancy Schave Galena	Box 266 GALENA 99741 656-1205 656-1205	80 9-12 Blue/Gold Hawk	SC Nancy Schave GBB Bob Shirley CL Shirley Langford BBB Buck Garritson CC Buck Garritson SKI
GLENNALLEN S - Dr. Al Krinkie P - Phil Barra Copper River	Box 108 GLENNALLEN 99588 822-3234 Box 66 GLENNALLEN 822-3232	135 9-12 Gold/Black Panther	SC Phil Barra GVB Gari Normand B Gary Buchman GBB Marilyn Pinned CL Gary Buchman BBB Gari Normand VM Gary Buchman W Chuck Elliott DR Geneva Durkee
KALTAG S - Joe B. Cooper P - Alex P. Tatum Yukon Koyukuk	Box 307 NENANA 99760 KALTAG 99748 832-5594	50 9-12 Purple/Gold Wildcat	SC GBB BBB SKI
KENNY LAKE S - Dr. Alfred Krinke P - Dave Spear Copper River	Box 108 GLENNALLEN 822-3235 COPPER CENTER 99573 822-3870	33 9-12 Blue/Gold Hawk Dear Kenny Lake	CL W Ben Doerksen VM Pete Lyse H Pete Lyse GVB GTF GBB BTF Stan Wallace

McGRATH COMMUNITY S - Jim Zuelow P - Harry Depp Iditarod	Box 105 McGRATH 99627 584-3599 584-3388	45 9-12 Royal Blue/White Arctic Knights Knights Will Shine	SC Tom Sheets CL Kathie Yoder OEA Patricia Henslee VICA Marion Symington	GBB BBB SKI	
NENANA HIGH S - Richard Leath P - Wayne Taylor Nenana	Box 127 NENANA 99760 832-5625 832-5484	60 9-12 Black/Gold Lynx	SC Scott Iverson B Jerry Coulter CL Sharon Leonard FHA Janice Slaughter CC Scott Iverson	GVB Elwin Leach GBB Rob Chambers BBB Scott Iverson W Scott Iverson	
NINILCHIK S - Dr. Paul C. Gallaher P - Stanley Friese Kenai Peninsula	Box 1200 SOLDOTNA 99669 262-5846 Box 145 NINILCHIK 99639 567-8151	65 9-12 Blue/Gold Wolverine	SC Elaine Thomas B Thane Curry CL Elaine Thomas VM Thane Curry FHA Karen Maze CC GYM Elaine Thomas	GBB BBB Thane Curry W John Lindeman SKI Dave Brann GTF BTF	
NORTHWAY (Walter) S - Carl Peterson P - Ralph Rudzik, Sr. Alaska Gateway	Box 226 TOK 99780 883-4541 NORTHWAY 99674 778-6301	13 9-12 Red and Black Warrior	CL Jeanne Spitler VM Steve Anderson Judy Anderson CC Bill Bryson GBB Bill Bryson	BBB Don Spitler W Bill Bryson Steve Anderson H Bill Bryson SKI Barbara Bryson	
NULATO S - Joe Cooper P - Bob Denny Yukon-Koyukuk	Box 367 NENANA 99760 832-5594 NULATO 99765 898-8001	46	SC Rich Berne CL Dee Stickman GBB Rich Berne BBB Bob Simpson SKI Brian Zinck		
SELDOVIA (Susan B. English) S - Dr. Paul Gallaher P - Thomas E. Overman Kenai Peninsula	Box 1200 SOLDOTNA 99669 262-5846 Box 171 SELDOVIA 99663 234-7616	45 9-12 Scarlet & White Sea Otter	B Rod Hilts CL Kelley Smith VM Rod Hilts DR Susan Mumma CC Hal Neace GVB	S GBB Hal Neace BBB Len Lusk W GTF BTF	
SUSITNA VALLEY S - Dr. Norman Rousey P - Verne C. Olson Matanuska-Susitna	Box AB PALMER 99645 745-4822 Box 599 WILLOW 99688 733-2241	60 9-16 Blue/Gold Ram	SC Norm Solberg B Paul Trygstad CL Jackie Donoho VM Paul Trygstad DR Sondra Porter OEA Jackie Donoho VICA Joel Heck GVB Jane Griffith	GYM GBB Richard Derrickson BBB W SKI Jane Griffith GTF Tom Sisul BTF James Mead	

TANANA HIGH S - Dr. Robert Jackman Yukon-Koyukuk	Box 367 NENANA 99760 832-5594 Box 127 TANANA 99777 355-7207	49 9-12 Red/White Wolf	SC CL CC GVB	Dr. Robert Jackman Ede Reisland Jack Reisland Loretta Granatelli	GBB BBB W Diana Hubbs	Dorothy Jordan Bob Bartlett Randy Nelson
TOK S - Carl Peterson P - Gary A. Hebert Alaska Gateway	Box 236 TOK 99780 883-4551 Box 247 TOK 99780 883-4351	65 9-12 Red/White/Blue Wolverine Hey Look Us Over	SC B CL CC GVB	Mrs. Mattila Mrs. Dussell Mrs. Dussell Mr. Stiefel Mr. Noonkesser	GBB BBB W H SKI	Mr. Noonkesser Mr. Noonkesser Mr. Dussell Mr. Millanowsk Mr. Stiefel
TRI-VALLEY S - Larry Nyland P - Rich Culver Alaska Central Railbelt	Box 4009 CLEAR 99704 832-5664 Box 60 HEALY 99743 683-2267	57 9-12 Royal Blue/Gold Viking Warrior	SC B CL SP DR	Carroll McCaleb Stuart Nutter Jurine Riley Terry Winet Terry Winet	GVB GBB BBB GTF BTF	Terry Winet Carroll McCaleb Carroll McCaleb
TYONEK (Bartlett High) S - Dr. Paul Gallaher P - Clifford Myers	Box 1200 SOLDOTNA 99669 262-5846 TYONEK 99682 583-2291	29 9-12 Blue & White Chiefs	CL GBB BBB	Paul Zobeck Paul Zobeck Paul Zobeck		

SUPERINTENDENT PRINCIPAL ACTIVITY ADMINISTRATOR SCHOOL DISTRICT	ADDRESS TELEPHONE NUMBERS	ENROLLMENT GRADES COLORS MASCOT & SONG	DIRECTORS, COACHES, SPONSORS
ADAK (Bob Reeve) S - Dr. Monte McBride P - Vernell C. Pinsom Adak	ANS Box 34 NAVSTA FPO Seattle, WA 98791 (Intra Alaska) 579-2244	106 9-12 Red/White/Blue Eagle	SC Harold Gilstad B Steve Shore CL Betsy Morgan VM Sharon Acree DR Patricia Watkins OEA Carole Williams FHA Veronica Dunn GBB Willie Theis BBB Chuck Boerger W Bruce Stanton DR Carole Williams
BARROW S - Don Renfroe P - Bill W. Barron North Slope	Box 169 BARROW 99723 852-6900 Box 450 BARROW 99723 852-4711	180 9-12 Blue/Gold Whalers	SC Dick Wilson B Roger Harms CL Sandy Mello VM Roger Harms CC Steve Mello GVB Charlene Polak GYM Charlene Polak GBB Don Fisher BBB Sam Bushon W Steve Mello
CORDOVA JR.SR. HIGH S - William W. Fairall P - Charles D. Taylor Cordova	Box 140 CORDOVA 99574 424-3265 424-3266	133 9-12 Blue/White Wolverine	SC Nat Good B Eldon Wolfe CL Nancy Courtwright VICA J. Goodridge S David Lederman GBB Lenny Williams BBB Bill Bacon W John Durbin
DELTA JUNCTION HIGH S - Glen Chowning P - Ron Beck Delta/Greely	Box 527 DELTA JUNCTION 99737 895-4658 Box 883 DELTA JUNCTION 99737 895-4695	245 9-12 Green/White Huskie	SC Jack Detzel B Dale Tumey J Dale Tumey CL Cynthia Wene VM Dale Tumey DR Cynthia Wener FHA Judy Dewar FFA Steve Talovich GBB Nancy Cook BBB Jim Harris W Mike Sarver OEA Jean Risdal
HOMER JR.SR. HIGH S - Paul C. Gallaher P - Vic Varick Activities-Bill Johnson Kenai Peninsula	Box 1200 SOLDOTNA 99669 262-5846 Box 274 HOMER 99603 235-8186	270 9-12 Blue/Gold Mariner Mariner's Fight	SC Don Ronda B Susan Oliver CL Suzanne Rozak VM Susan Oliver SP Barb Browning DR OEA Randy Hunt FHA Rose Ekerstrom FFA Chuck Poindexter CC Al Poindexter GYM Bill Johnson S Robt. Haagensen GBB Don Harrison BBB Frank Libal W Al Poindexter SKI Bob Macauley GTF Don Harrison BTF Dave Schroer
KENAI CENTRAL HIGH S - Paul C. Gallaher P - Gary Deutschlander Activities-B.Boudreaux Kenai Peninsula	Box 1200 SOLDOTNA 99669 262-5846 Box 1509 KENAI 99611 283-7524	1137 9-12 Red/White Cardinal Washington & Lee Swing	SC Tom Ackerly B Bob Richardson CL Barbara Brown VM Renee Henderson SP Tom Murphy DR Tom Murphy OEA Georgia Alexander FHA June Kohler VICA Bud Crawford DECA Jack Castimore FB Bob Boudreaux CC Mike Christian GVB Cyndi Romberg GYM Carolyn Horne S Don Oberg GBB Cyndi Romberg BBB Bill Bacon W Mark Brown H Bob Bird GTF Mike Christian BTF Hal Smalley

KODIAK HIGH S - Dr. John Anttonen P - Thomas G. Wischer Activities-J.Witteveen Kodiak Island	Box 886 KODIAK 99615 486-3131 Box 1516 KODIAK 99615 486-3131	575 9-12 Blue/Gold Bears	SC B CL VM VICA CC	Gail Parsons Emory Welch Suzanne Gaffney Emory Welch Bill Barker Mike Platt	S GBB BBB W GTF BTF	Charmaine Purucker Mike Platt Harry Mickelson Jim Heikes Charmaine Purucker Gary Lambert
PALMER HIGH S - Dr. Norman Rousey P - William Butler Activities-G. Horrell Matanuska-Susistna	Box AB PALMER 99645 745-4822 745-3241	600 9-12 Blue/White Moose Night Flight	SC B CL VM SP DR OEA FHA FFA	P. O'Hara J. McAlister E.Richmond and E. Hermon J. McAlister D. Long D. Long G. Sarvela E. Richmond E. Henderson	VICA FB CC GVB GBB BBB W GTF GTF	D. Richards D. Strouse R. Rogney and M. Janecek E. Bentti R. Rogney D. Carney L. Smith R. Rogney R. Rogney
SEWARD HIGH S - Dr. Paul Gallaher P - Dale A. Sandahl Activities-Gary Horrell Kenai Peninsula	Box 1200 SOLDOTNA 99669 262-5846 Box 427 SEWARD 99664 224-3010	180 9-12 Green/Gold Seahawk Seahawks of Victory	SC B CL VM DR OEA FHA CC	Sam Daniel Elaine Larson Janet VanDriessche Elaine Larson Doug Capra Barbara Blowers June Daniel Gary Horrell	GYMC S GBB BBB W GTF BTF	Sara Horrell Janet VanDriessche Dale Sandahl Gary Horrell Mark Larson Gary Horrell Gary Horrell
VALDEZ HIGH Acting S - Larry LaBolle P - Tom Thomas Activities-Jean Kalish Valdez	Box 398 VALDEZ 99686 835-4357 Box 397 VALDEZ 99686 835-4767	200 9-12 Black & White Buccaneer	SC B CL VM SP DR	Bette Cato Rich Danielson Susan Eide Rich Danielson Bette Cato Alice Bosshardt	GVB S GBB BBB W SKI	Dianne Russell Nancy Lazenby Dan Eide Joe Young Rick Cavens
WASILLA HIGH S - Dr. Norman Rousey P - E. M. Frandsen Activities-Brad Snodgrass Matanuska-Susitna	Box AB PALMER 99645 745-4822 Box 1580 WASILLA 99687 376-5341	496 9-12 Red and White Warrior Wasilla Fight Song	SC B CL VM SP DR OEA VICA FB	Vern Cherneski Richard Kraus Mary Jo Parks Richard Kraus Robert Check Robert Check Korlyn Williams Howard Lowery Steve Olson	CC GVB GBB BBB W H SKI GTF BTF	Roxanne Olson Dee Jilek Don Teegarten Dale Schweible Jeff Trotter Brush Christianson Steve Samler Charles Heath Dennis MacKinnon

REGION IV

SUPERINTENDENT PRINCIPAL ACTIVITY ADMINISTRATOR SCHOOL DISTRICT	ADDRESS TELEPHONE NUMBERS	ENROLLMENT GRADES COLORS MASCOT & SONG	DIRECTORS, COACHES, SPONSORS
BARTLETT HIGH S - Dr. John Peper P - Dee Durst Activities-E. King Anchorage	Pouch 6614 ANCHORAGE 99502 333-9561 25-500 N. Muldoon Rd. ANCHORAGE 99504 337-1585	1930 9-12 Royal and Gold Golden Bear Notre Dome Fight Song	SC T. Parnell; B R. von Kennen; O; CL L. Lee/K. Estes; VM B. McDonald; SP; DR; OEA M. Askeland; FB R. Swatosch; CC J. Helen; GVB D. Peterson; GYM J. Earl; S G. Chambers; GBB E. Lathan; BBB S. Eberly; W G. Palmer; H D. Anderson; SKI R. Fitchett; GTF L. Whitmore; BTF L. Whitmore; T
CHUGIAK-GRUENING HIGH S - Dr. John Peper P - Ed Nash Activities-Bill Kuhlman Anchorage	Pouch 6614 ANCHORAGE 99502 333-9561 Box 218 EAGLE RIVER 99577 688-2141	1397 9-12 Columbia Blue & Black Mustang Minnesota Rouser	SC Ed Nash; B Darrel Daley; O Mr. Thomas; CL Sally Callaway/Ethyl Owens; VM Mrs. Jaynes; SP Warren Hagman; DR Gina Ornquist; FB Tom Huffer; CC Andy Kirk/Renee Henry; GVB Priscilla Robbins; GYM Sue Roskopf; S Dick Green; GBB; BBB; W Darrel White; H Don Bernard; SKI David Christy; GTF Renee Henry; BTF Andy Kirk; T Ethyl Owen
DIMOND/MEARS HIGH S - Dr. John Peper P - Richard Mize Activities - T.Johnson Anchorage	Pouch 6614 ANCHORAGE 99502 333-9561 2909 W. 88th Avenue ANCHORAGE 99502 243-1141	2000 9-12 Maroon/Gold Lynx	SC Teresa Johnson; B; O Bea Boring; CL Becky Voris; VM Betty Fedge; SP Lee Wilson; DR; OEA Rolle Lee; DECA Janey Nye; FB Mark Whitehurst; CC Lynn Rowmagoux; GVB Donna Dooley; GYM Sylvia Swatosch; S Jerry Lusk; GBB Earl Walker; BBB Larry Jelle; W Charles Vandergaw; H Bernie Simon; SKI; GTF Lynn Rowmagoux; BTF John Bundy; T Dave Reeves

EAST ANCHORAGE S - Dr. John Peper P - Robert Hahn Activities-Arlene Dey Anchorage	Pouch 6614 ANCHORAGE 99502 333-9561 4025 E. 24th Ave. ANCHORAGE 99504 277-3575	2159 9-12 Blue/Red Thunderbird	SC B O CL VM SP DR DECA FB CC GVB	R. Arduser K. Muse K. Muse D. Peterson H. Hedberg N. Simmons J. Lynn J. Manison B. Durado B. Hart E. Doggett	GYM S GBB BBB W H SKI GTF BTF T	B. Cassel S. Purcella C.White L. Weatherwax D. Bell C. Haines J. Peterson
SERVICE-HANSHEW HIGH S - Dr. John Peper P - Richard Arndt Activities-Carl Miller Anchorage	Pouch 6614 ANCHORAGE 99502 333-9561 5577 Abbott Road ANCHORAGE 99507 344-2561	1778 9-12 Green/Gold Cougar Go Northwestern	SC B O CL VM SP DR OEA DECA FB CC	Marietta Blakney James Terrill Becky Zankie Marietta Blakney Robert Ried Vicki Russell Vicki Russell Sharon Feeley Nancy DeRewe Pobert Senden Tom Corbin	GVB GYM S GBB BBB W H SKI GTF BTF T	Alice Gommoll Kathy Meyer Ron Todd Gary Beller Jackie Lewis Byron Wilson Richard Thompson Chancey Crawford Ray Reekie Ray Reekie Ron Todd
WEST ANCHORAGE S - Dr. John Peper P - Larry Graham Activities-M.McKelvey Anchorage	Pouch 6614 ANCHORAGE 99502 333-9561 1700 Hillcrest Drive ANCHORAGE 99503 274-2502	2180 9-12 Black/Orange Eagle On the Ancho:	SC B O CL VM SP DR OEA DECA FB CC	Russ Seppi Ed Harbke Beth Leffingwell Pat Furnace Cam Bohman Lucky Watkins Lucky Watkins LaFerrest Clark Hap Jones Don Larson Dean Southam	GVB GYM S GBB BBB W H SKI GTF BTF T	Ellie Dudley Brinkerhoff Roberta Chandler Dean Southam Lee Sneddon Doug Jackson Gerald Helvey Charles Hostetler Bill Wiltrout Lee Sneddon Bill Stone

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ANGOON HIGH S - Joseph M. Kahklen P - Roland Brice Chatham	Box 109 ANGOON 99820 788-3302 788-3262	55 9-12 Navy Blue/White Eagle	SC Chuck Tennessen; B Wayne Sanger; CL; CC Terry Barlow; GVB Ron Gleason; GBB Ron Gleason; BBB Rick Anderson; W Ron Gleason
CRAIG (Prince of Wales) S - Michael Sexton P - Kathleen Formella Activities-T. Peterson Craig	Box 71 CRAIG 99921 826-3251 826-3322	100 9-12 Green/Gold Panther	CL Nora Ann Peterson GVB Todd Peterson BBB Todd Peterson
HAINES HIGH S - Stephen T. McPhetres Activities-R.Vlasak Haines Borough	Box 636 HAINES 99827 766-2411	135 9-12 Kelly Green Glacier Bear	SC Stephen McPhetres; B Gary Matthews; CL Marian Engel; VM Gary Matthews; OEA Betty Bryse; FHA Carol Knight; CC Jack James; GVB Marian Engel; BBB Terry Friske; W Duane Synoground; GTF Frank Holmes; BTF Carlyle Stuart
HOONAH HIGH S - Dr. Thomas R. Brown P - Thomas W. Budd Hoonah	Box 157 HOONAH 99829 945-3611 945-3611	85 9-12 Maroon & White Brave	SC Marta Mertinsen; B Bob Hutton; CL Dorothy McKenzie; FHA Nicki Sheldon; VICA Don Wark; GVB Don Hather; GBB; BBB; W Don Hather; GTF; BTF
HYDABURG HIGH S - Dr. Elbie Gann P - Sasha Soboleff Hydaburg	Box 109 HYDABURG 99922 285-3491	38 9-12 Gold/Purple Warriors	SC Mr. Soboleff; B Dr. Gann; CL Mrs. LeAnn Reed; SP Mr. Walker; GVB Mrs. Reed; BBB Mr. Richmond; BTF Mr. Richmond
JUNEAU-DOUGLAS HIGH S - John Coffee P - Hans Mercer Activities-Ed James Juneau	Box 808 DOUGLAS 99824 364-2182 586-3911	950 9-12 Red/Black Crimson Bear Notre Dame Victory	SC Beth Belflower; B Stan Sells; O Stan Sells; CL Betsy McHugh; VM Bernie Hendricks; DR Ken Koelsch; FHA Marge Schmiefe; DECA Mike Herold; CC Ron Metzgar; GVB Mike Daniels; GYM Cyndy Daniels; S Bob Solow; GBB Russ McDowell; BBB Jim Hamey; W Mike Herold; GTF Mary Herold; BTF Bob Peel; DT

KAKE CITY HIGH S - David Dillman P - Dr. David Dudinsky Activities-L.Anderson Kake City Schools	Box 450 KAKE 99830 785-3731	78 9-12 Red & White Thunderbird	SC B CL CC	Larry Frazer Conrie Erskine Sue Ohmer Dave Ohmer	GBB BBB GTF BTF	Dave Ohmer Dave Ohmer Dave Ohmer
KETCHIKAN S - Ron Stekl P - Bruce Slama Activities-B.Vincent Gateway Borough	Pouch Z KETCHIKAN 99901 225-2118 2610 Fourth Ave. KETCHIKAN 99901 225-2115	738 9-12 Maroon and White King Salmon School Pledge	SC B CL VM SP DR CC GVB	David Crockett Roy McPherson Trudy Elliott Clarice Stefon Robert Landis Judy Jenkinsen Don Dillenberg Dick Ortiz	S GBB BBB W GTF GTF DT	Mike Smithers Dick Ortiz John Brown Sal Beraldi Fred Reeder Fred Reeder Barbara Knapp
METLAKATLA HIGH S - James Jennings P - Harvey T. King Annette Island	Box 7 METLAKATLA 99926 886-6332 886-6000	100 9-12 Blue & Gold the "Chief"	SC B CL VM	Don Christensen Pat Kolp Theresa Pempek Pat Kolp	GVB GBB BBB DT	Clinton J. Daly Clinton J. Daly Dave Boxley Theresa Pempek
MT. EDGECUMBE HIGH S - LeRoy Demmert P - Lawrence Welch Activities-Gil Fruit BIA	Bureau of Indian Affairs MT. EDGECUMBE 99835 966-2201 966-2203	415 9-12 Cardinal & Gold Brave "Fight Song"	SC B CL VM FHA CC GVB	Lincoln Saito Juan Coursey Ron Hawk Marcia Strand Dwayne Davies Dan Dagle	S GBB BBB W GTF BTF	Steve Lay Rod Nutting Verdell Briggs Joe Slatts Sam Meyers Sam Meyers
PETERSBURG HIGH S - Don Schultz P - Syd Wright Petersburg	Box 289 PETERSBURG 99833 772-4271 772-4434	175 9-12 Blue/White Viking Viking Fight Song	B CL VM DR GVB	Les Snyder Kathy Benson Marilyn Baumgartner Syd Wright Bill Beck	S GBB BBB W	Rich Myers Lee Ribich John Bisson Pat Curtiss
SITKA HIGH S - Noland J. Haavig P - James A. Broschat Activities-Mick Megown Sitka	Box 179 SITKA 99835 747-8622 747-3263	500 9-12 Blue/White/Red Wolf	SC B CL VM FHA VICA CC	Marvin Krause James Hope Sarah Bell James Hope Marilyn Wilson Stephen Vieira/ Leo P. Galli Bruce Ellingson	GVB S GBB BBB W GTF BTF DT	Aleeta Bauder Don Seesz Theresa Gatarz Don Lehmen Michael Turner Michael Hirai Michael Hirai Karen Grussendorf
SKAGWAY HIGH S - P - Jim Reynolds Skagway	Box 514 SKAGWAY 99840 983-2320	69 9-12 Blue/Gold Panther	SC B CL VM CC GVB	Waneta Coring Don Johnson Barbara Iams Don Johnson Dean Ray Bonnie Sherar	GBB BBB W GTF BTF DT	Bonnie Sherar Dean Ray Tim McDonald Dean Ray Dean Ray Don Johnson

THORNE BAY S - Bruce Hill P - Franklin Adreon Southeast Island	640 Park Avenue KETCHIKAN 99950 225-9658 Box 5 THORNE BAY 99950 828-3921	49 9-12 Blue/Gold Wolverine	CL DR CC GVB BBB	Waide G. Bryant Wilburn Wilburn Wilburn		
WRANGELL HIGH S - Robert W. McConnell P - Richard B. Hansen Wrangell	Box 651 WRANGELL 99929 874-3395 874-3395	142 9-12 Red/White Wolf	SC B CL VM OEA FHA DECA	Ron Castle Haig Demerjian Therese Pempek Richard Port Joan Eagle Therese Pempek Jerry Brown	CC GVB GBB W GTF BTF	Ken Cash Myron Myers Wallace Schmidt Phil Wayne Tim Buckley Tim Buckley
YAKUTAT (Mt. St. Elias) S - Fred Kent P - Mary Boario Yakutat	Box 227 YAKUTAT 99689 784-3318 784-3318	50 9-12 Black/Orange Eagle On Wisconsin	B CL CC GVB S	Greg Sawyer Cherie Thompson Mark Cross Tim Kenworthy Mark Cross	GBB BBB GTF BTF	Bill Cass Tim Kenworthy Mark Cross Mark Cross

SUPERINTENDENT PRINCIPAL ACTIVITY ADMINISTRATOR SCHOOL DISTRICT	ADDRESS TELEPHONE NUMBERS	ENROLLMENT GRADES COLORS MASCOT & SONG	DIRECTORS, COACHES, SPONSORS
EIELSON HIGH S - Dr. Bryce Stallard P - Charles A. Lowry Activities-Jim Holt North Star	Box 1250 FAIRBANKS 99707 456-7924 EIELSON AFB 99702 377-1140	441 9-12 Red/White/Black Raven All Hail You Mighty Ravens	SC Chas. Mattioli B CL Evelyn McGee VM DR T. Peterson FHA J. Erickson FB Buck Nystrom CC Floyd Reishus GVB Dee Black S Marie Morgan GBB BBB Tom Devor W Vern Delaney SKI Floyd Reishus GTF Tom Devor BTF Tom Devor
LATHROP HIGH S - Dr. Bryce Stallard P - William N. Brannian Activities-Robert Boko North Star	Box 1250 FAIRBANKS 99707 456-7924 901 Airport Way FAIRBANKS 99701 456-7794	1150 9-12 Purple/Gold Malemute Malemute Fight Song	SC John Selle B Robert Boko O Anne Lackey CL Sharon Boko VM Robert Boko DR Joel Mattson FB Roscoe Livingston CC John Nagy GVB Steve Lackey GYM Gene Cole S Gene Cole GBB Leneve Johnson BBB Dick Lee W Bob Hawkins GTF John Rima BTF John Rima
MONROE HIGH P - Bill Cooper Private	615 Monroe Street FAIRBANKS 99701 452-2044	80 9-12 Blue/Gold Ram	SC Bill Cooper CL B. Sullivan GVB R. Colston GBB K. Norris BBB R. Colston
NORTH POLE S - Dr. Bryce Stallard P - Larry Noble Activities-J.Henderson North Star	Box 1250 FAIRBANKS 99707 456-7934 488-2271	586 9-12 Red/White/Blue Patriot	SC L. Noble B M. Gerschefski O M. Gerschefski CL S. Cers VM M. Gifford SP L. Allison DR C. Rudolf FB J. Tobin CC K. Jinsk GVB L. Marquette GYM B. Julig S L. Konetski GBB R. Morris BBB T. Shea W J. Tobin H B. Teitz SKI W. Wenstrom GTF R. Morris BTF R. Morris
WEST VALLEY HIGH S - Dr. Bryce Stallard P - Don Klepper North Star	Box 1250 FAIRBANKS 99707 456-7924 3800 Geist Road FAIRBANKS 99701 479-4221	1100 9-12 Red/Gold Wolfpack Go West High	SC Edith Green B George Wiese O Donna Matschke CL Marcia Snyder VM Marvilla Davis SP Marcis Burnside DR Gene DeWild FB Joe Caciari CC Bob Sprague GVB Matt Steffes GYM Diadre Dalrymple S Judy Soolook GBB Don Klepper BBB Ted DeLeon W Charles Scott H Richard Tarkiainen SKI Marianne Carlson GTF Bob Sprague BTF Bob Sprague

ALASKA SCHOOL ACTIVITIES ASSOCIATION
650 INTERNATIONAL AIRPORT ROAD ANCHORAGE, ALASKA 99502
LESLIE D. WELLS, ED.D. 907-272-9045
EXECUTIVE SECRETARY

January 30, 1979

Senator Glenn Hackney
Chairman, Senate HESS Committee
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

President Ed Frandsen and the Board of Control requests that you be asked to introduce and sponsor the proposed revision to the Activities Association legislation which was passed in 1976. You will recall this need from our work with you last spring. Basically it is a clean up bill and contains no request for funds.

The proposal has been drafted by Mr. Ron Lorenson of the Attorney General's office and has the support of the Commissioner of Education. Resolutions of support have been passed by the membership of the State School Boards Association, the Superintendent's Association, and the Secondary School Principals Association and are enclosed. The attached materials give the rationale and need for the change, the proposal, and the current statute.

The Association earnestly requests your leadership and assistance in this effort and assures you that it is in the best interest of girl's and boy's school activities and the total educational community. This office stands ready to give full attention to this effort and supply you with any information that may be required.

I will call you on Thursday to discuss this proposal. Also plan to be in Juneau next Tuesday and Wednesday concerning this bill and other Association business.

Sincerely,

Leslie D. Wells
Executive Secretary
Alaska School Activities
Association

LDW:en

Attachments:
CC Board of Control:
Region I: Dale Lusford, Nankek
Region II: Wayne Taylor, Nenana
Region III: Ed Frandsen, Wasilla
Region IV: Ed Nash, Eagle River
Region V: Ed James, Douglas
Region VI: Bill Brannion, Fairbanks
State Dept. Vern Williams, Juneau

INSERT - CONSTITUTITION & BYLAWS (See both sides of 11 and 11a)

Proposed March 1978
Effective August 1978

AIASKA SCHOOL ACTIVITIES ASSOCIATION

CONSTITUTION & BYLAWS

Article VII. Sanctioned Activities. Section 4 - add C & D (pp 11-a).

C. Four-Season Plan - Regions I and II

1. Any student transferring from one school to another who has completed a given sport season*in the current school year shall not be eligible for the same sport in the same school year at the receiving school within the state association.
(* Regional Tournament)
2. Region I and II teams and/or individual participants may compete and/or participate in state level meets, events or tournaments when Regions I and II do not jointly sponsor a similar activity, except in basketball, as a small-schools tournament plan has been previously approved by the Board of Control on June 4, 1977.

D. Four-Season Plan for Regions I and II

Fall Season:
X-Country-boys and girls:
Begins-Two weeks prior to opening of school(no earlier than Aug. 15).
Ends-2nd weekend in October or no later than the end of state x-country meet.

Early Winter:
Basketball-boys and girls:
Begins-October 1; first game, 3rd week-end (Friday of October)
Ends-First weekend of February or with the end of the state small-schools basketball tournaments.

Late Winter:
Girls Volleyball; Wrestling-boys; X-Country Skiing-boys & girls:
Begins-January 15 or third Monday in January, whichever is earlier. First meet-after ten separate days of practice.
Ends-First weekend in April or with the end of the state wrestling tournament and/or volleyball tournament, whichever is latest.

Spring:
Track:
Begins-4th Monday in March. First meet-after ten separate week days of practice.
Ends-With close of school or with completion of small-schools state tournament or meet.

Minor adjustments of dates for activity may be made as needed by the Board of Control.

Section 7. Activities confined to a season. Sports and sport season dates, pre-season practice, number of contests, Number of Game Periods per Day

A. All sports competition will be governed by National Federation of Interscholastic Athletics rules and guidelines where available, or by rules adopted by the Board of Control.

B. The following table sets out the seasons, the permissible pre-season practice periods, the permissible number of game periods per day exclusive of regional and state tournaments, and the permissible maximum games prior to regional tournaments for various interscholastic sport contests:

ADD NOTE: See page 11-a for Four-Season Plan for sport seasons (Regions I and II).

Sport	*Practice Prior to Participation	Date of First Game	No. of Game Periods/Day	Maximum Games Prior Reg. Tourn.	Season End Date
Football	Begin August 15 10 Separate Days	Last Weekend in August	Four	One Per Week	Third Weekend in October
Cross Country Running	Begin August 15 10 Separate Days				W/completion of Reg. or State meet
Volleyball	Begin August 15 10 Separate Days (Except Reg. I & II)				W/completion of Reg. or State meet
Gymnastics	Begin August 15 10 Separate Days				W/completion of Reg. or State meet
Diving and Swimming	Begin August 15 10 Separate Days				W/completion of Reg. or State meet
Girls' Basketball	Begin October 15[1] 10 Separate Days (Except Reg. I & II)	November 15[1]	6**	25[1] (30-77/78)	W/completion of Reg. or State meet
Boys' Basketball	Begin October 21 10 Separate Days (Except Reg. I & II)	November 15	6**	25[1] (30-77/78)	W/completion of Reg. or State meet
Wrestling	Begin January 2 10 Separate Days (Except Reg. I & II)			25[2] Matches (excl. forfeits) 20 day limit	W/completion of Reg. or State meet
Ice Hockey	Begin November 1 10 Separate Days	Last Weekend in November	3**	20	W/completion of Reg. or State meet
Cross Country Skiing	Begin November 1 10 Separate Days (Except Reg. I & II)				W/completion of Reg. or State meet
Track and Field	Begin March 15 10 Separate Days (Except Reg. I & II)				W/completion of Reg. or State meet
Tennis	Begin March 15 10 Separate Days				W/completion of Reg. or State meet

*excluding Sundays

**Overtimes not counted

[1]Effective 78-79 School Year

[2]Effective 77-78 School Year

Article II. Section 2. Scale of Dues (pp 6)

(Changed only in dollar amount of dues)

Annual Association membership dues for school districts and non-school district schools shall be determined as the sum of the dues for each participating member school, based on the actual enrollment as shown on the third quarter attendance report for the prior school year for each school, as shown in the following table:

Enrollment	High School Dues for Next School Year		Jr. High School Dues for Next School Year
1-100	~~$100.00~~	$150.00	$ 50.00
101-500	~~$200.00~~	$300.00	$100.00
501-1000	~~$400.00~~	$550.00	$200.00
1001-Above	~~$600.00~~	$800.00	$300.00

Article VI. Section 2-A (pp 9)

(Add paragraph concerning non-member school participation with member schools)

A member school may participate in interscholastic activities with a non-member school of less than 25 students on an intermural basis as long as the schools are in the same school district and as long as they are in compliance with all other Association athletic eligibility regulations.

LDW:el

1/

SB 163

Sen. Hackney. This is the bill that would propose to take the intershool activities out from under the Department of Education and make them a self-sustaining entity. We have Mr. Les Wells, would you like to come up and give us the benefit of your vast store of knowledge?

Les Wells. I trust you all received the packet of materials that we provided you concerning this bill. This bill is to basically and simply take the double layer of authority lines away and put it under the local school boards and their superintendent. Where now we have a double line of authority, we are under the school boards, the superintendent and we are also under the State Department of Education.

The bill that was passed in 1976 had some problems with it and this bill is simplified and gives legislative intent to allow us to operate the Activities Association as we have since the mid 50's, and to give us some funds to help us provide for the operation of the Association since we are a very sparce state and we do not raise the kind of money they do in other states in big tournaments and so forth. So, we do feel that we need to be under legislation. The school boards and the State School Board Association, the Superintendents Association, the Principal's Association are all, as you see the resolutions they've passed, agree that it should be a self organization and control organization that the members that joing this voluntary organization control the activities.

There are three basic principles here. I would mention to you that . . .

Sen. Sturgulewski. Mr. Wells we are going save ourselves some time here if you will help me a little bit. You are going to have to walk back just a little bit, tell me what you are doing now and what you plan to do and then go on with where you want to go. What is the process now and how is this going to change it.

Les Wells. The process now is that we (the Alaska Activities Association) are under the Department of Education as of 1976. Before that time, it was purely a private voluntary organization. We came under the Department because of a need for some funds to make a full time executive position and some secretarial help. We just didn't have that kind of money.

Sen. Sturgulewski. And your role in life? The role of the Association?

Les Wells. Is to organize, promote and control interscholastic activities between two or mor schools. Where schools have their

own activities, but when you get out in all the athletics, speech and drama, music activities, you do have to have bylaws and regulations like everything else, rules of operation. So, that main purpose is to promote and control good healthy, safe and sound activities.

Sen. Sturgulewski. And right now you have regional groups plus . . .

Les Wells. We have 6 regional groups. The Association voted those before we came under the last bill. We are operating under those, they seem to be satisfactory. Each region has their own officers and run their own business of activities with the State setting the rules, the eligibility, the State tournaments, the dates of seasons and the health and welfare kinds of things.

Sen. Sturgulewski. And so what is your bill going to do to change that structure and where are the rubs?

Les Wells. Number 1. We come under 6 regions, the old bill says that there shall be a representative from each judicial region. But judicial regions don't measure up.

Number 2. The second problem is being under the State, all monies could be called in and all monies run through the State government which would take the savings of the Association had built up, which is used only to take care of bad years. We have tournaments every year, about 10 or 12 of them, if you go in the hole you've got to make up that money somewhere for officials, running the tournaments, trophies and this and that. So, we need some money there that we've always used to make up on bad years and we've built that up. If we were to come under strictly a State funding, then we have to go in for a supplental funding. It makes a lot of extra governmental . . . We sell $1.00 rule books, should we turn in $1 for every rule book we sell? And then we get the money back. It's a double bookeeping and that kind of thing.

Number 3. We do operate right now under the authority of local school boards and the superindent or their designee. Now the superintendent can designate somebody else.

Sen. Sturgulewski. And that's OK?

Les Wells. That's OK. But at this present time under the present bill we also operate under the State Department of Education and the State Board of Education. That is duplication. More government is needed, it takes a lot of my time to live up to the responsibilities on both ends. We can both save money and put it to better use for training officials, for paying transportation costs and some of these other things with the money we would save if we were out from under the double set of authority. This bill was made up with Commissioner Lind's help,

Nat Cole and Ron Lorensen. I'm not going to say any more unless you need more.

Sen. Hackney. I think we will want to hear from Mr. Cole.

Sen. Sturgulewski. Mr. Chairman, by taking out this one level, is there a problem that may have led to the legislation being passed in 1976 of coordination in keeping standards and policies the same within the various regions. Do you foresee a problem there?

Les Wells. No. Because we came to the legislation because we just had to have a full time worker and the only way we could get it through the Department of Education . . .

Sen. Sturgulewski. What will happen with your funding now?

Les Wells. The bill provides for flow through funding. Flow through funding like you do so many other things.

Sen. Sturgulewski. You don't see that as a severe problem?

Les Wells. No. We see that we get more on our dollar because we get every dollar. Every agency has to hold back to be sure you don't have any old bills.

Sen. Hackney. This would be similar to Council on the Arts.

Sen. Fahrenkamp. It has been my experience in working with this, that more times than not the districts themselves have higher standards than imposed by the State. I think they are quite capable of handling their own affairs.

Sen. Hackney. Yes. What this does is take them out from under the state and put them on their own.

Nat Cole. This legislation is what I consider an improvement on what was begun in 1976 when indeed we did establish a State interest in the Activities Association and in the activies governments over the state. I think that was excellent first step.

I should tell the committee that the earlier draft of that legislation is what you have in front of you now. For whatever reason in those days it was deemed to be more appropriate to place it under a State agency at least in its infantcy. I can't speak for the State Board of Education on this particular piece of legislation. They will be looking at legislation and making recommendations in the next two days. They have simply not looked at this piece of legislation. We discussed it with them last year interms of the theory and velocity and so forth when we were discussing writing a change. They were in favor and I would predict the situation would be the same again. But since they haven't acted, it will discussed I believe at 1:00 tomorrow afternoon along with other pieces of

legislation. I would assume they will act in the manner that they would presumably have acted last year.

There is a great deal of duplication in terms of ultimate authority here. We've found several cases where the Board of Control under this bill would be an ultimate authority as the cause of the law and regulations and their relationship to the State Board of Education had appeals brough to the State Board of Education. I'm not sure that those double appeals do accomplish a great deal. This would, I think, place the authority and responsibility with the local school district in the sense that local school districts do establish the Board of Control, they appoint the Board of Control and therefore they control the Board of Control. By in large they fund the cost of the Activities Association. I say there is State money in there and I gather that in terms of the exact costs you can associate with Dr. Wells and his office, it might be about a 50/50 split. But when you look at the tremendous local effort coming from all the school districts in terms of the costs that accrue to the school district to provide travel, cost of living for their teams, for their competitors, for their music/bank all of that that. When you look at that the bulk of the money is really coming from the local school districts and the control really should be there. I think with that, if there are questions I'd be happy to answer them.

Sen Sturgulewski. What is the mechanism of dispute resolution between regions, is that set forth in the . . .

Nat Cole. It is set forth. I'd prefer to defer to Dr. Wells who works with that.

Sen. Sturgulewski. Is that in the bylaws of your organization?

Les Wells. Yes. My level, then the board level and then the appeals commission level.

Sen. Fahrenkamp. I move that this bill be passed out with individual recommendations.

Sen. Hackney. No objections? So ordered.

Sen. Sturgulewski. Mr. Chairman, I saw Mrs. Flynn there and I wonder was she planning to testify on this?

Sen. Hackney. Did you want to speak on this, Heather?

Heather Flynn. I am Heather Flynn from the Anchorage School Board. You'll notice that Bob Greene's name is on there and he wished to speak on this too, but had a command performance across the street so he won't be here.

I appreciate the commentary I've heard here today regarding

the duplication of services and the duplication of control. I think it is a very valid arguement, but I do have a question to raise that I think perhaps should be raised from a local school board's point of view; and that is the whole issue of where the government lays and what kind of representation that you have on that government. Generally speaking, local school boards are fairly representative of their communities and likewise the State school board should have a fairly broad level of representation from all kinds of backgrounds. While I realize we've come a very long way and we do infact call this the Alaska School Activities Association in very large part the vast majority of the time and energy is an athletic association not an activities association. I have a little difficulty with essentially turning over the governments function to a group of individuals, who are, for the most part, coaches.

I don't wish to put down that function, but I do wish to note to the committee that that isn't necessarily a terribly broad function. I think that the current type of government and the appeal level through the State Board of Education probably is a more representative body.

The other problem I have as a local school board member is there is a good many things done by this Board of Control which significantly impacts local school districts. Its sort of like my argument on binding arbitration. I have the final authority on that budget and I am unwilling as a local school board member to really allow any usurptation of that by another board of control.

It's interesting that this happens to be the weekend the State School Board does infact have an appeal before it and it is an appeal based upon a wrestling situation. My reaction to my previous commentary is that I think probably it is more fair that the broad spectrum of the State Board of Education be the appeal body for that rather than the control board.

Sen. Hackney. Why do you feel they would be anymore objective than would a board made up of local representatives?

Heather Flynn. Because traditionally the board made up of local represenatives is almost exclusively coaches, or principals who have been coaches. That's just the way it is.

Les Wells. Two out of six are excoaches now. We've even got a music person now.

Sen. Sturgulewski. Under the new provisions that we have, who would approve the future changes in the school activities assoc. revisions to their rules?

Nat Cole. That would be the board of control.

Les Wells. Through the vote of each school. Each school can have their input, every superintent and school board. We do notify them.

Heather Flynn. One of the issues that have been brought up this appeal. And I am not party to the appeal, the attorney simply carbon copied those of us on the school board. It does emanate from Anchorage but one of the issues on appeal is the numbers, the amount of representation for each one of the regions. I'm certainly no authority on whether or not there is adequate representation on a region by region basis, but again I have to look at a very selfish idea. Here we sit in Anchorage with practically half the students in the state and yet we have a policy making body that is always going to outvote us by 2 to 1 and the policy making body really does not in any way have to be responsive to me as a governor of a local school district and my superintendent.

You understand my point that I really have no control over it as a local school member and I get a little uncomfortable with that.

Sen. Sturgulewski. Mrs. Flynn, of course you do through budgetary process. You can refuse to participate.

Heather Flynn. That's why there's an appeal right now, because we did reduce that budgetary portion last year. That's the unfortunate part about it, we can sort of go and do as we wish in Anchorage but it impacts the entire rest of the state. And if we choose not to fund something, its a very difficult problem and I am glad to hear Les saying that it coming along and it is becoming more activities oriented instead of strictly athletics.

Sen. Hackney. This unfairness though, really is something that goes throughout the state and its due merely to the fact of Alaskan life that Anchorage Alaska has got darn near half the people in the state and we sure notice it down here. They are not all as fine and fair minded individuals as Sen. Sturgulewski.

Thank you very much Heather.

Sen. Sturgulewski. May I direct one question to Mr. Wells? I think Heather has raised an interesting point about the relationship with the local board. Do you have any comments on the testimony she's given? I don't want to get into a rebuttal thing . . .

Les Wells. We do not communicate directly. We do communicate with the State School Boards Association yearly and monthly, we do with every superintendent. We are encouraging always the superintendent at least once a year to have some kind of item on the agenda so they discuss the activities association. We are under the local board's control and their superintendent. I understand what Heather is saying and we know its a dollar gain and financial gain. And that is why the State Board has taken the stand not to take everybody to state tournaments.

Sen. Ferguson. Mr. Chairman, are we still talking about the Activities Association?

Sen. Hackney. We are, we've actually passed the bill out.

Sen. Ferguson. I would like to ask if Anchorage is included in the Activities Association. I asked that two years ago when we passed a bill on this, if Anchorage is involved in this or they can be if they want to put some money into it.

The problem that I have is Anchorage having 10 schools, they have a lot of gate money not allowing some other communities to come in and share in that gate money is a problem. Two years ago I felt that Anchorage really didn't have any business in the Activities Association with that type of an attitude.

Sen. Hackney. I think that can happen. We were talking about that earlier. The degree to which all of us are affected by what Anchorage does.

Sen. Sturgulewski. Mr. Chairman, I absolutely cannot respond because I don't have any idea what the make up is or how the gates are run or anything else.

Heather Flynn. I think I can understand a little bit of what he is saying. We have been round and round and round about this and infact the first time that we made some reductions or attempted to restrict travel budget it was done on the recommendation of the smaller Southeast school board because they were just getting their student body and their staff ripped asunder by being gone for 10 days at a whack stuck in Hydaburg or someplace. One of the things that we always didn't pass and this was 10 years ago, was that it was cheaper for you folks from Fairbanks, for example, to bring your team to Anchorage. We'll house you, we'll feed you and we'll give you the entire gate if you come to Anchorage. We can't ship 6 full teams all over the state. Fairbanks, Juneau and Ketchikan, in a perfectly honest reaction said, Nuts to you, we want some of the action too. Our school board again, not two months ago, said 'let's say that we'll demand that all state tournaments be held in Anchorage'. Well, that's ridiculous, nobody wants every state tournament to be held in Anchorage, but we can't afford to send all of our teams somewhere else. Consequesntly, we have been putting only X amount of money in the budget. We can't send 6 teams all over the state in every sport we've got. We spend $23,000 for a swim meet in Ketchikan last year.

Les Wells. That was one out of line thing that happened. And everybody admitted that that was an out of line thing.

Heather Flynn. $23,000 to charter an airplane to Ketchikan no, we can't afford to do that.

Sen. Hackney. Yes, it really gets to be a problem. Primarily because we are so spread out.

SB

177

SB 177 S. HESS 79-80 "An Act making a special approp. to the Legislative Affairs Agency for a ~~State Committee on~~ Stroke to the Elderly"

By: Rodey & Stimson

see SB 179

Introduced: 2-13-79
Logged: 2-14-79
Referrals: Finance
Comm. Date - 3-21-79 - tled.
" action

ALASKA STATE LEGISLATURE

Legislative Affairs Agency
Po.ch Y - State Capitol
Juneau, Alaska 99811

REGIONAL INFORMATION OFFICE
1024 West 6th Avenue
Anchorage, Alaska
99501
(907) 278-3668

Enclosed for your information and files are materials relating to the teleconferenc' on SB 177, SB 179 - committee on services to the elderly held March 21, 1979, including a copy of the witness and observ'r list.

Judy Hopkins
Anchorage Moderator

LAA 11
(Rev. 4-29-77 K)

Alaska State Legislature

TELECONFERENCE HEARINGS



SUBJECT: SB 177, 179 - State Committee on Services to the Elderly

COMMITTEE: Senate HESS & Senator Rodey

DATE: Wednesday, March 21, 1979

TIME: 1:30 - 2:30 p.m. - A.S.T. 1st Rodey, then Anch, then Fbx

SITES PARTICIPATING: Anchorage, Fairbanks

CONFERENCE MODE: audio

LOCATION: LIO

MODERATOR: Hopkins

UAA ADVISED, CONFIRMED na
Extra bills ordered x
Register prepared 3/19

NOTES:

Originator is aware lead time for publicity is very short; they are making contacts and request that we "do what we can."

PUBLICITY:

INVITATIONAL

	Date	Quantity
PSAs		
Audio PSAs		
Video PSAs		
News releases		
Direct mail		
Phone contacts	3/19	6
Other:		
Posted at LIO	3/19	

✓ H/S SE regional office 277-1027
o Rose Palmquist [redacted], 276-4041
✓ OPAG 272-7517
Lucas 279-2511 has not made the
Mayor's Anchorage Sr Citizen Program 276-3700
(Helen Legore Dennis) (Municipal Sr Cit Adv Board has mtg starting noon 3/21)
✓ CIRA 278-7641
[redacted]
✓ Flo Kern 272-2772

Copies to LTN Juneau 3/21
Copies to committee 3/21
Copies to sponsor

NUMBER IN ATTENDANCE 7
NUMBER TESTIFYING 3

67-30-1

PLEASE PRINT

(T)

Name Florence Mason

Here to TESTIFY ✓

Representing Older Persons Action Group

Mailing Address 325 E. Third St. Zip 99501

Here to OBSERVE ____

Phone 272-2772

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Florence J. Mason
(signature)

Have you participated in other legislative teleconferences? ____ How many? ____

Would you have participated in this hearing if the network were not available? ____

PLEASE PRINT

(T)

Name Timothy Twitchell
Senior Citizens

Here to TESTIFY ____

Representing Vista Native Outreach

Mailing Address 1110 East 14 Zip 99501

Here to OBSERVE ____

Phone 279-6078

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Timothy Twitchell
(signature)

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(T)

Name Palmquist

Here to TESTIFY ✓

Representing Man Comm for Sr. Citizens

Mailing Address 1829 - E 5th Zip 99501

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(signature)

Have you participated in other legislative

Would you have participated in this hearing

PLEASE PRINT

Name CHARLES HINES Here to TESTIFY ____

Representing D & A

Mailing Address 4163 JAMES AVE Zip 99504 Here to OBSERVE X

Phone 337-5654 o. 263-1724

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Chas Hines
(signature)

Have you participated in other legislative teleconferences? N. How many? ____ Would you have participated in this hearing if the network were not available? Yes

PLEASE PRINT

Name Patricia Long Here to TESTIFY ____

Representing Mabel Caverly Senior Center

Mailing Address 1111 E. 5th Ave Zip 99501 Here to OBSERVE X

Phone 274-9361

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Patricia M Long
(signature)

Have you participated in other legislative teleconferences? ____ How many? ____ Would you have participated in this hearing if the network were not available? ____

PLEASE PRINT

Name Kathryn L. Tiala Here to TESTIFY ____

Representing National Council Senior Citizens (Anchorage Chapter) 03856

Mailing Address P.O. Box 375-Anchorage Zip 99510 Here to OBSERVE ✓

Phone 272-1988

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Kathryn L. Tiala
(signature)

PLEASE PRINT

Name Edna Adrian Here to TESTIFY ____

Representing Mayor's SrCit Comm

Mailing Address 1280 E. 17th Ave. Apt 336 Zip 99501 Here to OBSERVE X

Phone 276-2884

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

_____
(signature)

Have you participated in other legislative teleconferences? Yes How many? 2

How did you learn about this hearing?

Calendar

Would you have participated in this hearing if the network were not available? ____

If yes, did you use the network:
X instead of travel
__ instead of phone conversations
__ instead of mailed testimony

Date: 3/21/79 Subject: SB 177, SB 179 - services to elderly Location: Anchorage

Lang

BACKGROUND INFORMATION

Applicants seeking or considering gubernatorial appointment to state boards and commissions are requested to fill out the following information:

Name: Herbert C. Lang

Age: 50

Address: SRA Box 1737, Anchorage, 99507

Family:

Phone:

Brief Resume Beginning with Current Position

SEE ATTACHED RESUME

Special positions, activities, experience, education, honors, etc. which complement appointment.

Background Resume of Herbert C. Lang

Born: October 24, 1929

Married: Wife - Janet Lee
Children - Cheri, Debbie, Michael

Education:
B. of Ag. - University of Alaska 1951
M.B.A. - University of Pennsylvania
Wharton School of Finance 1955
Graduate work at University of Illinois and
Montana State University

Military:
Commissioned office, infantry
Served in United States and Korea 1951-53

Employment:
Employed by Territory and State of Alaska in
various capacities in Department of Natural
Resources 1955-1964

1965-Present
President and C.E.O. of Anchorage Sand & Gravel Co., Inc.
Alaska Basic Industries, Inc.
Viking, Inc.

Board of Directors - Viking, Inc.
Alaska Rural Rehabilitation Corp.
Anchorage Sand & Gravel Co., Inc.
Alaska Basic Industries, Inc.
Y.M.C.A.
A.C.I.-Alascom
Alaska Pacific Bank

Trustee - AGC - IAPF

Former member and President (2) terms Greater
Anchorage Area Borough Assembly.

Former member Anchorage School Board.

Chairman, Employee Relations Board, Municipality of
Anchorage.

Treasurer - Y.M.C.A., Anchorage

December 27, 1978

"Our copy"

Introduced: 2/13/79
Referred: Health, Education & Social Services and Finance

Funding Information
General Fund $50,000
Other Funds -0-
$50,000

IN THE SENATE BY RODEY AND STIMSON

SENATE BILL NO. 177

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act making a special appropriation to the Legislative Affairs Agency for a State Committee on Services to the Elderly; and providing for an effective date."

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

* Section 1. The sum of $50,000 is appropriated from the general fund to the Legislative Affairs Agency to fund the State Committee on Services to the Elderly.

* Sec. 2. The unexpended and unobligated portion of this appropriation lapses into the general fund June 30, 1980.

* Sec. 3. This Act takes effect on the effective date of a version of an Act entitled "An Act establishing a State Committee on Services to the Elderly".

Appropriation (special) (Legislative Affairs) (Services to the elderly)

SENATE BILL NO. 177, by Senators Rodey and Stimson. Appropriates $50,000 to Legislative Affairs Agency to fund the State Committee on Services to the Elderly. Effective on effective date of a version of Act entitled "An Act establishing a State Committee on Services to the Elderly". (SB 179)

Introduced February 13 and referred to HESS, then to Finance.

STATE OF ALASKA
JAY S. HAMMOND, GOVERNOR
DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER
OFFICE ON AGING
POUCH H 01C – JUNEAU 99811

March 14, 1979

Senator Glenn Hackney, Chairman
Senate HESS Committee
Room 207 (Butrovitch) Capitol
Juneau, Alaska 99801

Dear Chairman Hackney:

Re: Support of SB 177
and SB 179

At the request of the Governor's Advisory Committee on Aging, I have been directed to contact you and inform you of its unanimous support and endorsement of SB 177 and SB 179 by Senator Rodey and Stimson.

At its official organizational meeting held in Juneau on March 7, 8, and 9, 1979, it was moved by committee member Betty Warren, Kenai, seconded by committee member Al Widmark, Juneau, and carried without objection, that the committee support and endorse the concept contained in proposed legislation. (SB 177 and SB 179)

While under discussion there was real concern expressed by the members present that although SB 177 has a $50,000 fiscal note, the funding of this measure should in no way curtail the funding of the Office on Aging.

Enclosed is a copy of the current members of the committee. All persons were in attendance except Mrs. Southall and Mrs. Arlin.

Sincerely,

Danny Plotnick

Danny Plotnick, Coordinator

Enclosure

cc: Senator Ferguson
Senator Colletta
Senator Sturgulewski
Senaotr Fahrenkamp
Senator Rodey
Senator Stimson

GOVERNOR'S ADVISORY COMMITTEE ON AGING

March, 1979

Mr. Zelmer Lawrence
7431 Blackberry Street
Anchorage, Alaska 99502
243-8169

Mrs. Kathryn Fiala
Post Office Box 375
Anchorage, Alaska 99510
272-1988

Mr. William Peters
Post Office Box 733
Sitka, Alaska 99835
747-6658

Mr. Theodore Drahn
Ballaine Lake Road
Box 80064
College, Alaska 99701
479-4176

Mrs. Doris Southall
2-B-7 Dixon Apts.
100 - 10th Street
Fairbanks, Alaska 99701
456-6358

Mrs. Marian Arlin
4106 Laron Lane
Anchorage, Alaska 99504
333-7070

Mr. Fletcher Gregg
Post Office Box 257
Kotzebue, Alaska 99752
442-3188

Mrs. Betty Warren
Post Office Box 116
Kenai, Alaska 99611
262-5453

Mr. Alfred Widmark
Post Office Box 1492
Juneau, Alaska 99802
789-7523

To increase older persons participation
Tim Luttrell - 07246

Municipality of Anchorage

POUCH 6-650
ANCHORAGE, ALASKA 99502
(907) 276-3700

GEORGE M. SULLIVAN, MAYOR

HUMAN SUPPORT SERVICES
Senior Citizens Programs

March 13, 1979

Senator Pat Rodey
Pouch V
Juneau, Alaska 99811

Dear Senator Rodey:

As Chairman of the Municipal Senior Citizens Advisory Commission I commend you upon introduction of Senate Bills 177 and 179.

The Commisssion at it Regular Monthly meeting on February 21, 1979 was advised of the two Bills and expressed gratituded that headway was being made toward our goal of improved services and opportunities for older citizens.

It is our opinion that a good look at the whole scene confronting Alaska's Aging is long overdue. There have been a number of studies, mainly from a single issue point of view. These studies have contributed to piecemeal legislation and administration.

We elderly, never-the-less have fared very well with the Alaska Legisltature with such programs as property tax exemption, pension income tax exemption, the Longevity Bonus and more.

The elderly need to be much more involved in the execution of the legislation, like we now are with the legislators.

Senate Bills 177 and 179 will not impact in any negative fashion on our desires for a Medicaid-General Relief Medical $5,000,000 Budget transfer in FY 1980 for a combined Home Health-Home Support program. As you will recall, we are advocating a program to be locally administered with guidance from the Department of Health and Social Services.

Although this in-home care could be handled in the budget review process, we have been advised by members of the Senate and House that a Bill would have a number of advantages over the budget review route.

Our Commission and other organizations made up of older citizens is hopefull that such a bill will be introduced.

We thank you again for your knowledge of the problems of Alaska's aging population and the concern you have shown toward providing solutions.

Sincerely,

Rose Palmquist

Rose Palmquist
Chairman

cc. Bill Sumner
John Sackett
✓Glenn Hackney
Mike Colletta
Jelmar Kertulla
Brad Bradley
Bill Ray
Russ Meekins
Nels Anderson

SB

179

SB 179
By Roby & Stinson

S. HESS 79
An Act establishing a State Committee on Services to the Elderly"

Ref SB 177
Exc $50,000 F.N.

call 586-3131 — John Tindell (Ks. Light Church) when published.

Introduced: 2-14-79
Logged: 2-14-79
Referrals: none
Comm. Date 3-21-79 - held
" Action

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

OFFICE ON AGING

POUCH H 01C – JUNEAU 99811

March 14, 1979

Senator Glenn Hackney, Chairman
Senate HESS Committee
Room 207 (Butrovitch) Capitol
Juneau, Alaska 99801

Dear Chairman Hackney:

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and SB 179

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Danny Plotnick

Danny Plotnick, Coordinator

Enclosure

cc: Senator Ferguson
Senator Colletta
Senator Sturgulewski
Senaotr Fahrenkamp
Senator Rodey
Senator Stimson

GOVERNOR'S ADVISORY COMMITTEE ON AGING

March, 1979

Mr. Zelmer Lawrence
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Anchorage, Alaska 99504
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Post Office Box 257
Kotzebue, Alaska 99752
442-3188

Mrs. Betty Warren
Post Office Box 116
Kenai, Alaska 99611
262-5453

Mr. Alfred Widmark
Post Office Box 1492
Juneau, Alaska 99802
789-7523

PREPARED BY Sen Rodeys' OFFICE

FACT SHEET ON SB 177: "An act making a special appropriation to the Legislative Affairs Agency for a State Committee on Services to the Elderly; and providing for an effective date."

SB 179: "An act establishing a State Committee on Services to the Elderly."

Bill Summary

The purpose of this legislation is to create and fund an interim committee to examine comprehensively all the services presently being provided to the elderly in Alaska, and make recommendations for changes. The assumption is that there are gaps and overlaps in the delivery of those services which need to be addressed, and ought to be addressed jointly by all the parties involved: i.e. the legislature, the administration and, of course, the elderly themselves.

As it is envisioned now, the 11-member committee would hold four meetings during the course of the summer and fall in communities like Sitka, Fairbanks, Anchorage and Kotzebue or Nome. Additionally, efforts would be made to gather input from people in all other places of the state. Topics to be addressed would be, as stated in SB 179, "possible alternative means to improve the efficiency, economy, and effectiveness in the delivery of state services and bendfits to the elderly, including such alternatives as administrative consolidation, local administration and control, substituting cash benefits for direct services, and alternatives to institutionalization."

The desired accomplishment would be a state policy on aging in which all appropriate parties had a share, and to which all would have a commitment.

The Problem

The last time the state inventoried all the aging programs in Alaska was in November of 1976 when Jim Stey, budget analyst for the governor, put it together. His conclusion was "At the present time, the state does not appear to have a definitive aging policy." Two and a half years later, it still doesn't.

Stey's report included some interesting figures which very clearly illustrate the negative effects of our present "non-policy." In 1976, the state alone had 14

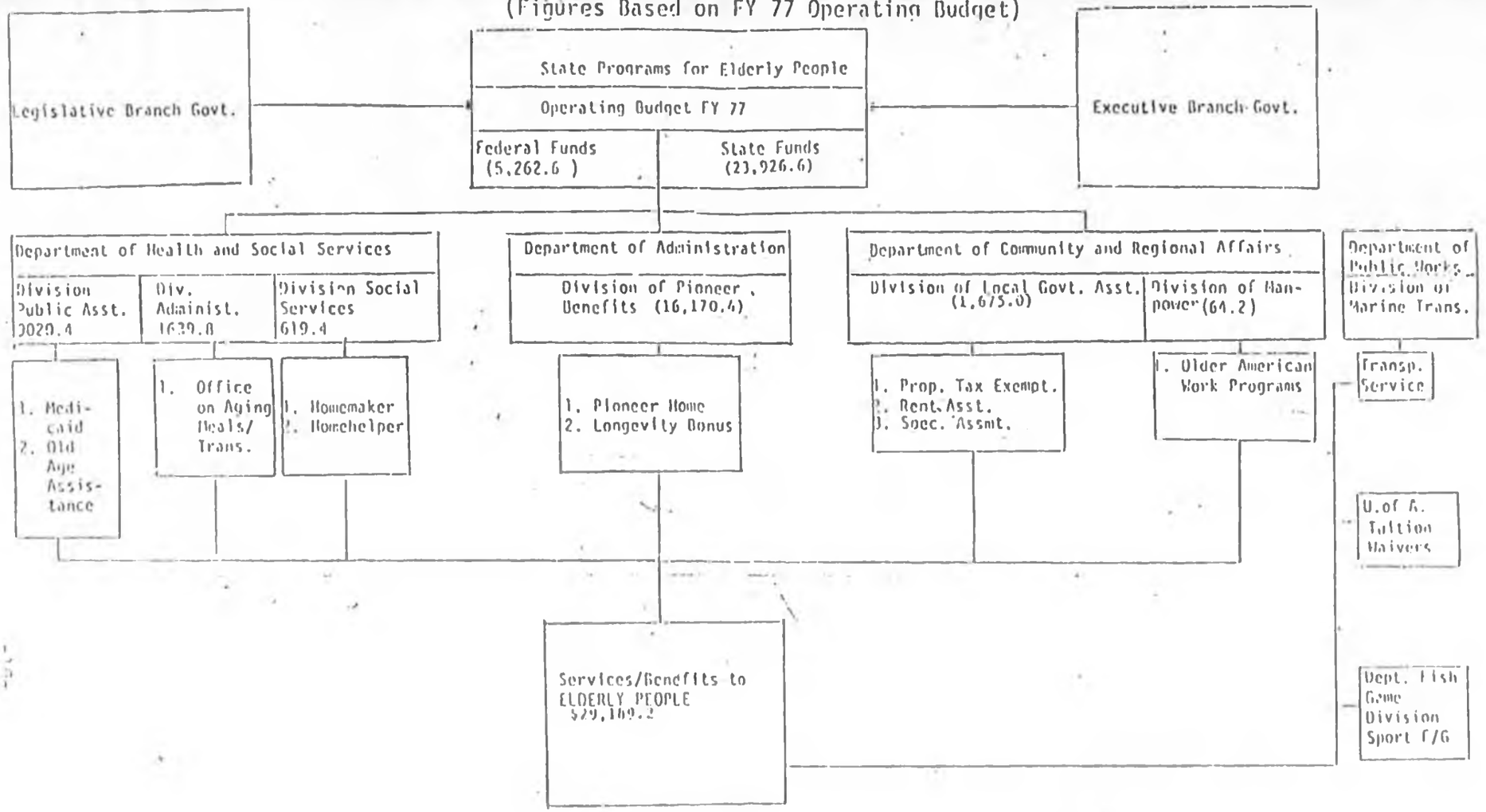
different programs for the elderly being administered by five different departments through nine different divisions. Those programs were providing approximately $29 million worth of services and benefits to over 16,000 senior Alaskans. In addition, the federal government was providing approximately $26 million worth of services and benefits to the same 16,000 Alaskans through more than thirty differnt programs administered by at least five different department through another half dozen divisions. That's alot of administration, an expenditure of alot of money, and all of it happening without a comprehensive plan, much of it happening without the people who ought to even knowing about it.

At a time when citizens are telling their elected officials that government is growing too big, is inefficient and unresponsive, and at a time when the managers of our state money are telling us we have to cut back on our expenditure, it seems undisputeably appropriate to back off from the establishment of even more new programs, and consider what we've already got. It might be possible that the state can do a better job delivering services to its citizens by mandating maintenance or less budgets, but it's not going to happen accidentally. What is required is a cooperative effort of all those people who would benefit from a fine tuning of the system. It is not appropriate for the legislature to attempt such an undertaking unilaterally, because the legislature neither knows exactly what is needed, nor does it have the opportunity at any rate to implement its programs. That's the function of the administration. But, neither can they act independently, for they do not appropriate the money nor always recognize the intent of the legislature. As for the consumers of the services, though they are the ones who truly know what they want and need, they neither pass the laws nor run the programs. All are partners of necessity - or at least should be if the state is to do the best possible job of providing for its senior citizens.

CHART I

STATE PROVIDERS OF SERVICES FOR ELDERLY RESIDENTS

(Figures Based on FY 77 Operating Budget)



*Prepared by the staff of Division of Budget and Management, November, 1976.

MEMO

3/21/79

TO: SEN. HACKNEY

FROM: PAUL

RE: SB 177 & SB 179

Spoke with Jim Kelly, Rodey's A.A., to get some answers regarding a couple of questions I have re: SB 179. First, is the intent of SB 179 designed to ascertain what benefit/services are available at the state level or are they implying that it would encompass all levels, federal and local as well. He said the bill is designed to treat all levels of government, federal, state & local. Second, I was curious as to what the language in the bill "substituting cash benefits for direct services," (p.2, line 10) meant. He said what they are getting at here is a recommendation along the following lines. Instead of pumping all kinds of money into the pioneer homes, maybe a pioneer fund could be set up designed to let pioneers dip into the fund for the purpose of allowing them to use the funds to stay in their own homes rather than being institutionalized.

Questions you can consider for today's hearing:

1) Since there currently exists an Advisory Committee on Aging (Dept H/SS) and a Pioneer Home Advisory Board (Dept Admin) why is it necessary to create another committee dealing with the elderly. Couldn't these committees attain the results desired in this bill?

2) Don't federal regulations somewhat reduce the amount of coordinating flexibility that can take place between agencies serving the elderly (i.e. just to compose a joint-application form would be difficult because federal regs require different information for each of the agencies to process the application in order to provide the benefit or service)?

3) Don't facilities like Senior Citizens Centers assist elderly in procuring bevefits & services?

4) Do you feel that the time you have allotted the committee (committee will terminate at the end of the second session of the 11th Legislature) is sufficient time to examine the issues dealing with the elderly as this bill suggest?

5) To expand this issue a little further - the different levels of government offer benefits/services to an abundance of people of all ages, and all these various agencies providing these different services aren't centralized/coordinated as we would like - maybe in a bureaucratic type system this is something we have to live with --.

ATTACHED is a bill summary and some funding information provided by Rodey's office.

Municipality of Anchorage

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

GEORGE M. SULLIVAN, MAYOR

February 13, 1979

OFFICE OF HUMAN DEVELOPMENT
Senior Citizens Advisory Commission

The Anchorage Municipal Senior Citizens Advisory Commission has placed the highest priority to assuring that preventative health and social services are provided to the Elderly and that to the maximum degree possible those services to be provided in the Home Environment. Further, the members of this Commission are convinced that the most reasonable, effective and financially sound provision of services would be by means of an umbrella (u fied) service agency.

The Position Paper on Home Care adopted by the Commission at the December 1978 meeting and affirmed at the January 1979 meeting is enclosed. The paper reflects the observations of this Commission and recommendation which had evolved over a two year period.

During this time, the Commission as a whole, and in subcommittees of the Commission, has met with providers of services in this field. The input provided by the staff of provider agencies has had a substantial impact on the Commission. As dedicated as we are to the development of a single organizational structure at the local level for the delivery of these services, we are not approaching the legislature with the request that new funding be provided.

Our First request is that where feasible, State Division of Social Services contracts for Homemaker Services be made to local or regional organizations providing at least one other Home Care Service. This request does not require the expenditure of any additional funds, it is rather a reallocation of funds.

Our second recommendation is that the Legislature establish a special committee to make a thorough evaluation of home services in the State. While this would require the expenditure of funds, we are convinced that the savings which could be realized by the State in its medical care program payments for hospital care, by individuals and by insurance companies for hospital and institutional care would make an impartial legislative evaluation cost effective to the citizenry.

As Chairman of the Commission I have spent two days in Juneau offering more specifice input. We advocate for the transfer of Five Million Dollars from the Medicaid and General Relief Medical Programs to provide in Home Care. The Bill to realize this goal should provide for local administration with the Department of Health and Social Services allocating and Monitoring funds. We strongly encourage a service were relatives can be reimbursed for inhome care. The Commissioner of Health and Social Services has indicated interest in our proposals.

Our medical care subcommittee would be eager to meet with you at any time that you are in Anchorage. Our staff person, Cari John, can be reached at 276-3700 to make arrangements with respect to Home Services. A membership list of the Commission is enclosed.

I would also anticipate that you will hear from the membership of such senior organizations as: AARP NART, Gray Panthers, Older Persons Action Group, and The National Council on Senior Citizens.

On behalf of the Commission, I look forward to a close working relationship with you.

Sincerely,

Rose Palmqusit, Chairman

enclosures-4
cc: distribution list

Distribution List

Mayor Sullivan

Governor Hammond

Commissioner Helen Beirne

Title III and VII Project Directors

Title III and VII Project Councils

Members of the Alaska State Legislature

Municipality of Anchorage

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

GEORGE M. SULLIVAN, MAYOR

OFFICE OF HUMAN DEVELOPMENT
Senior Citizens Advisory Commission

POSITION PAPER
IN HOME CARE SERVICES
JANUARY 1979

Introduction

The Anchorage Municipal Senior Citizens Advisory Commission is charged by Municipal Ordinance Number 49-76 with responsibility to "Advise the Mayor, the Assembly and appropriate Department Heads with respect to aspects of aging which bear on the welfare of Senior Citizens."

It is in accord with this responsibility that the Municipal Senior Citizens Advisory Commission at the Regular Monthly Meeting on December 20, 1978, adopted by unanimous vote the following position and recommendation with respect to Home Support Services:

The Commission is convinced that the need for a unified Home Support Services is essential to Senior Citizens in Anchorage. Futher, that such unification would benefit incapacitated individuals of all ages. This Commission has, as its primary concern, the well-being of the approximately six thousand (6,000) elderly individuals residing in Anchorage. These recommendations are applicable to Anchorage, though other Alaskan Communities might also benefit from unification of services provided within their communities.

Definition

Home Support Services are defined within this position paper as follows:

"Services provided in the home of the temporarily or permanently incapacitated individuals and are designed to improve, maintain or restore physical or mental well-being and enhance the individual's ability to remain in or return to the home environment."

Specific services encompassed by this definition include, but are not, limited to: In-home skilled health services (nursing services, physical and occupational therapy, speech therapy, education on care); chore and homemaker services; in-home respite care;in-home nutrition services; and counseling and referral services.

The goal of Home Support Services is to reduce the inappropriate or premature institutionalization of individuals and the appropriate care of individuals in their own homes would relieve the economic and emotional devastation of inappropriate placement of individuals in institutional care facilities.

Provision of in-home services has been shown to be an effective means reducing expenditure of public/private funds for institutional care.

Problem Statements

-Existing services to incapacitated individuals are not available in quantities sufficient to meet the needs.

-Fragmented services delivery prohibits the assurance that care is provided in a coordinated manner responsive to the individuals's changing needs; resulting in cost inefficiency and waste of resources.

-Individuals are subject to "Agency Bounce" because the requests for services are frequently referred to the wrong provider or the request for services was made in an "inappropriate" manner.

-There is no multi-disciplinary appraisal of the individual's needs which frequently results in the delivery of inappropriate services.

-Two specific Home Support Services, cannot be unified because the policy of the Department of Health and Social Services, Division of Social Services is to contract for Homemakers services on a state-wide basis.

Recommendations

- That expansion and unification of in-home support services be acknowledged as the very highest goal of State, Federal and Local Government.

- That within the State of Alaska, the development of local and regionally based organizations be encouraged to consolidate services to the maximum extent feasible.

- That the 11th Session of the Alaska State Legislature direct the Division of Social Services to contract with local organizations, local units of government and/or regional health corporations for the delivery of Homemaker services, in instances where consolidation of services would result.

- The 11th Session of the Alaska State Legislature establish and provide funding and staff for a Special Interim Committee to examine the issues, possible solutions and funding mechanisms for regionally and/or locally based unified home support services. And that Committee be charged with the responsibility of preparing recommendations for action to the Second Session of the 11th Session.

Municipality of Anchorage

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

GEORGE M. SULLIVAN, MAYOR

OFFICE OF HUMAN DEVELOPMENT
Senior Citizens Advisory Commission

RESOLUTION

79-1

WHEREAS Care provided in the home environment of incapacitated individuals is both economically and therapeutically preferable to institutional care,

AND WHEREAS In-home care permits incapacitated individuals, particularly Senior Citizens, an opportunity to continue leading an independent and productive life

AND WHEREAS Within the State of Alaska, In-Home Care is not available in sufficient quantity to meet the needs of incapacitated individuals of all ages,

AND WHEREAS Existing In-Home Care services are fragmented and provided by a variety of administrative units, and have not been planned for or implemented in an integrated and coordinated manner

NOW THEREFORE DOES THE MUNICIPAL SENIOR CITIZENS, ON DECEMBER 20, 1978, RESOLVE TO REQUEST THE ELEVENTH SESSION OF THE ALASKA STATE LEGISLATURE TO ESTABLISH AND PROVIDE FUNDING AND STAFF FOR A SPECIAL INTERIM COMMITTEE TO EXAMINE THE ISSUES, POSSIBLE SOLUTIONS AND FUNDING MECHANISMS FOR REGIONALLY AND/OR LOCALLY BASED UNIFIED HOME SUPPORT SERVICES. AND THAT THE COMMITTEE BE CHARGED WITH THE RESPONSIBILITY OF PREPARING RECOMMENDATIONS FOR ACTION TO THE SECOND SESSION OF THE ELEVENTH SESSION.

Edward L Adrian

Attest: Edna Adrian
Secretary

Municipality of Anchorage

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

GEORGE M. SULLIVAN,
MAYOR

OFFICE OF HUMAN DEVELOPMENT
Senior Citizens Advisory Commission

RESOLUTION

79-2

WHEREAS The Municipal Senior Citizens Advisory Commission recognizes the need for the unified and coordinated Home Support Services delivery to incapacitated individuals.

AND WHEREAS Existing Home Support Services are fragmented,

AND WHEREAS The Divisions of Social Services of the State Department of Health and Social Services contracts for the administration and delivery of Homemaker services on a statewide basis only.

AND WHEREAS The Division's requirement that contract for Homemaker Service be made on a statewide basis effectively prohibits the unification of Homemaker Services with other Home Support Services.

NOW THEREFORE DOES THE MUNICIPAL SENIOR CITIZENS ADVISORY COMMISSION ON DECEMBER 20, 1978, RESOLVE TO REQUEST THE ELEVENTH SESSION OF THE ALASKA STATE LEGISLATURE TO DIRECT THE DIVISION OF SOCIAL SERVICES TO CONTRACT FOR THE ADMINISTRATION AND DELIVERY OF HOMEMAKER SERVICES ON A REGIONAL OR LOCAL BASIS IN INSTANCES WHERE SUCH CONTRACTING WOULD RESULT IN THE UNIFICATION OF THE ADMINISTRATION AND DELIVERY OF HOME SUPPORT SERVICES

Edna Adrian

Attest: Edna Adrian
Secretary

76

Municipality of Anchorage

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

GEORGE M. SULLIVAN, MAYOR

OFFICE OF HUMAN DEVELOPMENT
Senior Citizens Advisory Commission

RESOLUTION

79-3

WHEREAS The older worker can make substantial contributions of benefit to employers

AND WHEREAS The older worker brings to employment a degree of expertise, stability and commitment based on previous years of contribution

AND WHEREAS The older worker may have special needs with respect to working conditions and stamina which make part time employment more reasonable than full time employment,

AND WHEREAS Many jobs could be performed by part-time employees

AND WHEREAS There is increasing economic pressure on older workers to supplement retirement income

NOW THEREFORE DOES THE MUNICIPAL SENIOR CITIZENS ADVISORY COMMISSION, ON DECEMBER 20, 1978, RESOLVE TO REQUEST THE ELEVENTH SESSION OF THE ALASKA STATE LEGISLATURE TO PASS A RESOLUTION DIRECTING AND ENCOURAGING DEPARTMENTS WITHIN STATE GOVERNMENT TO EXAMINE AND REPORT TO THE LEGISLATURE ON THE NUMBER OF OLDER WORKERS CURRENTLY INCLUDED IN THEIR DEPARTMENTS, AND THE NUMBER OF POSITIONS WHICH MIGHT BE REASONABLY FILLED BY AN OLDER WORKER ON A PART-TIME AND/OR FLEX-TIME BASIS.

Edna Adrian

Attest: Edna Adrian
Secretary

Sen. Ridley
Interim Committee
11 Member Committee

1976 - Inventory of Services for Elderly

Problem of Co-mingling of Federal funds

Sen. Stimpelewski ■ Retirement deadline

Advisory Committees
1) Not set up to handle questions called for in this bill.
Ridley - would not propose to affect Pioneer Home or longevity program.

Flo Mason - OPAG
wants to see Dept. on aging

Jim Deitchell OPAG Bldgs ——
Retired persons - allotment 136-137 near Broadwaters creek, past Chalitna River, house location undecided. As benefit from SSI went up VA benefits came down.

Ted Drahn
Director Thomas
Sen. Towns
Comp. of advisory Committees should include
Gerontologist →
Existing board can't take on responsibility

Dottie England
Need for Coordination
Hard to keep track of what is available.
Pilot program in Nenana turned up people who had not applied for

Knots — Mary Shaffer - Dir. of Senior Centers in Knts.

Anch.
Rose Odongeist - Chm. Municip. Comm. on Elderly
4.3% over 65
HSS has never made a study on Indians

NOTE IN BUDGET DRU IT IS THE INTENT OF THE LEGISLATURE THAT THE ~~[illegible]~~ IN CONSULTATION WITH AARP, ODAC, NRTA, SHALL CONDUCT A STUDY OF THE SERVICES PRESENTLY OFFERED TO ELDERLY PERSONS IN THE STATE OF ALASKA. THE OF THIS STUDY SHALL BE TO

Slatrick –
Supports bill

John Tindell
Compares DOT to results to be attained through a study like that proposed by these bills.
Amount of money does it scare him.

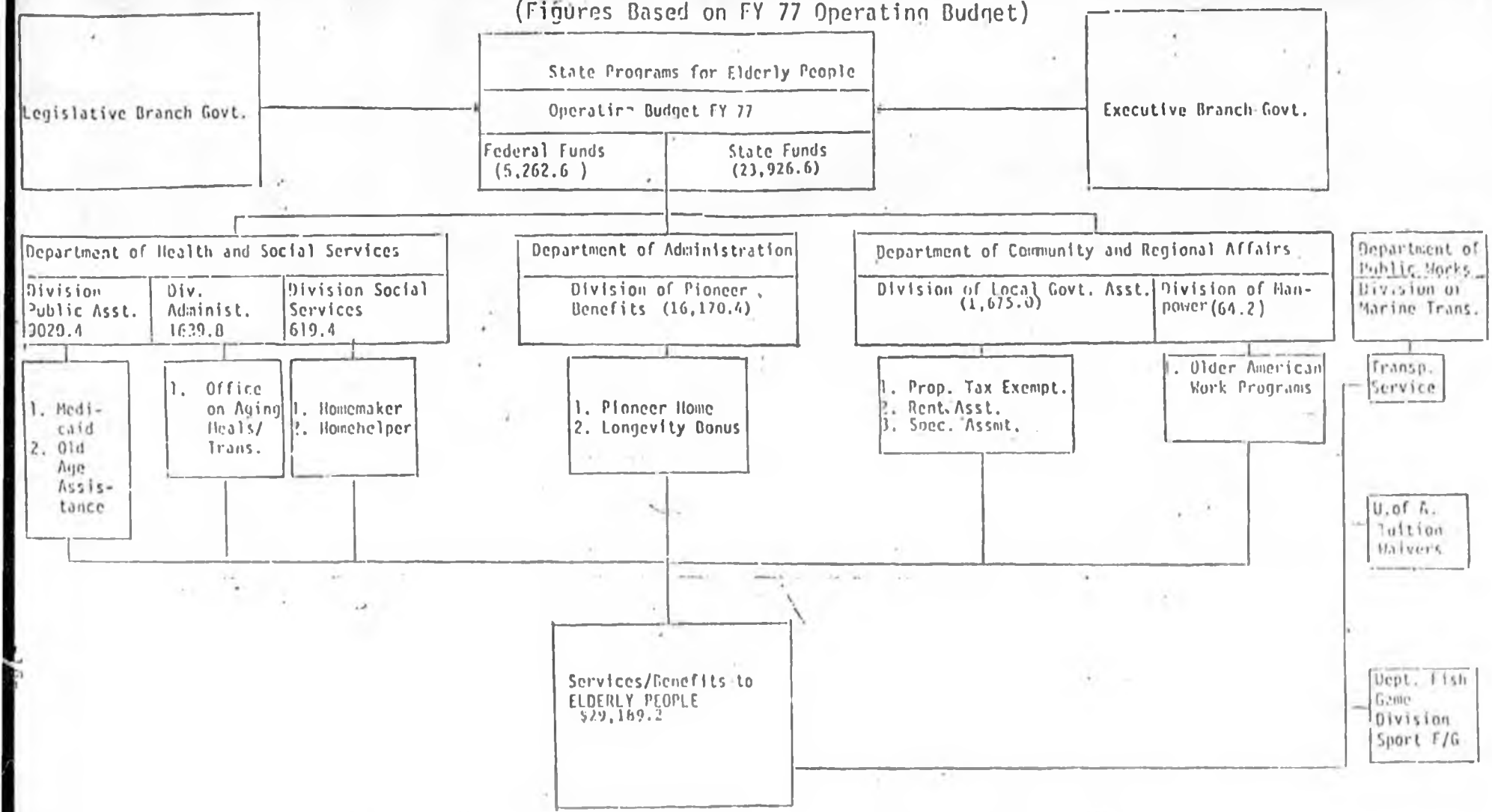
Bob Carr – Past Dir. Dres. of Pioneers
Serves Pioneerland Advisory Bd.
No problem with servicing of Pioneerstown Board.
Should not be included in an umbrella board.
Previous problem with co-mingling of Fed. & State funds

Art Denney
Sponsors fundraising at 19 sites throughout (Catholic Services (Under office of Aging)

CHART I

STATE PROVIDERS OF SERVICES FOR ELDERLY RESIDENTS

(Figures Based on FY 77 Operating Budget)



*Prepared by the staff of Division of Budget and Management, November, 1976.

FUNDING OF AGING SERVICES
(FY 77)

Table II .

Type of Service	Total Cost ($)	Federal Funds ($)	State G. Funds ($)	Local Funds ($)	% Total State Funds Aging	% Total Oper. Bud. w/Aging	Est. # Clients Served	Average Cost Per Client ($)
STATE OPERATING BUDGET								
Education								
(Tuition Waiver-UofA)	0	0	0		0	0	39	0
Homemaker	$ 398,600	$ 304,300	$ 94,300		.4	1.4	773	$ 516
Homehelper	220,800	165,600	55,200		.2	.8	336	657
Health Care (Medicaid)	6,518,470	3,239,680	3,278,790		13.7	22.3	1,986	3,282
Transportation (Marine Highway)	0	0	0				1,874	0
Old Age Assistance	2,501,860	0	2,501,860		10.5	8.6	1,983	1,260
Property Tax Exemp. (includes rent assit)	1,675.000	0	1,675.000		7.0	5.7	5,410	310
Employment (Older American Prog.)	64,200	64,200	0			.2	34	1,888
Pioneers' Home	7,948,400	0	7,948,400		32.2	27.2	450	17,663
Longevity Bonus Pay.	8,222,000	0	8,222,000		34.4	28.2	5,625	1,462
Special Elderly Svcs. (Office on Aging)	1,639,800	1,488,800	151,000		.6	5.6	2,506	654
Priviliges (Fish and Game)	0	0	0		0	0	4,100	0
Totals	29,189,130	55,262,580	23,926,550	0	100.0%	100.0%		
SERVICES & BENEFITS PROVIDED DIRECTLY BY FEDERAL/LOCAL GOVT.								
Social Security Benefits (est. 30th June 75)	19,404,000	19,404,000	0	0			8,721	2,225
Health Care (Medicare 6/30/75)	3,222,285	3,222,285	0	0			6,996	461
Supp Security Income (Est. 12/31/75)	1,685,472	1,685,472	0	0			1,448	1,164
HUD-Rent Assist. (est 6/1/77)	2,160.407	2,160,407	0	0			359	3,756
Advocacy Service	61,042	61,042	0	0			16,600	4
Volunteer Services (Foster Grandparents)	132,462	115,699	0	$16,763			45	2,944
(Retire Sr. Vol. Prog)	55,241	39,995	0	15,246			160	345
Employment (Title I CETA)	100,000	100,000	0				48	2,083
Transportation (Anch. Bus Lines)	0			0				0
(Juneau Bus Lines)	0			0				0
Total	26,820,909	26,788,800	0	$32,009				
Combined Total	56,010,039	12,051,480	23,926,550	32,009				

*Prepared by the staff of Budget and Management, November, 1975.

T E S T I M O N Y

TO: The Honorable Glenn Hackney, Chairman, Senate Health, Education and Social Services Committee

FROM: Dove M. Kull, Legislative Chairperson, American Association of Retired Persons, Juneau Chapter

RE: Senate Bills 177 and 179

In view of the facts that:

a) more senior Alaskans are remaining in Alaska because of the benefits (including housing) provided by the State to enable them financially to do so;

b) more senior citizens are moving up from the South 48 to join their children and grandchildren who are already here; and

c) more senior citizens, as doctors and dentists, are coming to Alaska to retire with limited practice because of their love of nature and sports such as hunting and fishing, it behooves us to make a concentrated effort to study the services established for the aging to determine whether they meet the needs, are efficiently and economically administered, and are of a quality which reflects modern technology and expertise.

As legislative chairperson for the 160 members of the Juneau Chapter of the AARP, I respectfully request Senate HESS Committee to establish a State Committee as set forth in Senate Bills 177 and 179 to pull together the major programs for the aging into a single agency.

This request is made in consideration of the facts that:

a) we, the aging, are a very small minority group of Alaskans scattered over a geographic area of a half million square miles;

b) a number of us cannot communicate satisfactorily in the dominant language of the State;

c) another portion of us are not ambulatory because of our frailty;

d) current statistics are not readily accessible on which to build an effec-

tive program for the aging, due partly to fragmentation of services and due partly to the Department of Health, Education and Social Services including us in the category of all adults of 18 years and over; and

e) last, but most significant, is the fact that "growing old is a worldwide phenomenom."

* at the time of the Roman Empire, life expectancy was 18 years;
* in 17th Century Europe, it was 25;
* in 1900, in the United States, only one person in 25 lived to be 65;
* today, in the United States, one person in nine lives to be 65;
* today, life expectancy for a baby boy is 69 years and for a girl, 77.

There are 23 million Americans 65 and over, and as a phenomenon we are being studied. The presses all over the world are rolling off tons of research findings. This is a period of learning about who the aging are and what is their potential, etc. We are not the old people of the past who were placed in the poor house along with the paupers, insane and children who were sold by the borough assemblymen and county commissioners to the lowest bidders.

Society considers itself modern, but is it really? There remain vestigial remnants of the Elizabethan Poor Law. Even our federal government, in outlining eligibility requirements for residence in HUD housing states "for persons over 62 and the physically and mentally handicapped." When do we discard the old concepts and the old images of the aging? How?

Let's do it <u>now</u> by passing these bills and allowing the aging to have a voice in their own destiny. Many of us will die the old way in institutions while we are waiting for the mills of the bureaucracy to grind out a plan and set priorities. Thank you for passing these bills.

Two articles are attached for your information.

Dove M. Kull, [illegible]

Mrs. Dove M. Kull
Mendenhall Apts. #1010
326 - 4th Street
Juneau, Alaska 99801

Relates to SB 179

My Turn

Aging In Alaska

By DOVE M. KULL

It is my turn to speak; and so I will speak on the aging in Alaska.

Why doesn't the State of Alaska establish a single agency to develop and handle a comprehensive, coordinated network of services for the agency? And why not include on the staff of this single agency knowledgeable persons who are Senior Alaskans? These Seniors are to be salaried (part or full time) monitors with clout, not token members of committees that merely recommend. Why not focus on quality care and economical administration? The two can go together.

In FY'77, Alaska's plan for the aging was to spend $60,000,000 (local, state and federal funds) for benefits and services for 16,618 older Alaskans. Of this number, 9,308 were 65 and over.

How was this money administered? By approximately 12 different agencies and departments that provided approximately 22 programs.

Many of the aging have lived independent lives. Many have never been on welfare. How, in Alaska, which has a sparse population scattered over one-half million square miles, can isolated older persons find their way around? It would be a kindness to them for the state to become more efficient.

Why not let us plan for ourselves the kind of housing we need, the kind of care we need?

We seniors have learned to cope, to make do. Why? Because we have survived—even during a drastic national economic breakdown in the 1930s.

While we are at it, why not place one or more seniors (depending on the size of the department) in each branch of State government? Alaskans who are 65 and over make up an enormous pool of varying skills and expertise. Why not start with the media and encourage all forms to see us as we are, and what we are capable of doing to help our state.

Look at the entire population of the U.S. Approximately 23,000,000 now are over 65. By 2020, approximately 40,000,000 will be 65 and over. All of these persons are living now. Scientific research and discoveries are increasing longevity. It is predicted that life may be prolonged to 150 years. The oldest man in the world whose age is documented is 137 years old. He lives in Florida. The fastest growing segment of the population is the group 75 and over. The aged population has increased in size by 15 % in 8 years, compared with 6% for the nation's population as a whole.

Should the decreasing number of younger persons carry the responsibility for the aging? The answer is no. Let the aging continue to share the work and carry themselves as much as possible. Besides, their amassed pool of experience is needed in our government.

SENIOR ALASKANS IN RE SERVICES AND BENEFITS ADMINISTERED BY A SINGLE AGENCY

The State of Alaska is unique in its care of the aging, especially the Pioneers who have lived here 25 or more years beginning before statehood. The State funds 100% of a Longevity Bonus which is granted in addition to any state retirement benefits. In FY '77, the State paid $125.00 a month to 5,625 persons, a number which is increasing. The State also funds the cost of the Pioneer Homes program for those nearing the end of the trail; and provides full property tax exemptions on homes. A rent equivalency plan has been initiated and is scheduled for expansion. Benefits include free travel on state ferries from November through April, hunting and fishing licenses. Retirees are eligible for Blue Cross health insurance to supplement medicare.

In FY'77, Alaska planned to spend $60,000,000 (local, state, and Federal funds) for benefits and services for 16,618 Senior Alaskans. Of this number 9,308 were 65 and over. How was this money administered? By approximately 12 different agencies and departments which have approximately 22 programs.

Alaska could take a step forward in the interest of economy and kindness to the aging who are frustrated by the duplication, fragmentation, and multiplicity of services and benefits. Finding one's way around is exhausting.

Why not a single agency to develop a coordinated comprehensive plan to handle all programs? And why not include on the staff of this single agency knowledgeable persons some of whom are Senior Alaskans? These Seniors should be monitors, not committee members who merely recommend. Why not focus on quality care and economical administration?

Why not use the study of James Stey, Budget Analyst? His study pointed to

Age Versus Financial Resources[1]

Characteristics	60-69 years (8,441 people)	70-79 years (2,500 people)	80 years & older (1,256 people)
Mean Income	$ 7,079	$ 3,843	$ 2,800
Mean Net Wealth	$34,600	$25,750	$11,390
Median Net Wealth	$15,900	$10,840	$ 2,320
Employment (% employed)	37.6%	15.5%	7%
Home Ownership (% owning their own home	73%	65%	43%

Elderly men had average and median money incomes of $6,960 and $4,540; women $4,750 and $2,440.

The preceding chart shows that the old grow poor and descend into poverty. One catastrophic illness can wipe out a life's savings which were accumulated under a different economic system. Poverty means loss of independence and self determination, being at the mercy of eligibility rules often set by a rigid bureaucracy which deals with statistics and dollars.

1. Nov. 3, 1976

The 1972 distribution of the aging 60 and over was:
Northern Region, mostly Alaskan Native, 24,6%
South Central, mostly Caucasian, 48.4%
Southeastern Region, 27%

In many of the Alaskan homes of the aging, there is a woman living alone. The life of the older woman was centered in her home; her cabin, her apartment. The house itself is important to her. Roughly, one of seven households of Senior Alaskans does not have running water, flush toilets, bathing facilities, or heat in every room.

In structuring a single agency, health, mental health and safe housing are necessities. Why not structure this single agency to develop and implement a comprehensive plan of living, not to duplicate, but to coordinate their services to the aging; to develop a community-based, home-centered network of services and benefits; as housing.

In developing a housing plan, avoid the old poorhouse concept of providing one facility with one level of care. HUD provides housing for the elderly and physically and mentally handicapped. Many institutionalized persons isolate themselves in their rooms to avoid the emotional impact of sitting around in the recreation rooms or the nursing station along with patients extremely mentally retarded or mentally ill. What is the impact of thoughtless planning on the mentally alert older person?

Develop a compassionate, suitable plan of housing.

Housing - plan to include levels according to the needs of the individual and adapted to the terrain, climate, geography and architectural safety of older persons.

Level 1. Independent living - let them stay at home as long as possible.
- a. Own home- taxes forgiven, government help with repairs.
- b. Rent home - rent equivalency.
- c. Extended family - addition of a "Grandma room" for privacy.
- d. Congregate housing - constructed and administered preferably by private, non-profit organizations that can offer more flexibility of regulations.

Level 2. Semi-independent living
- a. Intermediate housing under watchful care because of extreme frailty, falling or inability to perform all personal care tasks.

Level 3. Extended Care facility
- a. Nursing home which provides 24 hour care - Medicaid, Medicare
- b. Hospital intermittently, or finally, with Medicaid & Medicare

Levels 1 and 2 should include home care as needed.

Supportive Services
Trained, professionally supervised homemaker-home health aides should serve the residents of the homes on the four levels of independent living and the level of semi-independent living, as part of a team to coordinate and extend the services of health, mental health, nutrition and the level of living. They can be an

extension of the social worker, nurse, dietitian, physical and speech therapists, and physicians in helping to carry out pertinent instructions in accordance with the degree of need. They can encourage self-help. Other supportive services include meals on wheels, transportation and outreach, as Senior Centers and educational programs. The National Council for Homemaker-Home Health Aide Services, N.Y., N.Y. has made studies which show this plan to be less costly and less traumatic than institutionalization.

This coordinated, comprehensive plan of living should be designed to provide: as many choices as possible; a chance to allow the individual to work as long as desired and competent; to earn freedom from an abundance of "Senior Citizen discounts" and "Entitlement cards"; and to share in the dignity of self maintenance as a contributing member of the community, the state and our United States of America.

Dove M. Kull, an Older Alaskan, M.S.W., A.C.S.W.

Services to the Elderly (establishment of committee)

SENATE BILL NO. 179, by Senators Rodey and Stimson. Establishes a state committee on services to the elderly to consider problems and make recommendations regarding improved delivery of benefits and services to elderly Alaskans. Act terminates at end of second session of eleventh legislature. Provides Act effective immediately.

Introduced February 13 and referred to HESS.

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SENATE BILL NO. 179

Title Establishing a State Committee on Services to the Elderly

Requested by Senator Rodey Date 2/13/79

II. FISCAL DETAIL

Agency Affected Legislative Affairs Agency

Program Category Affected General Government

BRU, Program, or Subprogram(s) Affected

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES	18.4					
200 TRAVEL	22.8					
300 CONTRACTUAL	7.1					
400 COMMODITIES	.6					
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	48.9					

FUNDING (Thousands of Dollars)

GENERAL FUND	48.9					
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

(100) Personal Services $18,370
Admininstrative Assistant (Range 20/C) @$2780 per month for 6 months plus 10.13% benefits

(200) Travel $22,780
Eleven (11) member committee, travel for 4 public hearings and meetings (two days' travel and two days' meeting).
Per Diem $ 9,680
Transportation 11,000
Staff-four trips (3 days' travel and preparation and two days' meeting).
Per Diem $ 1,100
Transportation 1,000

(Continued)

IV. DATE 3/14/79 PREPARED BY Warren W. Endicott, Director
AGENCY Legislative Affairs Agency
PHONE 465-3850

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

33-001 (Rev. 12/78)

III. ANALYSIS (Continued)

(300)	Contractual		$ 7,130
	Postage	$ 250	
	Advertising	2,880	
	Publication of final report	4,000	
(400)	Commodities		$ 600
	Office Supplies	$ 600	

Municipality of Anchorage

POUCH 6-650
ANCHORAGE, ALASKA 99502
(907) 276-3700

GEORGE M. SULLIVAN,
MAYOR

HUMAN SUPPORT SERVICES
Senior Citizens Programs

March 13, 1979

Senator Pat Rodey
Pouch V
Juneau, Alaska 99811

Dear Senator Rodey:

As Chairman of the Municipal Senior Citizens Advisory Commission I commend you upon introduction of Senate Bills 177 and 179.

The Commisssion at it Regular Monthly meeting on February 21, 1979 was advised of the two Bills and expressed gratituded that headway was being made toward our goal of improved services and opportunities for older citizens.

It is our opinion that a good look at the whole scene confronting Alaska's Aging is long overdue. There have been a number of studies, mainly from a single issue point of view. These studies have contributed to piecemeal legislation and administration.

We elderly, never-the-less have fared very well with the Alaska Legisltature with such programs as property tax exemption, pension income tax exemption, the Longevity Bonus and more.

The elderly need to be much more involved in the execution of the legislation, like we now are with the legislators.

Senate Bills 177 and 179 will not impact in any negative fashion on our desires for a Medicaid-General Relief Medical $5,000,000 Budget transfer in FY 1980 for a combined Home Health-Home Support program. As you will recall, we are advocating a program to be locally administered with guidance from the Department of Health and Social Services.

Although this in-home care could be handled in the budget review process, we have been advised by members of the Senate and House that a Bill would have a number of advantages over the budget review route.

Our Commission and other organizations made up of older citizens is hopefull that such a bill will be introduced.

We thank you again for your knowledge of the problems of Alaska's aging population and the concern you have shown toward providing solutions.

Sincerely,

Rose Palmquist

Rose Palmquist
Chairman

cc. Bill Sumner
John Sackett
✓Glenn Hackney
Mike Colletta
Jelmar Kertulla
Brad Bradley
Bill Ray
Russ Meekins
Nels Anderson

SB

190

SB 190 S. HESS 79
An Act relating to extension of public school education and providing for an effective date.
By: Ferguson & Lodge

NOTHEY
Paul (Malones) 3711

Introduced 2-14-79
Logged 2-14-79
Referrals none

TANANA VALLEY COMMUNITY COLLEGE
Fairbanks, Alaska 99701

January 10, 1980

FILE

The Honorable Glenn Hackney
Pouch V
Juneau 99811

Dear Senator Hackney:

During the last legislative session, Senators Ferguson and Rodey introduced Senate Bill No. 190, "an act relating to extension of public school education and providing for an effective date." The bill was introduced in February 1979, and referred to the Senate Hess Committee where no action was taken. I understand that Senator Ferguson intends to re-introduce the bill during the current session. As the chairman of the Hess Committee for the Senate, I am sure you are thoroughly familiar with the bill.

Although the bill calls for only a pilot program, it does open the door to secondary schools offering grades for two years beyond the 12th grade. My concern as a community college administrator is that in establishing a duplicate program throughout the state, it would prove extremely costly to tax-payers. There is already a vehicle in existence to offer post-secondary vocational education through the community colleges. Any lack of offerings has been due to insufficient funding to develop some of the vocational programs which we have identified. Articulation is a further difficulty which could arise if adult vocational education were offered through the secondary schools. One of the advantages that adult vocational education has through community colleges is that the colleges are accredited and courses can be transferred easily from one degree program to another. I think you are aware of the very cooperative spirit which exists between the Fairbanks North Star School District and TVCC. We have come a long way in the last five years, and I am optimistic that we will be able to offer more and better vocational technical education for our community of Fairbanks, as well as for students around the state. I would urge you to take an extremely close look at the long-term difficulties which Senate Bill No. 190 could impose upon our state system of higher education.

Thank you for taking time to read my letter. I will be happy to discuss this bill with you at any time at your convenience.

Sincerely,

Glenn F. Massay, Campus President
Tanana Valley Community College

GFM/iaj

P.S. Enclosed is a copy of the TVCC Second Semester Schedule.

File

957 Gold Belt
Juneau, Alaska 99801

January 28, 1980

Senator Gene Hackney
Alaska State Legislature
Pouch 11
Juneau, Alaska 99811

Dear Senator Hackney:

Senate Bill No. 190 has recently come to my attention, and I would like to point out to you the duplication of services this bill would entail.

There is a network of community colleges now extending into the bush that could easily provide vocational education this bill is seeking. The community colleges are responsive to both the needs of the community and to the job market. They have the facilities to offer college credit that can be transferrred to other colleges as well as A.A. degrees in vocational areas.

I cannot understand why the state should duplicate those services that it already furnishes through the college. This duplication can only escalate the cost of education in the bush.

Sincerely,

Marie Lium

Marie Lium

SB

199

SB 199
By: Dankworth, Stimson & Sturgulewski

"An Act relating to the Alaska science and technology foundation; relating to programs; and providing for an effective date."

S. HESS 79-FIN

3/14 W&F/N. Pool requesting

Introduced 2-13-79
Logged
Referred Finance
Comm. Meeting 3-14-79 - Moved as CS adding SB 53 - Labor. Senate floor @ 11:30 AM.
Com " Passed as CS-

COMMITTEE REPORT

SENATE

3/2/79

FURTHER: Finance and
Labor & Management

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 199

relating to the public school foundation program; to educational assessments of children; to correspondence study

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Thorson [illegible]

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Tabuteau Abs.

Allen Hadsell

CHAIRMAN

S 60 (Rev. 12/78)

NO REC

3/14/79

SB 199/SB 233

Sen. Ferguson. I introduced SB 233 but the problem I had is at the time it got drafted it didn't meet the 30 day deadline. I am requesting that SB233 be attached to SB 199. I've talked to the sponsor of SB 199 and he is ameniable to that provision. I think it would be best to have the commissioner and anyone else testify on the bills.

Commissioner Lind. The comments I will be making with reference to various portions of SB 233 will be based on the areas that we have discussed with the State Board of Education. We do have positions on certain parts of it, but not a position on the entire bill. We are meeting next week and will be spending quite a bit of our work session dealing with this bill and some others at that time.

The author of the bill attempted to address some of the problems (SB 233) that we recognized should be addressed. First of all, the change for the correspondence study students, the proposed changes would place correspondence study students on a different formula. One that would result in less money to the local school districts. It is our feeling that that change is necessary and we support the proposal that is offered. It does pick up the schedule over on page 3, the new subsection for the units. We are in agreement with that portion of it.

Sec. 2, part B, talks to the computation of the instructional units for each elementary and secondary school, as it now reads it is strictly on a secondary basis; however, in the remote areas of the state it is possible to cimpute the attendance of the instructional units on a separate building by building count. We feel that this change for the elementary schools is appropriate. It is expensive, but we feel there are some additional costs involved with operating separate schools, therefore this does address that. The fiscal note does provide for you a detailed analysis section by section.

Sec. 3, is a section that we recommend and support. It does clean up some things that we feel are necessary. There is no fiscal impact attached to that section.

Sec. 4, is very important to us. There is no fiscal impact. The recommendation that we would have is that that become effective immediately. Somewhere along the line that was left out about two years ago, inadvertently from the best of our research, as we made some other changes in the foundation formula. We would highly recommend that that be included and become effective immediately.

Sec. 5, we have also recommended this change reagrding some adjustments in the voc education schedule. The cost of that is approximately $578,000 and there is an accompanying

memo attached to your fiscal note that clarifies where that money would go. One of the problems that we are running into is the adequacy of the funding for very small vocational education programs. We've got quite a good formula basically for vocational education but it is not doing what we think it should be doing. It's a very small school. These are expensive programs. We also feel that one of our responsibilities is to make sure that the vcational education programs that are in existence are truly vocational education in nature and are doing what they purport to do as far as vocational education training. We have recognied of the past couple of years that for small schools to have a very meaningful voc/ed program, the present form is just not adequate This does have that $578,000 impact.

Sec. 6. I addressed earlier regarding correspondence study. This is the portion that outlines the formula for correspondence study. That is a reduction.

The State correspondence study is out of a separate fund so this does not effect that. What it might mean that some school district if they are not getting as much through the foundation program for correspondence study may choose to no longer offer a local program and those youngsters then would be picked up at the state program. How much that might be is hard to say.

SEc. 7. Has fiscal impact of $1.8. I cannot say very much about the area differentials that are included here, we have not taken a firm position on all of these at the State board level. At the department level our recommendation would be to change only two , Annette and Skagway. And the placement of the newest district in the State, Sandpoint, . .

Sec. 8. This one has a bit of an impact of $21 million. We don't have a position supporting that much of an increase. We supported a 10% increase for FY 80, but I am not prepared to say that this is an appropriate increase for FY 81.

Sen. Fahrenkamp. What would happen if we maintained same level.

Sen. Hackney. It's like the old story, the truth probely lies somewhere inbetween.

Sen. Ferguson. I don't have a problem going down to whatever the giture should be, but I included 10% because things are costly and I can understand you having a problem with 10% and I recognize that.

I would move that we reduce that to 7%. So ordered.

Com. Lind. Sec. 9. We are hopeful that correspondence study can be more clearly defined then what we have now. We suggest that the word "approprate" in line 21 be stricken.

It is our feeling that any youngster that is presently in a centralized program should be able to stay in the centralized program to complete their particular courses

Sec. 11. Speaks to clean up to remove some redunancy and some other parts of law. We like it the way it is.

Sec. 12. Does have fiscal impact. The establishment of an assessment fund which would assist school districts in the diagnosis for exceptional youngsters. Most of the school districts are letting us know through he school boards and superintendents regarding the problems they are running into in the funding for the initial assessment, particularly of exceptional youngsters. We feel there is a need for this, especially in the next couple of years in trying to deal iwth all of the implicatons of the federal requirements of the handicapped plus our own state requirements, they need some hope in doing the adequacy of assessment. e are running into teachers probably not fully prepared or assisted to do the assessment, they have other classroom kinds of things they should be doing, youngsters are not being assessed properly, there is an additional paperwork burdeen on the classroom teachers, Their time should be spend doing other things. The fact that a number of the disticts to go through the assessment proces ther if the youngsters are eligible for special ed ser s, they have spend the money going through the process an y not be able to afford the additional dollars. This bill as presented as fiscal implications for 79 and 80 It is our feeling this should be put off until FY 81 at shich time you deal with the total increases unless there were some way to see how an additional 1.9 million could be paying for FY 80.

Heather Flynn. Marshall expressed it very well.

Sen. Fahrenkamp. I move to substitute the body of 233 for the body of SB 199 with the amendments that were discussed here today

No obs so ordered.

of ALASKA

MEMORANDUM

TO: Honorable Glenn Hackney, Chairman
Senate HESS Committee
Alaska State Senate

DATE: March 15, 1979

FILE NO:

TELEPHONE NO:

FROM: Marshall L. Lind, Commissioner
Department of Education

SUBJECT: CSSB-199

It is the feeling of the Department that the following amendment to the above bill, properly introduced in the Senate Finance Committee, is needed to permit parents who see correspondence programs as an alternative to public schools, and who reside in districts that do not offer correspondence study programs, to continue to have access to centralized correspondence study. Section 9 of SB-233 is changed as follows:

Section 9. AS 14.17.250 is amended by adding a new paragraph to read:

(20) "correspondence study [PROGRAM]," as that term is used in AS 14.17.041(h), means a district educational program serving elementary or secondary students who do not have daily access to a [AN APPROPRIATE] public school program.

SCM 115

31,900 '80
29,000 '79
27500 '78
25,000 '77
23,500 '76
19,250

Journals

CITY & BOROUGH SCHOOL DISTRICT EXPENDITURES

FY-78 Audited

	Regular Instruction	Vocational Education	Special Education	Corres-pondence	Support Services Pupil	Support Services Instr.	General Admin.	Operation & Managemt.	Pupil Trans.	Boarding Home	Other Non-Prog.	Fund Balance FY-78	Fund balance FY-77
Anchorage	46,916,208	3,146,750	4,785,094		1,461,107	1,310,980	10,452,233	14,327,599	4,990,316		1,190,197	10,764,926	10,145,331
Bristol Bay	383,469	103,260	66,085		40,426	46,004	195,784	252,163	73,024		64,237	159,622	240,497
Cordova	661,774	139,049	172,278		69,840	106,805	304,220	258,733	18,918		9,238	(41,330)	1,630
Craig	228,950	58,205	54,682		1,920	42,537	118,030	80,549	23,147		28,111	219,771	131,627
Dillingham	625,192	181,427	159,924		66,371	43,007	367,520	291,264	68,954		60,649	415,858	202,611
Fairbanks	10,680,671	1,203,898	1,775,702	110,149	820,314	902,697	2,796,409	5,575,082	3,369,353	26,500		-0-	-0-
Galena	216,391	81,774	56,051		43,555	13,826	111,272	152,642	14,229		70,072	450,985	249,064
Haines	654,773	82,465	139,044		46,169	14,307	172,350	217,341	65,974		15,499	350,397	160,474
Hoonah	307,312	101,985	88,028		35,771	43,947	147,560	158,152			57,570	211,268	212,276
Hydaburg	139,804	49,880	35,164		238	---	89,783	73,694			54,420	136,082	50,521
Juneau	5,533,157	577,082	646,917	40,324	527,565	439,445	1,659,893	1,669,457	610,065		128,219	400,481	559,548
Kake	255,439	96,281	81,779		7,524	7,663	160,659	121,590	12,020		70,515	220,544	210,533
Kenai	7,324,371	834,480	907,528	201,381	561,366	619,782	1,871,133	1,902,968	1,844,294	45,896	502,165	1,401,921	801,122
Ketchikan	2,919,636	460,944	424,845	68,889	455,090	256,809	554,097	1,192,667	380,605		237,746	109,645	109,645
King Cove	211,276	64,205	41,814			15,732	146,767	88,458	253	4,004	35,848	306,429	254,505
Klawock	85,023	---	17,135		5,831	3,105	61,852	33,217			22,644	169,942	26,469
Kodiak	2,675,015	298,053	452,457	81,518	188,924	253,636	752,180	1,148,482	164,292	110,540	370,832	---	---
Mat-Su	4,808,288	682,903	384,351	263,985	416,040	378,750	1,502,961	1,978,965	1,784,714		19,641	5,400	322,399
Nenana	269,297	162,256	83,348	---	23,302	14,084	154,545	177,304	26,365		76,267	139,405	150,541
Nome	1,326,242	197,752	259,997		101,813	1,075	424,772	977,463	71,588		131,520	412,181	244,502
North Slope	2,846,384	713,764	644,011	8,538	377,875	91,538	1,962,592	3,533,431	260,828		934,603	520,173	230,703
Pelican	90,974	15,783			522	2,133	24,173	31,716			2,025	31,071	37,561
Petersburg	745,227	103,770	161,227		37,900	43,455	189,221	287,630	55,127		109,106	80,998	29,548
Sitka	2,317,255	246,168	278,437	16,802	124,353	214,455	533,082	702,865	174,838		322,665	571,041	400,213
Skagway	332,216	55,225	50,402		15,358	14,006	75,850	69,328	1,119		22,343	165,797	140,265
St. Mary's	125,549	104,591	175,364			17,447	140,508	148,758			64,867	242,427	79,186
Unalaska	315,310	73,141	72,929		3,387	40,673	108,441	112,028	65,833	6,392	40,835	83,656	65,637
Valdez	1,157,845	211,985	437,557		13,573	203,299	525,354	983,294	135,868		99,399	454,109	672,318
Wrangell	774,885	117,183	117,837		46,025	40,412	206,035	155,649	47,789		20,875	59,770	126,051
Yakutat	215,215	79,675	74,456				95,099	87,222	29,974		36,137	6,717	(26,754)
TOTALS	95,143,148	10,243,934	12,644,443	791,586	5,493,659	5,181,609	25,904,375	36,789,711	14,280,487	193,332	4,798,239	18,094,616	15,854,777

SB

213

COMMITTEE REPORT

SENATE

FURTHER: Finance

2/13/79

Date: 5/9/80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 213

labor relations between school boards and other public employers and their employees

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

NO REC

S 60 (Rev. 12/78)

SB 713 "Contract plate ... S. HES 79-80

Introduced: 2-14-79
Logged: 2-14-79
Referrals: Finance
Comm. meeting 4-16-80 - held 4-30-80 ~~cancelled~~ meeting chgd to FCC 5-9-80
" action ~~#~~ taken Senate Secy.

Dept. of Educ. "holds no position on it is title" no fiscal impact

Dept of Labor had FN with impact

Sponsor notified

all notified by mail 4-9-80

Notify: Ken Spray 6-6993
I AFL CIO

II H. Frank Belts 452-2023
Fbx Classified Fbx
Personnel Organization

III ~~Eugene L. Kubina Chief of~~ ~~Contracted~~

Requested FN - paid. no impact ~~attach~~.

Notified Dept of Educ. Bill Thompson & person & see if Dept. has position to take, if so will seek propos.

4-16-80 Doris Check will be here to testify (Dept of Labor) also Judy bringing portion people

~~Dolores Harris~~ & he here to testify. ~~She~~ & spoke with Pam.

Eugene Kubina (notify as to
P.O. Box 1665 when up
Valdez, AK 99686 for hearing
Ph: 835-2663 & as to
disposition
of bill)

PROPOSED AMENDMENTS SB 213

Page 2 Section 2---Delete entirely. Renumber the following sections accordingly.

Page 3 Section 5 (formerly 6) amend to Section 5 (a) Notwithstanding sec.4, ch. 113,SLA 1972, and subject to (b) of this section, A school board, including a regional educational attendance area school board, may not reject having the provisions of the Public Employment Relations Act apply to its relations with its noncertificated employees unless the qualified voters within the school district vote in favor of rejection at a special or general election conducted within ninety (90) days of the effective date of this Act.

(b) A regional educational attendance area school board may reject having the provisions of the Public Employment Relations Act apply to its relations with its noncertificated employees until July 1, 1983 without a vote of the qualified voters within the school district if the school board adopts a resolution providing for such rejection within ninety (90) days of the effective date of this act. A regional educational attendance area school board may extend the period of its rejection of the Public Employment Relations Act under this subsection for an additional period of two (2) years if the school board adopts a resolution providing for such an extension between April 1, 1983 and June 30, 1983.

4-28-80

Dear Senator Hackney,

Recently you received a letter from Iola Harris, President of the C.P.O. in Fairbanks concerning S.B 213.

In that letter, she spoke to possible amendments to S B 213. We agree w/ Mrs Harris & lend our support to her suggestions.

We are also concerned about the "opt-in, opt-out" possibility. If S B 213 is amended to reflect that, it would offer nothing to the classified employees - especially to those employees who have been denied the right of collective bargaining. There are groups on this category such as the NUGGET Assoc of Mat-Su as we heard in testimony on April 16 from Linda Meyers, Pres. of that group.

We hope that SB 213 could be passed in a form that all parties can accept. Thank you for the opportunity to speak to this bill.

Alicia Held, President, TOTEM Assoc.
Anchorage

Duane Johnson, Representative of NUGGET
Assoc. - Matanuska-Susitna Borough
Iola Harris read and agrees with statement.

LAW OFFICES

JOSEPHSON, TRICKEY & LORENSEN, INC.

210 NORTH FRANKLIN STREET
JUNEAU, ALASKA 99801
907 586-6994, 586-6997

JOE P. JOSEPHSON
HOWARD S. TRICKEY
RONALD W. LORENSEN*
NANCY R. GORDON
TIM MacMILLAN

*Juneau

ANCHORAGE:
425 "G" STREET
SUITE 930
ANCHORAGE, ALASKA 99501
907 276-7133

April 25, 1980

The Honorable Glenn Hackney
State Senator
Chairman, Senate Health, Education
and Social Services Committee
Pouch V
Juneau, Alaska 99811

Re: SB 213, Labor Relations Between
School Boards and Their Employees

Dear Senator Hackney:

This is a follow-up to my oral presentation before your committee or Wednesday, April 16, 1980 on the above-referenced bill. As I indicated at the hearing, our law firm represents a number of school districts around the state.

My concerns regarding SB 213 are twofold. First, assuming that it is determined that classified employees of school districts should be included within the scope of the Public Employment Relations Act (PERA), I question the necessity or advisability of moving that group of employees out of the category of public employees which is authorized to engage in strikes only for limited periods of time (i.e., so long as the strike action does not affect the health, safety or welfare of the public) and placing them into the broader classification of public employees who are authorized to strike for unlimited periods of time, regardless of the effect the strike may have on the general public.

The primary function of school boards is, of course, to educate children and that would become an extraordinarily difficult task to achieve if a district's classified employees (e.g., teacher aides, cafeteria employees, and janitorial and maintenance employees) chose to stay off the job during the school year. Consequently, if the committee does decide that classified employees of school districts should be included within PERA, I would at least urge the committee to delete the present Section 2 of SB 213 so that this group of employees would remain classed as a part of category two employees for the purpose of striking. Even more appropriate, however, would seem to be placing school district classified employees into that class of employees which may not strike for any period of time (class one), since, at least as the bill is currently drafted, PERA will be mandatorily imposed upon school districts.

My second concern regarding proposed SB 213 relates to Section 6 of the bill. Section 6 has the clear effect of requiring every school board in the state, including the Regional Educational Attendance Areas, to bargain with their classified employees under PERA. As presently worded, Section 6 would not permit any district in the state to opt-out of coverage under PERA, even though when PERA was first adopted a provision was specifically incorporated in it to permit any municipality in the state to reject having the provisions of PERA apply. A number of municipalities exercised that opt-out provision.

As a result, the employment relationship between certain municipalities in the state and their public employees is not governed by PERA. Instead, that employment relationship is governed either by a local bargaining ordinance (for example, both Juneau and Anchorage have such local ordinances) or by no local bargaining provisions whatsoever. If SB 213 were adopted with Section 6 as it now reads, classified employees of school boards in those municipalities which had rejected PERA would end up being treated differently than other public employees in the same municipality. Further, newly created political subdivisions of the state, such as the REAAs, which were not in existence when PERA was first adopted, would, under Section 6 of SB 213, be denied the same opportunity to reject application to them of PERA which the Legislature initially extended to those local government entities in existence at the time PERA was adopted.

The following are proposed alternate versions of language which might be adopted by the committee to deal with the opt-out question discussed above:

A. To deal with the problem of school districts in cities and boroughs which have already opted out of PERA:

> * Sec. 6. (a) The provisions of this Act do not apply to city or borough school boards in any city or borough which has rejected having the provisions of ch. 113, SLA 1972 apply to it pursuant to the authority granted in Section 4, ch. 113, SLA 1972.
>
> or
>
> * Sec. 6. (a) The provisions of this Act do not apply to city or borough school boards in any city or borough which has rejected having the provisions of ch. 113, SLA 1972 apply to it pursuant to the authority granted in Section 4, ch. 113, SLA 1972, if that city or borough has adopted local provisions for collective bargaining with its public employees and those local provisions are made applicable to the school board within 120 days following the effective date of this Act.
>
> and

B. To deal with the problem of newly created political subdivisions which did not have the opportunity to opt-out of PERA in 1972:

(b) The provisions of this Act apply to regional educational attendance areas and other political subdivisions created after the effective date of ch. 113, SLA 1972, unless, within 120 days following the effective date of this Act, the governing body of a regional educational attendance area or other political subdivision created after the effective date of ch. 113, SLA 1972 rejects by ordinance or resolution, as appropriate, having the provisions of this Act and the provisions of ch. 113, SLA 1972 apply to it.

or

(b) The provisions of this Act apply to regional educational attendance areas and other political subdivisions created after the effective date of ch. 113, SLA 1972, unless, within 120 days following the effective date of this Act, the governing body of a regional educational attendance area or other political subdivision created after the effective date of ch. 113, SLA 1972 rejects by ordinance or resolution, as appropriate, having the provisions of this Act and the provisions of ch. 113, SLA 1972 apply to it and also adopts local provisions establishing rights and procedures for bargaining collectively with its classified employees.

On behalf of our school district clients, I thank you for this opportunity to present our comments on SB 213.

Sincerely yours,

JOSEPHSON, TRICKEY & LORENSEN, INC.

By: Ronald W. Lorensen

RWL:jf

PUBLIC EMPLOYEES
LOCAL 71 AFL-CIO
HEADQUARTERS
3400 SPENARD ROAD, SUITE 10, ANCHORAGE, ALASKA 99503
BUSINESS MANAGER - SECRETARY TREASURER
AL J. BAFFONE, SR.

Senator Hackney
Chairman Health, Education
& Social Services Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

February 22, 1979

RE: Senate Bill 213.

Dear Honorable Sir:

Public Employees' Local 71 AFL-CIO, wishes to express to you and the Committee our position on the above referenced Bill.

The Bill does three (3) basic things, in changing the present law.

1. It adds the "No representation" on the initial election, which we do not oppose.

2. It exempts, non-certificated (classified employees) employees, from class 2 status. We do not oppose.

3. It includes non-certificated employees (classified employees) to the definition clause of employees as well as adding to the definition clause of employers school district. We do not oppose.

With respect to item #3 we strongly support the inclusion of such a school employee in the act. We strongly believe that the U. S. Constitution allows for people to gather together in some form of an organization, for the betterment and mutual protection of themselves. It is not fair to allow these public employees to remain on the back burner of Labor Relations any longer.

We request that your Committee give this Bill a full hearing, which I will desire to testify at, as soon as possible.

Please inform the undersigned of your intentions.

Sincerely,

Ken Spray
Vice President
Business Representative
Local 71 AFL-CIO

cc: Senators Ferguson, Colletta, Sturgulewski, Farenkamp, Bennett. Jim Younger,

JUNEAU
KEN SPRAY
BUSINESS REPRESENTATIVE
114 SO. FRANKLIN ST., ROOM 103
(907) 586-6993

ANCHORAGE
JENNIE DAY PETERSON
JIM YOUNGER
BUSINESS REPRESENTATIVES
(907) 276-7211

FAIRBANKS
DON VALESKO
BUSINESS REPRESENTATIVE
208 WENDELL, ROOM 205
(907) 452-5024

Asst. Bs/Mgr.

CLASSIFIED PERSONNEL ORGANIZATION
Fairbanks North Star Borough School District
958 Cowles—Room 261
Fairbanks, Alaska 99701 (907) 452-2023

14 November 1979

Senator Glen Hackney
1136 Sunset Drive
Fairbanks, Alaska 99701

Dear Senator Hackney:

During the first session of the Eleventh Legislature, SB 213 was introduced and assigned to the Senate HESS Committee. This bill is extremely important to all noncertificated employees of school districts in the State of Alaska. SB 213, if passed, would amend the Public Employment Relations Act to include a group of employees not now covered by the Act.

The intent of PERA was to create an orderly process by which public employees could collectively resolve problems. The law provides for a problem-solving mechanism which results in acceptable agreements. The law also defines unfair labor practices and provides the mechanism for resolving such charges. Under PERA, finality to the bargaining process is provided either through binding arbitration or the right to strike.

Noncertificated school district employees do not have the above provisions of the law available to them and therefore are placed in a "collective begging" position as opposed to collective bargaining.

We respectfully request that during the second session of the Elevent Legislature you, as chairperson of the Senate HESS Committee, schedule SB 213 for committee hearings and ultimately out of committee for Senate floor action. It does not seem equitable to us that this small group of public employees remain outside the statutory provisions of PERA for purposes of collective bargaining.

Although we may not share similar philosophies as they relate to public sector bargaining, I am sure you can understand the frustration, anger and low morale we experience as a result of not being recognized statutorily as are most other public employees.

Hopefully we can cooperate for the purpose of getting SB 213 on the floor of the Senate for the consideration of all Senators.

We are eager to receive your reply. I am available should you wish to consult with me at any time.

Sincerely,

H. Frank Belts

H. Frank Belts
Business Agent

cc: Patricia Gold, President, TOTEM
Iola Harris, President, CPO

FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT
CLASSIFIED PERSONNEL SALARY SCHEDULE

1979-80

Job Classification	Start A	1 Year B	2 Year C	3 Year D	4 Year E	5 Year F	6 Year G	7 Year H	8 Year I
Clerk Typist Teacher Aide Cashier	1197 7.37	1236 7.61	1270 7.82	1309 8/06	1348 8.30	1388 8.54	1430 8.80	1471 9.05	1516 9.33
Laundry Worker Receptionist	1236 7.61	1270 7.82	1309 8.06	1348 8.30	1388 8.54	1430 8.80	1471 9.05	1516 9.33	1562 9.61
Matron Bus Aides	1270 7.82	1309 8.06	1348 8.30	1388 8.54	1430 8.80	1471 9.05	1516 9.33	1562 9.61	1608 9.90
Ass't Acct. Clerk Library Ass't	1309 8.06	1348 8.30	1388 8.54	1430 8.80	1471 9.05	1516 9.33	1562 9.61	1608 9.90	1657 10.20
Secretary I Student Activity Clerk	1348 8.30	1388 8.54	1430 8.80	1471 9.05	1516 9.33	1562 9.61	1608 9.90	1657 10.20	1707 10.50
Accounts Clerk Secretary II	1430 8.80	1471 9.05	1516 9.33	1562 9.61	1603 9.90	1657 10.20	1707 10.50	1758 10.82	1810 11.14
	A	B	C	D	E	F	G	H	I
Custodian	1562 9.61	1608 9.90	1657 10.20	1707 10.50	1758 10.82	1810 11.14	1864 11.47	1921 11.82	1978 12.17
Lead Custodian I	1627 10.01	1673 10.30	1722 10.60	1772 10.90	1823 11.22	1875 11.54	1929 11.87	1986 12.22	2043 12.57
Lead Custodian II	1668 10.26	1714 10.55	1763 10.85	1813 11.16	1864 11.47	1916 11.79	1970 12.12	2027 12.47	2084 12.82
Lead Custodian III	1708 10.51	1754 10.79	1803 11.10	1853 11.40	1904 11.72	1956 12.04	2010 12.37	2067 12.72	2124 13.07
Lead Custodian IV	1757 10.81	1803 11.10	1852 11.40	1902 11.70	1953 12.02	2005 12.34	2059 12.67	2116 13.02	2173 13.37
Maintenance Helper	1657 10.20	1707 10.50	1758 10.82	1810 11.14	1864 11.47	1921 11.82	1978 12.17	2038 12.54	2099 12.92
Boiler Operator Nurse Printer Truck Driver/Warehouse	1758 10.82 A	1810 11.14 B	1864 11.47 C	1921 11.82 D	1978 12.17 E	2038 12.54 F	2099 12.92 G	2161 13.30 H	2227 13.70 I
Maint. Mechanic I	1864 11.47	1921 11.82	1978 12.17	2038 12.54	2099 12.92	2161 13.30	2227 13.70	2294 14.12	2364 14.55
Maint. Mechanic II	2099 12.92	2161 13.30	2227 13.70	2294 14.12	2364 14.55	2433 14.97	2506 15.42	2582 15.89	2659 16.36

CITY AND BOROUGH OF JUNEAU SCHOOL DISTRICT
P.O. BOX 808 • DOUGLAS, ALASKA 99824

April 16, 1980

The Honorable Glenn Hackney, Chairman
Senate Health, Education and Social Services Committee
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney and Committee:

The Juneau School District wishes to submit this letter as part of the testimony to House Bill 213. We would like to go on record as being opposed to the Bill as being unnecessary legislation. At the present time our District does negotiate with our non-certificated employees. If this does become legislation we feel that there should be language in the Bill that would allow us the option of coming under the Labor Relations Ordinance of the Juneau Borough. It is our position that if all public employees must come under a labor relations act, we should be under the Borough Act (Ordinance) as they are the legislative body that we must submit our budgets to for fiscal approval. They believe that our salaries and fringe benefits, etc. should more closely parallel theirs instead of being modeled after the State.

We thank you for your consideration in this matter.

Sincerely,

Donald L. MacKinnon

Donald L. MacKinnon
Superintendent of Schools

DLMK:m

SB 213- Sections

Sectional

Sec.1
23.40.100 (b) amended. Adds one of the choices in an election shall be "no representation" lines22-23 Pg.1

Sec. 2
23.40.200 (a) (2) Removes Public Schooland others, and adds except non-certificated employees of school boards. lines 3-4 Pg 2

Sec.3
23.40.250 adds "certificated" deleted "teachers or noncertificated"-changes school districts to school boards. Lines 23-24 Pg.2

Sec. 4
23.40.250 (sec.(6) "Public employer" adds school board. line 28 Pg.2

Sec. 5
23.40.250 (8) adds entire new paragraph to section

Please call Stella with the
Insp. Ti Trudy. The Senate
HESS Comm. is scheduled
Thursd. March. SB 213, if
scheduled, will be heard after
that time

Thanks

OK 2/22

ALASKA DEPARTMENT OF EDUCATION
POSITION STATEMENT
SENATE BILL 213

The Department of Education holds no position on this bill.

Approved by: _____

Marshall L. Lind
Commissioner
April 16, 1980

Alaska Federation of Teachers

AFL-CIO

600 W. 41st Avenue
Anchorage, Alaska 99503
(907) 278-9051

John L. Alexander
Executive Director

March 26, 1980

Senator Glenn Hackney
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

Public employees for the State of Alaska all have the right to negotiate for wages and benefits except one group. That group is the classified employees of the school districts. Our organization feels that this is extremely unfair and requests your support for Senate Bill Number 213. This bill would correct that injustice.

This bill is presently in the HESS Committee awaiting action. Since you are the Chairman of that committee we respectfully request your support in getting the bill cleared from committee and passed on the Senate floor. These employees deserve that same right that other employees have and hope you will help.

Thank you for your time and consideration and if we can be of any assistance to you please don't hesitate to ask.

Sincerely,

Gene Kubina

Eugene G. Kubina
President

Bill No. Senate Bill 213 Date April 16, 1980

Title "An Act relating to labor relations between school boards and other public employers and their employees."

Contact: Judy DuBois
465-2700
Dale Cheek
465-4870

This legislation would make it mandatory for all school boards to permit their non-certificated employees to enter into collective bargaining and they would be covered by the Public Employment Relations Act (PERA). This bill would cover persons that have been barred from entering into collective bargaining under present law. The Department of Labor acts as the Labor Relations Agency for all public employees except State employees and would have to take on the added duties for these employees to conduct elections, hold hearings and settle grievances throughout the state.

Section 1. AS 23.40.100(b) makes it mandatory that "no representation" be placed on the initial election ballots, for election ballots, for elections conducted under the Public Employment Relation Act.

Section 2. AS 23.40.200(c) permits non-certificated employees of school boards to engage in a strike. They will be covered in Class 3.

Section 3. AS 23.40.250(5) takes away the exemption for non-certificated school board employees.

Section 4. AS 23.40.250(6) makes a school board a public employer under PERA.

Section 5. AS 23.40.250 defines school board for PERA.

Section 6. Makes it mandatory for school board to permit their non-certificated employees to enter into collective bargaining covered by the Public Employment Relations Act.

Section 7. Any collective bargaining agreement already entered into are not covered by these laws.

Collective bargaining in the public sector is complicated and unique field of labor law. Our experience as the Labor Relations Agency for all public employees, except State of Alaska employees, over the past fiscal year shows that the Wage and Hour Division devoted one half of a position to that function. This involved nine separate community of interests groups in the City of Fairbanks, the North Star Borough, and the City of Kodiak for a total of approximately 400 employees.

We have ascertained that there are 52 school districts within the State of Alaska (including REAA's). We are only able to identify four of those districts who are presently organized or who have a collective bargaining agreement with a union or an association. Those are Fairbanks, Kenai, Juneau, and Anchorage with a total of approximately 1,100 non-certificated employees.

POSITION PAPER/Department of Labor

POSITION PAPER CONTINUED:

So the Department of Labor can expect to be acting as the Labor Relations Agency for 48 separate school districts involving 2,400 employees. In the upcoming fiscal year the Wage and Hour Division could be monitoring elections in 48 separate school districts, or holding hearings to settle grievances on unfair labor practice charges throughout the State.

A Fiscal Note has been submitted.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill 213 "An Act relating to Labor Relations betwe
Title School Boards and other public employers and their employees."
Requested by HESS Committee Date April 16, 1980

II FISCAL DETAIL

Agency Affected Department of Labor
Program Category Affected Public Protection
BRU, Program, or Subprogram(s) Affected Wage and Hour Administration
(Note: If more than one budget component is affected, separate line-item amounts and fu[illegible]ng for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100	PERSONAL SERVICES		32.8	32.8	32.8	32.8	32.8
200	TRAVEL		15.0	16.1	17.2	18.4	19.7
300	CONTRACTUAL		10.0	10.7	11.4	12.3	13.1
400	COMMODITIES		.2	.2	.2	.3	.3
500	EQUIPMENT		1.0	0	0	0	0
600	LAND & STRUCTURES		0	0	0	0	0
700	GRANTS, CLAIMS, ETC.		0	0	0	0	0
	TOTAL		59.0	59.8	61.6	63.8	65.9

FUNDING (Thousands of Dollars)

GENERAL FUND		59.0	59.8	61.6	63.8	65.9
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

1. Personal Services cost at current salary schedule cost (3/16/80).
2. Travel to remote areas, $15,000 - Wage and Hour Investigator I, Range 16, Juneau.
3. Contractual Services, $10,000, includes Legal Services cost for Attorney General's Office.
4. Equipment, $1,000 - Desk, Chair, Bookcase, Calculator and recorder.
5. Inflation factor used - 7% for all items, except Personal Services.
6. Assumes effective date of July 1, 1980.

IV. DATE April 16, 1980 PREPARED BY James Souby
AGENCY Labor
PHONE 465-2720

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

33-001 (Rev. 12/79)

SB 213

Ida Harris

Linda Myers - Mont-Sa.
75 in proposed group

Gail Gibson - Homer -

Patricia Gold -
Don't mail more affection!

2400 - 2570 employees

HB453

Ron Sorensen - Sine 10

Sec 4 ~~Sec~~

Sec 6 of bill & its

	POSITION TITLE			RANGE/STEP	BARG. UNIT	LOCATION	GOV	APPROV	DISAPP
1	W/H Investigator I			16A	GGU	Juneau			
2	TYPE OF POSITION: PFT	STAFF MONTHS: 12	RP No.	PCN No.	PRIORITY	FORM 12 PAGE/LINE	LEG.		

3	TYPE OF EXPENDITURE	1	2	AMOUNT 3
4	PERSONAL SERVICES: SALARY	2.132 p/m	25,584	
5	BENEFITS	.1542	3,945	
6	FICA	.0665	1,701	
7	HEALTH INS.	127 p/m	1,524	
8	TOTAL PERSONAL SERVICES			32,754
9	TRAVEL			15,000
10	CONTRACTUAL			10,000
11	COMMODITIES			200
12	EQUIPMENT			1,000
13	OTHER			
14	TOTAL COST			58,954

	CODE	FUNDING SOURCE	
15		FED RCPTS	
16		GF MATCH	
17		GEN. FUND	
18		I-A RCPTS	
19		PGM RCPTS	
20		OTHER	
21	CONTINUATION		
22	ADDITION	X	

FOR B&M USE ONLY

4A KEY NUMBER _____ COLUMN NO. _____

JUSTIFICATION:

1. Pers. Serv.: Salary Schedule effective 3/16/80

2. Travel to remote areas: $15,000

3. Cont. Svcs.: $10,000 includes Legal Svcs for A.G.'s Office

4. Equipment: $1,000 Desk, Chair, Bookcase, Calculator and recorder

This Bill would require the addition of one Wage and Hour Investigator I, Range 16 stationed in Juneau. The Department must assume that most non-certified certificated employees of school boards will enter into collective bargaining. It will be necessary to travel to all areas of the state to conduct elections, hold hearings, resolve grievances and unfair labor practices.

AGENCY Labor PROGRAM AREA Worker Protection

BRU Wage and Hour

13 REQUEST FOR NEW POSITION.

COMPONENT Wage and Hour Administration

FY 81

REVISED DATE _____

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB-213

Title An Act relating to Labor Relations between School Boards

Requested by Senate HESS Date 4/9/80

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Elementary and Secondary Education

BRU, Program, or Subprogram(s) Affected

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Fund Source)						
		-0-	-0-	-0-	-0-	-0-

POSITIONS

FULL TIME		N/A				
PART TIME						
TEMPORARY						

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

This bill has no estimable fiscal impact.

IV. DATE 4/9/80 PREPARED BY William D. Thomas

AGENCY Department of Education

PHONE 465-2800

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

33-001 (Rev. 12/79)

STATE OF ALASKA
Inter-Department Route Slip

TO:
MAIL STATION NUMBER _____
DEPARTMENT Senate HESS
ATTENTION Senator Hackney

☐ 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: SB 213 15 copies

Handcarry Assembly Rm 105

FROM:
MAIL STATION NUMBER 0500
DEPARTMENT Education
BY Bill Thomson DATE 4-9-80

02-002 (REV.10/73)

PROPOSED AMENDMENTS SB 213

Page 2 Section 2---Delete entirely. Renumber the following sections accordingly.

Page 3 Section 5 (formerly 6) amend to Section 5 (a) Notwithstanding sec.4, ch. 113, SLA 1972, and subject to (b) of this section. A school board, including a regional educational attendance area school board, may not reject having the provisions of the Public Employment Relations Act apply to its relations with its noncertificated employees unless the qualified voters within the school district vote in favor of rejection at a special or general election conducted within ninety (90) days of the effective date of this Act.

(b) A regional educational attendance area school board may reject having the provisions of the Public Employment Relations Act apply to its relations with its noncertificated employees until July 1, 1983 without a vote of the qualified voters within the school district if the school board adopts a resolution providing for such rejection within ninety (90) days of the effective date of this act. A regional educational attendance area school board may extend the period of its rejection of the Public Employment Relations Act under this subsection for an additional period of two (2) years if the school board adopts a resolution providing for such an extension between April 1, 1983 and June 30, 1983.

Glenn:
Ron Lorenson injected what you wanted Underlined.

5/2/80

MEMO

SEN. HACKNEY
RE: SB 213 -- PROPOSED AMENDMENTS

RON LORENSON, VAN HOUTE, IOLA SMITH ALL FAVOR DELETING SECTION 2:

THE OTHER PROBLEM AREA IS SECTION 6. THE PROBLEM WITH THIS SECTION IS THAT IT WOULD REQUIRE EVERY SCHOOL BOARD (INCLUDING REAAs) TO BARGAIN WITH THEIR "NON-CERTIFIED" PEOPLE UNDER PERA, EVEN IF THE MUNI HAD opted-out FROM UNDER PERA. LORENSON'S language suggest exempting Muni's from the provision of SECTION 6 if the MUNI has opted-out FROM UNDER PERA. VAN HOUTE doesn't RECOMMEND CHANGING THIS.

REGARDING REAAs, RON'S LANGUAGE suggest giving THE REAAs 120 days to decide WHETHER TO COME UNDER SECTION 6. VAN HOUTE/IOLA SMITH'S AMENDMENT would give THE REAAs 90 days to decide WHETHER THEY WANTED to opt-out from UNDER PERA for three YEARS, but after the three YEARS they would be put BACK UNDER PERA.

SEE ATTACHMENTS

ADDED 2 YR. OPT OUT BY VOTE OF REAA

Paul

5-8-80 [illegible]

and subject to ~~subsection~~ (b) of this section,

* Sec. ~~5~~ (c). Notwithstanding sec. 4, ch. 113, SLA 1972, a school board, including a regional educational attendance area school board, may not reject having the provisions of the Public Employment Relations Act apply to its relations with its noncertificated employees unless the qualified voters within the school district vote in favor of rejection at a special or general election conducted within 120 days of the effective date of this Act.

(b) A regional educational attendance area school board ~~may~~ may reject having the provisions of the Public Employment Relations Act apply to its relations with its noncertificated employees ~~for a period of three school years~~ until July 1, 1983 without a vote of the qualified voters within the school district if the school board adopts a resolution providing for such rejection within 90 days of the effective date of this Act. A regional educational attendance area school board may extend the period of its rejection of the Public Employment Relations Act under this subsection for an additional period of two years if the school board adopts a resolution providing for ~~such extension of such rejection~~ such an extension ~~within 90 days~~ of between April 15, 1983 and June 30, 1983 ~~preceding the expiration~~.

AMENDMENT TO S. B. 213

April 29, 1980

VAN HOUTE'S

Sec. 5 P. 3 Line 9: ???? if Sec 2 eliminated.

Add after employees a new sentence to read:

Except that an R. E. A. A. board may, by a vote taken within ninety (90) days of the effective date of this act, exempt the regional school district from the provisions of this act for a period of ~~time not to exceed three (3) years~~. 2 years maybe granted by a vote of the REAA Board.

VAN HOUTE'S

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*Juneau

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907 276-7133

April 25, 1980

The Honorable Glenn Hackney
State Senator
Chairman, Senate Health, Education
and Social Services Committee
Pouch V
Juneau, Alaska 99811

Re: SB 213, Labor Relations Between
School Boards and Their Employees

Dear Senator Hackney:

This is a follow-up to my oral presentation before your committee on Wednesday, April 16, 1980 on the above-referenced bill. As I indicated at the hearing, our law firm represents a number of school districts around the state.

My concerns regarding SB 213 are twofold. First, assuming that it is determined that classified employees of school districts should be included within the scope of the Public Employment Relations Act (PERA), I question the necessity or advisability of moving that group of employees out of the category of public employees which is authorized to engage in strikes only for limited periods of time (i.e., so long as the strike action does not affect the health, safety or welfare of the public) and placing them into the broader classification of public employees who are authorized to strike for unlimited periods of time, regardless of the effect the strike may have on the general public.

The primary function of school boards is, of course, to educate children and that would become an extraordinarily difficult task to achieve if a district's classified employees (e.g., teacher aides, cafeteria employees, and janitorial and maintenance employees) chose to stay off the job during the school year. Consequently, if the committee does decide that classified employees of school districts should be included within PERA, I would at least urge the committee to delete the present Section 2 of SB 213 so that this group of employees would remain classed as a part of category two employees for the purpose of striking. Even more appropriate, however, would seem to be placing school district classified employees into that class of employees which may not strike for any period of time (class one), since, at least as the bill is currently drafted, PERA will be mandatorily imposed upon school districts.

My second concern regarding proposed SB 213 relates to Section 6 of the bill. Section 6 has the clear effect of requiring every school board in the state, including the Regional Educational Attendance Areas, to bargain with their classified employees under PERA. As presently worded, Section 6 would not permit any district in the state to opt-out of coverage under PERA, even though when PERA was first adopted a provision was specifically incorporated in it to permit any municipality in the state to reject having the provisions of PERA apply. A number of municipalities exercised that opt-out provision.

As a result, the employment relationship between certain municipalities in the state and their public employees is not governed by PERA. Instead, that employment relationship is governed either by a local bargaining ordinance (for example, both Juneau and Anchorage have such local ordinances) or by no local bargaining provisions whatsoever. If SB 213 were adopted with Section 6 as it now reads, classified employees of school boards in those municipalities which had rejected PERA would end up being treated differently than other public employees in the same municipality. Further, newly created political subdivisions of the state, such as the REAAs, which were not in existence when PERA was first adopted, would, under Section 6 of SB 213, be denied the same opportunity to reject application to them of PERA which the Legislature initially extended to those local government entities in existence at the time PERA was adopted.

The following are proposed alternate versions of language which might be adopted by the committee to deal with the opt-out question discussed above:

A. To deal with the problem of school districts in cities and boroughs which have already opted out of PERA:

> * Sec. 6. (a) The provisions of this Act do not apply to city or borough school boards in any city or borough which has rejected having the provisions of ch. 113, SLA 1972 apply to it pursuant to the authority granted in Section 4, ch. 113, SLA 1972.
>
> or
>
> * Sec. 6. (a) The provisions of this Act do not apply to city or borough school boards in any city or borough which has rejected having the provisions of ch. 113, SLA 1972 apply to it pursuant to the authority granted in Section 4, ch. 113, SLA 1972, if that city or borough has adopted local provisions for collective bargaining with its public employees and those local provisions are made applicable to the school board within 120 days following the effective date of this Act.
>
> and

B. To deal with the problem of newly created political subdivisions which did not have the opportunity to opt-out of PERA in 1972:

(b) The provisions of this Act apply to regional educational attendance areas and other political subdivisions created after the effective date of ch. 113, SLA 1972, unless, within 120 days following the effective date of this Act, the governing body of a regional educational attendance area or other political subdivision created after the effective date of ch. 113, SLA 1972 rejects by ordinance or resolution, as appropriate, having the provisions of this Act and the provisions of ch. 113, SLA 1972 apply to it.

or

(b) The provisions of this Act apply to regional educational attendance areas and other political subdivisions created after the effective date of ch. 113, SLA 1972, unless, within 120 days following the effective date of this Act, the governing body of a regional educational attendance area or other political subdivision created after the effective date of ch. 113, SLA 1972 rejects by ordinance or resolution, as appropriate, having the provisions of this Act and the provisions of ch. 113, SLA 1972 apply to it and also adopts local provisions establishing rights and procedures for bargaining collectively with its classified employees.

On behalf of our school district clients, I thank you for this opportunity to present our comments on SB 213.

Sincerely yours,

JOSEPHSON, TRICKEY & LORENSEN, INC.

By: Ronald W. Lorensen

RWL:jf

Introduced: 2/13/79
Referred: Health, Education & Social Services and Finance

IN THE SENATE BY BENNETT BY REQUEST

SENATE BILL NO. 213

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to labor relations between school boards and other public employers and their employees."

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

* Section 1. AS 23.40.100(b) is amended to read:

(b) If the labor relations agency has reasonable cause to believe that a question of representation exists, it shall provide for an appropriate hearing upon due notice. If the labor relations agency finds that there is a question of representation, it shall direct an election by secret ballot to determine whether or by which organization the employees desire to be represented and shall certify the results of the election. Nothing in this section prohibits the waiving of hearings by stipulation for the purpose of a consent election in conformity with the regulations of the labor relations agency or an election in a bargaining unit agreed upon by the parties. The labor relations agency shall determine who is eligible to vote in an election and shall establish rules governing the election. <u>In an initial election for representation held under this section, one of the choices on the ballot shall be "no representation".</u> In an election in which none of the choices on the ballot receives a majority of the votes cast, a runoff election shall be conducted, the ballot providing for selection between the two choices receiving the largest and the second largest number of valid votes cast in the election. If an organization receives the majority of the votes cast in the election it shall be certified by the labor relations agency as exclusive representative of all the employees in the bargaining unit.

* Sec. 2. AS 23.40.200(c) is amended to read:

(c) The class in (a)(2) of this section is composed of public utility, snow removal, sanitation, and [PUBLIC SCHOOL AND OTHER] educational institution employees, except noncertificated employees of school boards. Employees in this class may engage in a strike after mediation, subject to the voting requirement of (d) of this section, for a limited time. The limit is determined by the interests of the health, safety or welfare of the public. The public employer or the labor relations agency may apply to the superior court in the judicial district in which the strike is occurring for an order enjoining the strike. A strike may not be enjoined unless it can be shown that it has begun to threaten the health, safety or welfare of the public. A court, in deciding whether or not to enjoin the strike, shall consider the total equities in the particular class. "Total equities" includes not only the impact of a strike on the public but also the extent to which employee organizations and public employers have met their statutory obligations. If an impasse or deadlock still exists after the issuance of an injunction, the parties shall submit to arbitration to be carried out under AS 09.43.-030.

* Sec. 3. AS 23.40.250(5) is amended to read:

(5) "public employee" means any employee of a public employer, whether or not in the classified service of the public employer, except elected or appointed officials or certificated [TEACHERS OR NONCERTIFICATED] employees of school boards [DISTRICTS];

* Sec. 4. AS 23.40.250(6) is amended to read:

(6) "public employer" means the state or a political subdivision of the state, including without limitation, a town, city, borough, district, school board, board of regents, public and quasi-public corporation, housing authority or other authority established by

law, and a person designated by the public employer to act in its interest in dealing with public employees;

* Sec. 5. AS 23.40.250 is amended by adding a new paragraph to read:

(8) "school board" includes a regional educational attendance area school board.

* Sec. 6. Notwithstanding sec. 4, ch. 113, SLA 1972, a school board, including a regional educational attendance area school board, may not reject having the provisions of the Public Employment Relations Act apply to its relations with its noncertificated employees.

* Sec. 7. Nothing in this Act terminates or modifies a collective bargaining unit, recognition of exclusive bargaining representative, or collective bargaining agreement if the unit, recognition, or agreement is in effect on the effective date of this Act.

UNLESS A VOTE OF THE PEOPLE EXPRESSED THROUGH A SPECIAL ELECTION (OR GENERAL ELECTION?) INDICATES A DESIRE NOT TO DO SO.

LAW OFFICES

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907 276-7133

May 8, 1980

The Honorable Glenn Hackney
State Senator
Chairman, Senate Health, Education
and Social Services Committee
Pouch V
Juneau, Alaska 99811

Re: SB 213, Labor Relations Between
School Boards and Their Employees

Dear Senator Hackney:

In response to a request by your office, I would propose the following language be used in SB 213 to deal with the question of a school board's ability to opt-out of PERA coverage for its non-certificated employees:

> * Sec. 5. Notwithstanding sec. 4, ch. 113, SLA 1972, a school board, including a regional educational attendance area school board, may not reject having the provisions of the Public Employment Relations Act apply to its relations with its noncertificated employees unless the qualified voters within the school district vote in favor of rejection at a special or general election conducted within 120 days of the effective date of this Act.

On behalf of our school district clients, I thank you for this opportunity to present our comments on SB 213.

Sincerely yours,

JOSEPHSON, TRICKEY & LORENSEN, INC.

By: Ronald W. Lorensen

RWL:jf

VETERINARIAN BOARD

Sec. 1 -- 08.01.100(a) Provides "exception" to current statute which renews licenses bienally and allows our "health boards" to renew licenses every four years.

Sec. 2 -- 08.98.010 Changes board's composition - Increases number of members from three to five consisting of four veterinarians and one public member.

Sec. 3 -- 08.98.020 Provides for members to serve "staggered" terms of four years and limits board membership to two successive four year terms.

Sec. 4 -- 08.98.025 Allows for "removal of board members".

Sec. 5 -- 08.98.040 Increases number of annual meetings from one to three and adds language defining a "quorum" as a "majority of board members" and provides for "a majority vote of those present" to represent the decision of the board.

Sec. 6 -- Board's "powers and duties" section is reenacted deleting reference to grounds for revocation/suspension of license (so that it will appear in our "grounds for imposition of disciplinary sanctions" section similar to our other health board bills) and provides for the board to:

- -- adopt regulations to safisfy our "continued competency" requirement
- -- prepare an annual report discussing board's activities
- -- collect data and monitor standards/availability of veterinary services
- -- establish education/training/examination for veterinary technicians

Sec. 7 -- Allows those with "temporary permits" to practice veterinary medicine and provides for veterinary technicians to perform certain functions as prescribed in regulation.

Sec. 8 -- Under "content of examination" the various subject categories are deleted and provides for the following to be incorporated into the exam administered by the board:

1. National Exam;
2. practical skills exam;
3. demonstration of practical skills.

Sec. 9 -- Establishes criteria to be qualified for licensure--specifically adds language requiring the applicant to have no disciplinary santions pending against him and exempting the applicant from taking the National Exam if he passed it within the past five years or has been in active practice within five of the past seven years.

Sec. 10 -- Provides for a "temporary license" to be issued to applicant until results of examination are published.

Sec. 11 -- "Licensure by credential" section. Also provides for issuance of temporary permit.

Sec. 12 -- FEES

Sec. 13 -- "Grounds for imposition of disciplinary sanction" section

Sec. 14 -- Definitions: "accredited veterinary school", "animal", "practice of veterinary medicine", "veterinary technician".

Sec. 15 -- Brings board under "administrative adjudication" section of the Administrative Procedures Act.

Sec. 16 -- Repealers

Sec. 17 -- Effective date

WO#8519
Cook

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to professional licensing and to the regulation of veterinarians; and providing for an effective date."

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

* Section 1. AS 08.01.100(a) is amended to read:

(a) Except as otherwise provided by statute, [ALL] licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

* Sec. 2. AS 08.98.010 is repealed and re-enacted to read:

Sec. 08.98.010. CREATION AND MEMBERSHIP OF THE BOARD. There is created the Board of Veterinary Examiners composed of five members appointed by the governor and approved by the legislature. Four members shall be licensed veterinarians who have been in active practice in the state for at least five years preceding appointment and one shall be a public member. No person may serve on the board who is, or was during the two years immediately preceding appointment, a member of a faculty, board of trustees, or advisory board of a veterinary school.

* Sec. 3. AS 08.98.020 is repealed and re-enacted to read:

Sec. 08.98.020. TERM OF OFFICE. Members of the board shall serve staggered terms of four years or until their successors are appointed and confirmed. Appointments for vacancies shall be for the unexpired term. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the last term.

* Sec. 4. AS 08.98 is amended by adding a new section to read:

Sec. 08.98.025. REMOVAL OF BOARD MEMBERS. The governor may remove a member of the board for cause. The board may provide by regulation that unexcused absences from meetings constitute cause for removal.

* Sec. 5. AS 08.98.040 is amended to read:

Sec. 08.98.040. BOARD MEETINGS. The board shall hold <u>at least three annual meetings</u> [A REGULAR ANNUAL MEETING]. The board may hold special meetings at the call of the chairman <u>or of a majority of the members</u> [WITH PRIOR APPROVAL OF THE GOVERNOR]. <u>A majority of board members constitutes a quorum and a majority vote of those present is the decision of the board.</u>

* Sec. 6. AS 08.98.050 is repealed and re-enacted to read:

Sec. 08.98.050. POWERS AND DUTIES OF THE BOARD. (a) The board shall

(1) establish examination requirements for eligible applicants for licensure to practice veterinary medicine;

(2) approve the issuance of licenses to qualified applicants;

(3) establish standards for the practice of veterinary medicine by regulation;

(4) adopt regulations requiring proof of continued competency before a license is renewed;

(5) prepare and submit an annual report to the department containing information concerning board activities, the number of examinations held, the number of applicants for examination, the number of persons who pass and the number who fail each examination, financial data, including receipts and expenditures, and other information which the department may require;

(6) monitor the standards and availability of veterinary services provided in the state and report its findings to the department;

(7) collect data and submit records to the department concern-

ing the practice of veterinary medicine by veterinary technicians in the state;

(8) establish, by regulation, educational and training requirements for the delegation of duties by veterinarians licensed under this chapter to veterinary technicians.

(b) The board may

(1) establish examination and registration requirements for veterinary technicians;

(2) adopt regulations or do any act necessary to carry out its duties under this chapter.

* Sec. 7. AS 08.98.120 is amended to read:

Sec. 08.98.120. LICENSE REQUIRED. No person may practice veterinary medicine, surgery, or dentistry unless he is licensed under this chapter or has a temporary permit, except that a veterinary technician may perform functions authorized by regulation of the board.

* Sec. 8. 08.98.140 is amended to read:

Sec. 08.98.140. CONTENT OF EXAMINATION. (a) The examination shall be in [VETERINARY ANATOMY, SURGERY, MEDICINE, OBSTETRICS, PATHOLOGY, CHEMISTRY, DIAGNOSIS, MATERIA MEDICA, THERAPEUTICS, PHYSIOLOGY, SANITARY MEDICINE, DENTISTRY, AND OTHER SCIENTIFIC] subjects related to the practice of veterinary medicine, surgery, and dentistry and shall include

(1) the examination prepared by the National Board of Veterinary Medical Examiners or other national veterinary examination determined to be acceptable by the board; and

(2) a standardized written examination covering practical skills.

(b) The board may demand a practical demonstration of skills.

* Sec. 9. AS 08.98 is amended by adding a new section to read:

Sec. 08.98.165. QUALIFICATION FOR LICENSE. (a) An applicant is qualified to receive a license as a veterinarian who

(1) is a graduate of an accredited veterinary school or who has passed the examination of the American Veterinary Association's Education Commission for Foreign Veterinary Graduates;

(2) has passed an examination prepared by the National Board of Veterinary Medical Examiners or an equivalent examination as determined by the board, or qualifies for an exemption under (b) of this section;

(3) has passed the written examination of the state;

(4) has passed a practical examination of skills, if required by the board; and

(5) has no disciplinary proceeding, unresolved complaint, or professional association review proceeding pending at the time a license is to be issued, and has not had a veterinarian license revoked for cause in another jurisdiction.

(b) An applicant is exempted from taking the examination required under (a)(2) of this section if he furnishes proof acceptable to the board that he has passed the examination prepared by the National Board of Veterinary Medical Examiners or an equivalent examination within the five years before application, or has been in active practice of veterinary medicine for five of the seven years before application in another state, territory, or country with licensing requirements substantially similar to or higher than those of this state which were in effect at the time the applicant obtained his license in the other jurisdiction.

Sec. 10. AS 08.98.180 is amended to read:

Sec. 08.98.180. TEMPORARY LICENSE. A person who meets the requirements of AS 08.98.165(a)(1) and (5) [AS 08.98.170] is entitled to be temporarily licensed after completing the examinations prior to [illegible]

98.165(a)(3) and (4) and after completing the examination required under AS 08.98.165(a)(2) or qualifying for an exemption to it. A license issued under this section is valid until the results of the examinations [EXAMINATION FOLLOWING THE ISSUANCE OF THE LICENSE] are published. No person may receive more than one temporary license [UNDER THIS SECTION].

* Sec. 11. AS 08.98 is amended by adding new sections to read:

Sec. 08.98.184. LICENSURE BY CREDENTIALS. The board shall approve the issuance of a license to an applicant who holds a valid license to practice veterinary medicine in another state, territory, or country with licensing requirements substantially similary to or higher than those of this state which were in effect at the time the applicant obtained his license in the other jurisdiction if the applicant

(1) has graduated from an accredited school of veterinary medicine or has successfully passed the examination of the American Veterinary Association's Education Commission for Foreign Veterinary Graduates;

(2) has been engaged in the active practice of veterinary medicine in the previous licensing jurisdiction for at least five of the seven years before filing the application;

(3) has not failed the state written or practical examination;

(4) has no disciplinary proceeding, unresolved complaints, or professional association review proceedings pending at the time a license is to be issued, and has not had a veterinarian license revoked for cause in another jurisdiction; and

(5) has paid required fees.

Sec. 08.98.186. TEMPORARY PERMIT. A person licensed to practice veterinary medicine in another state who meets the requirements of AS 08.98.165(a)(2) and (5) may be granted a temporary permit by the board

the practice of a person licensed in the state who is absent from his practice. An application shall be signed by the person who is or will be absent from his practice and by the applicant. A temporary permit is valid for no longer than 60 days after issuance but may be renewed.

* Sec. 12. AS 08.98.190 is repealed and re-enacted to read:

Sec. 08.98.190. FEES. The following fees are imposed as applicable:

(1)	application fee	$ 25
(2)	examination fee	$ 50
(3)	fee for investigation of credentials	$ 50
(4)	license fee	$200
(5)	renewal of license fee due every four years	$200
(6)	temporary license fee	$ 50
(7)	temporary permit fee	$ 50

* Sec. 13. AS 08.98 is amended by adding new sections to article 3 to read:

Sec. 08.98.235. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS. After a hearing, the board may impose a disciplinary sanction on a person licensed under this chapter when the board finds that he

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects his ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the

performance of animal care by persons under his supervision which does not conform to minimum professional standards regardless of whether actual injury to the animal occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or other drugs which impairs his ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service.

Sec. 08.98.240. DISCIPLINARY SANCTIONS. (a) When it finds that a licensee is guilty of an offense under AS 08.98.235, the board may impose the following sanctions singly or in combination:

(1) permanently revoke a license to practice;

(2) suspend a license for a determinate period of time;

(3) censure a licensee;

(4) issue a letter of reprimand;

(5) place a licensee on probationary status and require him to

(A) report regularly to the board upon matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a

licensee.

(b) The board may withdraw probation status if it finds that the deficiencies which required the sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if he continues to practice. A person whose license is suspended under this section shall be entitled to a hearing by the board no later than seven days after the effective date of the order. The person may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license which has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

* Sec. 14. AS 08.98.250 is amended by adding new paragraphs to read:

(4) "accredited veterinary school" means a veterinary college or division of a university or college that offers the degree of Doctor of Veterinary Medicine, or its equivalent as determined by the board, and conforms to the standards required for accreditation by the American Veterinary Medical Association;

(5) "animal" means any animal other than a human being including mammals, birds, fish, and reptiles, wild or domestic, living or dead;

(6) "practice of veterinary medicine"

(A) means for compensation

(i) to diagnose, treat, correct, change, relieve,

or prevent animal disease, deformity, defect, injury, or other physical or mental condition, including the prescription or administration of a drug, biologic apparatus, anesthetic, or other therapeutic or diagnostic substance;

(ii) to use a manual or mechanical procedure for testing for pregnancy or correcting sterility or infertility; or

(iii) to render advice or recommendation with regard to any matter listed in (i) or (ii) of this subparagraph;

(B) to represent, directly or indirectly, publicly or privately, an ability or willingness to do any act in (A) of this paragraph for compensation;

(C) to use a title, abbreviation, or letters in a manner or under circumstances which induce the belief that the person using them is qualified to do any act in (A) of this paragraph whether or not for compensation;

(D) does not include, whether or not for compensation, artificial insemination, the representation of an ability or willingness to perform artificial insemination, the rendering of advice or recommendation with regard to artificial insemination, the use of a title, abbreviation, or letters in a manner or under circumstances which induces the belief that the person using them is qualified to perform artificial insemination;

(7) "veterinary technician" means a person who performs functions delegated by a veterinarian licensed under this chapter in accordance with regulations adopted by the board.

* Sec. 15. AS 44.62.330(a) is amended by adding a new paragraph to read:

(47) Board of Veterinary Examiners (AS 08.98.010).

* Sec. 16. AS 08.98.030, 08.98.060, 08.98.130, 08.98.170, 08.98.210, [illegible], and 08.98.250(1) are repealed.

* Sec. 17. This Act takes effect immediately in accordance with AS 01.10.-070(c).

Dear Senator Hackney
for your file
Postal cost of these copies
4-28-80 1-6 pages
1-8 pages
1-2 pages

Dear Senator Hackney,

Recently you received a letter from Iola Harris, President of the C.P.O. in Fairbanks concerning SB 213.

In that letter, she spoke to possible amendments to SB 213. We agree w/ Mrs. Harris & lend our support to her suggestions.

We are also concerned about the "opt-in, opt-out" possibility. If SB 213 is amended to inflict that, it would offer nothing to the classified employees - especially to those employees who have been denied the right of collective bargaining. There are groups in this category such as the NUGGET Assoc of Mat-Su as we heard in testimony on April 16 from Linda Meyers, Pres of that group.

We hope that SB 213 will be passed in a form that all parties can accept. Thank you for the opportunity to speak to this bill.

Alicia Gold, President, TOTEM Assoc.
Anchorage

Irene Johnson, Representative of NUGGET
Assoc. - Matanuska-Susitna Borough

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April 25, 1980

The Honorable Glenn Hackney
State Senator
Chairman, Senate Health, Education
and Social Services Committee
Pouch V
Juneau, Alaska 99811

Re: SB 213, Labor Relations Between School Boards and Their Employees

Dear Senator Hackney:

This is a follow-up to my oral presentation before your committee on Wednesday, April 16, 1980 on the above-referenced bill. As I indicated at the hearing, our law firm represents a number of school districts around the state.

My concerns regarding SB 213 are twofold. First, assuming that it is determined that classified employees of school districts should be included within the scope of the Public Employment Relations Act (PERA), I question the necessity or advisability of moving that group of employees out of the category of public employees which is authorized to engage in strikes only for limited periods of time (i.e., so long as the strike action does not affect the health, safety or welfare of the public) and placing them into the broader classification of public employees who are authorized to strike for unlimited periods of time, regardless of the effect the strike may have on the general public.

The primary function of school boards is, of course, to educate children and that would become an extraordinarily difficult task to achieve if a district's classified employees (e.g., teacher aides, cafeteria employees, and janitorial and maintenance employees) chose to stay off the job during the school year. Consequently, if the committee does decide that classified employees of school districts should be included within PERA, I would at least urge the committee to delete the present Section 2 of SB 213 so that this group of employees would remain classed as a part of category two employees for the purpose of striking. Even more appropriate, however, would seem to be placing school district classified employees into that class of employees which may not strike for any period of time (class one), since, at least as the bill is currently drafted, PERA will be mandatorily imposed upon school districts.

My second concern regarding proposed SB 213 relates to Section 6 of the bill. Section 6 has the clear effect of requiring every school board in the state, including the Regional Educational Attendance Areas, to bargain with their classified employees under PERA. As presently worded, Section 6 would not permit any district in the state to opt-out of coverage under PERA, even though when PERA was first adopted a provision was specifically incorporated in it to permit any municipality in the state to reject having the provisions of PERA apply. A number of municipalities exercised that opt-out provision.

As a result, the employment relationship between certain municipalities in the state and their public employees is not governed by PERA. Instead, that employment relationship is governed either by a local bargaining ordinance (for example, both Juneau and Anchorage have such local ordinances) or by no local bargaining provisions whatsoever. If SB 213 were adopted with Section 6 as it now reads, classified employees of school boards in those municipalities which had rejected PERA would end up being treated differently than other public employees in the same municipality. Further, newly created political subdivisions of the state, such as the REAAs, which were not in existence when PERA was first adopted, would, under Section 6 of SB 213, be denied the same opportunity to reject application to them of PERA which the Legislature initially extended to those local government entities in existence at the time PERA was adopted.

The following are proposed alternate versions of language which might be adopted by the committee to deal with the opt-out question discussed above:

A. To deal with the problem of school districts in cities and boroughs which have already opted out of PERA:

> * Sec. 6. (a) The provisions of this Act do not apply to city or borough school boards in any city or borough which has rejected having the provisions of ch. 113, SLA 1972 apply to it pursuant to the authority granted in Section 4, ch. 113, SLA 1972.
>
> or
>
> * Sec. 6. (a) The provisions of this Act do not apply to city or borough school boards in any city or borough which has rejected having the provisions of ch. 113, SLA 1972 apply to it pursuant to the authority granted in Section 4, ch. 113, SLA 1972, if that city or borough has adopted local provisions for collective bargaining with its public employees and those local provisions are made applicable to the school board within 120 days following the effective date of this Act.
>
> and

B. To deal with the problem of newly created political subdivisions which did not have the opportunity to opt-out of PERA in 1972:

(b) The provisions of this Act apply to regional educational attendance areas and other political subdivisions created after the effective date of ch. 113, SLA 1972, unless, within 120 days following the effective date of this Act, the governing body of a regional educational attendance area or other political subdivision created after the effective date of ch. 113, SLA 1972 rejects by ordinance or resolution, as appropriate, having the provisions of this Act and the provisions of ch. 113, SLA 1972 apply to it.

or

(b) The provisions of this Act apply to regional educational attendance areas and other political subdivisions created after the effective date of ch. 113, SLA 1972, unless, within 120 days following the effective date of this Act, the governing body of a regional educational attendance area or other political subdivision created after the effective date of ch. 113, SLA 1972 rejects by ordinance or resolution, as appropriate, having the provisions of this Act and the provisions of ch. 113, SLA 1972 apply to it and also adopts local provisions establishing rights and procedures for bargaining collectively with its classified employees.

On behalf of our school district clients, I thank you for this opportunity to present our comments on SB 213.

Sincerely yours,

JOSEPHSON, TRICKEY & LORENSEN, INC.

By: Ronald W. Lorensen

RWL:jf

Senate HESS Committee

Senator Hackney
Senator Ferguson
Senator Fahrenkamp
Senator Colletta
Senator Sturgulewski

I came to testify on Senate Bill 213 on Wednesday unaware that the hearing had been postponed until Monday. I therefore respectfully submit this testimony.

Eugene G. Kubina
President
Alaska Federation of Teachers
P.O. Box 1665
Valdez, Alaska 99686

Ref: SB 213

Senate Bill 213 would grant bargaining rights to the classified employees of the school districts. I understand that some school districts appose the bill as it stands. Their solution is to allow the districts who choose to opt out of the law. This would in effect kill any effectiveness the bill may have. If districts are given the opportunity to opt out of the law then it leaves these classified employees in the same status they are in now. Nothing is solved.

May I propose instead that the bill be binding on all districts but classify the employees catagory I. This would then prohibit these employees from striking but would require the school boards to discuss with them their working conditions. We are not looking for a bill that would give any advantage to these employees. The problem lies in the fact that several school districts refuse to discuss at all classified employees conditions of employment.

Thank you for your time and consideration.

Eugene G. Kubina
President, AFT

PROPOSED AMENDMENTS SB 213

Page 2 Section 2---Delete entirely. Renumber the following sections accordingly.

Page 3 Section 5 (formerly 6) amend to Section 5 (a) Notwithstanding sec.4, ch. 113,SLA 1972, and subject to (b) of this section. A school board, including a regional educational attendance area school board, may not reject having the provisions of the Public Employment Relations Act apply to its relations with its noncertificated employees unless the qualified voters within the school district vote in favor of rejection at a special or general election conducted within ninety (90) days of the effective date of this Act.
(b) A regional educational attendance area school board may reject having the provisions of the Public Employment Relations Act apply to its relations with its noncertificated employees until July 1, 1983 without a vote of the qualified voters within the school district if the school board adopts a resolution providing for such rejection within ninety (90) days of the effective date of this act. A regional educational attendance area school board may extend the period of its rejection of the Public Employment Relations Act under this subsection for an additional period of two (2) years if the school board adopts a resolution providing for such an extension between April 1, 1983 and June 30, 1983.

SB

214

SB214
Sp: Hackney
& Ag

HB55 ~~and~~

3/1/79 Call Judy Hedden in Ortner's office when bill before Comm. again
H65-4970

~~Jan. 1 1955 HB5~~

Introduced: 2-13-79
Logged: 2-14-79
Referred: Finance
Comm. meeting 2-28-79 - held 3-14-80 CS - held. Debbie will get with Glenn re: H & C.S.
" action

Sent. Hill drop req. by Paul Conger.

Glenn - Sen. Ferguson had bill drawn up in place of SB214 - his bill "special appropriation (copy herein) sum of $2,637,000." - You were going to waive Referral & pass to finance.

3-17-80

Glenn:

Ym have (2) proposals
att'd hereto.
1- labled "HACKNey"
2- labled "FERGUSON"
YOU ALSO HAVE " Reply.
This the result of our
meeting today.

Glenn pd "get a bill" then
we can go. Stan be in line with
Ferguson suggestion.

CS SB 214

Alaska State Legislature

Senate

Rec'd 3-27-80 @ 3:4 P.M.

JUNEAU, ALASKA

March 27, 1980

TO: Senator Hackney, Chairman
Senate Health, Education &
Social Services Committee

FROM: Senator Ferguson

SUBJ: Dental Care

This is to state my support for the attached Approach #2 for dental care for the State of Alaska. I feel that both your concerns and my concerns would be met by this approach. Although the fiscal note for this approach is slightly larger than Approach #1, I feel this is compensated for by increased services.

$500,000 of the total costs of Approach #2 should be requested in the Supplemental Budget to ensure that this program will proceed on schedule. The rest of the money could be taken care of in any appropriate manner. The $500,000 in the supplemental will make sure that start-up care and the needs of the senior citizens will be met.

I have not requested this amount, and I leave it for your consideration.

4-2-80 - Sen. Ferguson - chairman will have a suggested CS in line with above for here in Comm. Hearing the week of 7-11.

Ferguson Proposal

AFDC
Old age Assistance
Aid to Disabled
Aid to Blind

Approach II

Adult - Regular	= $1,232,000
Adult - Dentures	566,000
Sub Total	$1,798,000
Prevention Program	600,000
Grand Total	$2,398,000
Admin (10%)	239,800
	$2,637,800

Children presently covered for dental services under EPSDT (early screening) under Medicaid - Included in 1781 study

Old age & needy age 65+

Hackney Proposal

Approach I

Old Age Assistance

Regular Care (nothing for needy and Indian Health adults only)

2386 persons x .50 x $269 = $320,917
delta payment

Dentures

2386 persons x .10 x $618 = $144,702

Sub-Total	468,619
Prevention Program	600,000
Grand-Total	1,068,619
Admin (10%)	106,862
	$1,175,481

Children presently covered EPSDT (early periodic screening diagnosis screening) under Medicaid. Included already in FY81 Budget.

EARLY PERIOD SCREENING DIAGNOSIS (Screening)

COST OF DENTAL CARE COMPUTATION

COMMUNITY GROUP	TOTAL POPULATION	UTILIZATION FACTOR (1)	ESTIMATED ANNUAL UTILIZATION	ESTIMATED COST PER PERSON (2)	ESTIMATED GROUP COST
CHILDREN (3-20)	9,662	0.60	5,800	$175.00	$1,015,000
ADULTS (Basil)	9,164	0.60	5,500	269.00	1,479,000
ADULTS (Dentures(3)	9,164	0.10	916	618.00	566,000
TOTAL					$3,060,000
ADMINISTRATIVE COST (estimated)					306,000

(1) The estimated number of persons that would receive dental care in one year.
(2) $175.00 is based on title 19 cost for FY 79 plus 20% inflation, $269.00 (Delta).
(3) Removable dentures - full and partial.

50%
845,425
1,232,558
566,000
2,643,983
264,398
2,908,381
3,360,000
Minus I. Health contract 1,200,000
1,708,381
Prevention program 600,000
2,308,381
191,619
2,500,000

DIAGNOSTIC
Oral examination is a benefit, but not more than once in a 12 - month period.
Bite Wing radiographs - 2 only, except where prevented by missing teeth.
Periapical radiographs - only a benefit for teeth to be extracted, suspected anterior lesions and where bitewings are not feasible.

PREVENTIVE
Prophylaxis, not more than once in any 12 - month period. Prophylaxis for children must include fluoride application.

EXODONTICS
Pre-operative periapicals required for payment of fee.

RESTORATIVE
Amalgams and composite resin restorations for the treatment of caries. Payment is based on one restoration per surface regardless of the # or combination of restorations placed. Composite resin restorations are a benefit only in permanent anterior teeth and on buccal surfaces of maxillary premolars. The fee for a restorative procedure includes bases and local anesthesia.

PROSTHETICS
Partial and full dentures are a benefit, not more than once in a 5 - year period. Repairs, relines and tissue conditioning are a benefit once in a 12 - month period.

This CS we have been waiting for

THIS [✓] BILL [ ] RESOLUTION [ ] CITATION

has been prepared by the staff of the Legislative Affairs Agency in response to the request and at the direction of the sponsoring member or committee. The staff has attempted to place the document in proper legal and clerical form, subject to any special limitations or instructions of the requestor.

If we may be of further assistance in this matter, please contact the Director of Legal Services or the Director of Research Services, as appropriate.

Delivered to requestor 3-24-80

LA-L 40

Please review this as soon as today. This just delivered. The pertaining fiscal note

Dental

Results of Meeting with SB 214

Josh Wright v Debbie Beh. 3-27-80 @ 3:P.M.

Debbie presented → Hackney Proposal - Covering only Elderly & Young in Bush.

Josh Wright presented Sen. Ferguson Proposal. - Covers every adult body & Young.

Please
Sen Ferguson had this drawn up in place of SB 214 and I spoke with you.

Funding Information
General Fund $2,737,000
Other Funds - 0 -
$2,737,000

This in place of SB 214 you waive referral & it goes to Finance Committee

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE
BY REQUEST

IN THE SENATE

SENATE BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act making a special appropriation for a dental program for low-income adults, and a special appropriation for an evaluation of the dental program; and providing for an effective date."

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

* Section 1. The sum of $2,637,000 is appropriated from the general fund to the Department of Health and Social Services for payment as a grant to Delta Dental, Inc., for a statewide dental program for low-income adults.

* Sec. 2. The sum of $100,000 is appropriated from the general fund to the Legislative Budget and Audit Committee for an evaluation of the statewide dental program financed with the appropriation made in sec. 1 of this Act.

* Sec. 3. The unexpended and unobligated portions of the appropriations made in this Act lapse into the general fund on June 30, 1982.

* Sec. 4. This Act takes effect immediately in accordance with AS 01.10.070(c).

This takes the place of SB 214.

SB 214 – with all State funds

Sen. Ferguson

Young & Old (Bush)

Josh –

Bettie

Summary of Your Program

1.	Adults basic care	$1,479,000
2.	Childrens basic care	655,000
3.	Dentures (adults)	566,000
4.	General Relief Medical dental budget	185,000
	TOTAL	$2,885,000
5.	Administration by Delta (10%)	288,500
	TOTAL FOR BASIC PROGRAM	$3,173,500
6.	Preventive program	600,000
7.	Evaluation team (Budget and Audti)	100,000 ✔
	GROUND TOTAL	$3,873,500

Please note that I have reduced the $1,015,000 estimation for children on the Cost of Dental Care computation by $360,000, the estimated saving in billings to the program through the efforts of the dental preventive aides. $1,015,000 minus $360,000 = $655,000 budgeted for childrens basic care.

RECOMMENDATION #1

A dental preventive program should be designed to serve every community that does not have a resident dentist. The title for this proposed position could be --- dental preventive aide. Her duties would involve weekly visits to individual classes to encourage daily brushing, monthly fluoride rinses and two prophylaxis (polishing and flossing) and fluoride treatments per school year.

Such a program would involve about 160 communities. The initial salary for this part time position would be between $200 - $300 per month with an annual budget of $350,000 for a school session of nine months. The start up cost would be about $75,000. Each aide would need a small portable dental engine for polishing the children's teeth before the application of fluoride paste, a couple of polishing handpieces, supplies such as fluoride paste and rinses, dental floss, toothbrushes and home care instruction materials.

An integral part of an effective preventive program would necessitate employing at least two licensed dental hygienists. They would be in charge of the training and supervision of the preventive aides.

Budget For The Preventive Program

1.	Salaries for the preventive dental aides	$350,000
2.	Travel and per diem for first year of the program*	$100,000
3.	Salary and benefits for two hygienists	$ 75,000
4.	Equipment and supplies	$ 75,000
	TOTAL	$600,000

*An example of why the first year travel and per diem budget is estimated at $100,000 -- A hygienist would travel from Anchorage to Kotzebue, while the dental aides from communities served by the Northwest School District would be brought to Kotzebue for initial training. This effort would be repeated in Nome, Galena, Barrow, and so forth.

RECOMMENDATION #2

Appropriation of $100,000 to Budget and Audit Committee to evaluate the effectiveness of the statewide dental demonstration project combining the resources of federal and state programs. A well controlled delivery system that is complimented with

pre-authorization and quality will prove less expensive than a poorly run Medicaid program.

Post-operative review of between 3-5 percent of all patients served by the program would minimuze abuses and insure quality. The dental evaluation team, which would consist of a dentist and his assistant will be able to provide emergency care (extractions when indicated to relieve pain, treat sensitive teeth, adjust high or rough fillings, adjust and repair dentures, and etc, etc --). This service will be at no cost to the program in as much as the dentist and his assistant will be on monthly salaries.

Evaluation Team Budget

1.	Dentist salary for 12 months	$39,000*
2.	Transportation and per diem	25,000
3.	Portable equipment and supplies	20,000
4.	Dental assistant salary for 12 months	12,000*
5.	Contingency	4,000
	TOTAL	$100,000

* Salaries for dentist and his assistant is based on working in the program between 65 - 70 hours per month.

RECOMMENDATION #3

You should incorporate the General Relief Medical dental program into the demonstration project to avoid fragmentation. [redacted]. I would further suggest that you use the identical criteria now used by HESS to determine eligibility

Summary Of HESS Design

1.	Enclosure B of the position paper	$2,759,981
2.	Existing HESS program plus administration	1,060,000
	TOTAL	$3,819,981

COST OF DENTAL CARE COMPUTATION

COMMUNITY GROUP	TOTAL POPULATION	UTILIZATION FACTOR (1)	ESTIMATED ANNUAL UTILIZATION	ESTIMATED COST PER PERSON (2)	ESTIMATED GROUP COST
CHILDREN (3-20)	9,662	0.60	5,800	$175.00	$1,015,000
ADULTS (Basil)	9,164	0.60	5,500	269.00	1,479,000
ADULTS (Dentures(3)	9,164	0.10	916	618.00	566,000
TOTAL					$3,060,000
ADMINISTRATIVE COST (estimated)					306,000

(1) The estimated number of persons that would receive dental care in one year.
(2) $175.00 is based on title 19 cost for FY 79 plus 20% inflation, $269.00 (Delta).
(3) Removable dentures - full and partial.

DIAGNOSTIC
Oral examination is a benefit, but not more than once in a 12 - month period.
Bite Wing radiographs - 2 only, except where prevented by missing teeth.
Periapical radiographs - only a benefit for teeth to be extracted, suspected anterior lesions and where bitewings are not feasible.

PREVENTIVE
Prophylaxis, not more than once in any 12 - month period. Prophylaxis for children must include fluoride application.

EXODONTICS
Pre-operative periapicals required for payment of fee.

RESTORATIVE
Amalgams and composite resin restorations for the treatment of caries. Payment is based on one restoration per surface regardless of the # or combination of restorations placed. Composite resin restorations are a benefit only in permanent anterior teeth and on buccal surfaces of maxillary premolars. The fee for a restorative procedure includes bases and local anesthesia.

PROSTHETICS
Partial and full dentures are a benefit, not more than once in a 5 - year period. Repairs, relines and tissue conditioning are a benefit once in a 12 - month period.

COST OF DENTAL CARE COMPUTATION

COMMUNITY GROUP	TOTAL POPULATION	UTILIZATION FACTOR (1)	ESTIMATED ANNUAL UTILIZATION	ESTIMATED COST PER PERSON (2)	ESTIMATED GROUP COST
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(2) $175.00 is based on title 19 cost for FY 79 plus 20% inflation, $269.00 (Delta).
(3) Removable dentures - full and partial.

DIAGNOSTIC
Oral examination is a benefit, but not more than once in a 12 - month period.
Bite Wing radiographs - 2 only, except where prevented by missing teeth.
Periapical radiographs - only a benefit for teeth to be extracted, suspected anterior lesions and where bitewings are not feasible.

PREVENTIVE
Prophylaxis, not more than once in any 12 - month period. Prophylaxis for children must include fluoride application.

EXODONTICS
Pre-operative periapicals required for payment of fee.

RESTORATIVE
Amalgams and composite resin restorations for the treatment of caries. Payment is based on one restoration per surface regardless of the # or combination of restorations placed. Composite resin restorations are a benefit only in permanent anterior teeth and on buccal surfaces of maxillary premolars. The fee for a restorative procedure includes bases and local anesthesia.

PROSTHETICS
Partial and full dentures are a benefit, not more than once in a 5 - year period. Repairs, relines and tissue conditioning are a benefit once in a 12 - month period.



February 29, 1980

The Honorable Frank Ferguson
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Document # 11-80

Dear Senator Ferguson:

We are pleased to respond to your recent letter requesting information regarding the Department of Health and Social Services' position concerning a Medicaid dental program.

Overview

The Department of Health and Social Services is aware that the unmet needs for dental care for Alaska's low income population are great. Poor dental health and tooth decay have been identified as priority problems by each of the Health System Agencies in the state. Reliable statewide statistics on the extent of the problem are lacking. The lack of naturally or artificially fluoridated water supplies in many parts of the state means that many citizens do not have access to this form of protection against tooth decay. Twenty-seven percent (27%) of children screened in the EPSDT program were identified as having dental problems. In older age groups, about 30% of the population is thought to have periodontal disease and the population of adults needing full or partial dentures is significant.

Pilot Dental Projects by the Department

Recently, the Department has conducted a number of pilot projects that are useful in evaluating the need for dental care coverage and designing a dental care program in the state.

In FY 1980, the Legislature made available to our Division of Public Health, the sum of $100,300 for a Delta Dental Plan demonstration dental care project in Allakaket and Kiana. Of the total population of about 503 individuals in the two villages, approximately 49% accepted treatment. Participation by adults (50%) was slightly higher than by children (42%). The project provided a dental survey, dental health education as well as treatment. The screening portion of the project

documented a prevalence of dental decay, gum disease, and the need for full or partial dentures in the population. The services provided included examinations, x-rays, cleaning and fluoride applications, fillings, extractions, root canal, periodontal surgery, and dentures. Denture services accounted for $24,221 or 31% of the total cost of basic care.

Also, in FY 80 the Southcentral Dental Society received a $25,000 grant through the Office on Aging to work with senior citizens organizations in Anchorage to arrange a low-cost denture program for seniors residing in Anchorage. An eight (8) member policymaking Board of Directors was formed and designated the initial target group to be served as those low-income senior citizens having no additional funds for dental care. The services provided included new dentures, repair of old dentures, relining of old dentures, and pre-prosthetic surgery (if needed to properly fit dentures). The average cost per patient was $345.89. Over 50 seniors received treatment under the project.

In conformity with regulations governing federal Maternal and Child Health grant funds, a dental project for children grades K-4 has been in operation in Wrangell for approximately 15 months. The project includes dental health education in the school, topical fluoride applications, dental examinations and, when indicated, treatment. Approximately 175 children are involved in the project. Costs for treatment services have been paid by the following parties: family (13%), AANHS (34%), insurance (17%), and MCH project funds (36%).

The Department is currently reviewing ways to utilize the mobile dental unit purchased by the state a few years ago to provide dental care by bringing dentists to the Aleutian Chain and Pribilof Islands. The Department is investigating possibilities of working with private organizations or Native corporations to use the mobile dental unit on the highway network in Interior Alaska and Southcentral Alaska. This would improve access to dentists in the more remote areas of the state that touch the highway system.

Small grants for topical fluoride applications and dental health education have been made by the Department to the Yuko -Kuskokwim Health Corporation and the Tanana Chief's Health Conference.

Design of Medicaid Dental Project

As mentioned previously in this letter, coverage of dental and denture services for low-income adults is virtually non-existent by any public or private source in Alaska. The Department has conducted a number of pilot programs, which indicated that low-income adults have significant dental needs that are presently not being routinely met and that low-income persons utilize the services if they are available to them.

Delta Dental Plan of Alaska, which currently administers the Medicaid children's dental program and General Relief Medical emergency dental program, has assisted the Department in outlining one possible way to design a Medicaid dental and denture program for Medicaid-eligible adults. The program includes: (1) diagnostic and preventive services, (2) restorative services, (3) emergency dental services, and (4) dentures and related services. The specifics of the program are outlined in Enclosure A to this letter. The cost estimate for this design is about $2.6 million for direct services plus slightly over $180 thousand for contract administration costs. Fifty percent (50%) of the total of approximately $2.8 million cost would be covered by federal Medicaid funds; the remainder by state funds. A detailed cost breakdown is listed on Enclosure B to this letter. We believe that these cost figures are reliable, as Delta Dental has had significant experience in this field.

Department's Position

The Department of Health and Social Services recognizes the need for coverage of routine dental services for certain low-income persons, as they are presently not routinely covered from any public and private source. We endorse the inclusion of preventive dental services which in the long run have been shown to show significant costs savings. Federal Medicaid funds would be available to cover 50% of the costs of the program.

The design included is only one way to structure a Medicaid dental program and would welcome the opportunity to discuss other options with you at your convenience.

The Department of Health and Social Services appreciates the opportunity to comment on this matter. Please do not hesitate to contact myself or Rod Betit, Director of the Division of Public Assistance, if you need further information on this matter.

Sincerely,

Helen D. Beirne
Commissioner

Enclosures (2)
HDB:DEB:lar
bcc: Division of Public Assistance
Division of Public Health
Office on Aging

ONE DESIGN OF MEDICAID DENTAL PROGRAM

Adults 21 and over are presently eligible for emergency dental services only.

A. Proposed Dental Treatment

1. Diagnostic and Preventive

   a. Examination limited to one in any 12-month period for adults and to two in any 12-month period for children covered under the EPSDT program.

   b. Necessary radiographs (full-mouth series limited to once every three years).

   c. Prophylaxis and fluoride, limited to one in any 12-month period for adults and to two in any 12-month period for children covered under the EPSDT program.

2. Restorative

   a. Amalgam or composite restorations.

   b. Root canal therapy, pulpotomy, apicoectomy necessary to treat an abscessed tooth.

   c. Stainless steel or preformed acrylic crowns, necessary when tooth cannot be restored with amalgam or composite material.

   d. Extractions.

3. Emergency Services

   a. Control bleeding.

   b. Relieve pain.

   c. Eliminate acute infection.

   d. Operative procedures required to prevent pulpal death and imminent tooth loss.

   e. Treatment of injuries to teeth and/or supporting structures.

4. Prosthetic Appliances

a. Partial dentures, where indicated for proper mastication.

b. New complete dentures, only if a reline or repair will not satisfactorily restore the existing denture.

c. Replacement dentures, if not previously paid under this program within the last five years.

d. Reline or repair of existing partial or denture.

Prepared in Consultation With:
Delta Dental Plan of Alaska

Date: February 28, 1980

Enclosure B

Costs of One Design of Medicaid Dental Program

FY 81 Medicaid Eligible Adults [1]

	Number of Eligibles [2]	Estimated % of Users	Number of Users	Treatment Covered	FY 80 Coverage Cost Per Person	Estimated Total Cost	TOTALS
Medicaid Eligibles	9,080	55%	4,994	All care except dentures	$269	$1,343,386	
Medicaid Eligibles	9,080	20%	1,816	Dentures	$618	$1,122,288	
					Sub-Total		$2,465,674
					Inflation (10%)		246,567
					Administrative Costs (Paid to private contractor)		230,540
					GRAND TOTAL		$2,942,781
					General Relief-Medicaid Offset		(182,800)
							$2,759,981

1 - We are assuming that General Relief-Medical emergency only dental coverage will continue for persons not eligible for dental care under Medicaid (i.e., intact families, elderly not eligible for Medicaid). Children eligible for Medicaid already receive coverage of dental care under the EPSDT program. Forty percent (40%) of the current General Relief-Medical dental budget is used to cover Medicaid clients and thus could offset some of the cost of the program.

2 - 12/79 Public Assistance figures.

Funding by Source

Federal	$1,379,991
State	$1,379,990

Prepared in Consultation with: Delta Dental Plan of Alaska

Date: February 28, 1980

South Central District Dental Society

P.O. BOX 3-487
ANCHORAGE, ALASKA 99501

February 18, 1980

Rose Palmquist
2621 Northrup
Anchorage, Alaska 99504

Dear Rose:

Enclosed are the following documents relating to the recently completed Low Cost Denture Demonstration Project.

Fiscal Reports #2 & #3 which were sent to the Office on Aging, State of Alaska. (Report 1 contained tentative figures.) These reports do contain final figures for ALL months the program was operational - August, 1979 - February, 1980.

Quarterly Progress Report - sent to the Office on Aging, State of Alaska, to augment the above two reports.

Statistical/Narrative Analysis - prepared by the South Central District Dental Society office with statistics provided by Donna Lindsay, Project Coordinator.

Patient Record of Treatment - Who was seen, by whom, when and the date of claim adjudication.

Please accept our sincere thanks for unselfishly participating in this program. It was my personal pleasure to get to know and work with you in this effort. Please feel free to contact me if I can answer any questions.

Best Regards,

Martha Dearborn

Martha Dearborn
Exec. Secretary, SCDDS
Member, Bd. of Directors
Low Cost Denture Demonstration Project

South Central District Dental Society

P.O. BOX 3-487
ANCHORAGE, ALASKA 99501

February 15, 1980

LOW COST DENTURE DEMONSTRATION PROGRAM STATISTICAL/NARRATIVE ANALYSIS

Background: The South Central District Dental Society received a $25,000.00 grant from the Alaska State Legislature (1979) to combine forces with senior citizens organizations in Anchorage to arrange a low-cost denture program for seniors residing in the Anchorage area.

Implementation: An 8-member policy making Board of Directors was formed consisting of representatives from the senior citizens community, one dentist, one dental society representative and the project coordinator (selected by a participating orgaization). Representatives included:

Lois Pillifant - Older Persons Action Group
Norma Lundy - Senior Citizens/Municipality
Rose Palmquist - Senior Citizens Advisory Commission
Arne Beltz - Anchorage Municipal Health Department
Alice Guest - Alaska State Dept. of Health & Social Services
Geraldine T. Morrow, D.M.D. - Dentist
Martha Dearborn - South Central District Dental Society
Donna Lindsay - Project Coordinator/Referral Worker

The target group selected for this initial program was those senior citizens having no additional funds for dental care. Eligibility was based on Old Age Assistance criteria. The Grant was to subsidize the dentistry performed, the claims processed, and the administrative effort required to locate eligible seniors, refer them to the dental offices and to gather statistics for future use by the legislature when considering additional funds for similar projects.

Services Provided: New dentures — Repair of old dentures
Relining of old dentures — Pre-prosthetic surgery (if needed to properly fit dentures)

Duration: The first patient was seen on August 29, 1979, the last patients were seen on February 4, 1980. (Average cost per patient - $345.89.)

Termination of treatment was based on anticipated encumbrance of funds.

Statistics: Total number of senior citizens receiving treatment.....55 ✓
Total number of senior citizen inquiries about the program.....134 ✓

*Services provided:

Full mouth dentures (upper and lower)	25
Partial dentures (upper or lower)	10
Reline of old dentures	25
Repair of old dentures	1
Pre-prosthetic surgery	4

*Some individuals received more than one service.

Anticipated Costs: $20,000.00 for dental treatment
$ 2,500.00 for claims processing
$ 2,500.00 for administrative effort

Actual Costs: $19,024.00 for dental treatment
$ 2,500.00 for claims processing
$ 2,774.29 for administrative effort

Patient to this equals about 460 ea

Remaining funds: $701.71

OFFICE ON AGING

SOUTH CENTRAL DISTRICT DENTAL SOCIETY

QUARTERLY PROGRESS REPORT

Report for quarter ending February, 1980 .

Briefly summarize progress this month:

Enclosed are the descriptive, statistical and financial reports for the South Central District Dental Society Low Cost Denture Demonstration Project.

Following is a further explanation of what was included with each Budget Category.

"DENTAL SERVICES".....Dental treatment provided for those Senior Citizens qualifying for the program. Treatment was provided by dentists volunteering for this program - in private dental offices.

"TRAVEL".....Automobile expenses (gas) incurred by Project Coordinator Ms. Donna Lindsay.

"SUPPLIES O.P.A.G".....Copying and postage used by Project Coordinator Donna Lindsay and paid for by OPAG. OPAG (Older Persons Action Group), was the Senior Citizen's organization most directly involved with this project. They donated space, desk and telephone for Donna to conduct business.

"ADMINISTRATION".....All screening work done by Project Coordinator Donna Lindsay. including: interviews, contact with dentists, arranging appointments, statistical gathering and analysis.

"CLAIMS PROCESSING".....All dental claims were adjudicated by Delta Dental Plan of Alaska through contract arrangements with the South Central District Dental Society.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
CUMULATIVE FISCAL REPORT

Grantee	Project Name	Report Date	Period Ending	Report No.	Grant No.
South Central District Dental Society	Low Cost Denture Demonstration Project		12-31	2	#060525

BUDGETS - EXPENDITURES

Budget Categories	Expenditures This Period: State Funds	Federal Funds	Other Funds: Cash & P.I.	Other Funds: In-Kind	TOTAL	Approved Budget	Cumulative Expenditures to Date: State Funds	Federal Funds	Other Funds: Cash & P.I.	Other Funds: In-Kind	TOTAL
~~Personnel~~ DENTAL Services	SEE ATTACHED SHEET						$18,224.00				
Travel							$30.72				
Facility Expense											
Supplies											
Equipment											
~~Other Operating Expenses~~ ADMIN							$2,619.00				
CLAIMS PROCESSING ~~Indirect Cost~~							$1,500.00				
* TOTAL COST					*		$22,373.72				
Subtract Program Income	XXXX	XXXXXX		XXXX			XXXX	XXXXX		XXXX	
NET COST							$22,373.72				

* Total Cost is further broken down into program components on page 2 of this report.

RECEIPTS

Source of Fund	Receipts This Period	Budgeted Receipts	Cumulative Receipts To Date
Federal Funds None			
State Funds	9-7-79 $6,250./10-19-79 $18,750.00		$25,000.00
In-Kind Match None			
Local Cash Match None			
Program Income None			
TOTAL			

(Over)

Meeting 6: October 15, 1979 12:00 pm to 12:45 pm

Present: Older Persons Action Group
Lois Pillifant

South Central District Dental Society
Martha Dearborn

Senior Citizens/Municipality
Norma Lundy

Dentist Representative
Dr. Phillip L. Locker

Project Coordinator/Referral Worker
Donna Lindsay

Public Relations Coordinator/Alaska Dental Society
Betzi Woodman

Not Present: Senior Citizens Advisory Com
Rose Palmquist

Municipal Health Dept.
Arne Beltz

State Dept.of H. & S.S.
Alice Guest

Purpose of the meeting:

1. To consider extending this program to those eligible individuals residing in nursing homes.
2. To establish the exact time an individual can be considered eligible for the program.
3. To provide an updated report of the project's progress to the members of the Board of Directors.

Decisions:

1. Pioneer Home and Nakoyia have inquired as to the possibility of obtaining care for eligible residents.
   For Nakoyia, following a preliminary visit by Donna Lindsay, Dr. Lee McKinley will be contacted to see if he would be interested in going to the home and evaluating the actual care that will be needed - and then, possibly, providing that treatment.

2. RESOLUTION: Motion by Norma Lundy, seconded and carried, to establish that an applicant be considered eligible for this program from the date of service - not the date of application.

3. To date, 36 applicants have been served, 7 are waiting and statistics have been gathered on approximately 75 inquiries. $10,634.00 has been committed for treatment and administrative expenses.

Next Meeting: No date was set. Donna Lindsay will call a meeting when she feels one is needed.

October 29, 1979

DENTURE PROJECT UPDATE

Statistics on 117 persons, including eligible applicants.

1) Most frequent age group 65-69 range from 52 to 80. 38% in 65-69 range.
2) Most are females - 64%.
3) Most frequent marital status widow or widower 35%.
4) 62% live alone.
5) 76% support only themselves.
6) Last full mouth x-rays range from 1 week to 50 yrs. 16% do not remember--7% have never had x-rays.
7) The most common dental need was initial or replacement of full mouth dentures. 33%
8) There are 27 different sources of referrals. Most common sources as follows.
   a) Old Age Assistance checks 31%
   b) Senior Voice 22%
   c) Chugach View 12%
   d) Salvation Army 5%
   e) State Disability Check 5%
9) 91% of all persons talked to are not eligible for ANS.
10) 90% of all persons talked to have no earned income.
11) 49% of all persons talked to receive Old Age Assistance.
12) 38% of all persons talked to were eligible for this program.

Above statistics do not include 18 persons residing at Nakoyia who are in need of relines or full dentures.

41 persons have had or will have dentures services provided
1 person waiting due to poor health - funds available.
2 eligible persons in addition to the 18 Nakoyia residents are waiting to see if funds are available.

Funds definitely committed are 12,374 out of 20,000. Expenditures for 7 persons are unknown - could be up to 1,000 each.

Average expenditure per person is $343.

MONTHLY PROGRAM COMPONENT COSTS

List each budgeted Program Activity EXAMPLES ARE: Transportation, Outreach, Information & Referral, etc.

January, 1980			February, 1980												
State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non Federal	
$100.00			$1,824.57												
Total This Component			Total This Component			Total This Component			Total This Component			Total This Component			
$ 100 DENTAL SERVICES			$700 DENTAL SERVIGES			$			$			$			
			$1000. CLAIMS PROCESSIN $124.57 SUPPLIES												
State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non Federal	Total Cost for All Compo-nents
Total This Component			Total This Component			Total This Component			Total This Component			Total This Component			$
$ NO ADMIN/TRAVEL			$ NO ADMIN/TRAVEL			$			$			$			

$1,924.57

CERTIFICATION: I certify that the above information is true and correct, and that expenditures have been made for the purpose ed, and in accordance with, applicable grant terms and conditions.

NAME Martha A. Dearborn TITLE Executive Sectary Member/Bd. of Directors SIGNATURE Martha A. Dearborn

DATE February 15, 1980 COMPLETED BY: Martha A. Dearborn

Department of Health & Social Services
Office on Aging
Pouch H-01C
Juneau, Alaska 99811

AOOA
Rev. 3/78

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
CUMULATIVE FISCAL REPORT

Grantee	Project Name	Report Date	Period Ending	Report No.	Grant No.
South Central District Dental Society	Low Cost Denture Demonstration Project		Jan.-Feb., 1980	3	#060525

BUDGETS - EXPENDITURES

Budget Categories	Expenditures This Period: State Funds	Federal Funds	Other Funds: Cash & P.I.	Other Funds: In-Kind	TOTAL	Approved Budget	Cumulative Expenditures to Date: State Funds	Federal Funds	Other Funds: Cash & P.I.	Other Funds: In-Kind	TOTAL
DENTAL ~~Personal~~ Services	$800.00						$19.024.00				
Travel							$30.72				
Facility Expense											
Supplies O.P.A.G.	$124.57						$124.57				
Equipment											
~~Other Operating Expenses~~ ADMIN							$2,619.00				
CLAIMS PROCESSING ~~Indirect Cost~~	$1,000.00						$2,500.00				
* TOTAL COST	$1.924.57				*		$24,298.29				
Subtract Program Income	XXXX	XXXXXX		XXXX			XXXX	XXXXX		XXXX	
NET COST							$24,298.29				

* Total Cost is further broken down into program components on page 2 of this report.

$25,000.00 Initial Grant
24,298.29 Expenses

$ 701.71 Remaining Funds

RECEIPTS

Source of Fund	Receipts This Period	Budgeted Receipts	Cumulative Receipts To Date
Federal Funds None			
State Funds	None	As Above	Program completed
In-Kind Match None			
Local Cash Match None			
Program Income None			
TOTAL			

RECORD OF TREATMENT - CLAIMS PROCESSED

Dentist	Date Seen	Amount	Claims Bill
Dr. Bevins	8-29-79	$500.00	10-29-79
Dr. Bevins	9-17-79	$136.00	11-12-79
Dr. Warren	9-11-79	$500.00	11-12-79
Dr. Bline	9-24-79	$200.00	10-29-79
Dr. Miller	9-18-79	$250.00	11-12-79
Dr. Chang	9-6-79	$250.00	11-28-79
Dr. Fredenberg	9-5-79	$500.00	10-29-79
Dr. Stranik	9-13-79	$100.00	10-29-79
Dr. Darling	9-11-79	$500.00	11-12-79
Dr. Clark	9-25-79	$250.00	10-29-79
Dr. Feriani	9-19-79	$500.00	11-12-79
Dr. Stranik	9-18-79	$500.00	11-12-79
Dr. Reder	9-13-79	$560.00	11-12-79
Dr. Kennedy	9-11-79	$250.00	10-29-79
Dr. Burk	9-4-79	$200.00	10-29-79
Dr. Burk	9-6-79	$500.00	10-29-79
Dr. Bline	9-27-79	$200.00	11-12-79
Dr. Layman	9-5-79	$250.00	11-12-79
Dr. Locker	9-5-79	$100.00	11-12-79
Dr. Priebe	9-13-79	$500.00	11-12-79
Dr. Warren	9-19-79	$200.00	11-12-79
Dr. Burk	9-27-79	$100.00	11-12-79
Dr. Sharp	9-13-79	$100.00	10-29-79
Dr. Fredenberg	9-19-79	$ 63.00	11-12-79
Dr. Darling	9-5-79	$500.00	11-29-79
Dr. Priebe	9-19-79	$500.00	11-12-79
Dr. Feriani	9-21-79	$500.00	11-28-79
Dr. Clark	9-26-79	$250.00	11-12-79
Dr. Stranik	11-18-79	$500.00	1-23-80
Dr. Clark	11-30-79	$ 50.00	1-15-80
Dr. Locker	9-13-79	$200.00	11-12-79
Dr. Bevins	10-29-79	$100.00	11-28-79
Dr. Burk	10-23-79	$250.00	11-28-79
Dr. Stone	10-29-79	$500.00	1-15-80
Dr. Smithson	12-11-79	$100.00	1-23-80
Dr. Reder	10-26-79	$500.00	11-28-79
Dr. Stone	10-30-79	$500.00	11-28-79
Dr. Miller	10-3-79	$250.00	11-28-79

Dentist	Date Seen	Amount	Claims Billed
Dr. Lathrop	10-25-79	$500.00	11-12-79
Dr. Locker	10-25-79	$100.00	1-15-80
Dr. Lathrop	10-16-79	$250.00	11-28-79
Dr. Reder	10-15-79	$390.00	11-28-79
Dr. Stone	10-19-79	$500.00	11-28-79
Dr. Wright	10-11-79	$500.00	11-12-79
Dr. Davis	11-27-79	$500.00	1-15-80
Dr. Davis	11-19-79	$500.00	1-15-80
Dr. Darling	12-19-79	$500.00	1-23-80
Dr. Sture	11-16-79	$125.00	1-15-80
Dr. Derksen	11-8-79	$500.00	1-15-80
Dr. Stone	11-20-79	$500.00	1-15-80
Dr. Priebe	11-14-79	$600.00	1-23-80
Dr. Locker	12-17-79	$200.00	1-23-80
Dr.Locker	12-17-79	$200.00	1-23-80
Dr. Locker	12-17-79	$100.00	1-23-80
Dr. Derksen	12-6-79	$250.00	1-23-80
Dr. Locker	12-17-79	$100.00	1-23-80
Dr. Locker	2-4-80	$500.00	2- -80
Dr. Kennedy	1-28-80	$100.00	2-12-80
Dr. Locker	2-4-80	$200.00	2- -80

General Teamsters Local 959 State of Alaska

Affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America

ANCHORAGE, ALASKA 99510, P. O. Box 2092, (907) 276-4334 JESSE L. CARR (secretary/treasurer)

FAIRBANKS, ALASKA 99701, P. O. Box 609, (907) 452-8221
JUNEAU, ALASKA 99801, 306 Willoughby, (907) 586-3225
KENAI, ALASKA 99611 P. O. Box 619, (907) 283-4498

February 22, 1980

Glenn Hackney, Chairman
Senate H.E.S.S. Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Glenn,

Enclosed find the report on the use of the $25,000 legislative appropriation of 1979 for a dental pilot project for limited dental services for elderly of limited financial means. In addition the statistics on the total number of elderly interviewed is included.

It looks like the pilot project tapped a very small part of the most urgent dental needs of older persons. I hope this information is of value to you.

Sincerely,

Rose Palmquist
Retiree Coordinator

RP/p

Enclosure(s)

47.07.035 SB214 General Relief Medical

1- 60 yrs do not get Federal money---65 years of age do. The title of your bill mentions a "State Program" You can cover all mentioned by Delta Dental Plan if all (100%) state money.

If the above mentioned passed it would be better than State employees now have.

M.

Please deliver to

Office of Senator Glenn Hackney
Assembly Room 105

Attn: Mary Isaacs

get write Chernoff & Bettie Bess then Jack

Glenn - This is info you requested Jack Chernoff prepared bill. Bettie Bess did much work on 2-28-79 according to Jack - See her preliminary fiscal dated 2-28-79

M.

Mary -
See me on this, please. R

SB 214

SENATE BILL NO. 214

PRELIMINARY FISCAL INFORMATION

Fiscal Year 1980

	State	Federal	Total
Medicaid (Add New Services)			
Dentures	$ 34,272	$ 34,273	$ 68,545
Emergency Services	378,260	378,259	756,519
Total	$412,532	$412,532	$825,064
General Relief Medical (No longer cover medicaid eligible; Includes 10% inflation over FY '79)			
Dentures	($ 15,174)	-0-	($ 15,174)
Emergency Services	($118,536)	-0-	($118,536)
Total	($133,710)	-0-	($133,710)

New Monies Needed

	State	Federal	Total
Dentures	$ 19,098	$ 34,273	$ 53,371
Emergency Services	259,724	378,259	637,983
Total	$278,822	$412,532	$691,354

Debbie Behr

PRELIMINARY FISCAL INFORMATION
REGARDING
SENATE BILL NO. 214

Fiscal Year 1980

MEDICAID ONLY

Dentures	$ 68,545
Emergency Services	756,519
Total	$825,064

Federal	$412,532
State	412,532
Total	$825,064

Fiscal Year 1979

GENERAL RELIEF

Dentures	$ 13,795
Emergency Services	107,760
Total	$121,555
Inflation	x .10
Inflation for FY '80	$ 12,155
Total FY '79	$121,555
FY '80 Inflation @10%	12,155
Total FY '80	$133,710

Fiscal Year 1980

	State	Federal	Total
Medicaid Add	$412,532	$412,532	$825,064
General Relief Medical	- (133,710)	-0-	- (133,710)
	$278,822	$412,532	$691,354

Debbie Behr
2/28/79

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

PRELIMINARY - BEING REDONE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 214

Title "Providing Dental Assistance for Needy Persons

Requested by Legislative Affairs Agency Date February 14, 1979

II. FISCAL DETAIL

Agency Affected Health and Social Services

Program Category Affected Public Assistance

BRU, Program, or Subprogram(s) Affected Medicaid

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL		160				
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		160				

DENTURES ONLY

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

Estimate of $160,000 is based on figures received from Division of Public Assistance on 2/20/79 indicating 8,756 adults are eligible under the Medicaid program. Additionally, 1,497 cases (all presumbly adults) received emergency treatment under State GRM program. These two figures total 10,243 eligibles. Approximately 2% of these individuals may need upper dentures and 1.5% lower dentures. Approximately 2% of those receiving dentures might require a reline within three years. This charge has been included in the estimate. Charges based on maximum allowance under present Medicaid program.

IV. DATE _____ PREPARED BY _____

AGENCY _____

PHONE _____

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/78)

South Central District Dental Society

P.O. BOX ~~4-1800~~ 3-487
ANCHORAGE, ALASKA ~~99503~~ 99501

March 9, 1979

Senate HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Attention Committee Members: Senators Hackney, Ferguson, Colletta, Sturgulewski and Fahrenkamp

The South Central District Dental Society, a voluntary professional organization with 108 members, wishes to comment on Senate Bill #214.

It is our understanding the Medicaid eligible recipients over age 21 who are presently eligible for the benefits of the state GRM (General Relief Medical) program, along with those who qualify directly as beneficiaries of the GRM program will be affected by the requirements as set forth in this bill.

Currently the GRM program covers the following under its emergency benefits:

control bleeding
relieve pain
eliminate acute infection
operative procedures required to prevent pulpal death and imminent loss of teeth
treatment of injuries to teeth and/or treatment of injuries to supporting structures
denture repair
root canal therapy at discretion of contractor
extraction
removal of decay and use of temporary filling material (Ex. IRM) or maximum of a two surface alloy
restore fractured off tooth structure only in instances where protection of pulp tissue is necessary by use of filling material, stainless steel crown, or temporary acrylic crown
provide full dentures and replacement of teeth with full dentures in teeth extracted while a beneficiary of the GRM program

The proposed legislation eliminates: (as crossed out)

~~control bleeding~~
~~relieve pain~~
~~eliminate acute infection~~
~~operative procedures required to prevent pulpal death and imminent loss of teeth~~

~~treatment-of-injuries-to-teeth-and/or~~ treatment of injuries to supporting structures (2 visits per year)
~~denture-repair~~
~~root-canal-therapy-at-discretion-of-contractor~~
extraction (2 visits per year. maximum 3 extractions per visit)
~~removal-of-decay-and-use-of-temporary-filling material-or-maximum-of-a-two-surface-alloy~~
~~restore-fractured-off-tooth-structure-only-in instances-where-protection-of-pulp-tissue-is necessary-by-use-of-filling-material,-stainless steel-crown-or-temporary-acrylic-crown~~
provide full dentures ~~and-replacement-of-teeth with-full-dentures-if-teeth-extracted-while-a beneficiary-of-the-CRM-program~~

... and of those benefits still covered is restricting them as noted to the right of each item and adding only the construction of full dentures for those who have never had a full denture or want their old dentures replaced.

It is our belief that SB #214:

1. Discriminates against the adult who must decide between pain or loosing his teeth. He is given no choices to save his teeth.
2. Is fostering the need for dentures.
3. Is increasing the cost of dentistry to the state and/or the beneficiary since the teeth lost must eventually be replaced. The cost of replacement almost always exceeds that of repair.
4. A tooth can be saved with a temporary (IRM) with equal or less cost than an extraction.
5. Temporary restorations for the purpose of relieving pain without sacrificing the tooth is more valid emergency procedure than the desire to replace an old denture of fabricate a new one.
6. Many dentists will refuse to pull a tooth that in his professional judgement can and should be saved.
7. From the information provided at the hearings and the bill itself, it is easy to surmise that the changes in this program are motivated by a desire other than to maintain or improve the level of care or services provided to beneficiaries of this program, possibly releasing the state from some real or imagined financial responsibility.

The members of the South Central District Dental Society do not view this bill as an improvement or as even maintenance of an existing level of care to the citizens of Alaska. It fundamentally inhibits the practitioner from utilizing his skills and techniques to benefit the patient and by dictate reverts the

practice of dentistry to a level in vogue at the turn of the century. It creates a double standard of care at a time when legislation in health care delivery strives to establish the right to equal treatment for all regardless of social status.

Sincerely,

Ronald I. Glaeser, D.D.S.

Ronald I. Glaeser, D.D.S.
President
South Central District Dental Society

Members of the South Central District Dental Society

William E. Blinn DDS

Von A. Mutton D.D.S

Thomas S. Redwing DDS.

Phillip L. Locker DDS

Ralph B. Ferino DDS

Robert H. Sharp DDS

Robert E. Warren, DDS.

R. L. Morrow D.M.D.

ALASKA DENTAL SOCIETY

OFFICE OF THE PRESIDENT

March 9, 1978

Senate HESS Comittee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Attention Committee Members: Senators Hackney, Ferguson, Colletta, Sturgulewski and Fahrenkamp

The Alaska Dental Society, a voluntary professional organization with 178 members, wishes to comment on Senate Bill #214.

It is our understanding the Medicaid eligible recipients over age 21 who are presently eligible for the benefits of the state GRM (General Relief Medical) program, along with those who qualify directly as beneficiaries of the GRM program will be affected by the requirements as set forth in this bill.

Currently the GRM program covers the following under its emergency benefits:

control bleeding
relieve pain
eliminate acute infection
operative procedures required to prevent pulpal death and imminent loss of teeth
treatment of injuries to teeth and/or treatment of injuries to supporting structures
denture repair
root canal therapy at discretion of contractor
extraction
removal of decay and use of temporary filling material or maximum of a two surface alloy
restore fractured off tooth structure only in instances where protection of pulp tissue is necessary by use of filling material, stainless steel crown, or temporary acrylic crown
provide full dentures and replacement of teeth with full dentures if teeth extracted while a beneficiary of the CRM program

The proposed legislation eliminates: (as crossed out)

~~control-bleeding~~
~~relieve-pain~~
~~eliminate-acute-infection~~
~~operative-procedures-required-to-prevent-pulpal death-and-imminent-loss-of-teeth~~
~~treatment-of-injuries-to-teeth-and/or~~ treatment of injuries to supporting structures (2 visits per yr.)
~~denture-repair~~
~~root-canal-therapy-at-discretion-of-Contractor~~
extraction (2 visits per yr. maximum 3 extractions per visit)
~~removal-of-decay-and-use-of-temporary-filling-material or-maximum-of-a-two-surface-alloy~~
~~restore-fractured-off-tooth-structure-only-in-instances where-protection-of-pulp-tissue-is-necessary-by-use of-filling-material,-stainless-steel-crown-or temporary-acrylic-crown~~
provide full dentures ~~and-replacement-of-teeth with-full-dentures-if-teeth-extracted-while-a beneficiary-of-the-GRM-program~~

....and of those benefits still covered is restricting them as noted to the right of each item and adding only the construction of full dentures for those who have never had a full denture or want their old dentures replaced.

It is our belief that SB #214:

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7. From the information provided at the hearings and the bill itself, it is easy to surmise that the changes in this program are motivated by a desire other than to maintain or improve the level of care or services provided to beneficiaries of this program, possibly releasing the state from some real or imagined financial responsibility.

   We of the Alaska Dental Society do not view this an improvement or as even maintenance of an existing level of care to citizens of Alaska. It funda-

mentally inhibits the practitioner from utilizing his skills and techniques to benefit the patient and by dictate reverts the practice of dentistry to a level in vogue at the turn of the century. It creates a double standard of care at a time when legislation in health care delivery strives to establish the <u>right</u> to equal treatment for <u>all</u> regardless of social status.

Thank you for the opportunity to express our opinion.

Sincerely,

Thomas S. Redmond DDS.

Thomas S. Redmond, D.D.S.
President
Alaska Dental Society

M E M O R A N D U M

TO: Denise L. Knapp, Executive Director
Delta Dental Plan

FROM: Senator Glenn Hackney, Chairman
Senate HESS Committee

SUBJECT: SB 214

DATE: February 8, 1980

I'm sorry I missed you when you were in Juneau. If you are planning to be in Juneau in the very near future I'd appreciate knowing. I would like to talk to you at some length about SB 214. I want to push this bill, but I want to do it in a responsible way that will be satisfactory both to the dental community and the to those for whom the bill is designed.

Would appreciate hearing from you.

Introduced: 2/13/79
Referred: Health, Education & Social Services and Finance

IN THE SENATE BY HACKNEY AND STIMSON

SENATE BILL NO. 214

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act establishing a state program providing dental 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 is amended by adding a new section to read:

Sec. 47.07.035. DENTAL SERVICES TO BE PROVIDED. (a) Dental services to be offered to eligible persons include only emergency dental services and denture services.

(b) Payments for emergency dental services do not require prior authorization by the department. Except when required by unusual physiological circumstances, emergency dental services for which payment is allowed under this section include only

(1) two emergencies within a fiscal year;

(2) one visit per emergency;

(3) three extractions per visit; and

(4) single film x-rays of areas to be treated.

(c) Payments for denture services require the prior approval of the department. Denture services for which payment is allowed under this section includes payment for only

(1) complete dentures, exclusive of partial dentures, immediate dentures, or appliances that are not complete upper or lower dentures;

(2) unless required by unusual physiological circumstances,

(A) one set of dentures within five years;

(B) relinement or rebasing of existing denture sets not more often than once each three years;

(C) relinement of dentures only if the relinement occurs more than 12 months after receipt of the dentures;

(3) new dentures only if a relinement or duplication will not satisfactorily resolve problems with existing dentures;

(4) replacement dentures only if the dentures to be issued are not issued as replacement for lost or stolen dentures previously paid for under this section; and

(5) dentures of standard materials, excluding payment of dentures composed of nonstandard materials, acrylic bodies, case clamps, and chrome alloy devices.

(d) Payment may not be made under this section for

(1) cosmetic procedures;

(2) gold or porcelain restoration;

(3) sedative filling or palliative treatment in place of permanent repair;

(4) extractions on asymptomatic teeth;

(5) broken dental appointments;

(6) nonemergency dental care performed in a hospital, nursing home, or at patient's residence; or

(7) dental specialty services, including but not limited to, orthodontics, periodontics, prosthodontics (including fixed and partial bridgework), endodontics, and crowns.

* Sec. 2. AS 47.07.080 is amended by adding new paragraphs to read:

(5) "complete dentures" means artificial structures made by or under the direction of a dentist to substitute missing upper or lower full sets of teeth;

(6) "department" means the Department of Health and Social

Services;

(7) "emergency dental services" means those services provided by or under the direction of a dentist in the practice of his profession including emergency treatment of

(A) pain or acute infection,

(B) bleeding,

(C) injuries of the oral cavity or related structures, including reduction of fractures of maxilla or mandible and dislocation of the mandible, and

(D) conditions requiring emergency surgery to the jaw or related structures requiring services of a qualified oral surgeon;

* Sec. 3. This Act takes effect July 1, 1979.

COST OF DENTAL CARE COMPUTATION

COMMUNITY GROUP	TOTAL POPULATION	UTILIZATION FACTOR (1)	ESTIMATED ANNUAL UTILIZATION	ESTIMATED COST PER PERSON (2)	ESTIMATED GROUP COST
CHILDREN (3-20)	9,662	0.60	5,800	$175.00	$1,015,000
ADULTS (Basil)	9,164	0.60	5,500	269.00	1,479,000
ADULTS (Dentures(3)	9,164	0.10	916	618.00	566,000
TOTAL					$3,060,000
ADMINISTRATIVE COST (estimated)					306,000

(1) The estimated number of persons that would receive dental care in one year.
(2) $175.00 is based on title 19 cost for FY 79 plus 20% inflation, $269.00 (Delta).
(3) Removable dentures - full and partial.

DIAGNOSTIC
Oral examination is a benefit, but not more than once in a 12 - month period.
Bite Wing radiographs - 2 only, except where prevented by missing teeth.
Periapical radiographs - only a benefit for teeth to be extracted, suspected anterior lesions and where bitewings are not feasible.

PREVENTIVE
Prophylaxis, not more than once in any 12 - month period. Prophylaxis for children must include fluoride application.

EXODONTICS
Pre-operative periapicals required for payment of fee.

RESTORATIVE
Amalgams and composite resin restorations for the treatment of caries. Payment is based on one restoration per surface regardless of the # or combination of restorations placed. Composite resin restorations are a benefit only in permanent anterior teeth and on buccal surfaces of maxillary premolars. The fee for a restorative procedure includes bases and local anesthesia.

PROSTHETICS
Partial and full dentures are a benefit, not more than once in a 5 - year period. Repairs, relines and tissue conditioning are a benefit once in a 12 - month period.

RECOMMENDATION #1

A dental preventive program should be designed to serve every community that does not have a resident dentist. The title for this proposed position could be --- dental preventive aide. Her duties would involve weekly visits to individual classes to encourage daily brushing, monthly fluoride rinses and two prophylaxis (polishing and flossing) and fluoride treatments per school year.

Such a program would involve about 160 communities. The initial salary for this part time position would be between $200 - $300 per month with an annual budget of $350,000 for a school session of nine months. The start up cost would be about $75,000. Each aide would need a small portable dental engine for polishing the children's teeth before the application of fluoride paste, a couple of polishing handpieces, supplies such as fluoride paste and rinses, dental floss, toothbrushes and home care instruction materials.

An integral part of an effective preventive program would necessitate employing at least two licensed dental hygienists. They would be in charge of the training and supervision of the preventive aides.

Budget For The Preventive Program

1.	Salaries for the preventive dental aides	$350,000
2.	Travel and per diem for first year of the program*	$100,000
3.	Salary and benefits for two hygienists	$ 75,000
4.	Equipment and supplies	$ 75,000
	TOTAL	$600,000

*An example of why the first year travel and per diem budget is estimated at $100,000 -- A hygienist would travel from Anchorage to Kotzebue, while the dental aides from communities served by the Northwest School District would be brought to Kotzebue for initial training. This effort would be repeated in Nome, Galena, Barrow, and so forth.

RECOMMENDATION #2

Appropriation of $100,000 to Budget and Audit Committee to evaluate the effectiveness of the statewide dental demonstration project combining the resources of federal and state programs. A well controlled delivery system that is complimented with

pre-authorization and quality will prove less expensive than a poorly run Medicaid program.

Post-operative review of between 3-5 percent of all patients served by the program would minimuze abuses and insure quality. The dental evaluation team, which would consist of a dentist and his assistant will be able to provide emergency care (extractions when indicated to relieve pain, treat sensitive teeth, adjust high or rough fillings, adjust and repair dentures, and etc, etc --). This service will be at no cost to the program in as much as the dentist and his assistant will be on monthly salaries.

Evaluation Team Budget

1.	Dentist salary for 12 months	$39,000*
2.	Transportation and per diem	25,000
3.	Portable equipment and supplies	20,000
4.	Dental assistant salary for 12 months	12,000*
5.	Contingency	4,000
	TOTAL	$100,000

* Salaries for dentist and his assistant is based on working in the program between 65 - 70 hours per month.

RECOMMENDATION #3

You should incorporate the General Relief Medical dental program into the demonstration project to avoid fragmentation. [redacted]. I would further suggest that you use the identical criteria now used by HESS to determine eligibility

Summary Of HESS Design

1.	Enclosure B of the position paper	$2,759,981
2.	Existing HESS program plus administration	1,060,000
	TOTAL	$3,819,981

Summary of Your Program

1.	Adults basic care	$1,479,000
2.	Childrens basic care	655,000
3.	Dentures (adults)	566,000
4.	General Relief Medical dental budget	185,000
	TOTAL	$2,885,000
5.	Administration by Delta (10%)	288,500
	TOTAL FOR BASIC PROGRAM	$3,173,500
6.	Preventive program	600,000
7.	Evaluation team (Budget and Audti)	100,000 ✔
	GROUND TOTAL	$3,873,500

Please note that I have reduced the $1,015,000 estimation for children on the Cost of Dental Care computation by $360,000, the estimated saving in billings to the program through the efforts of the dental preventive aides. $1,015,000 minus $360,000 = $655,000 budgeted for childrens basic care.

Proposed revision of SB 214 "An Act establishing a state program providing dental assistance for needy persons; and providing for an effective date."

Beginning with line 10

Section 1 AS 47.07 is amended by adding a new section to read:

Sec. 47.07.035 DENTAL SERVICES TO BE PROVIDED.

a. Persons who are 60 years of age or older and eligible under Medicaid or General Relief Medical requirements are eligible for the services listed.

b. Payments for emergency dental services do not require prior authorization by the department. Emergency services for treatment of trauma or to eliminate pain or infection include:

1. Placement of medicated fillings,
2. Single film x-rays of areas to be treated,
3. Root canal treatment if pain and infection exists,
4. Control of bleeding,
5. Treatment of traumatic injuries,
6. Extraction of non-restorable teeth,
7. Incision and drainage for control of infection.

c. Treatment which require submission of a treatment plan for authorization of the department include:

1. Complete examination including necessary radiographs,
2. Preventive and interceptive periodontal treatment as necessary, i.e. periodontal scaling and oral hygiene instructions as well as routine prophylaxis,
3. Routine restorative dentistry,
4. Root canal treatment (endodontic therapy)
   a. Subsequent restoration of root canal tooth including post and amalgam buildups prior to crowning the tooth if necessary, and subsequent crown,
5. Fixed prosthetics are eligible benefits once every five years if needed. Fixed prosthetics include
   a. Crowns on teeth that cannot be restored in an

optimum manner with routine restorative materials,
b. Bridges for restoration of occlusion and functio
c. Crowns are not to be placed for esthetic reasons only but for restoration of function.

6. Removable prosthetics are eligible benefits once every five years if needed. Such prosthetics include
   a. Partial dentures including crowns necessary to facilitate path of insertion and retention of partial dentures,
   b. Full dentures to include immediate dentures, replacement dentures, and initial set of dentures,
   c. New dentures only if a relinement or duplication will not satisfactorily resolve problems with existi dentures,
   d. Replacement dentures only if the dentures to be issued are not issued as replacement for lost or stolen dentures previously paid for under this section,
   e. Relinement or rebasing of existing dentures not more often than once every three years,
7. Surgery
   a. Routine extractions as needed,
   b. Preprosthetic surgery,
   c. Periodontal surgery
      1. Any splinting of teeth with fixed prosthetic as indicated following periodontal surgery,
      2. Occlusal equilibration.

Section 2 AS 47.07___is amended by adding new paragraphs as follows:

( ) Dental Services are to be administered in such a mann that would require
1. a treatment plan authorization except as excluded und AS 47.07.035 (b),
2. fees paid consistent with Medicaid and General Relie Medical authorized limits,
3. peer review to insure quality control and prevent fraud.

South Central District Dental Society

P.O. BOX 3-487
ANCHORAGE, ALASKA 99501

February 18, 1980

Rose Palmquist
2621 Northrup
Anchorage, Alaska 99504

Dear Rose:

Enclosed are the following documents relating to the recently completed Low Cost Denture Demonstration Project.

Fiscal Reports #2 & #3 which were sent to the Office on Aging, State of Alaska. (Report 1 contained tentative figures.) These reports do contain final figures for ALL months the program was operational - August, 1979 - February, 1980.

Quarterly Progress Report - sent to the Office on Aging, State of Alaska, to augment the above two reports.

Statistical/Narrative Analysis - prepared by the South Central District Dental Society office with statistics provided by Donna Lindsay, Project Coordinator.

Patient Record of Treatment - Who was seen, by whom, when and the date of claim adjudication.

Please accept our sincere thanks for unselfishly participating in this program. It was my personal pleasure to get to know and work with you in this effort. Please feel free to contact me if I can answer any questions.

Best Regards,

Martha Dearborn

Martha Dearborn
Exec. Secretary, SCDDS
Member, Bd. of Directors
Low Cost Denture Demonstration Project

South Central District Dental Society

P.O. BOX 3-487
ANCHORAGE, ALASKA 99501

February 15, 1980

LOW COST DENTURE DEMONSTRATION PROGRAM STATISTICAL/NARRATIVE ANALYSIS

Background: The South Central District Dental Society received a $25,000.00 grant from the Alaska State Legislature (1979) to combine forces with senior citizens organizations in Anchorage to arrange a low-cost denture program for seniors residing in the Anchorage area.

Implementation: An 8-member policy making Board of Directors was formed consisting of representatives from the senior citizens community, one dentist, one dental society representative and the project coordinator (selected by a participating orgaization). Representatives included:

Lois Pillifant - Older Persons Action Group
Norma Lundy - Senior Citizens/Municipality
Rose Palmquist - Senior Citizens Advisory Commission
Arne Beltz - Anchorage Municipal Health Department
Alice Guest - Alaska State Dept. of Health & Social Services
Geraldine T. Morrow, D.M.D. - Dentist
Martha Dearborn - South Central District Dental Society
Donna Lindsay - Project Coordinator/Referral Worker

The target group selected for this initial program was those senior citizens having no additional funds for dental care. Eligibility was based on Old Age Assistance cr ria. The Grant was to subsidize the dentistry performed, the claims processed, and the administrative effort required to locate eligible seniors, refer them to the dental offices and to gather statistics for future use by the legislature when considering additional funds for similar projects.

Services Provided: New dentures
Repair of old dentures
Relining of old dentures
Pre-prosthetic surgery (if needed to properly fit dentures)

Duration: The first patient was seen on August 29, 1979, the last patients were seen on February 4, 1980. (Average cost per patient - $345.89.)

Termination of treatment was based on anticipated encumbrance of funds.

Statistics: Total number of senior citizens receiving treatment.....55
Total number of senior citizen inquiries about the program.....134
*Services provided:

Full mouth dentures (upper and lower)	25
Partial dentures (upper or lower)	10
Reline of old dentures	25
Repair of old dentures	1
Pre-prosthetic surgery	4

*Some individuals received more than one service.

Anticipated Costs: $20,000.00 for dental treatment
$ 2,500.00 for claims processing
$ 2,500.00 for administrative effort

Actual Costs: $19,024.00 for dental treatment
$ 2,500.00 for claims processing
$ 2,774.29 for administrative effort Remaining funds: $701.71

OFFICE ON AGING

SOUTH CENTRAL DISTRICT DENTAL SOCIETY

QUARTERLY PROGRESS REPORT

Report for quarter ending February, 1980 .

Briefly summarize progress this month:

Enclosed are the descriptive, statistical and financial reports for the South Central District Dental Society Low Cost Denture Demonstration Project.

Following is a further explanation of what was included with each Budget Category.

"DENTAL SERVICES".....Dental treatment provided for those Senior Citizens qualifying for the program. Treatment was provided by dentists volunteering for this program - in private dental offices.

"TRAVEL".....Automobile expenses (gas) incurred by Project Coordinator Ms. Donna Lindsay.

"SUPPLIES O.P.A.G".....Copying and postage used by Project Coordinator Donna Lindsay and paid for by OPAG. OPAG (Older Persons Action Group), was the Senior Citizen's organization most directly involved with this project. They donated space, desk and telephone for Donna to conduct business.

"ADMINISTRATION".....All screening work done by Project Coordinator Donna Lindsay. including: interviews, contact with dentists, arranging appointments, statistical gathering and analysis.

"CLAIMS PROCESSING".....All dental claims were adjudicated by Delta Dental Plan of Alaska through contract arrangements with the South Central District Dental Society.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
CUMULATIVE FISCAL REPORT

Grantee	Project Name	Report Date	Period Ending	Report No.	Grant No.
South Central District Dental Society	Low Cost Denture Demonstration Project		12-31	2	#060525

BUDGETS - EXPENDITURES

Budget Categories	Expenditures This Period: State Funds	Federal Funds	Other Funds: Cash & P.I.	Other Funds: In-Kind	TOTAL	Approved Budget	Cumulative Expenditures to Date: State Funds	Federal Funds	Other Funds: Cash & P.I.	Other Funds: In-Kind	TOTAL
DENTAL ~~Personnel~~ Services	SEE ATTACHED SHEET						$18,224.00				
Travel							$30.72				
Facility Expense											
Supplies											
Equipment											
~~Other Operating Expenses~~ ADMIN							$2,619.00				
CLAIMS PROCESSING ~~Indirect Cost~~							$1,500.00				
* TOTAL COST					*		$22,373.72				
Subtract Program Income	XXXX	XXXXXX		XXXX			XXXX	XXXXX		XXXX	
NET COST							$22,373.72				

* Total Cost is further broken down into program components on page 2 of this report.

RECEIPTS

Source of Fund	Receipts This Period	Budgeted Receipts	Cumulative Receipts To Date
Federal Funds None			
State Funds	9-7-79 $6.250./10-19-79 $18,750.00		$25,000.00
In-Kind Match None			
Local Cash Match None			
Program Income None			
TOTAL			

Meeting 6: October 15, 1979 12:00 pm to 12:45 pm

Present:

Older Persons Action Group
Lois Pillifant

South Central District Dental Society
Martha Dearborn

Senior Citizens/Municipality
Norma Lundy

Dentist Representative
Dr. Phillip L. Locker

Project Coordinator/Referral Worker
Donna Lindsay

Public Relations Coordinator/Alaska Dental Society
Betzi Woodman

Not Present:

Senior Citizens Advisory Co
Rose Palmquist

Municipal Health Dept.
Arne Beltz

State Dept.of H. & S.S.
Alice Guest

Purpose of the meeting:

1. To consider extending this program to those eligible individuals residing in nursing homes.
2. To establish the exact time an individual can be considered eligible for the program.
3. To provide an updated report of the project's progress to the members of the Board of Directors.

Decisions:

1. Pioneer Home and Nakoyia have inquired as to the possibility of obtaining care for eligible residents.
   For Nakoyia, following a preliminary visit by Donna Lindsay, Dr. Lee McKinley will be contacted to see if he would be interested in going to the home and evaluating the actual care that will be needed - and then, possibly, providing that treatment.

2. RESOLUTION: Motion by Norma Lundy, seconded and carried, to establish that an applicant be considered eligible for this program from the date of service - not the date of application.

3. To date, 36 applicants have been served, 7 are waiting and statistics have been gathered on approximately 75 inquiries. $10,634.00 has been committed for treatment and administrative expenses.

Next Meeting: No date was set. Donna Lindsay will call a meeting when she feels one is needed.

October 29, 1979

DENTURE PROJECT UPDATE

Statistics on 117 persons, including eligible applicants.

1) Most frequent age group 65-69 range from 52 to 80. 38% in 65-69 range.
2) Most are females - 64%.
3) Most frequent marital status widow or widower 35%.
4) 62% live alone.
5) 76% support only themselves.
6) Last full mouth x-rays range from 1 week to 50 yrs. 16% do not remember--7% have never had x-rays.
7) The most common dental need was initial or replacement of full mouth dentures. 33%
8) There are 27 different sources of referrals. Most common sources as follows.
   a) Old Age Assistance checks 31%
   b) Senior Voice 22%
   c) Chugach View 12%
   d) Salvation Army 5%
   e) State Disability Check 5%
9) 91% of all persons talked to are not eligible for ANS.
10) 90% of all persons talked to have no earned income.
11) 49% of all persons talked to receive Old Age Assistance.
12) 38% of all persons talked to were eligible for this program.

Above statistics do not include 18 persons residing at Nakoyia who are in need of relines or full dentures.

41 persons have had or will have dentures services provided
1 person waiting due to poor health - funds available.
2 eligible persons in addition to the 18 Nakoyia residents are waiting to see if funds are available.

Funds definitely committed are 12,374 out of 20,000. Expenditures for 7 persons are unknown - could be up to 1,000 each.

Average expenditure per person is $343.

MONTHLY PROGRAM COMPONENT COSTS

List each budgeted Program Activity EXAMPLES ARE: Transportation, Outreach, Information & Referral, etc.

January, 1980			February, 1980												
State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non Federal	
100.00			$1,824.57												
Total This Component			Total This Component			Total This Component			Total This Component			Total This Component			
100 DENTAL SERVICES			$700 DENTAL SERVICES $1000. CLAIMS PROCESSIN $124.57 SUPPLIES			$			$			$			
State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non-Federal	State Funds	Federal Funds	Non Federal	Total Cost for All Components
Total This Component			Total This Component			Total This Component			Total This Component			Total This Component			$
$ NO ADMIN/TRAVEL			$ NO ADMIN/TRAVEL			$			$			$			

$1,924.57

CERTIFICATION: I certify that the above information is true and correct, and that expenditures have been made for the purpose stated, and in accordance with, applicable grant terms and conditions.

NAME Martha A. Dearborn TITLE Executive Sectary Member/Bd. of Directors SIGNATURE Martha A. Dearborn

DATE February 15, 1980 COMPLETED BY: Martha A. Dearborn

Department of Health & Social Services
Office on Aging
Pouch H-01C
Juneau, Alaska 99811

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
CUMULATIVE FISCAL REPORT

Grantee	Project Name	Report Date	Period Ending	Report No.	Grant No
South Central District Dental Society	Low Cost Denture Demonstration Project		Jan.-Feb., 1980	3	#060525

BUDGETS - EXPENDITURES

Budget Categories	Expenditures This Period: State Funds	Federal Funds	Other Funds: Cash & P.I.	Other Funds: In-Kind	TOTAL	Approved Budget	Cumulative Expenditures to Date: State Funds	Federal Funds	Other Funds: Cash & P.I.	Other Funds: In-Kind	TOTAL
DENTAL ~~Personnel~~ Services	$800.00						$19.024.00				
Travel							$30.72				
Facility Expense											
Supplies O.P.A.G.	$124.57						$124.57				
Equipment											
~~Other Operating Expenses~~ ADMIN							$2,619.00				
CLAIMS PROCESSING ~~Indirect Cost~~	$1,000.00						$2,500.00				
* TOTAL COST	$1,924.57				*		$24,298.29				
Subtract Program Income	XXXX	XXXXX		XXXX			XXXX	XXXXX		XXXX	
NET COST							$24,298.29				

* Total Cost is further broken down into program components on page 2 of this report.

$25,000.00 Initial Grant
24,298.29 Expenses
$ 701.71 Remaining Funds

RECEIPTS

Source of Fund		Receipts This Period	Budgeted Receipts	Cumulative Receipts To Date
Federal Funds	None			
State Funds		None	As Above	Program completed
In-Kind Match	None			
Local Cash Match	None			
Program Income	None			
TOTAL				

RECORD OF TREATMENT - CLAIMS PROCESSED

Dentist	Date Seen	Amount	Claims Bil
Dr. Bevins	8-29-79	$500.00	10-29-79
Dr. Bevins	9-17-79	$136.00	11-12-79
Dr. Warren	9-11-79	$500.00	11-12-79
Dr. Bline	9-24-79	$200.00	10-29-79
Dr. Miller	9-18-79	$250.00	11-12-79
Dr. Chang	9-6-79	$250.00	11-28-79
Dr. Fredenberg	9-5-79	$500.00	10-29-79
Dr. Stranik	9-13-79	$100.00	10-29-79
Dr. Darling	9-11-79	$500.00	11-12-79
Dr. Clark	9-25-79	$250.00	10-29-79
Dr. Feriani	9-19-79	$500.00	11-12-79
Dr. Stranik	9-18-79	$500.00	11-12-79
Dr. Reder	9-13-79	$560.00	11-12-79
Dr. Kennedy	9-11-79	$250.00	10-29-79
Dr. Burk	9-4-79	$200.00	10-29-79
Dr. Burk	9-6-79	$500.00	10-29-79
Dr. Bline	9-27-79	$200.00	11-12-79
Dr. Layman	9-5-79	$250.00	11-12-79
Dr. Locker	9-5-79	$100.00	11-12-79
Dr. Priebe	9-13-79	$500.00	11-12-79
Dr. Warren	9-19-79	$200.00	11-12-79
Dr. Burk	9-27-79	$100.00	11-12-79
Dr. Sharp	9-13-79	$100.00	10-29-79
Dr. Fredenberg	9-19-79	$ 63.00	11-12-79
Dr. Darling	9-5-79	$500.00	11-29-79
Dr. Priebe	9-19-79	$500.00	11-12-79
Dr. Feriani	9-21-79	$500.00	11-28-79
Dr. Clark	9-26-79	$250.00	11-12-79
Dr. Stranik	11-18-79	$500.00	1-23-80
Dr. Clark	11-30-79	$ 50.00	1-15-80
Dr. Locker	9-13-79	$200.00	11-12-79
Dr. Bevins	10-29-79	$100.00	11-28-79
Dr. Burk	10-23-79	$250.00	11-28-79
Dr. Stone	10-29-79	$500.00	1-15-80
Dr. Smithson	12-11-79	$100.00	1-23-80
Dr. Reder	10-26-79	$500.00	11-28-79
Dr. Stone	10-30-79	$500.00	11-28-79
Dr. Miller	10-3-79	$250.00	11-28-79

Dentist	Date Seen	Amount	Claims Billed
Dr. Lathrop	10-25-79	$500.00	11-12-79
Dr. Locker	10-25-79	$100.00	1-15-80
Dr. Lathrop	10-16-79	$250.00	11-28-79
Dr. Reder	10-15-79	$390.00	11-28-79
Dr. Stone	10-19-79	$500.00	11-28-79
Dr. Wright	10-11-79	$500.00	11-12-79
Dr. Davis	11-27-79	$500.00	1-15-80
Dr. Davis	11-19-79	$500.00	1-15-80
Dr. Darling	12-19-79	$500.00	1-23-80
Dr. Sture	11-16-79	$125.00	1-15-80
Dr. Derksen	11-8-79	$500.00	1-15-80
Dr. Stone	11-20-79	$500.00	1-15-80
Dr. Priebe	11-14-79	$600.00	1-23-80
Dr. Locker	12-17-79	$200.00	1-23-80
Dr.Locker	12-17-79	$200.00	1-23-80
Dr. Locker	12-17-79	$100.00	1-23-80
Dr. Derksen	12-6-79	$250.00	1-23-80
Dr. Locker	12-17-79	$100.00	1-23-80
Dr. Locker	2-4-80	$500.00	2- -80
Dr. Kennedy	1-28-80	$100.00	2-12-80
Dr. Locker	2-4-80	$200.00	2- -80

Dave Davidson is here from
DEPT H/SS to address SB 214
if we want someone from
the DEPT to speak to
this bill

Tammy Townsend SB214

Jana Uaratti -

Sen. Stinson
(Lisa Dixano)

Mr. Morgan

Dave Davidson - HSS
4547070200

TELECOPY: TO SENATOR GLENN HACKNEY

3 pages

2/28/79

STATEMENT OF

DELTA DENTAL PLAN OF ALASKA

ON SENATE BILL 214

PRESENTED AT TELECONFERENCE HEARINGS

February 28, 1979 1:30 p.m.

Legislative Information Office

Anchorage

My name is Denise Knapp. I am here today as the Executive Director of Delta Dental Plan of Alaska, the organization acting as fiscal intermediary for the State of Alaska to administer the dental portion of the State Early Periodic Screening, Diagnosis and Treatment program (more commonly known as EPSDT), the General Relief Medical (GRM) programs.

It is my understanding from reading Senate Bill 214 that Medicaid eligible recipients over 21 years of age who are presently eligible for emergency treatment only under the GRM program, will be entitled to receive limited services under the EPSDT program.

1. Services curtailed under the proposed bill

Services under the proposed bill will be greatly curtailed. Specifically excluded are the following emergency services involving pain, infection and bleeding:

a. Sedative filling and palliative treatment. This category include services as follows:

i. Apicoectomy. This is an excision and drainage of the tooth root or tip to treat an abscessed tooth. This service is presently a benefit under GRM and would be excluded under the proposed bill.

ii. Root canal treatment. This involves treatment for an abscessed tooth, or exposed nerve. Treatment includes completely removing the pulp (dying tissue) of the tooth, sterilization of the pulp chamber and root canals of the tooth, and then filling the spaces with an inert sealing material. The opening is then sealed with a temporary filling material, typically IRM. The term "temporary" is a misnomer, since the temporary filling material not only lasts for months or years, but can often end up being a permanent restoration because the patient may never return for treatment if he/she is no longer in pain. The dentist may use a silver alloy filling material also; however, under the GRM program payment is restricted to not more than the maximum allowance for a two-surface filling. Root canal treatment is presently a benefit under GRM and would be excluded under the proposed bill.

iii. Sedative filling. This service is required as a medication for an inflamed or exposed pulp area of the tooth, enabling the tooth to be saved rather than extracted or filled by root canal treatment. Under the proposed bill this service would be eliminated, thus leaving the dentist no choice but to remove the tooth. Good dentistry always encourages saving the teeth, not automatic extraction if the patient has pain, infection or bleeding in the tooth. Sedative filling is presently a benefit under GRM and would be excluded under the proposed bill.

iv. Restoring a severely fractured tooth where protection of the treated pulp is necessary. If a temporary filling or permanent alloy filling will not be adequate to protect the tooth pulp, as a temporary measure a stainless steel crown or preformed acrylic-type crown would be considered the best treatment. This device is presently a benefit under the GRM program and would be excluded under the proposed bill. The more permanent-type gold or porcelain crown should not be covered as a benefit under any emergency-type program.

b. Examination. Typically, patients seeing a dentist on an emergency basis under the GRM program have neglected their teeth and mouths for years and are only visiting the dentist because the pain is too much to bear. Under the present GRM program and the proposed of the area in which the patient complains of pain. However, good dentistry would dictate the dentist check the patient's entire mouth at least visually to determine any other problems which might exist - these could be tissue lesions or cancer of the mouth, which could be deadly to the patient if not caught in time.

A complete examination includes medical/dental history information from the patient, oral structure evaluation (the contour of the bite) visual examination of the teeth (with an explorer) and checking the gingival (gum) tissues. Consideration should be given to allowing the dentist reimbursement for the time required to conduct this complete history and examination, which acts as a preventive measure and protection to the patient.

2. Additional services of the proposed bill.

a. Dentures - Dentures are not presently covered under the GRM program except in unusual circumstances where it is necessary to eliminate pain or spreading of infection. In these cases the GRM program would then cover dentures to replace the teeth removed under the program. The proposed bill would greatly increase costs under the program. We would also like to correct a minor point of dental terminology in the bill which appears to be a clerical error. The terms "acrylic bodies" and "case clamps" are foreign to dentistry. The intention would appear to be Acrylic saddles for acrylic bodies and cast metal clasps for case clamps. However, if the proposed bill is excluding payment of dentures composed of acrylic bases, it would appear the intent is to have all dentures be made of cast metal, which would be more costly.

b. Fractures - Another service under the proposed bill will cover emergency treatment for fractures or dislocation of the upper or lower jaw and related services requiring a qualified oral surgeon. These services are not presently covered under the dental portion of the GRM program. If these services are intended to be added under the dental rather than considered medical-related services, this will increase the cost of the dental program under Medicaid. Although the bill makes reference to use of a "qualifed oral surgeon" to treat fractures, many physicians also treat fractures. Would Detla begin paying physicians, also, or will fractures of any kind be paid under the medical portion of the Medicaid program?

3. GRM patients not Medicaid eligible will lose coverage

Some 47% of the patients treated under the GRM program are not Medicaid eligible. They represent approximately 40% of the dollars paid out in 1978 by Delta under the GRM program. If the proposed bill is intended to move adults age 21 and over presently covered under GRM to the EPSDT/Medicaid program what will happen to the 47% not Medicaid eligible who have received emergency treatment under the GRM program? Will the State continue the GRM program for these individuals who do not qualify for Medicaid but are in need of a dentist to control bleeding, or eliminate pain or acute infection and cannot afford to pay for the treatment?

The opportunity to present comments on this bill is much appreciated. I hope the committee will feel free to direct any questions to me concerning this statement or other related matters. Thank you on behalf of Delta Dental Plan of Alaska.

Delta Dental Plan of Alaska is a not-for-profit dental service corporation licensed in the State of Alaska under AS 10.20 and AS 21.87, supervised through the Department of Commerce and Economic Development, Division of Insurance. Delta was formed in 1973 by the dental profession through the Alaska Dental Society to assure quality dental care at a reasonable price to the public at large.

PLEASE PRINT

(T)

Name Karin Lundgren — Here to TESTIFY ✓

Representing MusOp

Address 917 W. 35th #2 — Here to OBSERVE ____

Phone 249-4016

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

PLEASE PRINT

(T)

Name Anna Marie Marrati — Here to TESTIFY ✓

Representing AK Youth Corps

Address 7030 Foothill — Here to OBSERVE ____

Phone 333-0719

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Anna Marie Marrati
(signature)

PLEASE PRINT

(T)

Name Mildred D. Townsend — Here to TESTIFY ____

Representing Human Support Services

Address 225 Cordova — Here to OBSERVE ____

Phone 276-3700

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Mildred D. Townsend
(signature)

Have you participated in other legislative teleconferences? ____ How many? ____

How did you learn about this hearing?

Would you have participated in this hearing if the network were not available? ____

If yes, did you use the network:
___ instead of travel
___ instead of phone conversations
___ instead of mailed testimony

FRED D. BAST, D.D.S.
A PROFESSIONAL CORPORATION
570 UNIVERSITY AVENUE
FAIRBANKS, ALASKA 99701

TELEPHONE 479-2206

April 5, 1979

Senator Glen Hackney
Pouch V
Juneau, Alaska 98111

Dear Senator Hackney;

Please excuse my lateness in getting this information to you about your Senate Bill No. 214.

Our North Central District Dental Society met and discussed the bill at length and came to some concerns about it.

First, we do not see the need for the bill, and if the bill were to become a law, probably the state would see much abuse of it.

To explain the first and most important part of my conclusion: Dr. Hansen here in Fairbanks, and several other dentists have been trying an access program for the aged in this area.

Since the first of this year, we have seen only 21 individuals who have presented for examination and treatment and this has all been at no charge to the individuals. We were very surprised at the low number of people who presented for examination or treatment.

There is no question in my mind that there are others in need of care, but this initial access program has shown that the need may not be as great as one would be led to believe.

FRED D. BAST, D.D.S.
A PROFESSIONAL CORPORATION
570 UNIVERSITY AVENUE
FAIRBANKS, ALASKA 99701

TELEPHONE 479-2206

The initial definition most dentists had trouble with, specifically, "needy person", is open for abuse by all concerned. Part B under sec. 47.07.035 under what is allowed should be eliminated completely, because the individual who wrote this for you is trying to define how a dentist should practice, which is impossible; for by the defination of an emergency one cannot limit the number of teeth extracted at one time, or the necessity of radiographic knowledge necessary for a correct diagnosis.

I could go on with other parts of the bill but won't at this time. If you are totally convinced you wish to proceed with this, please drop me a note about same and I will be glad to discuss this with you.

Sincerely,

Fred D. Bast, D.D.S.

FDB/pc

POSITION PAPER/Department of Health & Social Services

POSITION PAPER
ON
SENATE BILL NO. 214

Senate Bill 214 would amend the Medicaid statutes to add coverage for emergency dental services and dentures. The bill proposes to amend the Medicaid statutes largely through the addition of a new section to the statutes on dental services. The bill contains estensive definition of the coverage and limitations of a dental program. By placing this administrative language in statute, the administrative flexibility necessary to properly administer the program is restricted. Professional medical judgment must be exercised in each case and exceptions granted in those instances where unusual medical circumstances exist.

A more appropriate means of adding emergency dental services and dentures as covered services under Medicaid would be for Sections 1 and 2 to be substituted with a section which would add the words "emergency dental services and dentures" to AS 47.07.030, the section of the Medicaid statutes which sets out categories of service to be covered under Medicaid. The Department would then have the authority under AS 47.07.050 and AS 47.05.010 to describe in regulation the detail set out in the proposed bill so as to properly define the limits of coverage.

We understand that Legislative Affairs has worked on a fiscal analysis of this bill based on information obtained from our Dental Fiscal Agent. We have no reason to believe that that information is not a valid estimate of the potential cost of this bill.

Since this bill proposes to add services which would exceed the Governor's budget request for FY 1980, the Department cannot support the bill.

Rod Betit 2/28/79

Rod Betit, Director Date
Division of Public Assistance

Helen D. Beirne, Commissioner Date
Department of Health and Social Services

This premise will give special
note (Cash)

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y · STATE CAPITOL
JUNEAU, ALASKA 99811
907·465·3800

February 14, 1979

Denese Knapp
Delta Dental Program
Post Office Box 3-726
Anchorage, Alaska 99501

Dear Ms. Knapp:

As we discussed, I am enclosing a copy of SB 214, adding dental services and complete dentures, to the state's Medicaid program. I am in need of obtaining cost estimates for relating to the bill. Please don't forget to itemize the cost of these services currently being provided to Medicaid clients under General Relief-Medical program. These costs can be used to reduce the total cost of the bill. I have enclosed standard fiscal note forms for your use. If you are unfamiliar with the fiscal note form, please call me at 465-4917 and I will be glad to advise you on procedures for completing them. As we discussed, I would appreciate any comment your organization might care to make regarding the provisions in the bill. As I mentioned to you, I am contacting HEW directly to obtain a statement as to whether or not the bill meets the requirements for Medicaid reimbursements.

Thank you for your cooperation. We are on a tight time frame, so that a response by Wednesday, February 21 would be appreciated. Please do not hesitate to contact me regarding any questions you may have in connection with this request.

Sincerely,

Deborah Behr
Policy Analyst

DB:lmk
Enclosures

This is Jurem from HEW
who will give me his opinion
Bettie Beck will get his reply
& get back with us

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

February 14, 1979

Dr. Selvin Sonken, Dental Advisor
Office of the Director, Medicaid Bureau
Health Care Financing Administration
Department of Health, Education & Welfare
330 C Street, S.W.
Washington, D. C. 20201

Dear Dr. Sonken:

Attached please find the draft proposal for coverage of limited dental program under Medicaid. I have also enclosed a copy of the bill that was just introduced in the legislature. I am in need of receiving your comments in writing regarding:

(1) Does the limited Medicaid dental assistance program outlined in SB 214 meet the necessary requirements for federal reimbursement under the Medicaid program?

(2) Do you have any suggestions to improve SB 214 or comments that you would care to offer concerning the bill?

(3) Would the dental program outlined on the attached memo meet basic requirements for federal reimbursement under Medicaid?

We also discussed the possibility of incorporating the American Dental Association's definition for emergency dental services in SB 214. Were you able to locate a copy of that definition and do you recommend incorporation of it in the bill?

Thank you for your cooperation. We are working on a tight time frame, so that I would appreciate receiving your comments in writing as soon as possible. Please call me at (907) 465-4917 regarding any questions you may have.

Sincerely,

Deborah Behr

Deborah Behr
Policy Analyst

DB:lmk
Enclosure
cc: Bob Tanna, HEW, Region X

STATE OF ALASKA
THE LEGISLATURE
LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

February 14, 1979

Albert J. Benz, Regional Medicaid Director
Region X, SMSA
MS 709 - Room 7000
Department of Health, Education, and Welfare
1321 Second Avenue
Arcade Plaza Building
Seattle, Washington 98101

Dear Mr. Benz:

Enclosed please find a copy of SB 214 regarding the addition of limited dental program to the state's Medicaid program. Would you please respond in writing as to whether or not the bill as drafted would meet the necessary requirements for federal reimbursement? We are working on a tight time frame and would appreciate a response by Friday, February 23.

Thank you for your cooperation. If you have any questions, please contact me at (907) 465-4917.

Sincerely,

Deborah E. Behr

Deborah E. Behr
Policy Analyst

DEB:jm
Enclosure

DRAFT PROPOSAL FOR COVERAGE OF LIMITED DENTAL PROGRAM
UNDER MEDICAID FOR ADULTS AND CHILDREN NOT COVERED UNDER EPSDT
(Children receiving care through the EPSDT will continue
to have the same comprehensive program that is currently in force.)

I. Dental services paid without prior authorization

A. No preauthorization is necessary if total cost of eligible dental services is $50 per episode or less. In all cases, restorative care is limited to the use of amalgam, silicate, or plastic fillings.

B. Emergency services need no preauthorization

1. Basic definition of emergency treatment

a. Palliative treatment for the relief of pain or acute infection

b. Control of bleeding

c. Treatment of injuries of oral cavity or related structures, including reduction of fractures of the maxilla or mandible and dislocation of the mandible

d. Emergency surgery to the jaw or related structures requiring services of a qualified oral surgeon

2. Limitations on emergency coverage, exceptions granted only on extreme basis

a. Covers only up to three extractions at one sitting

b. Covers only one visit payable per emergency, including necessary follow-up as direct result of the emergency

c. X-rays that are single films of involved areas

d. Covers only two emergencies per year

C. Diagnostic and preventative care, if cost is $50 per episode or less

1. Limitations

a. Only one initial diagnostic visit in 12 months is eligible for coverage

b. Dental prophylaxis is limited to once every 12 months

c. Dental X-rays are limited to one set of bitewing X-rays during a 12 month period and one full mouth X-ray during a three year period, during which period bitewing X-rays may be taken, according to the above conditions

II. Dental services requiring prior authorization

A. Required when the total cost of dental services exceeds $50 per episode

B. Required for any dental consultation, other than dealing with an emergency condition

C. Required for restorative dentistry

1. Limited to the use of amalgam, silicate, or plastic fillings

D. Required for removal of impacted teeth

E. Required for extraction of more than three teeth

III. Dentures - always requiring preauthorization

A. The program pays for only <u>complete</u> upper or lower dentures.

B. No dentures, except under unusual physiological circumstances, will be replaced more often than every five years.

C. New dentures will not be authorized under circumstances when a reline or duplication will satisfactorily resolve the existing problem.

D. Any denture provided by the program that is lost or stolen generally will not be replaced.

E. Relines and rebases are limited to once in three years unless authorization allows an exception. The first reline of dentures obtained under Medicaid is covered no sooner than 12 months after the receipt of dentures paid for by Medicaid, unless exception is granted.

F. Only standard materials (such as acrylic body and case clamps) are covered. Chrome alloy devices are not covered.

G. Immediate dentures are not covered.

H. Partial dentures are not covered.

IV. Dental or denture services not covered under proposed Medicaid plan

A. General restrictions

1. Cosmetic procedures

2. Broken dental appointment

3. Hospital, home or nursing home visits (except on emergency basis)

4. No payment is made for sedative filling or palliative treatment in lieu of permanent repair

5. Extractions on asymptomatic teeth

B. Restrictions on restorative care

1. Gold restoration (gold foil, gold inlay)

2. Porcelain restoration

C. Restrictions on speciality services

1. Orthodontics

2. Periodontics

3. Prosthodontics and fixed and partial bridgework (excludes de tures, which are listed separately)

4. Endodontics

5. Crowns

D. Preventative Services

1. Fluoride treatment (for those over 21)

E. Dentures

1. Immediate dentures

2. Partial dentures

SB

222

COMMITTEE REPORT

SENATE

2/13/79

FURTHER: FINANCE

Date: Feb. 21, 1979

Mr. President:

The Committee on HESS has had SB 222

making a supplemental appropriation to the Department of Education, Pupil Transportation Component

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Lorentzen
Ruffatto-Schumacher
Thiessen

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Glenn Jackman
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

SB 222
By: Rules Com.
By Request of Gov.

"An Act ~~making a supplemental~~ SESSION 79-80
appropriation to the Dept. of Educ.
Pupil Transportation Component;
& providing for an effective
date."

Introduced: 2-14-79
Logged: 2-14-79
Referrals: Finance
Committee Meeting 2-21-79
" action passed out of committee

SB 222

MINUTES

SB 222

Heather Flynn: I have virtually nothing to say about 222 directly, only in concept. I don't know why there is a sum of $177,500 in there if you really want to balance the budget for the money we didn't get this year, it ought to be $3.2 million. If you are willing to make that recommendation out of this committee into Finance . . . $177,000. I understand the Department of Education wants to balance its books. The problem is that we were underfunded, every school district in the state was underfunded this year. $177,000 doesn't cover it. Anchorage alone was underfunded by $364,000.

I also have the problem of the entire FY 80, 81 figures. One of the things when we were going into our budget process was trying to deal with the fact that we were underfunded from last year, and then being given direction from the Department of Education that we would only get a 6% increase over last figure. Since last year's figure was underfunded, that made us doubly in the hole. Almost $600,000 right there. Mr. Greene from the school boards association started doing some checking around and frankly, these are his figures. What is built in the DOE budget does not jive with what we have requested. We are a whole heck of a lot better off than we thought we were. If we were really smart we would keep our mouths shut and keep the money and run.

I would request that the committee look at those figures carefully and see what is the basis upon which the DOE recommendations are being made for transportation

Sen. Sturgulewski. May we have the significance of these figures? We are talking about next year's budget.

Heather Flynn. I'm saying that we're making a request for $6.3 million to cover our needs and the DOE budget from what Bob Greene has been able to indicate is $7 million plus. We don't understand the discrepancy.

Sen. Sturgulewski. You are bringing this up not because it relates to 222 but the concept . . .

Heather Flynn. The other problem is we contract a great deal of our transportation and because it is a flow-through payback to us, we go out for proposals. We don't get bid specs, we take proposals. When those proposals were done last year, they were done with daily, sometimes hourly contact with DOE and complete acquiescence, they knew exactly what was every single line. They were involved because of the K&E bus contract in Eagle River. It is a little bit of bad faith bargaining if then you come back in and you know exactly what it is going to cost us to pay those contracts and then you come back and say we're going to limit you to 6% when you know well there is an 8% built in there.

Sen. Ferguson. Wasn't it about two years ago the school districts didn't have to comply with any DOE requirements, didn't have to comply with any statute limitations on contractual services for student transportation. You could go out and get a contract and pay excessive amounts of money and the State has no control over that. Two years ago the legislature I believe requested the DOE try and find some formula or put a limit on it. In the legislative finance intent there was no more than 5% increase or 6%. Maybe Nat could direct us on that, because I think that relates to what we are going here.

Nat Cole. You are really talking about three things here Mr. Chairman. The bill you have in front of you deals with FY 78. It does not even pretent to fully fund FY 78. That is not the intent of the bill at all. What happened is during the process of the fiscal year 78 we had a supplemental request before the legislature. It had passed both houses and as is possibly in any year at any time, it fell through the cracks in the last hours. So, the supplemental didn't come about.

What we had done in pretty good faith and anticipation because past practices had shown us that, we had paid some district more than they would get on a proration when that supplemental did not pass. So what this bill does is simply allow us to collect from those who are overpaid and deposit back to the general fund . . . take this appropriation and distribute to the ones that were underpaid on the proration on what should have been a statewide proration and simply even out 78 at lower dollars than the costs that were required in those school districts.

Sen. Hackney. This is an entirely separate matter from what has come up here.

Nat Cole. That's the bill and that's all that bill intends to do.

Sen. Sturgulewski. This bill before us then straightens out some injustices so it sounds like it needs to be.

Bill Thomson. REally its an accounting transaction except the state books are closed and according to the division of finance and internal audit this is the only way to handle it.

Sen. Sturgulewski. I would move that we pass out of committee SB 222 with individual recommendations and I intend to vote do pass.

Sen. Hackney. No objections? So ordered. Let's talk about the state situation here.

Nat Cole. That brings us up to a point where FY 78 was not paid at 100%. It was prorated at around 94%. Because for the 79 appropriation the legislative intent said you will fund 78 plus 6%. Whatever was paid in 78. That intent, again I think in total good faith, was placed in there feeling that 78 would be fully funded according to the contract. I don't think because the

supplemental was in front of them both houses has passed the supplemental and that would have fully funded 78. That was the basis that the intent was based then. But the intent does say 78 plus 6%. That was passed by both houses, placed in the free conference with a letter of intent and we take it as a matter of statute. That's we're told to do. So we took 78 and have added 6% to it.

Because we had estimated slightly high on our needs for 79 and on our supplemental needs for 78 and placed the actual cost that we though would accrue on 79 on that, we actually got an appropriation for 79 which exceeds 78 plus 6%. It exceeds it by $2 million or rather a $1.5. In essence, based on the intent we have in front of us right now, we will not spend $1.5 million of our 79 appropriation. That elapsed because our distribution formula that is given to us by the legislature is 78 plus 6%. We still have some lapse I think if we went back somehow and the legislature says fully fund 78 which would be about another million dollars and then if we put 6% on that we would still have a half million dollar lapse.

Sen. Hackney. We could actually do that in considering these figures right here and come out just about a push. In other words, the State general fund wouldn't be impacted.

Nat Cole. Yes, in terms of the appropriation. Other than the fact that, and we discussed this with your subcommittee, we have reported to your subcommittee that based on what we have as intent in front of us and the 78 actual payments . . .

Sen. Hackney. Did you have these figures at that time?

Nat Cole. Those aren't our figures.

Sen. Ferguson. This is the Alaska State School Board Association.

Nat Cole. Going on. We are talking 79. Based on 78 was actually paid plus 6%, 79 is a million and one-half high. If we took those baloon figures for 79 and projected for 80 which we did in addition to just looking over some historical percentage increases over the past 5 or so many years, recognizing about 1/3 of the contracts in the state will be up. We add all those together and requested the $23.5 million for FY80. That is in front of the legislature at this time. The governor's allowance was $19,900,000 and what Bob Greene is saying here and what I can't confirm or refute, I can argue that you don't have all of the cards in this deck. What he is saying is that $19.9 might be close to 100% of what is actually going to be costing for FY80 for pupil transportation. We're not very confortable with that. We know that historically when new contracts come up they come at something more than a 6% increase.

Sen. Hackney. That's not always the case though, Nat. There have been cases where they rebid and they actually come out way ahead by rebiding for a number of very valid reasons.

Heather Flynn. That is exactly what Anchorage did last year, was rebid on those contracts and we negotiated them down considerably. I don't mean that to be making nasty comments about any bad faith bargaining, but we got caught in the calendar. We were negotiating the contract and went back and rebid and re-negotiated in the meantime it was literally after our negotiations were completed that you ended up with what your appropriation levels were going to be and the bills that were being submitted for them. So, we were all done and we got caught in a crack too When you said 78 level plus 6%, all of a sudden we found ourselves with about a $700,000 deficit, which we eat in local funds and that becomes a problem.

Bill Thomson. One of the things too, that may account for budget differences and that is we budget on a maximum reimbursement. We know that the maximum that we could pay out in 79 plus 6% equals the governor's figure in the budget which is $19.9 million. That would be the maximum. We have, of course, the private contract pretty well determined and then you have the school district offers. Anchorage is the biggest and it is reimbursable.

Sen. Ferguson. Has a study ever been made on whether prior to the time that we really had a handle on how much school districts paid for transportation whether in fact those rates may have been inflated at the time?

Bill Thomson. Definitely. We did have an internal audit, the legislature, particularly Senate Finance Committee for several years questioned us estensively because being appalled at the tremendous jumps in pupil transportation costs. Two years ago as a result of the audit we revamped our pupil transportation regulations to tighten up some things. Particularly where it really came to bear we had same transportation contractors running activities, let's say tour buses, pipeline buses and school buses and they ordered loads of tires and bulk oil and being able to determine from their statement of operation, did the tires really go on the bus? where did they go? We now have as a requirement is a year-end statement of operation certified by an auditor. This has really helped in having someone work fulltime in pupil transportation getting a handle, we still have some problems and a lot of times the district doesn't want to accept what we take as recommendations. Then it comes back to it that if you don't want to accept the recommendations, there are costs that we can tie back to our recommendations and if you don't accept them, then the local board must be willing to pay for it. I know that several things, I'm very interested to see what happens when Fairbanks opens up as far as . . . This is where in one large contract for all of the buses in Fairbanks one of the things we recommended, frankly at our insistence is dividing it into service areas similar to Anchorage. We felt it would encourage competitition among contractors.

Sen. Hackney. They were prepared to do that and then they jerked that back and went to a single didn't they?

Bill Thomson. No. Here is what has happened with the Fairbanks

situation. Right now the buses are built on what's called a medium size chasis. Right now the demand for trucks that use them is full capacity in the U. S. Therefore, if someone has to go out and buy buses, the minimum of 9 months and 12 months in advance is when you have to order them. Getting ready for this coming fall, there was no bus manufacturer that we could get hold of that would state us a guaranteed delivery date in any contract. Therefore, we recommended to Fairbanks that they extend the contract for one year under the existing terms. Then invite proposals this spring and make awards next year.

Sen. Fahrenkamp. Then the contracts this year went out under the same price and everything as last year?

Bill Thomson. Yes, plus an inflation factor. (The COLA factor that is in the contract.) There are reductions for dropping of loads, that is all part of the contract.

THE END

Glenn

SB 222

BUS TRANSPORTATION FIGURES FY 80

Contacts with business offices of selected districts indicate D.O.E. figures somewhat high. Listed here are D.O.E. and AASB figures:

	AASB	DOE
Juneau	685,000	853,869
Kenai	2,100,000	2,850,706
Mat-Su	2,400,000	3,138,088
Anchorage	6,300,000	7,006,681
Nenana	78,625	145,250
Kodiak	152,913	243,970

This list constitutes all districts contacted. My point being, that my sampling showed a pattern of high figures for D.O.E.

SB

227

COMMITTEE REPORT

SENATE

2/15/79

FURTHER: Judiciary

Date: 3/9/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 227 CSSS insurance for alcoholism and drug dependence

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[X] replace with CS for _____ [X] same title [ ] new title

and recommends INDIVIDUAL

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Tom Towe

Mike Cotlett

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Glenn Anderson
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

SB 77 "An Act relating to S. HESS 11-30
[illegible]

Introduced: 2-13-79
Logged 2-16-79
Referral Judiciary
Comm. Meeting - 3-9-79 - CS SS - taken Senate Secy @ 11:30 A.M.
" action

Notify Patty Mecklin (of Sen. Collatta's office)
PH: 3719
HESS
Revenue

HCSCSSSSB 227 (Fin)

Relating to the health of residents of the state

CSSSSB 227

Title & except

Relating to ins. for Alcoholism & Drug Abuse

Sec. 39.30.092 Grp.Ins. required by 39.30.090 (1)

Sec.21.42.347 Grp.health insurance policies

Pg.7 Lines 3-29 (identical)

Pg. 8 Line 5(b) new add.
remainder of bill identical

(b) The provisions of this section apply to group health insurance contracts and group service or indemnity type contracts issued to provide coverage for employees of the state and may apply to contracts for the benefit of employees of other participating governmental units only if the governing body of the governmental unit elects to have the provisions apply.

Health Care Legislation

HCS CS SS SB 227

HCS CS SS SB 227 "An Act relating to the health of residents of the state" is an omnibus health bill extending health coverage to several new groups of people and expanding the scope of coverage available.

* HIGH RISK INSURANCE POOL

People who have high risk medical conditions often are considered "uninsurable" and cannot purchase comprehensive health insurance. Section one of the bill establishes a high risk insurance pool to be administered by the largest carrier in the state. Premiums would be limited to reasonable levels and the carrier would be allowed to pass excess claims losses from this coverage on to the state through the tax system.

* ALCOHOLISM COVERAGE FOR STATE EMPLOYEES

Model benefits for coverage of alcoholism, including inpatient detoxification, inpatient treatment and outpatient treatment are added to the state employees health insurance plan. While the original bill mandated these benefits for all health insurance policies, the HESS Committee substitute bill would field test these new benefits on state employees.

* MEDICAID BY INSURANCE POLICIES OR HEALTH SERVICE CONTRACTS

Section eight of the bill directs the commissioner of Health and Social Services to provide Medicaid coverage through the purchase of private health insurance policies or health service contracts on behalf of Medicaid recipients, when this is found to be cost effective.

* RELIEF FOR MEDICAID PROVIDERS

The bill requires that the state pay interest at the rate of one percent per month to Medicaid providers on bills that are more than one month overdue, and two percent per month on bills that are more than three months overdue. It also allows the state to make an interim payment to large volume Medicaid providers prior to billing and processing of the claims.

* EXPANSION OF SERVICES AND ELIGIBLE PEOPLE COVERED UNDER MEDICAID

Sections nine and ten of the bill expand the state's Medicaid program to include all groups and all services for which federal funding is available. New additions include such eligible and services as unborn children, unemployed fathers, prescription drugs, adult dental care and physical therapy.

* COVERAGE FOR THE MEDICALLY NEEDY

Section eleven of the bill creates a new program of medical assistance for medically needy people under the state's General Relief-Medical program. The income threshold for eligibility is set at 150% of the poverty guideline for Alaska. People whose income exceeds that amount can still become eligible for assistance after they spend their "excess" income on medical bills.

* FISCAL IMPACT

The fiscal note for all these programs includes approximately $8 million from the General fund, $23 thousand from other state funds and $8 million in federal funds for FY81.

5/29/80
Bradley

Original sponsors: Colletta, Stimson and Hohman

IN THE SENATE BY THE FINANCE COMMITTEE

HOUSE CS FOR CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 227 (Finance)

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to the health of residents of the state; and providing for an effective date."

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

* Section 1. AS 21 is amended by adding a new chapter to read:

CHAPTER 50. COMPREHENSIVE HEALTH CARE PLANS.

Sec. 21.50.010. RESIDUAL MARKET HEALTH INSURANCE POOL. (a) The carrier which writes the largest premium volume of health insurance in the state as determined by the director shall, as a condition of transacting health insurance, establish and operate a residual market health insurance pool. Individual, group, and Medicare supplemental comprehensive health care plans as described in AS 21.50.020 shall be available through the residual market health insurance pool to every eligible individual or employer resident in the state. Applicants shall have a choice of the low option, the middle option, or the high option deductible established under AS 21.50.020.

(b) The administering carrier shall submit to the director for approval a plan of operation for the residual market health insurance pool which assures the fair, reasonable, and equitable operation of the pool. The plan shall establish procedures for administration, accounting, record keeping, and reporting for the pool, amendment of the plan, and advertising of the coverage provided. If the carrier fails to submit a plan within six months after the effective date of regulations implementing this Act, the director may adopt a plan to carry out the provisions of this section.

(c) Rates for comprehensive health coverage issued through the residual market health insurance pool may not be excessive, inadequate, or unfairly discriminatory. The rate for a given classification or group in the pool may not be more than 125 percent of the rate for a classification or group of at least 25 persons with similar characteristics at standard risk, for equivalent coverage not written through the pool. All policy forms and rates shall be filed with the director and may be disapproved within 30 days from the filing.

(d) Following the close of a fiscal year, the administering carrier shall determine the net premiums, administrative expenses, and incurred losses for the year from the operation of the residual market health insurance pool. Net gains, if any, shall be held at interest to offset future pool losses or allocated to reduce future pool premiums. Net losses may be credited against the carrier's income tax payable under AS 43.20 or its premium tax payable under this title. If the administering carrier's total assessment exceeds its tax liability for the year, the commissioner of revenue shall directly reimburse the carrier in the amount of the excess.

Sec. 21.50.020. COMPREHENSIVE HEALTH CARE PLANS. (a) Each of the three types of comprehensive health care plans (individual, group, and Medicare supplemental) shall provide minimum standard major medical benefits required by regulation.

(b) A comprehensive health care plan shall provide for a choice of deductibles. The low option deductible is $100 per person, the middle option deductible is $500 per person, and the high option deductible is $1,000 per person. The $100 maximum, the $500 maximum and the $1,000 maximum established under this subsection shall be adjusted periodically ~~yearly~~ by the director by regulation to correspond with the change in the medical care component of the consumer price index. The base year for the

computation is the first full year of operation of the plan.

(c) The sum of the deductible and copayments required in a calendar year under an option may not exceed a maximum limit of $1,000 per covered individual or $2,000 per covered family. The $1,000 and $2,000 maximums shall be adjusted ~~yearly~~ periodically by the director to correspond with the change in the medical care component of the consumer price index.

(d) A comprehensive health care plan may limit lifetime benefits to a maximum of not less than $1,000,000 per insured person.

(e) Benefits payable under a comprehensive health care plan written by the residual market health insurance pool are paid net of all health care benefits provided by or under another state or federal law including Title XVIII of the Social Security Act, Medicare, but not including Medicaid.

(f) The director shall adopt regulations establishing subrogation rights and coordination of benefits.

Sec. 21.50.030. ELIGIBILITY. (a) An individual comprehensive health care plan is open to enrollment by a resident of the state who is under 65 and can provide evidence, with respect to major medical coverage, of rejection, requirement of restrictive riders, a rate up (resulting in rates higher than the comprehensive health care plan), or a preexisting conditions limitation by two carriers within six months before the application for enrollment in an individual comprehensive health care plan, the effect of which is to substantially reduce coverage from that available to a person considered standard risk.

(b) A group comprehensive health care plan is available to a resident employer of three or more employees whom the employer seeks to enroll in a group plan, who can provide evidence, with respect to major medical coverage, of rejection, requirement of restrictive riders, a rate up (resulting in rates higher than the comprehensive health care plan), or a preexisting conditions limitation by two carriers within six months before the application for a group comprehensive health care plan, the effect of which is to substantially reduce coverage from that available to a group considered standard risk or a group of 25 members.

(c) A Medicare supplemental comprehensive health care plan is open to enrollment by a resident of the state who is enrolled in Medicare Parts A and B and who can provide evidence, with respect to major medi-

cal coverage, of rejection, requirement of restrictive riders a rate up, or a preexisting conditions limitation by a carrier within six months before the application for enrollment in an individual comprehensive health care plan, the effect of which is to substantially reduce coverage from that available to a person considered a standard risk.

(d) An individual may not purchase or renew coverage under a comprehensive health care plan established under this chapter after ceasing to be a resident of the state.

Sec. 21.50.040. ADDITIONAL CRITERIA FOR ELIGIBILITY. The director may adopt by regulation supplemental or alternative eligibility criteria which reflect the inability of an applicant to obtain coverage substantially similar to that which may be obtained by an applicant who is considered a standard risk or by a group with 25 members.

Sec. 21.50.050. POWERS OF DIRECTOR. The director may

(1) formulate general policies to advance the purposes of AS 21.50.010 - 21.50.040 and may adopt regulations under AS 21.06.090 to carry out the provisions of AS 21.50.010 - 21.50.040;

(2) adopt by regulation reasonable limits on administrative expenses of the administering carrier which may be paid from comprehensive health care plan premiums, and minimum standards for the proportion of comprehensive health care plan premiums to be paid out in claims;

(3) examine and investigate the operation of the residual market health insurance pool and shall have reasonable access to the books, records, files, papers, and documents of the administering carrier that relate to the operaton of the pool;

(4) examine directors, officers, agents, brokers, or employees of the administering carrier for the purpose of determining if coverage is being adequately and fairly provided through the pool;

(5) contract with the federal government or with another unit

of government to ensure coordination of the comprehensive health care plan with other governmental assistance programs;

(6) undertake directly or through studies or demonstration programs to develop awareness of the benefits of AS 21.50.010 - 21.50.040 so that residents of the state may avail themselves of the health care benefits provided by these sections.

Sec. 21.50.100. DEFINITIONS. In this chapter,

(1) "administering carrier" means the carrier with the largest premium volume of health insurance in the state which is obligated under AS 21.50.010 to establish and operate a residual market health insurance pool;

(2) "carrier" means an insurer, hospital service corporation, or medical service corporation;

(3) "comprehensive health care plan" means health insurance which provides the benefits required under AS 21.50.020;

(4) "director" means the director of the division of insurance in the Department of Commerce and Economic Development;

(5) "family" means the primary insured and the covered dependents of the primary insured;

(6) "health insurance"

(A) means hospital and medical expenses incurred policies written on a direct basis, nonprofit service plan contracts, and self-insured or self-funded employee health benefit plans;

(B) does not include accident only policies, disability income policies or casualty insurance coverages subject to regulation under AS 21.39;

(7) "Medicare supplement plan" means a health insurance plan which provides benefits which complement or supplement the benefits provided by Medicare;

(8) "Medicare supplemental comprehensive health care plan" means a plan which, in conjunction with Medicare Parts A and B coverage, provides the benefits required under AS 21.50.020;

(9) "resident employer"

(A) means a person, partnership, association, trust, estate, corporation, whether foreign or domestic or the legal representative, trustee in bankruptcy or receiver or trustee of one of these, or the legal representative of a deceased person, including the state and a municipality of the state which has in its employ one or more individuals during a calendar year;

(B) refers only to an employer with a majority of employees employed in the state.

* Sec. 2. AS 21.27.410(a) is amended by adding a new paragraph to read:

(10) if an agent, solicitor, or broker transacting health insurance in the state fails to refer an applicant for health insurance whom the agent, solicitor, or broker has reason to believe may be eligible for a comprehensive health plan through the residual market health insurance pool to the administering carrier of the residual market health insurance pool.

* Sec. 3. AS 21.87.340 is amended by adding a new paragraph to read:

(17) AS 21.50.

* Sec. 4. The director of the division of insurance, Department of Commerce and Economic Development, shall adopt regulations implementing sec. 1 of this Act by January 1, 1981.

* Sec. 5. AS 39.30.090(1) is amended to read:

(1) A group insurance policy shall provide one or more of the following benefits: life insurance, accidental death and dismemberment insurance, weekly indemnity insurance, hospital expense insurance, surgical expense insurance, dental expense insurance, audio-visual insurance, alcoholism and drug dependency insurance, or other medical

care insurance.

* Sec. 6. AS 39.30 is amended by adding a new section to read:

Sec. 39.30.092. COVERAGE FOR ALCOHOLISM AND DRUG DEPENDENCE. (a) The group insurance policy required by AS 39.30.090(1)

(1) shall provide coverage for alcoholism and drug dependence to include

(A) inpatient detoxification benefits for not less than 14 days of benefit each calendar year in a state-approved treatment facility or licensed hospital; payment of institutional and professional benefits shall be equal to and payable as any other covered condition, except a covered condition which, by the terms of the policy, has an internal restriction;

(B) inpatient treatment coverage benefits for not less than 30 days of benefit each calendar year in a state-approved treatment program; payment of institutional and professional benefits shall be at the same level as any other covered condition, except a covered condition which, by the terms of the policy, has an internal restriction; and

(C) outpatient treatment coverage benefits of not less than 30 visits each calendar year if treatment is provided by a licensed physician, state-approved treatment program, or state-certified professional substance abuse counselor; coverage shall include individual, family or group therapy; benefits shall be paid at not less than 75 percent of the usual, customary and reasonable charge for a medical procedure, treatment or service in the geographic area;

(2) may not exclude dependents otherwise covered and may not limit coverage for alcoholism or drug dependence because of age, sex or state of illness;

(3) may not apply preexisting or named condition exclusions to deny coverage for alcoholism or drug dependence; and

(4) may require a physician's certification of necessity as a condition of payment for alcoholism or drug dependence treatment.

(b) The provisions of this section apply to group health insurance contracts and group service or indemnity type contracts issued to provide coverage for employees of the state and may apply to contracts for the benefit of employees of other participating governmental units only if the governing body of the governmental unit elects to have the provisions apply.

(c) In (a) of this section,

(1) "alcoholism" means an illness or condition characterized by the habitual lack of self control in the use of alcoholic beverages, or use of alcoholic beverages to the extent that health is substantially impaired or endangered, or social or economic function is substantially disrupted;

(2) "drug dependence" means the condition of being physically or psychologically addicted to an opiate, opiate derivative, tranquilizer, amphetamine, barbiturate, or similar substance, but excluding nicotine, caffeine and alcohol;

(3) "state" means any state in the United States and includes the District of Columbia.

* Sec. 7. AS 39.30.100 is amended to read:

Sec. 39.30.100. DEFINITIONS. In AS 39.30.090 - 39.30.100 [AS 39.30.090]

(1) "eligible employee" means

(A) an employee who has served in permanent full-time or part-time employment with the same governmental unit for 30 days or more, except an emergency or temporary employee, and

(B) an elected or appointed official of a governmental unit, effective upon taking the oath of office;

(2) "governmental unit" means the state, a borough, municipal corporation, or other political subdivision of the state, and the North Pacific Fishery Management Council;

(3) "insurance", "insurance carrier" and "insurance policy" include health care services, health care service contractors and contracts.

* Sec. 8. The provisions of secs. 5 - 7 of this Act apply to group policies or contracts which provide coverage under AS 39.30.090 - 39.30.100 and which are delivered, issued for delivery, or renewed in this state after the effective date of this Act. A policy or contract providing coverage for eligible employees in this state delivered, issued for delivery, or renewed after the effective date of this Act provides the minimum coverage required by this Act even if the language of the policy or contract does not so specifically provide.

* Sec. 9. AS 47.05 is amended by adding new sections to read:

Sec. 47.05.070. MEDICAL ASSISTANCE BY INSURANCE OR SERVICE CONTRACTS. (a) The commissioner shall use available medical assistance funds to purchase and pay premiums on policies of insurance or pay the expenses on health maintenance organization service contracts or medical or hospital service contracts that provide one or more of the medical services available under state medical assistance programs.

(b) The policy of insurance or the contract must by its terms guarantee

(1) to provide the medical services allowed under state law;

(2) to provide medical services under policies of insurance or contracts in compliance with applicable laws and regulations;

(3) to provide the statistical data, records, and reports

relating to the provision, administration, and costs of providing medical services as required by the commissioner.

Sec. 47.05.080. CONTRACTS WITH DIRECT PROVIDERS OF CARE AND SERVICE. (a) The commissioner may enter into nonexclusive contracts under which funds available for medical assistance may be administered and disbursed by the contractor to direct providers of medical and remedial care and services available under medical assistance for services rendered and supplies furnished by them.

(b) A contract under this section shall

(1) oblige the contractor to make payments under the contract promptly and not later than 30 days after receipt of the proper evidence of the claim; and

(2) provide data, records, and reports required by the commissioner.

Sec. 47.05.090. IMPLEMENTATION. The commissioner shall implement the provisions of AS 47.05.070 - 47.05.090 when the commissioner determines that comparable benefits are available at equal or less cost than direct payments by the department to the providers of medical assistance.

Sec. 47.05.100. INTERIM PAYMENT. The department may make an interim payment before receipt of billing for service to providers who serve a large volume of state medical assistance clients under regulations of the department.

Sec. 47.05.110. INTEREST ON LATE PAYMENTS. When presented by a provider of medical services with a clean claim, the state shall pay

(1) interest at the rate of one percent per month when payment is delayed more than 30 days after presentation of the clean claim;

(2) interest at the rate of two percent per month when

payment is delayed more than 90 days after presentation of the clean claim; and

(3) a full months interest entitlement if the claim is not paid by the 15th day of a calendar month.

Sec. 47.05.120. DEFINITIONS. In AS 47.05.070 - 47.05.120

(1) "clean claim" means a claim for payment which can be processed without obtaining additional information from the provider of the service or from a third party; it includes a claim with errors originating in the department's claims processing system, but does not include claims from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity;

(2) "commissioner" means the commissioner of health and social services;

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

(4) "medical assistance" means Medicaid (AS 47.07), general relief medical (AS 47.25.120), catastrophic illness (AS 47.08) and crippled children's and maternal and child health programs (AS 18.05.-010).

* Sec. 10. AS 47.07.020(b) is repealed and re-enacted to read:

(b) Residents of the state for whom the Social Security Act allows optional medical coverage qualifying for federal financial participation are eligible for medical assistance.

* Sec. 11. AS 47.07.030 is repealed and re-enacted to read:

Sec. 47.07.030. MEDICAL SERVICES TO BE PROVIDED. Medical services to be offered to eligible persons include services eligible for federal financial participation under Title XIX of the federal Social Services Act.

* Sec. 12. AS 47.25.120 is amended to read:

Sec. 47.25.120. ELIGIBILITY FOR ASSISTANCE. Financial assistance may be given under AS 47.25.120 - 47.25.300 [, SO FAR AS PRACTICABLE UNDER THE CONDITIONS IN THIS STATE,] to

(1) a needy person who is eligible under the regulations of the department; and

(2) a medically needy person whose income is less than the medically needy income standard or who has incurred medical expenses which equal or exceed the difference between the person's monthly income and the medically needy income standard; the medically needy income standard is 150 percent of the current Federal Community Services Administration poverty income guidelines for Alaska (45 C.F.R., sec. 1060.2).

* Sec. 13. AS 47.07.020(d) is repealed.

* Sec. 14. Sections 2 - 8 and 10 - 13 of this Act take effect January 1, 1981.

* Sec. 15. Sections 1, 9, 14, and 15 of this Act take effect July 1, 1980.

Original sponsors: Colletta, Stimson and Hohman

Offered: 3/13/79
Referred: Judiciary

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 227

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to insurance for alcoholism and drug dependence; and providing for an effective date."

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

* Section 1. AS 21.42 is amended by adding a new section to read:

Sec. 21.42.347. REQUIRED PROVISION OF COVERAGE FOR ALCOHOLISM AND DRUG DEPENDENCE. (a) Group health insurance policies providing coverage on an expense-incurred basis and group service or indemnity type contracts issued by a nonprofit corporation

(1) shall provide coverage for alcoholism and drug dependence to include

(A) inpatient detoxification benefits for not less than 14 days of benefit each calendar year in a state-approved treatment facility or licensed hospital; payment of institutional and professional benefits shall be equal to and payable as any other covered condition, except a covered condition which, by the terms of the policy, has an internal restriction;

(B) inpatient treatment coverage benefits for not less than 30 days of benefit each calendar year in a state-approved treatment program; payment of institutional and professional benefits shall be at the same level as any other covered condition, except a covered condition which, by the terms of the policy, has an internal restriction; and

(C) outpatient treatment coverage benefits of not less than 30 visits each calendar year if treatment is provided by a

Prop. care travel would not be precluded by

licensed physician, state-approved treatment program, or state-certified professional substance abuse counselor; coverage shall include individual, family or group therapy; benefits shall be paid at not less than 75 per cent of the usual, customary and reasonable charge for a medical procedure, treatment or service in the geographic area;

(2) may not exclude dependents otherwise covered and may not limit coverage for alcoholism or drug dependence because of age, sex or state of illness;

(3) may not apply preexisting or named condition exclusions to deny coverage for alcoholism or drug dependence; and

(4) may require a physician's certification of necessity as a condition of payment for alcoholism or drug dependence treatment.

(b) In this section,

(1) "alcoholism" means an illness or condition characterized by the habitual lack of self control in the use of alcoholic beverages, or use of alcoholic beverages to the extent that health is substantially impaired or endangered, or social or economic function is substantially disrupted;

(2) "drug dependence" means the condition of being physically or psychologically addicted to an opiate, opiate derivative, tranquilizer, amphetamine, barbiturate, or similar substance, but excluding nicotine, caffeine and alcohol;

(3) "state" means any state in the United States and includes the District of Columbia.

* Sec. 2. AS 21.87.340 is amended by adding a new paragraph to read:

(17) AS 21.42.347.

CSSec 1]

* Sec. 3. The provisions of this Act apply to all group policies or contracts delivered, issued for delivery, or renewed in this state after the

effective date of this Act. A policy or contract providing coverage for persons in this state delivered, issued for delivery, or renewed after the effective date of this Act shall be considered to provide the minimum coverage required by this Act even if the language of the policy or contract does not so specifically provide.

* Sec. 4. This Act takes effect November 1, 1979.

Senator Hackney

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 29, 1979

SUBJECT: CSSB 227, relating to alcoholism and drug dependence insurance

TO: Senator Mike Colletta

FROM: John B. Chenoweth, Legislative Counsel

I do not want to belabor the explanation you requested of this bill. The one-page summary provided by the insurance division seems more than adequate. I did question Don Koch concerning the distinctions among the several types of policies mentioned or referenced in lines 11-13 of page 1 of the bill, and thought I would share that informaton with you.

The subsection mentioned speaks to

(1) "group insurance policies providing coverage on an expense-incurred basis"; and

(2) "group service or indemnity type contracts issued by a non-profit corporation."

(1) identifies the contracts normally issued by private insurance contracts. Private corporation contracts are typically indemnification contracts, by the terms of which the insurance company agrees to reimburse the insured for covered expenses. These contracts are usually one of three types: the "specified sickness" policy, the "flat rate" policy (paying so much per day for hospitalization for whatever the reason), and the "expense-incurred" policy (reimbursing for certain expenses designated in the policy). This bill addresses only the "expense-incurred" policy, the insurance division spokesman says, for this is the type of policy usually written by companies for the benefit of employees, and is more nearly related to the kind of coverage for hospitalization and outpatient services than other kinds of company-written policies. By the term of the bill, only group policies must now provide for the coverage.

(2) above -- the service or indemnity-type policy -- is typically the kind of coverage written by carriers providing direct subscription coverage. In a service contract, payment is made by the carrier to the hospital or health facility (and in some states to physicians) for medical services provided to persons covered. In Alaska, Blue Cross of Washington/Alaska is the principal carrier of service contracts for health care coverage. My understanding of the explanation is that only nonprofit corporations are able to enter into service contract relationships directly with hospitals and health facilities. The reference to "indemnity-type" contracts in this line extends the mandatory coverage for alcoholism and drug dependence to nonprofits who indemnify insureds as well as to those whose business follows the service approach.

I trust this helps to explain the differences in the types of coverage. From the explanation, it appears certain that the intended alcoholism and drug dependence coverage does reach all providing coverage on an expense-incurred basis, including, of course, "profit-seeking" insurance corporations writing this type of coverage.

JBC:nem

3/9/79

SB 227

Sen. Colletta. This is the result of some extensive public hearings in two plus years of work trying to address a problem that conceptually everyone is in accord with. During the interim last year, we approached the problem in a different manner. The Budget and Audit Committee was generous enough to authorize $15,000 expenditure to try to accomplish the task of writing a third-party alcoholism insurance bill. Rather than using the normal routes of hiring consultants or experts in the field, what we did was go to experts in the work ethic field of the problem and the result that is before us today is their product.

It has virtually universal support, the major insurance companies participated to a great degree in a candid manner and did providers and in some cases, a couple of users. I would hope that the committee and the Senate as a whole would look upon it very favorably because I believe you are going to hear some testimony that shows the application of many minds can usually afford at least a workable style solution to accomplish any task that is put before them.

Mr. Moore. Director of Insurance for the State of Alaska. We prepared a position paper. We appear here not as opposed to the bill. We also did bring questions up in our position papers, these questions are of costs, we aren't totally sure that the cost factor is yet determinable. The other is an unequal distribution of premiums versus benefits. Thirdly, we raise the question of whether it is appropriate or not to mandate a parallel coverage. We take no standing on any one of these questions and there may be other experts here who would like to address them. We do not oppose the bill.

My associate, Mr. Don Koch, may wish to address some particular points.

Don Koch. Chief of market surveillance with the Division of Insurance. On two occasions I was acting chairman for Senator Colletta's panel to study third-party insurance coverages. It was a pleasure to me to work with a group like that that really got down to brass tacks and came up with something we believe is a workable bill.

2515

The original SB 227 was an initial workdraft of the committee. It came out of their second meeting. There was a subsequent meeting at which point in time we came up with additional amendments and I have here a copy of a marked up version of SB 227 with the two additional pages listing the specific changes.

The committee recognized early on that employed persons in a disproportionate share of hours spent on alcoholism problems in the State of Alaska and felt that this ought to be addressed. We had some statistics before us provided by Blue Cross in an article that they have in their magazine called Perspective, their 78 version of it. Basically it indicated of employed problem

problem drinkers represent about 5% of the employed population. That may or may not be true of Alaska, there have been some suspician that it probably higher. That 5% represents roughly 15% of the expenditures of the available health care dollars, so they are using three times the amount of health care dollars that their employed counterparts (non-drinking) are utilizing. One of the first concepts that the committee dealt with was the idea that to the degree that an alcoholism benefit was utilized, it would tend to reduce the utilization of other benefits. The article that I mentioned did discuss problems that problem drinkers do have. There is an increased incidence of cancer, for instance, that surprised me. That was supported by the doctor that was on the panel. There are increased problems with some liver conditions and gastrointestinal problems. Blue Cross did some studies that did show in the use of control groups what some of these relationships were, at least as to the groups they used for their studies. They were pretty convincing.

One of the concepts or considerations that the committee dealt with was the fact that after last year there were substantial quality controls placed in the Division of Alcoholism. They are now able to establish standards in the treatment of alcoholism, they are able to deal with quality controls on the personnel that will deal with this treatment. They have a number of things that they are now able to do that lend themselves to providing some kind of insurance benefit for alcoholism because there is some reasonable and meaning limitations on those persons who can deliver those kinds of benefits.

The committee recognized that there would have to be some kind of reasonable limitation just to make the bill workable. But determined that rather than use a dollar limitation they would use a time period limitation which would tend to be responsive to inflation as time goes on. One of the concepts they deal with was that that alcoholism should be treated as any other illness rather then setting up a specific degree or kind of care limitation on care. One of the primary flaws with the bill that was before the legislature last year, SB 545, is it didn't deal with some of the things that would tend to wipe out the coverage such as pre-existing conditions exclusions. Most health care policies have a condition in the policy that says if this condition existed before coverage began, you don't have any coverage. Well, alcoholism generally is something that is a long term thing or its been accumulated over a period of time so you could well end up with a situation where you provide a benefit but no body can collect on the benefit because its a pre-existing condition from the time that coverage began. That has been dealt with by saying that you cannot have a pre-existing condition exclusion for the kinds of things that we are providing a benefit for under this bill.

The panel determined that this package should be considered a minimum package and that the package should be a reasonable package, something that could work to provide rehabilitation for persons who would be collecting the benefit. The thought being that to the degree that a bargaining unit or employer/employee

group wished to have expended coverages those would be something subject to the negotiation of the collective bargaining process.

The committee determined that they would address not only alcoholism but drug dependence, so that the benefits that are listed in the bill are somewhat of a compromise which will probably be fairly liberal in some cases for alcoholism and will pretty tight in some cases for drug dependence. It also determined that it would not deal with two areas of drug dependence mainly nicotine and caffine. They figure those are issues whose time has not come.

Another concept that the committee dealth with was that this would provide for an added source of funding for some facilities who are now hard pressed to get funds. It would also provide an incentive for those facilities or programs to come up to a standard established by the state. So to that degree we'll probably have an increase in the quality of the treatment and care for alcoholism within the state.

You'll notice that within the definition of state within the bill, there is a reference to the fact a state means all 50 states or the District of Columbia. The reasoning there was that the committee felt that this coverage should be provided wherever it can be provided by facilities that meet controls that the Division of Alcoholism has indicated, or those levels of quality and that it shouldn't be confined necessarily to Alaska since perhaps in many areas we don't have the facilities. We may have somebody who originally came up from another area or has family in another area and therefore that person might best respond to treatment and rehabilitation in that area. However, the committee determined that it wouldn't be proper to provide transportation funds for that kind of situation.

The end result of that feature is that it may well provide for a less expensive treatment since it is likely that treatment in another area is going to be less expensive than it would be here in Alaska.

Basically those were the concepts and considerations the panel dealt with. They did also look to where the opposition might be coming from on a bill of this kind. They considered a number of these issues, they dealt with a number of them, positively in some cases, in other cases they just determined that that is going to be a matter for somebody to determine policy. Cost of course is a concern. We had testimony from members on the panel that the cost would likely run somewhere between 2 and 5%. However, that is going to be controlled greatly by the utilization of the benefits to the degree that utilization of the benefit increases, that cost diminishes. I think there are others here who can speak better to that than I can.

There was a cuestions brought up about how you distinguish between the drunk and the alcoholic. The committee felt that the

benefit package was developed in such a way that the person who is just drunk and is not necessarily an alcoholic isn't necessarily going to be the guy who is collecting the benefit under this policy anyway. The bill calls for several areas of coverage, one of those is a detox or drying-out coverage these are people that generally are into an emergency medical situation anyway. We are told that quite often policies are presently paying for this but they are identifying it as something else, liver problem or dehydration, any number of things.

The idea is that this would tend to cause an outright identification of alcoholism problems. The Divsion of Insurance takes the position that we wish to be involved in some kind of a statistical approach to this thing so that we can work in conjunction with the carriers and the division of alcoholism to develop some meaningful insurance statistics for a bill of this type. That we think is an intrical part of the operation of legislation like this. There were some arguments that were presented as opposing views -- the primary one is the mandate versus option feature. As the director indicated, we don't have a position that. I do know that there are others who are looking to this and there are employers that would be concerned with it, the Health Insurance Association of America will also probably address that particular issue.

The committee did recognize that there are going to be employers and employees who will fall through the cracks. These generally fall into two categories one is those where this question of jurisdiction such as federal employees. The state law doesn't have a way to reach those. The other would be the self insured employers. The committee determined that it didn't wish to address that issue either, since that would involve something that would be very difficult as a matter of practicality to effect, it would be a difficult kind of legislation to approach. So, they felt comfortable with the bill as far as they went.

It's our opinion that what you have before you aside from the considerations the director has mentioned is a highly workable bill, it does respond to the problems that previous directors saw and addressed with Sen. Colletta last year.

Sen. Hackney. Where did you come up with that description of alcoholism?

Don Koch: The initial definition of alcoholism that you see in the first version of SB 227, when the committee saw that they felt that it was negative. I don't pretend to understand why they felt that way, but they addressed that as one of the primary concerns with the bill. They sat down and came up with another one and frankly, I don't know what the source of the other definition was but everyone seemed pretty happy with it. There was even some talk about not having a definition at all and that thought was prevelent for a while until the thought came to mind, well, if you don't define alcoholism the insurer will in his policy. They didn't want to lose to the insurer

what was meant by alcoholism.

Sen. Colletta. I concur with the proposed amendments and was made aware of them.

Don Koch. This bill does one other thing tht is perhaps a little unusual from a state standpoint, That is, it addresses contracts that are not initiated in the state. This would be the employer who is domiciled in other locations and has employees in the state, but all his negotiations take place in another location. What the comments in sec. 3 of the current bill, not of the revision, what it basically says is that if you have a contract that is issued in another location and ends up covering employees in this state that contract will be deemed to provide at least a minimum benefits that we are requiring of other insurers in the state. Even thought that language may not specifically appear in their contract.

Sen. Hackney. Would that not cover federal employees?

Don Kock. No. You can't superimpose a state law on a federal This would speak to a policy that is written under another state law, Washington, Oregon, They have reason to send employees into our state and those employees are here on a permanent basis. Those people who are here and living in this state would be entitled to the level of benefit that any other employee would from his employer.

Sen. Fahrenkamp. I was wondering what the cost will be fo the state for its employees.

Paul Arnoldt. Director for the Divsion of Retirement. I apologize that we don't have a formal fiscal note in front of you, but I have just talked to John Hopkins of Blue Cross and he advised me that the rate would run about $2.64 month per employee based upon a cover group of the state of around 8,000, I think that comes to around $250,000 plus per year. We could probably anticipate that rate going up about 20%, I think around 12 to 16% would be the rate increase then there would be some growth in the actual number of employees covered, so we figure about a 20% increase in this area.

John Hopkins. Representing Blue Cross of Washington and Alaska. I served n the panel that helped to develop the legislation.

I would like to speak to the area of cost of the bill. As we were going through the deliberations, many of the panel members came to me and said ' what is this whole thing going to cost'. I used the broad range of 3 to 5% over existing premiums. As Mr. Arnoldt has pointed out, we have now developed a firm premium or rate for the state. I think it is interesting that the $2.64 which projects out to a quarter of a million dollars a year is rally only 3% of the premium. What must be considered is the fact that on the long range the mandating of an alcoholism benefit will probably be cost effective which means you will get a higher return than what you are paying in. Earlier Mr. Koch referred to some articles prepared in a Blue Cross publication and the evidence is really conclusive that the treating of alcoholism lowers the cost to other health insurance benefits. Therefore ultimately

ultimately offsetting the cost of the alcoholism benefit. I think it is fair and necessary for me to point out that from a carriers point of view we are taking risk and you are not going to see that benefit until out there two or three years. So, we do have to go in with an initial charge. Ultimately there will be a return on that. I support the way the bill is constructed, the levels of care I think are appropriate. The committee tryed to design the legislation so that it would get two appropriate types of treatment and yet not be subject to abuse.

You take your first year and you have a quarter of a million dollars of premium coming in. For example, on state employees we are going to pay out approximately that much in claims for the treatment of alcoholism. If that corrects the alcoholism problem in 100 people, the theory is that those 100 people are going to have less of the general medical type of claims in successive years. The evidence is conclusive.

I have to say in all honesty is it going to be extremely difficult to pinpoint because you've got several curves on your graft. You've got the cost of the alcoholism benefit, medical inflation puts it up, the decrease on other medical services puts it down a little bit, and it will be tough. But conclusive evidence came from these companies that established control groups. the cold hard facts are there that it reduces the cost of medical care.

Sen. Fahrenkamp. Could you address mendated service and pre-existing . . .

John Hopkins. On pre-existing, that was put into the legislation that than an insurance carrier in writing a policy could not avoid paying for the treatment of alcoholism because of a pre-existing condition.

The question of mandating has been discussed by the panel, we tryed to say that that is not what we are here for, the panel is here to construct legislation that is workable. My own feeling is a mixed opinion on what are you trying to mandate. The Blue Cross supports this bill which does in effect mandate.

Sen. Hackney. The 8,000 is just state employees? (Yes) What wuld it do to coverage if you covered municipal employees also.

Paul Arnoldt There are currently about 2,500 employees covered under the municipalities of the state who participate in the state's in the plan that the state sponsors. Other municipalities have their own plan. The $253,440 figure that translates to is only the cost to the state. (The municipality 2,500 figure is not included in the 8,000)

John Hopkins. I recognize the state as being very cautions fiscally. One of the things that is happening right now is the general cost of medical care as reflected in insurance premiums

is not going up nearly as rapidly as it has in past years. Right now, in the last year and again in 1979 we are looking at in some cases no rate increase and in some cases very small rate increase. So I guess I would say if there was ever a time to mandate a benefit where it may have a 3% effect on premiums, now is probably a pretty good time.

Sen. Hackney. What you are really saying is among other things, hospital costs containment has perhaps been more effective in Alaska . . .

John Hopkins. Moreso than the rest of the country. Its a combination of cost containment and people going to the hospital less frequently, staying shorter, etc.

Bob Cole. Supportive of measure. It shouldn't be difficult to measure certain critical variables that should show up after this benefit if it is enacted among the state employee work force t the extent that this benefit is utilized, you should see a downturn over time of sick leave utilization, productiviy problems, death and disability payments, etc.

Out to accept SS. and then out of committee with/ indiv. recs.

SB 227 - SECTIONAL BREAKDOWN

SECTION 1 - Incorporates alcohol/drug treatments into insurance package with the following coverage:

1(A) - inpatient detox benefits for NLT 14 days of each calendar year in a state approved facility/hospital; benefits shall be equal and payable as any other covered condition.

(B) - inpatient treatment coverage benefits for NLT 30 days of each calendar year in state approved treatment program; payment of institutional & professional benefits shall be at the same level as any other covered condition.

(C) - outpatient treatment benefits NLT 30 visits each calendar year if treatment provided by a licensed physician or state approved program; payments at NLT 75% of usual charge for medical procedure, treatment or service in geographic area.

(2) - may not exclude dependents otherwise covered

(3) - may not apply preexisting or named conditions to deny coverage

(4) - may require physician's certification of necessity.

(b) Definition section.

SECTION 2 & 3 - Provisions will be applicable to all group policies and minimum coverage will be required even if language of policy/ contracts does not so specifically provide.

SECTION 4 - Effective Date.

must pay at least 80%.

SECTION ANALYSIS SS for SB 227

Sec 1 AS 21.42

Requires that all group health insurance policies issued by insurance companies and all service or indemnity type contracts issued by non-profit corporations such as Blue Cross, provide as a minimum, specified coverages related to alcoholism and drug dependence.

COVERAGES are:

A. not less than 14 days detoxification benefit at a rate equal to other benefits provided in the policy.
B. not less than 30 days inpatient treatment benefit
C. not less than 30 visits to specified outpatient treatment facilities.

Alcoholism and drug dependence coverage is to be provided for all persons covered under the group policy without regard to age, sex, state of illness, or pre-existing condition.

Section 1 also provides key definitions of alcoholism and drug dependence.

Section 2 Amends AS 21.87.347 to provide that Hospital Medical Service Corporations ie. Blue Cross, are also subject to the provisions of AS 21.42 as created by this bill.

Section 3 Specifies that coverage for alcoholism and drug dependence shall automatically apply to all persons covered by a group policy issued for delivery, delivered or renewed in this state after the effective date of the act; whether the policy wording specifically provides coverage or not.

Section 4 Provides for an effective date of November 1, 1979 in order for insurance companies to amend policies and adjust rates prior to the effective date.

POSITION PAPER/Department of Health and Social Services

POSITION PAPER SB 227

"An Act relating to insurance for alcoholism and drug dependence."

The State Office of Alcoholism and Drug Abuse is very supportive of this bill for the following reasons:

There are a great number of basically middle-class employed professional administrative and technical people in Alaska, in need of Alcoholism and Prescription Drug Abuse Treatment Services, who by and large are not showing up in State funded treatment program at the present time unless they are convicted OMVI offendors. There is every reason to think that the majority of these prople are either not availing themselves of treatment services, or are going to outside treatment programs, such as Schick-Shadel, for treatment.

There is reason to believe that a major share of all costs for acute medical care in Alaska (and elsewhere) are created by injuries and illnesses brought on by the abuse of beverage alcohol (See: excerpts from recent Blue Cross publication for an example.)

Because of the work done by SOADA and local programs over the past few years, in getting local programs brought up to Nationally recognized standards, some of them now appear to be in a position to begin to offer services that could and would be reimbursed by private insurance companies. Most notable among this group would be the outpatient programs in Anchorage, Fairbanks, Juneau, Ketchikan and Seward.

There is a new, private medically supervised Substance Abuse treatment program being opened at the Alaska Medical Center in Anchorage, this Spring.

Additionally, a new, medically supervised facility is scheduled for construction in Juneau this Summer.

Both these programs should be able to provide inpatient treatment services that will be reimbursable through the coverage proposed in this bill.

Evidence from public and private organizations around the country (Kennecott Copper, Kemper Insurance, State of California, as examples) indicates that utilization of these benefits actually cuts costs to individuals and firms for acute medical care for accidental injury and numerous illnesses.

Provision of these benefits is an encouragement for people to avail themselves of the services. To the extent that they do so, lost production, absenteeism, sick leave utilization, disability benefit payments, and hospitalization for accidental injury and related diseases should diminish. This would particularly be true if companies and/or units of government have also adopted Employees Assistance provisions in their personnel policies. (See Attachment 2)

Provision of these benefits is an encouragement for hospitals in Alaska to begin to provide structual Alcoholism/Drug Abuse Treatment services, and for physicians to begin to state diagnoses of alcoholism and/or prescription drug addiction on their claims to insurance companies, instead of utilizing

inappropriate euphemistic diagnoses for claiming benefits, as they now admittedly do in apparently somewhat massive numbers. The effect of proper physician diagnosis and structured treatment will be to upgrade both the quality and appropriateness of care throughout the State.

Lastly, this bill was written mostly by the Insurance companies who serve Alaska, with the assistance of the Division of Insurance and some input from this Office. It appears therefore to address most of the concerns they had with the earlier version, while providing appropriate levels of coverage for Alcoholism/Drug Addiction Treatment.

The Office will be pleased to provide additional information on this bill as requested.

Recommended by:

Robert L. Cole 2/28/79

Robert L. Cole, Coordinator Date
Office of Alcoholism & Drug Abuse

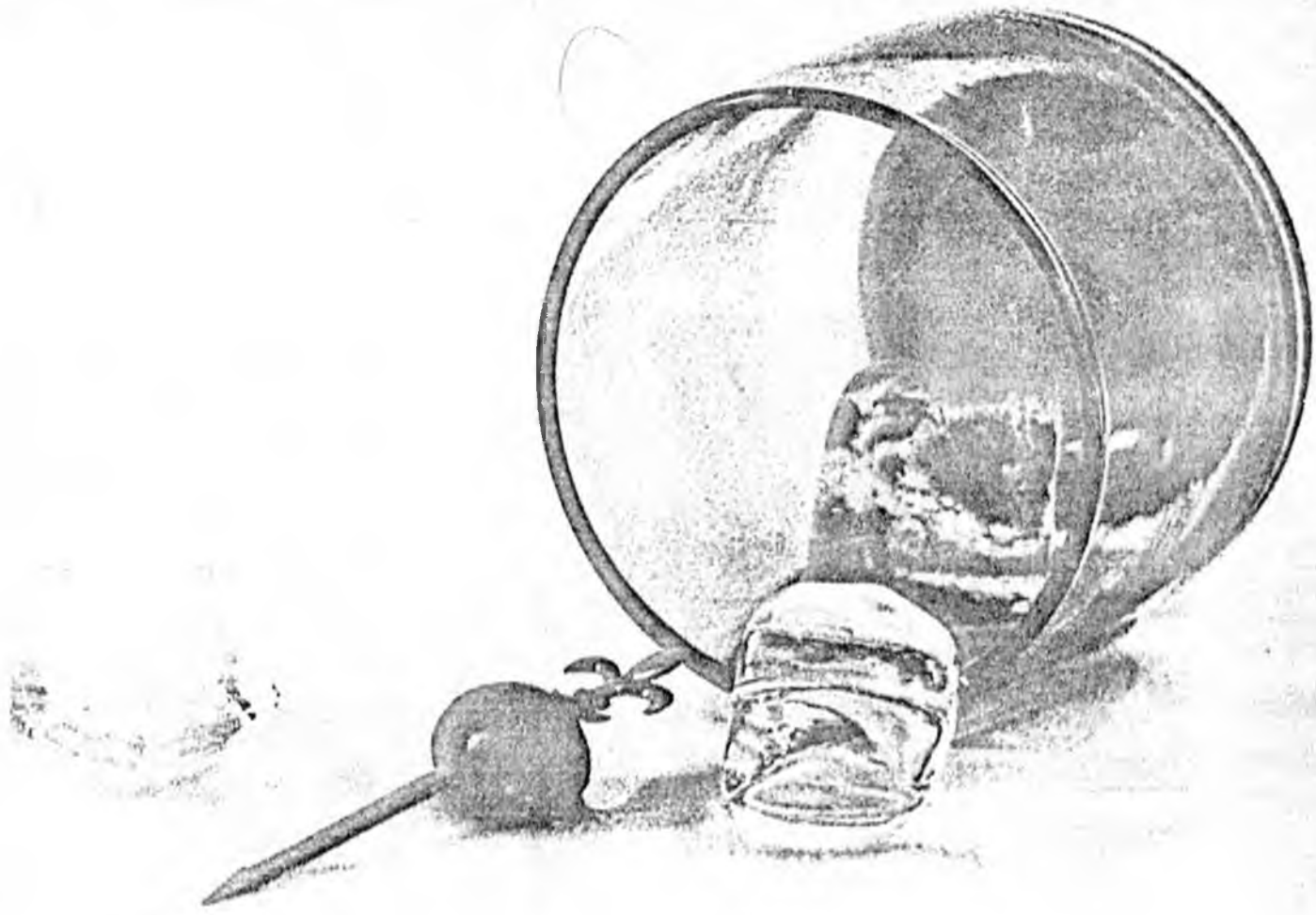
Approved by:

Helen D. Beirne 3/9/79

Helen D. Beirne, Commissioner Date
Department of Health & Social Services

POSITION PAPER/Department of Health and Social Services

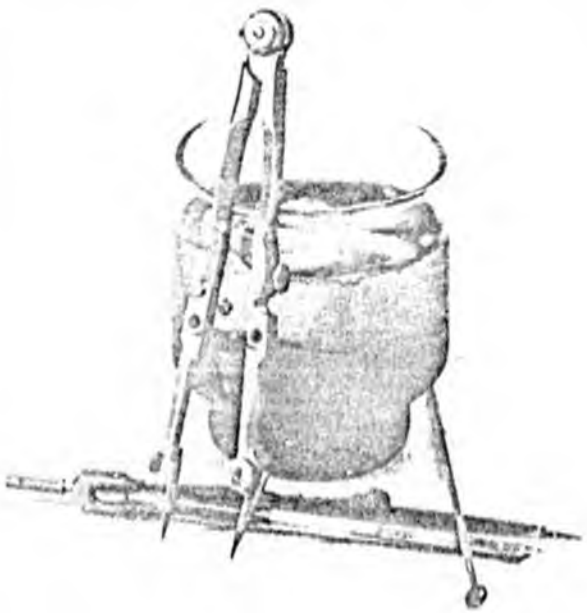
PROBLEM-DRINKING EMPLOYEES



70% Can Be Rehabilitated
(And Millions Of Dollars Saved In The Process?)

Here's a quiz on "drinking and working" . . . and the answers:

Questions	Answers
• What percentage of an employee population are problem drinkers?	5%
• How many more company dollars in health benefits does a problem-drinking employee use than the average employee uses?	3 to 1
• What share of employee health claims are by problem drinkers?	15%
• What can be done about problem-drinking employees?	Rehabilitation
• What percentage of problem-drinkers can an employer expect to rehabilitate successfully?	70%
• At what cost to the employer?	None?



Large employers such as Scovill, Economics Laboratory, Illinois Bell, the Philadelphia Fire Department and Kennecott Copper have an edge on most readers. They knew the answers even before PERSPECTIVE provided them. That's because these five employers helped contribute the data.

But Kenneth Sarvis, insurance consultant to the Florida Department of Health & Rehabilitative Services, brought the facts into focus.

His report, INSURANCE COST SAVINGS DUE TO AN ADEQUATE ALCOHOLISM HEALTH BENEFIT, makes four major contentions borne out by employer data:

1. "Problem drinkers utilize a disproportionately high portion of health benefits."
2. "There is a high rehabilitation rate for problem-drinking employees."
3. "There is a significant reduction in the utilization of health and sickness benefits by rehabilitated problem drinkers."
4. "An employer can expect significant health insurance cost savings by providing employees health insurance for alcoholism."

Sarvis' data to support each of these contentions are considerable.

THE TOLL . . .

The U.S. Department of Health, Education & Welfare has issued a report on alcohol abuse. It says:

- An estimated 10 million Americans are either problem drinkers or alcoholics.
- Drinking may be to blame for as many as 205,000 deaths a year.
- The economic toll from alcohol problems was about $43 billion in 1975 (lost production, medical bills, other expenses).
- Alcohol may be involved in: up to one-third of all suicides, half of all murders, half of all traffic deaths, one-fourth of all other accidental deaths.
- Alcohol is "indisputably involved" in causing cancer.

But . . .

- Programs to treat problem drinkers and alcoholics increased from 500 in 1973 to nearly 2,400 in 1977.

CONTENTION NO. 1:

"Problem drinkers utilize a disproportionately high portion of health benefits."

Sarvis says:

"Employee health is considerably affected by problem drinking."

He cites work done by Dr. Wilton Maxwell, studying a sample of employees with sickness or injury absence of eight days or more for which sickness payment was made. Each eight-day absence is called a "case" in the following tabulation:

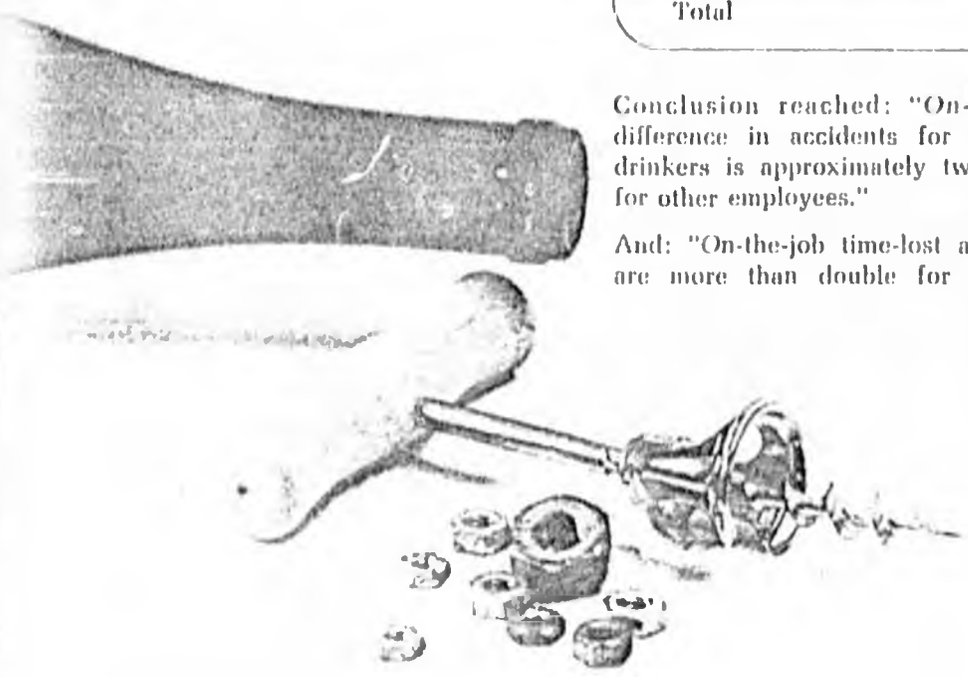
Description	Problem Group	Control Group
Number of cases	364	149
Average number of cases per employee	7.6	3.1
Total days absent	11,672	4,648
Average number of days absent per employee	243.2	96.8
Total sickness payments	$108,495	$36,862
Average sickness payment per employee	$ 2,260	$ 768

Conclusion reached: *"The average and total sickness payments indicate alcoholics cost employers three times the sickness payments of other employees."*

Moreover: "The problem group's total days absent is 2½ times that of the control group, indicating a tremendous loss in production time to the employer."

Maxwell, a PhD in sociology, also studied how frequently accidents happened to members of the two study groups:

Accident Class	Problem Group	Control Group
On job (no time lost)	29	16.0
On job (time lost)	26	11.5
Off job (eight days or more lost time)	44	0.0
Total	99	27.5



Conclusion reached: "On-the-job difference in accidents for problem drinkers is approximately twice that for other employees."

And: "On-the-job time-lost accidents are more than double for problem drinkers, indicating that the type of accident attributable to problem drinkers is more costly to the employee than other non-alcohol related accidents."

Worst of all: "*Off*-the-job accidents numbered 44 for the problem-drinking group, zero for the control group."

Overall: "The problem-drinker accident rate was 3.6 times that of other employees, a distinctive cost differential to the employer."

Maxwell explored the question of "how many hospital stays are attributable to problem drinking?" He cites the work of S. Peli and C.A. D'Alonzo in establishing frequency rates by type of illness or injury:

Selected Digestive Disorders		No. of Absences	Frequency Rate %
Gastrointestinal upsets	A	167	21.9
	C	66	7.6
Cirrhosis of liver	A	6	0.8
	C	0	0.0
Peptic ulcer	A	18	2.4
	C	13	1.5
Hernia	A	11	1.4
	C	4	0.5
Gall bladder disease	A	6	0.8
	C	7	0.8
Other digestive disorders	A	7	0.9
	C	13	1.5
Total	A	215	28.1
	C	103	11.9

A = Alcoholics C = Controls

Selected Respiratory Infections		No. of Absences	Frequency Rate %
Upper respiratory infection	A	173	22.6
	C	116	13.4
Influenza	A	71	9.3
	C	51	5.9
Bronchitis	A	35	4.6
	C	24	2.8
Pneumonia	A	15	2.0
	C	4	0.5
Total	A	294	38.5
	C	194	22.5

Selected Musculoskeletal Disorders		No. of Absences	Frequency Rate %
Arthritis	A	18	2.4
	C	5	0.6
Rheumatism	A	15	2.0
	C	7	0.8
Low back disorders, cause unspecified	A	22	2.9
	C	7	0.8
Bursitis	A	17	2.2
	C	5	0.6
Disc disorders	A	14	1.8
	C	2	0.2
Muscular strain	A	16	2.1
	C	6	0.7
Other	A	9	1.2
	C	14	1.6
Total	A	111	14.5
	C	46	5.3



Conclusion reached: *"The frequency rate of alcoholics is about three times that of other employees* for digestive and musculoskeletal disorders, and about two times that of other employees for respiratory infections," replicating other findings.

Sarvis comments: "These and similar studies indicate that problem-drinking employees are sick people who use a disproportionately high portion of employee group health insurance, contributing to high group insurance costs."

CONTENTIONS NO. 2 & 3:

"There is a high rehabilitation rate for problem-drinking employees."

"There is a significant reduction in the utilization of health & sickness benefits by rehabilitated problem drinkers."

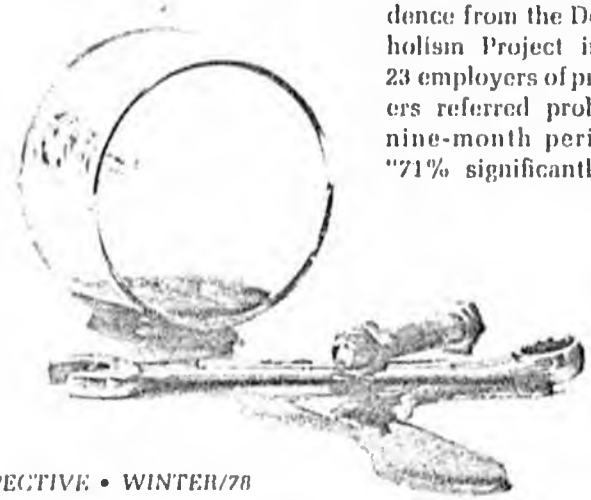
Sarvis finds "the success rate for rehabilitation of problem-drinking employees" to be "very high," indicating that "the possibility of job loss is an incentive for employees to seek rehabilitation."

He also finds that, "after problem drinkers are rehabilitated, there is a great reduction in their utilization of health and sickness benefits," thereby "significantly decreasing the cost of group health insurance."

He cites five employers who have proven track records at rehabilitating problem-drinking employees through a formal mechanism for early identification and referral:

Employer	# of Employees	"Processed"	% Rehabilitated	Savings
Scovill Mfg. Co. Waterbury, Conn.	6,500	180 in 3 years	78%	$186,550
Economics Laboratory, Inc. St. Paul, Minn.	3,500	N/I	80% for employees; 50% for dependents	Not indicated; but treatment costs were cut as much as 65% by using non-hospital facilities, such as alcoholism treatment centers.
Illinois Bell Telephone Co. Chicago, Ill.	N/I	402 in 5 years	72%	46% reduction in sickness disability and "a tremendous decrease in utilization of insurance plans."
Philadelphia Fire Department	3,410	N/I	N/I	55% decrease in sick leave for referred cases; 67% reduction in injuries; "a significant decrease in health insurance utilization."
Kennecott Copper Corp. New York City	N/I	N/I	N/I	After a year, costs for hospital, medical and surgical care were reduced 55%; alcoholics vs. other employees cost 5-to-1 for all sickness & accident activity, 3-to-1 for hospital, medical & surgical care.

N/I = not indicated



Sarvis also cites equally pointed evidence from the DePaul Industrial Alcoholism Project in Milwaukee, where 23 employers of primarily factory workers referred problem-drinking over a nine-month period. Their findings: "71% significantly improved, 46% of them reporting total abstinence and 26% 'essential' abstinence."

The consultant concludes that "*an employer can expect a high rehabilitation success rate for problem-drinking employees* — 70% is average — and a tremendous decrease in the utilization of health benefits." Savings are "maximized when an employer couples a formal mechanism for early identification and referral with appropriate health insurance coverage for alcoholism."

CONTENTION NO. 4:

"An employer can expect significant health insurance cost savings by providing employees health insurance for alcoholism."

Sarvis quotes some key numbers:

- *"5% of an employee population are problem drinkers."* (Source: National Institute on Alcohol Abuse & Alcoholism)
- *"A problem-drinking employee uses $3 in health benefits to $1 for the average employee."* (Source: Dr. Maxwell)
- "An employer can therefore estimate that *problem-drinking employees are responsible for 15% of claims paid annually*" . . . by multiplying the 5% times the 3 in the 3-to-1 ratio.
- If all problem drinkers could be rehabilitated and it could then be "assumed that alcoholism did not exist in an employee group, *the employer would pay 10% less in claims*" . . . reducing the 15% above by the difference between the numbers in the 3-to-1 ratio to arrive at the use by non-problem-drinkers.
- "It is impractical to believe that 100% of such savings could be achieved. *Some* can. If an employer provided adequate coverage for alcoholism and only 20% of problem-drinking employees were rehabilitated, *this minimal number alone could save the employer around 2% of total claims paid*" . . . multiplying the maximum 10% savings by the 20% rehabilitated.

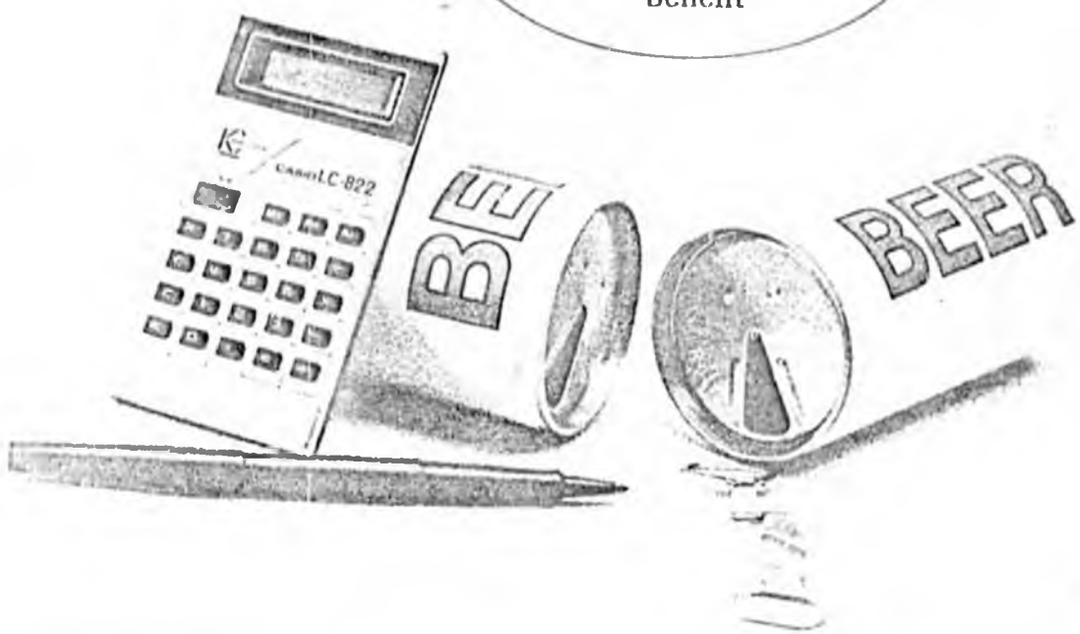
Sarvis then addresses four types of employer situations and presents evidence of savings from each.

A.
With an employee assistance program, *and* an alcoholism health benefit

B.
With an employee assistance program *but not* an alcoholism health benefit

C.
With an alcoholism health benefit, *but not* an employee assistance program

D.
With *neither* an employee assistance program *nor* an alcoholism health benefit



PROBLEM DRINKERS

Savings depend on the use of the following data:

Expected REDUCTION IN CLAIMS PAYMENTS As A Percent Of Total Claims Payments*

Problem Drinkers Referred As Percent Of Total Employee Population	Percent Increase In Total Premiums Due To Cost Of Alcoholism Benefit				
	0.5%	1.0%	1.5%	2.0%	2.5%
1.0%	1.0%	0.5%	0.1%	—	—
2.0%	2.4%	1.9%	1.4%	1.0%	0.6%
3.0%	3.7%	3.2%	2.8%	2.3%	1.9%
4.0%	5.1%	4.6%	4.2%	3.7%	3.3%
5.0%	6.5%	6.0%	5.6%	5.1%	4.7%

* Problem-drinking employees should have been rehabilitated for at least one year to achieve the expected reduction in claims payments.

Expected REDUCTION IN PREMIUMS As A Percent Of Total Premiums*

Problem Drinkers Referred As Percent Of Total Employee Population	Percent Increase In Total Premiums Due To Cost Of Alcoholism Benefit				
	0.5%	1.0%	1.5%	2.0%	2.5%
1.0%	0.8%	0.3%	—	—	—
2.0%	2.2%	1.7%	1.1%	0.6%	0.0%
3.0%	3.5%	3.0%	2.4%	1.9%	1.3%
4.0%	4.8%	4.3%	3.8%	3.3%	2.7%
5.0%	6.3%	5.8%	5.2%	4.7%	4.1%

* An actual reduction in total premiums from one year to the next could be expected only if overall insurance program costs did not increase.

Here's what the tables tell an employer with 1,000 employees whose total premium is $1,200,000 a year ($100 a month x 12 months x 1,000 employees) and whose total claims payment is $1,080,000 — a 90% claims ratio (claims as a percentage of total premium):

If PROBLEM-DRINKING EMPLOYEES were referred at the rate of:	If the ALCOHOLISM BENEFIT increased total annual insurance premiums by:	These decreases would occur in		For net savings of				
		CLAIMS PAYMENTS	PREMIUMS PAID	CLAIMS PAYMENTS		PREMIUMS PAID		TOTAL
				%	Dollars	%	Dollars	Dollars
2% a year	1%	1.9%	1.7%	.9%	$ 9,720	.7%	$ 8,400	$18,120
5% a year	2.5%	4.7%	4.1%	2.2%	$23,760	1.6%	$19,200	$42,960

The two tables also alert employees to these facts:

Employer "A"—with both referral program and benefit -- can determine the percent of problem drinkers who need to be referred vs. the cost of the alcoholism benefit to reach the cost savings he desires.

Employer "B" can determine what it will cost to add an alcoholism health benefit in order to achieve desired insurance cost savings.

Employer "C" can determine how the cost of establishing an employee assistance program in order to increase problem-drinking referrals would net out insurance cost savings.

Employer "D" can determine the cost of both referral program and benefit to produce desired insurance cost savings. ■

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OFFICE OF ALCOHOLISM

OCCUPATIONAL PROGRAMMING: A GUIDE TO HEALTH INSURANCE COVERAGE FOR ALCOHOLISM

by

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I. INTRODUCTION

Over the past decade the work environment has become an effective setting for identification of the problem drinker. The nature of the working environment which involves frequent contact with supervision and others facilitates recognition of behavioral changes and impaired performance. Because of this and recognition of the costs associated with impaired work performance there has been substantial development and growth of formal occupational programs geared to identify problem drinking employees and to motivate them to receive treatment. Certain of such programs also handle clients with behavioral, financial, and mental problems among others. Occupational programs usually involve several different functions including supervisory training, employee counseling and follow-up services.

The emphasis on and growth in occupational programming has spawned the development of several different professional work arenas. The first of these is the occupational program director who is usually company based and is charged with all facets of management and administration of the program. The second is the occupational programming consultant (OPC). OPC's were originally established by Federal government grants to the various states. Through these grants the states were able to hire two professionals whose function was to aid companies in the development and operation of occupational programs. Although the original grants establishing state-based OPC's have now expired, many of the states are continuing these positions and in fact, there is now a growing number of people in both public and private sectors who function in this work arena.

Occupational programs are not islands of activity, rather they are a part of a process which involves identification, counseling, referral, treatment and follow-up. As a client moves from initial identification and referral to the treatment phase, other important aspects of this process come into play. First, the treatment sequence itself may be variable from client to client. For some persons a period of inpatient care followed by intensive outpatient care may be necessary. For others, only outpatient care may be necessary and desirable. For still others an intermediate or transitional type of care is dictated. Second, the provision of care, whether of an inpatient, outpatient or intermediate basis, involves costs. Certain of these costs are borne by the client or possibly the provider. In many instances costs of care are borne by a third party, such as private health insurance. In this instance, the client and/or his company have made premium payments to an insurance carrier, who in turn pays all or part of the costs of care. Health insurance coverage for alcoholism is not as common as insurance coverage for physical disease and is frequently subject to limitations and exclusions. Because of the nature of his work the OPC is in a unique position to advise companies who have (or who do not have) occupational programs on the most effective forms of insurance coverage. Historically, little information on this subject has been available to OPC's or indeed other alcoholism professionals. Thus it is the purpose of this paper to provide guidance to persons in occupational programming and related areas who have an interest in the nature and extent of health insurance coverage for alcoholism for business and industry.

This guide is presented in three additional sections. Section II describes employee benefit plans and health insurance coverage for alcoholism. Section III

identifies the major factors in health insurance coverage for alcoholism. Finally, Section IV presents several alternative strategies which OPC's may wish to consider in providing guidance in the development of health insurance coverage for alcoholism.

II. EMPLOYEE HEALTH BENEFIT PLANS AND HEALTH INSURANCE COVERAGE FOR ALCOHOLISM

A. Background

An employee health benefit plan is any type of health care plan sponsored (in whole or part) by an employer on behalf of its employees to provide benefits to meet health care expenses associated with injury or illness. Such plans may cover hospital, surgical and regular and major medical expenses. Hospital insurance covers the cost of charges for hospital room and board and associated auxillary services. Surgical and regular medical insurance provides for reimbursement of surgical fees and for the medical expense of physician services other than surgery. Major medical expense insurance is designed to pay the majority of illness costs not covered by the basic insurance package and in fact may replace the basic package.

There are three major types of companies which provide insurance in the United States. These include commercial carriers, service plans and independent plans. Commercial carriers usually involve life and casualty insurance companies who do not limit their activities only to the health area. Service plans usually imply Blue Cross/Blue Shield, which is actually a confederation of two private nonprofit organizations. Blue Cross is concerned with hospital and other related services, and Blue Shield with professional services. These organizations operate in consort with one another through independent area plans; frequently an area will cover an entire state. Independent plans are a conglomerate of employer-employee plans, community plans, private group clinics and dental service corporations. Actual payment of health care claims varies from carrier to carrier. Some reimburse the employee directly according to a fixed schedule,

and others reimburse the provider. Currently commercial carriers underwrite about 55 percent of all hospital and surgical care for the total U.S. population enrolled in a health insurance plan. Blue Cross/Blue Shield covers about 40 percent and independent plans about 5 percent. Commercial carriers account for about 70 percent of all major medical enrollees, and Blue Cross/Blue Shield accounts for about 30 percent.[1]

Over the past 25 years employee health benefit plans have increased dramatically in the United States. The number of employees with hosptial insurance rose from 24.5 million in 1950 to about 58 million in 1974. In similar fashion, surgical expense insurance went from about 18 million employees to 56 million employees during the same period of time. Perhaps even more dramatic has been the rise in major medical insurance. Though there were only some 200,000 workers covered in 1952, by 1974 coverage was being provided to about 28 million workers.[2]

Table 1 shows the percentage of all employees (public and private) covered by health insurance plans. Currently about 70 percent of the employee population has some form of hospital insurance, with nearly the same proportion of insurance having surgical and regular medical expense benefits. About one-third of the population has major medical expense benefits.

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[1] M. Mueller and P. A. Piro, "Private Health Insurance in 1974: A Review of Coverage, Enrollment and Financial Experience," Social Security Bulletin (March 1976), pp. 3-20.

[2] Ibid.

Table 1

Percent Distribution of the U. S. Worker Population Covered by Various Forms of Health Insurance

Type of Health Benefit Plan	Percent of Total U. S. Worker Population Covered
Hospital	70
Surgical & Regular Medical Expense	67
Major Medical	34

Source: A. M. Skolnik, "Twenty Five Years of Employee Benefit Plans," Social Security Bulletin, XXXIX, No. 91 (September 1976), p. 6.

B. The Historical Development of Health Insurance Coverage for Alcoholism

While public and private activities in health insurance can be traced back to the 1930's, only in recent years has coverage for mental health in general and alcoholism in particular been included. Much of the early interest in health insurance coverage for alcoholism can be traced to 1968 when the National Center for Prevention and Control of Alcoholism initiated a study to examine beneficiary experiences and coverage provided by certain carriers.[3] Following that report the Center embarked on a series of informal meetings with carriers and other interested organizations and in 1972 (as

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[3] N. Rosenburg, "Survey of Health Insurance for Alcoholism: Inpatient Coverage," National Center for Prevention and Control of Alcoholism, Washington, D.C., National Institute of Mental Health, 1968.

NIAAA) sponsored a state-of-the-art review of health insurance coverage for alcoholism offered by private and public insurance carriers.[4] This study found: (1) such coverage was often excluded from regular health insurance policies or available only in limited form; (2) public and private insurance carriers lagged considerably behind expressed needs for such coverage; (3) among carriers with alcoholism treatment benefits, coverage was often restricted to inpatient hospital care rather than less expensive forms of treatment; (4) the cost of alcoholism care, although poorly known at the time, was frequently used as an argument against underwriting such benefits; and (5) while the insurance industry frequently applied sanctions against claims for alcoholism treatment per se it appeared to condone the use of proxy diagnoses used as a cover for alcoholism treatment.

In 1973 a number of other studies were initiated which expanded the scope of knowledge concerning health insurance coverage for alcoholism. A report published that same year examined provider experiences in health insurance coverage for alcoholism, insurance coverage for alcoholism among a small sample of employee benefit plans provided by large United States corporations, and legislative proposals for national health insurance.[5] The survey of providers of alcoholism treatment revealed that carrier response to inpatient claims was highly variable--only in rare instances were outpatient claims reimbursed. The study also noted that the use of

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[4] J. B. Hallan, "Health Insurance Coverage for Alcoholism," Report prepared for the National Institute on Alcohol Abuse and Alcoholism, 1972.

[5] J. B. Hallan, "Health Insurance Coverage for Alcoholism: Proposed Benefit Provisions," Report prepared for the National Institute on Alcohol Abuse and Alcoholism, 1973.

proxy diagnoses in the billing of insurance claims for alcoholism treatment was a common practice. The survey of 21 large corporations (employee size 2,400 to 70,000) revealed that only one corporation did not provide any type of alcoholism coverage for employees. About 40 percent of the companies provided for outpatient visits and nearly all provided coverage for inpatient care. Of those companies studied about 14 percent were self-insured, 38 percent were insured by Blue Cross/Blue Shield and the remainder by other carriers. The survey was significant inasmuch as it revealed in a preliminary sense the general existence of some form of third party payment mechanism for alcoholism treatment among employee benefit plans of major industries. Finally, a study was made of legislative proposals for national health insurance which were introduced during the period January through May in 1973. Among those proposed only one appeared to provide adequate coverage for alcoholism.

During 1972-1973 the problems associated with inadequate insurance coverage for alcoholism began to come to the attention of state legislators. By early 1974 four states had passed legislation which mandated or defined the nature of alcoholism treatment coverage which carriers must provide in policies offered within those states.[6] Since that time state legislative activities in this area have increased dramatically (see Section III).

In addition to state legislative activities during this period certain health insurance carriers began to make significant moves toward assuring health insurance coverage for alcoholism for their beneficiaries. In 1972, The Prudential Insurance Company began to honor claims for treatment in

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[6]J. B. Hallan, "Health Insurance for Alcoholism: State Legislative and Regulatory Activities," Report prepared for the National Institute on Alcohol Abuse and Alcoholism, 1974.

facilities other than the usually identifiable and accredited surgical, medical and diagnostic facilities. In mid-1973, Kemper Insurance Company broadened its group accident and health insurance coverage to provide for inpatient and outpatient treatment of alcoholism in hospitals and state licensed alcoholism treatment facilites. Similar coverage began to be provided by Employers of Wausau in 1974. Finally, in 1974 the Hartford Insurance Group indicated that alcoholism would be covered on the same basis as any other disease in its group policies, and that it would approve claims from alcoholism treatment facilities.[7]

In 1973, a model health insurance benefit plan for alcoholism treatment was developed for the NIAAA to reflect current treatment regimens and a need for alternatives for inpatient care.[8] These model provisions are currently undergoing study and experimentation. For example, the State of California in 1974 implemented a variation of the model benefit plan in a pilot program for State and public employees.

More recent activities concerning health insurance coverage for alcoholism have focused on (a) the development of standards for alcoholism treatment services; (b) development of standards leading toward certification of non-degreed professional treatment staff; (c) the development of several for-profit alcoholism treatment programs which are oriented to maximize third party payments; (d) training programs in third party mechanisms for NIAAA funded centers; and (e) experimental programs with

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[7] J. B. Hallan and B. Montague, "Health Insurance Coverage for Alcoholism," Paper prepared for the 1975 Annual Meeting of the National Council on Alcoholism, 1975.

[8] J. B. Hallan, "Health Insurance Coverage for Alcoholism: Proposed Benefit Provisions," Report prepared for the National Institute on Alcohol Abuse and Alcoholism, 1973.

selected insurance carriers and health maintenance organizations.[9]

In summary, although there appear to have been some advances in providing or assuring health insurance benefits for alcoholism treatment, such benefits continue to be highly limited and frequently unavailable. Occupational programming personnel should be aware that a number of relevant issues are yet to be resolved, including: (1) the extent to which health insurance benefits actually underwrite costs of treatment of alcoholism; (2) the impact of availability of health insurance for alcoholism on demand for treatment services; (3) the effectiveness and efficiency of alternative forms of health insurance; and (4) the potential impact of health insurance coverage for alcoholism on demands for other health services.

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[9] J. B. Hallan and B. Montague, "Health Insurance Coverage for Alcoholism," Paper prepared for the 1975 Annual Meeting of the National Council on Alcoholism, 1975.

III. MAJOR FACTORS IN DEVELOPING HEALTH INSURANCE COVERAGE FOR ALCOHOLISM

A. Introduction

This section shall identify and describe those elements of health insurance of importance to occupational programming personnel who have responsibility for, or interest in, the development of private health insurance coverage for alcoholism. Areas to be covered include: (1) a description of the carrier industry, and (2) health insurance premiums and coverage for alcoholism.

B. The Health Insurance Industry

1. Nature and Extent of the Health Insurance Industry

All health insurance companies vendor a similar product, i.e., a mechanism (insurance) which reduces for any one individual financial risk associated with illness or injury through a pooling of the population at risk. Such insurance involves an agreement (contract, policy, certificate) for a specified period of time between the insurance company (carrier) which stipulates the parties involved, the events (sickness, injury) which may produce a loss and the monetary charge (premium) imposed by the carrier on the insured for participation in the insurance program.

The health insurance industry in the United States today is a major business enterprise. Currently some 78 percent of the civilian population (163 million) has some form of private health insurance coverage and as indicated before about three-fourths of the worker population has hospital or surgical expense insurance. In their most recent

report on the private health insurance industry, the Social Security Administration states that total revenues derived from premiums for Blue Cross/Blue Shield and commercial carriers were $12.4 billion and $13.9 billion respectively; independent plans accounted for only about $2.2 billion.[10] Currently about 58 million workers in the U.S. are covered by some form of health insurance benefits -- the most popular form of such coverage being hospitalization insurance. A list of major health insurance carriers operating in the U.S. today and their estimated group enrollments for hospitalization insurance is shown in Table 2.

Table 2

Major United States Health Insurance Carriers and Hospitalization Insurance

Insurance Company	Number of Employees Covered for Hospitalization in U.S. (in millions)
Blue Cross	25.3
Aetna	2.0
Connecticut General	1.1
Equitable Life Assurance	1.2
Metropolitan	1.7
Prudential	1.1
Travelers	3.2
Occidental Life	0.6
Provident Life	0.6

Source: 1) A.M. Skolnik, "Twenty Five Years of Employee Benefit Plans," Social Security Bulletin, XXXIX, No. 91 (Sept. 1976) pp. 3-10.
2) EBPR Research Reports: Carrier Enrollments. Chicago: Charles Spencer and Assoc., 1975 and 1976.

As can be seen, Blue Cross accounts for considerably more enrollees than do other individual carriers. Collectively, however, all non-Blue Cross companies (including many not shown in the above table) provide benefits for slightly more than half of all employees with hospitalization insurance.

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[10] M. Mueller and P. A. Piro, "Private Health Insurance in 1974: A Review of Coverage, Enrollment and Financial Experience," Social Security Bulletin (March 1976), pp. 3-20.

2. Health Insurance Company Income

Health insurance carriers derive revenues through underwriting, rate making, marketing and sale of insurance contracts. Underwriting is a process which involves the selection, classification and rating of risks. The purpose of underwriting is to determine the probability of loss (or the level of risk to the carrier) and if the group to be insured has a similar possibility of loss as the universe of groups on which carrier charges (premiums) are based. Carriers thus aggregate their insured population into groups which have similar expectations of loss. Rate making involves the determination of premiums for the various classifications of groups.

Marketing of health insurance in many ways is similar in nature to those processes used in the vendoring of ordinary products such as hardware or liquor. First, while many insurance carriers use traditional advertising media (newspapers, television, magazines) to deseribe their "wares," other carriers conduct their sale operations by direct mail. Second, health insurance carriers frequently employ or contract with salaried representatives, agents, or brokers who sell insurance policies or contracts to individuals or groups. Commercial carriers utilize agents or brokers, while Blue Cross/Blue Shield uses salaried representatives. Third, health insurance is generally sold as a package or individualized program. The package sale involves the vendoring of an established or fixed set of benefits, while the program sale is a set of benefits specifically tailored to the needs of the client.

C. Health Insurance Premiums

A health insurance premium is the amount of money collected by a carrier in exchange for a promise to the insured that certain payments will be made to the insured or the health care provider if the insured incurs health care expenses. Premiums (usually payable annually or some division thereof) are determined in advance of the period actually covered. Thus the derivation of a premium by a carrier involves the use of historical data and expected future trends for the population group covered. Premiums usually consist of two components -- the first of which is "pure" premium, i.e., the anticipated amount of benefits to be paid to beneficiaries. Thus the pure premium can be attributed to the product of the claim frequency rate (probability of loss) and the average claim rate (average severity of claims expensed in dollars). The second component is a "loading" factor or indirect cost which covers a variety of administrative expenses, taxes, contingencies, etc. In general, actual computations (rate making) of a premium for a group such as an industry or business will depend on a variety of factors including size of the group, population make-up (age, sex), nature of work activity, etc. These factors are then compared with historical data concerning utilization and cost experience for hospital, surgical and major medical benefits. Thus the annual premiums for a given group is estimated by approximating the collective costs associated with health care utilization for similar groups.

Premiums associated with health insurance coverage for alcoholism are poorly known. Some carriers in adding alcoholism treatment benefits to an existing policy will charge an additional premium for such coverage. Other carriers will add these benefits at no additional charge. For example,

Capital Blue Cross and Blue Shield of Maryland made available benefits for care in special alcoholism treatment facilities at no additional charge. While little, however, is known about the actual mechanics employed by carriers in estimating premiums for this condition, there is a major constraint associated with this process, i.e., the lack of accurate data (for a given population) on not only the prevalence of the disease, but also the number of people who seek treatment. Interestingly, the widespread use of proxy diagnoses for treatment of alcoholism and acceptance thereof by the various carriers impedes their ability to adequately project the extent of the problem. Further, because of the continuing social stigma surrounding alcoholism, many individuals are highly reluctant to even file insurance claims.

Some indication of recent premiums for the cost of adding alcoholism treatment benefits has been documented in the Pilot Program to provide health insurance coverage for alcoholism to California state and public employees. The program, which is described in Section III-E of this report, employed a number of carriers, four of which provided coverage to over 90 percent of all the state employee subscribers. Though the Pilot Program agreed to cover costs of alcoholism treatment for this population, reimbursement by the Program to the carriers for provider costs was initially based on premium estimates derived by the carriers. These premium estimates, which are shown in Table 3, are actually additions to the premiums required for the regular policy or plan purchased by the subscriber. As can be seen, there is substantial variation between the prepaid group practice plan premium (35¢ per member) and the service and commercial plans (about 10¢-13¢ per member).

Table 3

Premiums Required By Carriers for the California Pilot Program

Carrier	Premiums (monthly)
California Western Occidental Life	$0.35 per member
Blue Cross/Blue Shield	0.35 per member
Kaiser-North	0.10 per member 0.20 per member and one dependent 0.30 per member and two or more dependent
Kaiser-South	0.13 per member 0.26 per member and one dependent 0.30 per member and two or more dependent

Source: "Alcoholism Care Utilization and Costs - California Pilot Health Insurance Coverage for Alcoholism," H-2, Inc., Raleigh, N.C., November 1975.

Analysis of two years of experimental data from the Pilot Program concerning utilization and costs revealed that the actual premiums should have been about 33¢ per month per subscriber. A rate of this magnitude should be viewed with caution, however, for (1) utilization over the two year period was low, i.e., 760 persons out of a worker population of about 141,000 and (2) alcoholism is treated under an alcoholism diagnosis as opposed to a cover or proxy diagnosis health care costs do not increase. Information is available from other carriers concerning premiums and their derivation. Note, however, that in recent years both Capital Blue Cross of Pennsylvania and Blue Cross of Maryland have introduced contracts (policies) with provisions for alcoholism care which have not involved premium increases. Finally, certain commercial carriers, such as Prudential and Hartford, who are offering insurance benefits for alcoholism allude to the possibility of premium increases for such coverage.

D. Management and Labor

Corporate management has a responsibility to provide for the design,

development and operation of employee benefit plans. As such, they are responsible for: (1) determining the nature and extent (structure) of health insurance benefits; (2) determining the insurance carrier who will provide the health insurance plan; and (3) obtaining the widest range of benefits at minimum cost. Health insurance may be provided without cost to the employee as a part of his fringe benefit package - more frequently, however, there is a monthly premium cost to the employee which represents a share of the total cost based on a scale derived by management. The nature and location of administration of the health insurance plan varies substantially from company to company. Not infrequently the plan is administered by the corporate office which oversees personnel and related activities.

In those companies which employ organized labor, unions have become an important force in determining health insurance benefits for their members. In recent years unions have become increasingly cognizant about the nature and extent of mental health problems in general and alcoholism in particular. Among the more notable efforts to date have been those of the United Auto Workers and the United Mine Workers. The United Mine Workers (which is self-insured) has for years provided for the inpatient and outpatient treatment of alcoholism. The United Auto Workers recently negotiated a comprehensive benefit package for their members which provides for treatment of substance abuse. In addition, the Teamsters Union recently indicated that alcoholism coverage would be a <u>necessary</u> bargaining item. Given that such coverage may well become a collective bargaining point over the next several years by major labor unions, occupational programming personnel are in a unique position to provide information and counsel to labor and management on this important insurance issue.

E. Benefit Structure

As indicated earlier, though the current status of health insurance coverage for alcoholism in the United States leaves much to be desired, there are encouraging trends as evidenced by actions of public agencies, state legislatures, insurance carriers and purchasers. Continued development of health insurance coverage for alcoholism must take into account the growing use of effective non-traditional forms of care, such as intermediate care facilities, recovery home care and outpatient care as opposed to the more expensive and traditional inpatient care. Accordingly, this section will focus on: health insurance benefit structures in use; a model insurance benefit plan; the impact of state legislation on benefit plans; and accreditation and licensing as they affect benefit plans.

1. Benefit Plans Used in Industry with Occupational Programs

Benefit plans for alcoholism treatment differ by virtue of their nature (inpatient, outpatient, other care, etc.) and extent (i.e., the limits of care in terms of hospital inpatient days, dollar benefits, etc.). Unfortunately, specific benefits for alcoholism treatment available to worker populations through employee benefit plans are imperfectly known. There are available several references which describe in varying detail benefit plans which can be purchased from various insurance carriers.[11, 12] These references provide a general indication of the availability of coverage for alcoholism treatment.

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[11] Time Saver for Health Insurance, Cincinnati, Ohio: The National Underwriters Company.

[12] EBPR Research Reports, Charles Spencer and Associates, Inc., Chicago, Ill.

The Bureau of Labor Statistics* periodically publishes a digest of health and insurance plans available to employees of large corporations.[13] This source indicates the availability of psychiatric or mental health care coverage but does not mention alcoholism.

To provide more specific information of use to occupational programming personnel on existing benefit plans a survey was conducted of 31 large scale companies (average employee population = 34,000) which had ongoing occupational programs. These companies, which are scattered throughout the United States, were selected for survey in a systematic manner from the master list of programs currently on file with the Association of Labor-Management Consultants on Alcoholism (ALMACA). A composite picture of the nature of health insurance benefits for alcoholism treatment provided to the employee population by the surveyed industries is presented in Table 4. As shown, 30 of the 31 companies made specific provisions for inpatient care. About three-fourths of the companies provided special treatment center benefits (i.e., care in an alcoholism treatment center), while only one-half of the companies covered outpatient care costs. Two firms cover the cost of care in an intermediate care facility such as a halfway house. Only one company provides no benefits for alcoholism treatment of any kind.

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[13] U.S. Bureau of Labor Statistics.

*In addition, the U. S. Department of Labor is required to keep on file details of welfare and pension plans (including health insurance) under the Welfare and Pension Plan Disclosure Act. Many of the plans on file are unfortunately out of date.

Table 4

Composite of Alcoholism Treatment Benefits Provided to Employees of 31 Large United States Companies

Type of Alcoholism Treatment	Number of Companies	Percent
Inpatient Care	30	97%
Special Treatment Center	23	74%
Outpatient Care	15	50%
Halfway House	2	7%
No Care Provided	1	3%

Source: Data from a survey of 31 employee benefit plans.

Tables 5 through 11 provide an indication of the extent of benefits available for each of the care forms usually available in insurance policies, i.e., inpatient hospital care, alcoholism treatment center care, and outpatient care. The distribution of annual inpatient days provided for alcoholism care by the companies surveyed is shown in Table 5. About 60 percent of the companies provided for about 60 annual inpatient days or less, 35 percent provided greater than 60 days; five companies provided unlimited inpatient days. One company, which does provide for inpatient care of alcoholism treatment, has a benefit structure whose exact limits are unclear.

Table 5

Distribution of Number of Annual Hospital Inpatient Days for Alcoholism Treatment Covered by Health Insurance

Days of Inpatient Care (Range)	Number of Firms	Percent
7 - 30	9	29%
31 - 60	9	29%
61 - 120	2	6%
121 - 365	4	13%
Unlimited	5	16%
Not Clear	1	3%
Not Covered	1	3%

Source: Data from a survey of 31 employee benefit plans.

Reimbursable hospital daily board and room charges for alcoholism treatment are shown in Table 6. About 40 percent of the companies will reimburse at a rate of not to exceed the prevailing semi-private room and board charges. Health insurance coverage for two companies is reimbursed at fixed daily rates of $72 and $85 respectively, while only one company provided for full coverage. Responses from ten companies which cover inpatient care were not sufficiently explicit to characterize reimbursable costs.

Table 6

Distribution of Maximum Allowable Hospital Inpatient Daily Rates for Alcoholism Treatment

Maximum Allowable Rate	No. of Benefit Plans	Percent
$72.00	1	3%
$85.00	1	3%
Prevailing Semi-Private	12	39%
Full Cost	1	3%
Covered but Not Clear	10	32%
No Response	6	19%

Source: Data from a survey of 31 employee benefit plans.

The distribution of alcoholism treatment center benefits is shown in Table 7. Eight of the companies do not provide such coverage while eighteen provide for care ranging from 7 - 120 days. About 10 percent of the companies place no annual limits on this form of care. The provisions for reimbursable daily costs for care at a treatment center differ from hospital inpatient care provisions (see Table 8). About 35 percent provide for full reimbursement of room and board charges, while only one of the companies provides for reimbursement of the prevailing semi-private room and board rate. Two companies reimburse at

daily flat rates of $72.00 and $85.00 respectively. Alcoholism treatment benefits also differ from other benefits in that about one-third of the health insurance plans surveyed required that the carrier actually approve the alcoholism treatment facility before care could be initiated.

Table 7

Distribution of Annual Number of Alcoholism Treatment Center Days

Days of Care	Number of Benefit Plans	Percent
Not Covered	8	26%
7 - 30	7	23%
31 - 60	10	32%
61 - 120	1	3%
121 - 365	2	7%
No Limit	3	10%

Source: Data from a survey of 31 employee benefit plans.

Table 8

Distribution of Maximum Allowable Alcoholism Treatment Center Daily Rates

Maximum Allowable Rate	Number of Benefit Plans	Percent
$72.00	1	3%
$85.00	1	3%
Prevailing Semi-Private	1	3%
Full Cost	11	36%
Covered but Not Clear	6	19%
Not Covered	8	26%
No Response	3	10%

Source: Data from a survey of 31 employee benefit plans.

Outpatient care benefits are shown in Table 9. Nearly one-half of the firms do not provide for outpatient care of any type. Three companies provide for a specified number of annual outpatient visits (ranging from 12 - 35 visits per year) and seven place no limits on

the number of annual outpatient visits. Note that five firms specifically covered outpatient alcoholism treatment but the extent of such care could not be ascertained from their responses.

Table 9

Distribution of Annual Outpatient Visits for Alcoholism Treatment

Number of Visits	Number of Benefit Plans	Percent
Not Covered	15	48%
12	1	3%
35	2	6%
No Limit	7	23%
Covered but Not Clear	5	16%
No Response	1	3%

Source: Data from a survey of 31 employee benefit plans.

Finally, the extent to which individual, family and group therapy are covered by the various companies is displayed in Table 10. Over one-half of the firms provide for individual or group therapy, and about one-third provide for therapy of the family. Allowable annual visits for these forms of therapy are presented in Table 11. Unlimited visitation is provided by about 30 percent of the employee benefit plans which cover individual therapy, with about 25 percent of the companies providing unlimited benefits for group and family therapy. About 10 percent specify a fixed number of visits (i.e., 35 or 40) for all types of therapy. In some instances actual benefits, though available to employees, could not be interpreted from the replies of the survey respondents.

Table 10

Distribution of Individual, Group and Family Therapy Benefits for Alcoholism Treatment

Nature of Care	Number of Firms	Percent
Individual Therapy	19	61%
Family Therapy	10	33%
Group Therapy	17	53%

Source: Data from a survey of 31 employee benefit plans.

Table 11

Distribution of Annual Maximum Allowable Visits for Individual, Group and Family Therapy

Number of Annual Visits	Individual Therapy		Group Therapy		Family Therapy	
	No.	%	No.	%	No.	%
Not Covered	12	39%	14	45%	20	64%
35	2	6%	2	6%	2	6%
40	1	3%	1	3%	1	3%
No Limit	10	32%	8	26%	7	23%
Covered but Not Clear	6	19%	6	19%	1	3%

Source: Data from a survey of 31 employee benefit plans.

To summarize the findings of the survey, it must first be pointed out that the survey sample (N=31) is quite small in comparison to the number of functioning occupational programs in the United States, which may be as high as 1,200. Second, the mere existence of a benefit structure capable of effectively covering alcoholism treatment costs in no way assures that such benefits are in fact utilized, nor does it provide an indication of the extent to which total alcohol treatment costs are being met by insurance benefit payments. The survey findings do, however, indicate that benefit plans are surprisingly liberal, i.e., adequate inpatient care and, importantly, a high

proportion of plans with coverage for less expensive forms of care. Further, the extent of benefits available in each of the care forms is favorable for treatment of alcoholism, i.e., about one-fourth of the plans place no limits on outpatient care benefits while about one-third cover the entire cost of care in an alcoholism treatment center. Importantly, the findings indicate that the health insurance industry is capable of responding to occupational program needs by providing broadly based health insurance plans.

2. The California Pilot Program Benefit Plan

Another benefit plan of interest is that employed by the State of California during their Pilot Program to determine the feasibility of providing health insurance coverage for alcoholism for state civil service workers and certain other public workers in the State of California. This two year program involved four indemnity (commercial) carriers, four prepaid group practices, two statewide service carriers and one individual practice plan. The majority of coverage, however, was provided by three organizations: Blue Cross/Blue Shield, California Western Occidental (Cal-West), and Kaiser Foundation Group Health Plan (North and South Plan).

The benefit plan employed by the State of California was similar across all carriers and included the following types of care:

a. Inpatient Care: (hospital or other medical or non-medical facility licensed by the state)

Acute: 6 days of detoxification services/year

Intermediate: 21 days of treatment/year

b. Day or Night Controlled Residential Care: (recovery home licensed by the state)

30 days of care/year

c. Outpatient Care:

up to 45 visits per year to be provided by a:

- licensed physician
- licensed counselor
- licensed clinical social worker
- licensed psychologist
- paraprofessional (working under the supervision of a licensed professional)

While utilization of benefits was low during the first year of the program, the rate of inpatient admissions and outpatient visits during the second year of operation increased dramatically. Recovery home use during the entire two year period was quite low, possibly because it was a care form unfamiliar to both carriers and practitioners. Evaluation of the plan to date indicates that the benefit structure is a feasible means of meeting the needs for third party payments for alcoholism treatment costs, and that it is capable of being implemented by different types of carriers, i.e., health maintenance organizations, non-profit service plans, and profit-making commercial carriers. Following the pilot test, the prepaid HMO (Kaiser) decided and obtained permission to continue essentially the same benefit package at only a small increase in premiums.[14]

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[14] For further information on the California Pilot Program see (1) "Historical Development of the California Pilot Program to Provide Health Insurance Coverage for Alcoholism," H-2, Inc., Raleigh, N.C., November 1975; (2) "Alcoholism Care Utilization and Costs - California Pilot Health Insurance Program - First Twelve Months," H-2, Inc., March 1976; and (3) "Longitudinal Study of Alcoholic Patients and Their Families," H-2, Inc., Raleigh, N.C., January 1977.

3. Model Benefit Plan

Several years ago the NIAAA sponsored the development of a model benefit plan which de-emphasized the traditional and costly forms of care used in alcoholism treatment.[15] The purpose of that plan was to serve as a resource which can be utilized to develop a health insurance policy or to enhance provisions of existing policies. This plan defined and described treatment settings (inpatient, outpatient, transitional care) treatment locations (facility or service settings) and treatment attributes (form or nature of service provided, i.e., detoxification, psychotherapy, etc.). Minimum benefit provisions defined in the plan are as follows:

a. Inpatient Care: (licensed treatment facility)
   14 days in any benefit period

b. Intermediate Care: (licensed day or night hospital)
   30 days of care in any benefit period

c. Outpatient Care: (licensed treatment facility)
   45 outpatient visits during a benefit period

The benefit period specified in the Plan was 12 calendar months. It was suggested that additional care beyond the maximum specified could be sanctioned providing that a special group (called a Facility Audit Committee) reviewed the case and found the patient suitable for continued treatment.

Over time the model benefit plan has proven to be a useful resource. For example, it served as a basis for development of the

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[15] J. B. Hallan, "Health Insurance Coverage for Alcoholism: Proposed Benefit Provisions," Report prepared for the National Institute on Alcohol Abuse and Alcoholism, 1973.

benefit plan used in the California Pilot Program (see above) and has received wide distribution to public and private agencies, insurance regulators and insurance carriers. The model plan is not an end in itself, but can provide benchmark benefit provisions in the development of an insurance program.

4. State Legislation and Health Insurance Coverage for Alcoholism

As was mentioned earlier a number of states have taken or are considering legislative actions to either mandate or define insurance coverage for alcoholism. There has been a rapid growth in state legislative activity since 1974, with 24 states considering some form of action between January 1975 and March 1976. Cu ently, legislation has passed in 16 states and is pending in an additional 13 states. Such legislation either outright mandates the nature and extent of coverage for alcoholism or defines that such coverage is an option which must be provided by the carrier.

Table 12 provides some details of legislation which has been enacted by the states. Note that while 11 of the 16 states cover inpatient care, only 7 provide for outpatient care. There is also a considerable range of benefits specified by the legislation enacted by the states. Inpatient care limits range from a low of 10 days per benefit period (usually a year) to some 70 days. Regretably, most states which have enacted such legislation cover only group contracts. Finally, eight of the states with legislation have determined that alcoholism treatment benefits will actually be mandatory; the remaining eight states merely require that insurance carriers offer the benefits to potential purchasers.

Table 12

Summary of Health Insurance Coverage for Alcoholism Treatment in Existing State Legislation

Description		No. of States
(1)	States with enacted legislation	16
	(Colorado, Connecticut, Hawaii, Illinois, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, North Dakota, Oregon, South Dakota, Tennessee, Washington, and Wisconsin)	
(2)	States which specifically cover inpatient care	11
	(Colorado, Connecticut, Hawaii, Louisiana, Massachusetts, Minnesota, Nevada, North Dakota, Oregon, South Dakota, and Wisconsin)	
(3)	States which specifically cover outpatient care	7
	(Colorado, Hawaii, Massachusetts, Minnesota, Nevada, Oregon, and Wisconsin)	
(4)	States which specifically cover other forms of care	2
	(Wisconsin and North Dakota)	
(5)	States which specify that benefits shall be the same as those for other conditions	2
	(Hawaii and Mississippi)	
(6)	Range of inpatient benefits:	
	(a) Days of care	10-70 days/benefit period
	(b) $ benefits	$500-$1000/benefit period Oregon = $2500 max/36 months
(7)	States covering:	
	(a) Group contracts	16
	(b) Individual contracts	1
(8)	States with mandatory alcoholism treatment benefits	8
(9)	States with optional alcoholism treatment benefits	7

Several aspects of this legislation should be of interest and/or concern to occupational programming personnel. First, it is apparent that legislatively mandated or defined health insurance coverage for alcoholism is becoming popular among the various states. Legislative trends to date suggest that a large majority of the states will enact or consider such legislation in the near future. Second, legislators who are interested or engaged in development of this type of legislation frequently have poor information upon which to base legislative proposals. Currently, there is no single source of information nor uniform legislation upon which to base their legislative proposals. Third, passed and pending bills may be characterized by their lack of uniformity—a situation which may complicate the operations of interstate carriers. Fourth, among those states with enacted legislation there now exists a minimum level of coverage which must be provided to beneficiaries regardless of the insurance vendor. Fifth, not all legislation mandates insurance coverage for alcoholism. Frequently, such legislation merely encourages carriers to promote the development of such coverage. Sixth, state experiences in developing and enforcing mandated health insurance coverage for alcoholism treatment may provide insights useful in the foundations of national health insurance. Finally, occupational programming personnel are in a unique position to advise legislators about deficiencies in coverage provided by carriers operating in their respective states and to provide them with information useful in the development and formulation of legislation.

5. Accreditation and Licensing

A major concern of health insurance carriers in the development of health insurance coverage for alcoholism treatment has been accreditation of treatment facilities and certification of professional personnel providing treatment. The concern stems from the traditional view held by carriers that quality and effective care cannot be assured unless provided in an accredited hospital by a physician. As a result, insurance policies frequently severely limit or outright exclude coverage of alcoholism treatment if in a facility other than a hospital and/or if provided by a non-physician. Such restrictions considerably limit possible reimbursement for the alcoholism treatment alternatives now available and, unfortunately, encourage the utilization of the more expensive (and often the least appropriate) forms of care. Federal and state governments and certain carriers have begun to seek resolutions in this issue. First, the NIAAA developed accreditation standards for alcoholism treatment facilities under a contract with the Joint Commission on Accreditation of Hospitals (JCAH). With these standards the JCAH began a program to accredit facilities; and to date some 300 facilities across the United States have been examined and duly accredited. Second, the NIAAA has encouraged a coalition of professional organizations to address the various issues involved in certification of professional personnel in the treatment of alcoholism. The intent of such a coalition would be to develop a means for the formal recognition of alcoholism treatment personnel. Third, various states through their own legislative activities (see the previous section) have specified

that insurance benefits must be applicable to care received in a treatment facility duly licensed (as opposed to accreditation) by that state. Finally, several interstate carriers have begun to specify in their policies that treatment costs will be reimbursed if the facility/service providing such care has been duly approved by the carrier.

In spite of these actions, it is not uncommon at this point in time to find insurance carriers who are lethargic in their recognition of non-traditional care forms. While the situation is not impossible, experiences of consultants and various treatment programs suggest that a lengthy program of marketing and selling to insurance carriers may be necessary before effective reimbursement is achieved.[16]

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[16]See for example W. Williams and D. Descoteau, "Assumption, Flexibility and Perseverance," a paper presented at the Fifth Annual Meeting of the Association of Labor-Management Administrators and Consultants on Alcoholism, San Diego, California, October 20-23, 1976.

IV. ALTERNATE STRATEGIES FOR DEVELOPING HEALTH INSURANCE COVERAGE

Several alternative strategies may be employed by occupational programming personnel in an effort to increase or develop insurance coverage for alcoholism care. Each strategy has as a goal increasing coverage or making available coverage for alcoholism care as a result of an increased awareness of decision makers representing employees, employers, legislators, or carriers themselves.

The first alternative strategy is to convince carriers to voluntarily provide such coverage, either through including alcoholism coverage specifically in the policies they offer, or removing barriers which exclude such coverage from existing policies. This strategy, while likely the most difficult, is feasible. Carriers are historically conservative in extending coverage, particularly in the case of alcoholism care for which there is little actuarial data. Furthermore, as has already been mentioned, a number of concerns exist in the health insurance industry about the alcoholic population--primarily based on the view that the typical alcoholic is a street bum or public inebriate.

While either increased awareness and sophistication of a key decision maker with one or more health insurance companies may produce the desired coverage, a major factor for voluntary coverage will be that of competition between carriers. Increased sales by a competitor who is more responsive to consumer demands for health insurance coverage for alcoholism treatment may be a motivating factor of far greater significance than corporate social responsibility. In general, the term for employing this strategy is "create competition."

The following steps are suggested for occupational programming personnel in employing this strategy:

1. Review current health insurance practices offered by insurance carriers in the state to determine if coverage for alcoholism is adequate or in need of improvement. Compare current coverage with the "model" benefit plan recommended by NIAAA or a good plan offered in another state.

2. Develop not only an understanding of what coverage is available but also what can be made available through marketplace competition. Each health insurance company should be contacted individually (either by an OPC or a group purchaser) to negotiate for an increase in coverage. Remind the company that there are other carriers who can be contacted and point out that large group purchasers may go to those carriers.

3. Prepare a plan for bringing current employee benefit policies in given industries up to at least a minimum level.

4. Encourage group purchasers to shop around and let carriers know that they are doing so.

This strategy is more likely to work when used in conjunction with some of the other strategies which follow.

A second strategy is to encourage major purchasers of health insurance demand alcoholism coverage. This strategy can be most effective because employee representatives such as labor unions and other employee groups are continuously seeking better fringe benefits. Recommended steps in this strategy include:

1. Locate the largest employee groups in the state, including both public or private employee groups, and document the nature of

alcoholism treatment insurance coverage.

2. Prepare plans for alcoholism care which are suitable additions or changes in coverage provided under current plans.

3. Contact representatives of the employee groups, review the plan, and show why the increase is both needed and is desirable for their members. If specific information is available about the extent of associated problems such as absenteeism or sickness for an employee group, this may help establish the case. However, establishing direct rapport and credibility in the presentation is the major factor. In most states, the largest employer, or certainly one of the largest, will be the state government. If the OPC is state-employed, it is possible to press the case as an enlightened member and as a professional.

4. Suggest specific action steps for the employee representatives in demanding coverage.

A third alternative strategy is to encourage the enactment of mandated health insurance coverage for alcoholism treatment by the state legislature. Currently, there are 16 states with legislation which requires that any health insurance carrier offering coverage in that state must include, or at least provide as an option, coverage of alcoholism treatment. This strategy will involve the preparation of data and testimony and most likely the development of bills in conjunction with a supportive legislator or group of legislators. Since legislators are elected officials, they are likely to be supportive of coverage if it is believed to be demanded or desired by employees and their representatives. The steps in this strategy include:

1. Contact a legislator likely to be sympathetic, based on prior legislative bills, campaign promises or expressed interests concerning

alcoholism.

2. Prepare (before the first meeting with the legislator) model legislation for review with him and his staff, which could be added to the existing statutes concerning health insurance. Be informed, understand the current statutes, be aware of activities in other states with similar interests and of similar size, and provide information about the extent of alcoholism on the employed population in that state.

3. Work out a strategy with the legislator for introducing the bill into an upcoming or current legislative session.

4. Be prepared for testimony and for organizing the testimony of others. A fact sheet and suggested write up of the testimony could be distributed to all members of the committee and to those who are likely to testify themselves for the legislation.

5. Contact employee representatives and encourage them to testify and/or to exert influence on the legislature in favor of the bill. In general, function as a staff support for the key legislator(s) who are promoting the bill. Good staff work will be very beneficial in assuring rapid passage of the bill through the legislative channels. While the initial piece of legislation proposed may be the most desired, be prepared to compromise and accept a more restricted version. Once the current laws have been altered to require alcoholism coverage of some type, it is easier in subsequent sessions to lobby for increased coverage and to break down barriers imposed by health insurance carriers.

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Attached is a study on health costs associated with alcohol abuse.

The intended audiences for this report are health care administrators, third party payors, legislators, and other interested citizens.

CONCLUSION

This study has shown that the direct health care costs associated with alcohol abuse are a significant portion of the total health care costs in Central Maryland.

The study has estimated the associated costs of alcohol abuse in four settings; general hospitals, state hospitals, physicians offices, and public clinics. In these settings approximately $187,567,272 were spent for alcohol related health care in 1977 for the residents of Central Maryland. The additional costs associated with other settings have yet to be calculated.

SUMMARY OF COSTS BY SETTING

SETTING	COSTS	
Hospital		
General	$157,290,027	
State	13,043,576	
		$170,333,603
Physicians		15,005,993
Community Programs		2,227,676
Sub-Total		$187,567,272
Nursing Homes		-
Pharmacy		-
Other		-
Social Services & Counselling		-
Total		

There are several implications of this report. They include:

1. That alcohol abuse as a disease is an expensive drain on health resource of the entire population.

2. That as in other illnesses, alcohol is currently being treated primarily in hospital settings; and then as an end-stage medical crisis rather than in its early stages.

3. That third-party payors (both private and public) are currently paying for alcohol abuse under other diagnostic labels.

PURPOSE

This paper is an attempt to quantify the direct health care costs due to or associated with alcohol abuse in Central Maryland residents for one year.

METHODOLOGY

At the outset it must be noted that it is difficult to precisely assess alcohol related health cost since in many cases alcohol abuse is not listed as the primary diagnosis. The studies discussed in this paper sought to overcome this problem by developing estimates based on either direct clinical surveys of inpatient records or direct surveys of providers. While this method is still flawed and most likely underestimates the involvement of alcohol in such health specialties as orthopedics and emergency/trauma admission, the methodology is best available.

The formal literature on this question is limited; basically, there is one major study on the subject which represents the "state of the art". The study, entitled "The Economic Cost of Alcohol Abuse - 1975", developed under contract for NIAAA[1], by Ralph Berry, etal, uses a combination of literature review and direct clinical survey of physicians and health care institutions to estimate the amount of health care used by alcohol abusers. While the NIAAA study sought to examine costs in a variety of settings, this study has been limited to those costs in only four settings, general hospital, state hospitals, physicians offices, and publicly supported alcoholism programs.

The primary methodology used in the hospital survey's was an interview with the patient or patient's relative. In addition, treatment histories were taken which noted past medical problems usually associated with alcohol such as cirrhsis or pancreatitis. Concerning hospital based data, eight separate studies were reviewed and their findings were compiled. Appendix 1 summarizes those studies and their findings.

In the area of physician's out-patient visits, there was essentially only one study (Jones & Helrich) undertaken in 1970. This study involved 13,000 general practitioners, osteopaths, internists, and psychiatrists, and consisted of a survey of their patient mix. Unfortunately the information gathered in this study was open to some question since it concentrated on primary diagnosis. To offset some of the difficulties of this earlier work the Berry report was forced to rely heavily on the special experts' survey undertaken in 1974. The survey's conclusion regarding physicians utilization are provided in Appendix 2.

The conclusion of these studies were then checked against an expert panel of national authorities in the field of alcohol abuse. The experts were prominent researchers or clinicians and were surveyed through the use of a structured questionnaire.

This panel tended to independently confirm the research findings. Appendix table 3 provides a summary of the panel's conclusion.

Based on these studies, the CMHSA applied the averaged estimates of alcohol related abuse to the local health system and calculated out the costs of these services based on either the known or estimated cost per unit of service.

ANALYSIS:

NATIONAL

Nationwide hospital costs make up the largest single portion of health care costs. The Berry study concentrated its analysis on this treatment setting.

The Berry study reported that the number of alcohol related in-patient days varied by the soci-economic status of the hospitals service area. The range was 37 percent for low income communities, 15 percent for middle income communities, and 17 percent for high income areas. The mean number of inpatients with alcohol-related illness was 20 percent of all hospital patient days.

As noted in the methodology section, Berry compared these research findings to a survey of national experts (Appendix 3). The experts independently confirm the range of the research findings, and on average projected that 22.5% of all general hospital inpatient days are alcohol-related.

Nationwide, it is estimated that 42.3 billion dollars were spent for hospital care (approximately 40 percent of all personal health care dollar (Appendix 4).

Applying the national average of alcohol-related general hospital in-patient costs (20% of total) to the national totals of general hospitals costs results in a projected expenditure of 8.5 billion dollars for alcohol related hospital stays in 1975.

Using a similar mode of analysis in the area physicians office visits, the Berry study found that physician utilization by alcohol abuse patients ranged from 4.1 to 17 percent of all office visits.

However, since not all visits by alcohol abusers are necessarily caused by the alcohol abuse, the study sought to further refine this range be determining what percentage of visits actually resulted from the alcohol abuse and therefore could be identified as excess utilizarion of health services attributable to alcohol abuse.

The method of calculating of excess utilization was to determine the average number of out-patient visits by alcohol abusers and to subtract the average number of out-patient visits from non-alcohol abusers. The difference is the number of excess out-patient visits for alcohol abusers. This is then multiplied to the extimated number of alcohol abusers. (Most national estimates place the number around 10 million people.)

The Berry Study (based on the special survey of experts and the earlier work of Jones & Helrich) concluded that alcohol abusers average 8.5 ambulatory visits per year, non-alcoholics average 5.1 such visits, therefore, 3.4 visits for abusers are considered excessive. Thus, alcoholics cause some thirty-four million excess visits per year. Excess costs, according to Berry, thus amount to some $734 million (assuming an average cost per visit of approximately $21).

A similar method for calculating excess costs was to determine pre-capital out-patient costs of alcohol abusers minus the pre-capital out-patient costs of non-alcohol abusers. The difference is cost attributable to alcohol abuse.

Using the upper range of the Berry Study, an estimated 17 percent of an average physician's practice involves alcoholics. Seventeen percent of the $17.9 million spent for physician's services by adults in 1975 is $3.0 billion. Thus, alcoholics spent an average of $300.00 per capita for the year. Non-alcoholics averaged only $102.62 per capita in 1975 ($14.9 billion in costs and 145.2 million population). Thus, alcoholics averaged $197.38 per person in excess of non-alcoholics. Total alcohol-related excess expenditures are estimated at 1.97 billion (Appendix 2).

The Berry Study in effort to reconcile the difference between calculating costs by number of visits or by costs per capita selected the mid-point of the range and used 1.3 billion dollars as excess out-patient costs associated with alcohol abuse in 1975. This is approximately 7.3 percent of all out-patient costs.

CENTRAL MARYLAND

In applying this methodolgoy to the local population and health care systems, the CMHSA sought to quantify local direct health care cost attributable t alcohol abuse.

IN-PATIENT SETTINGS

As Central Maryland comprises approximately 1 percent of the country's population, it is possible to use this as a base for calculating local figures. In this case, the estimate for hospital care expenditures related to alcohol abuse would be one percent of the national estimates or about $84 million for Central Maryland.

However, to get a more refined estimate, the CMHSA returned to the literature used in the original study. By classifying local hospitals according to high, middle, or lower income patient populations, three sub-totals of prevalence were calculated. These various prevalence rates reflect the relationship of alcohol abuse to socio-economic conditions in a community.

The hospitals in the Central Maryland area were classified by the health planning districts in which they are located along the following median family income categories: High: over $12,000; middle: $10,000 to $12,000; lower: under $10,000. The national percentages were then applied to local in-patient revenue for each hospital expenditure.* This figure derived is slightly over $157 million (Table 1). This represents approximately 28 percent of all in-patient revenue.

In addition, for comparison the CMHSA applied the average estimates of the NIAAA alcoholism experts survey (22.5 percent of all in-patient days) and found that using this method over $124 million were attributed to alcohol abuse (Table 1).

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*The range for hospital days associated with alcohol-abuse was:

High: 17 percent; middle: 15 percent and low: 37 percent (for a more detailed review of the literature, see Appendix Table 1).

TABLE 1

Estimates of Acute Hospital Care Costs Related to Alcohol Abuse
By Hospital, Central Maryland, 1977.

Hospital	Inpatient Revenue[1]	Revenue Attributable to Alcohol Abuse based on NIAAA Clinical Survey	NIAAA Expert Opinion (22.5% of all inpatient days)	One Percent of National hospital costs associated to alcohol abuse
TOTAL	$559,891,458	$157,290,027	$124,655,492	$84,000,000
High				
GBMC	$26,041,200	$ 4,479,086	5,859,270	
Saint Joseph	24,116,000	4,147,952	5,426,100	
Baltimore County	10,666,860	1,834,700	2,400,043	
Howard County	4,892,185	841,456	1,100,741	
Middle				
Franklin Square	20,927,400	3,074,233	4,604,028	
Anne Arundel General	12,676,327	1,862,152	2,852,173	
North Arundel	12,590,927	1,849,607	2,832,958	
Harford Memorial	11,254,930	1,633,349	2,532,359	
Fallston General	9,911,564	1,456,009	2,180,544	
North Charles General	10,436,400	1,533,107	2,296,008	
Union Memorial	30,909,300	4,540,576	6,954,592	
Good Samaritan	11,799,100	1,733,238	2,595,802	
Carroll County General	5,214,035	765,942	1,147,087	
Sinai	38,749,500	5,692,301	8,524,890	
Low				
Baltimore City	20,227,390	7,474,021	4,551,162	
Saint Agnes	28,704,357	10,606,260	6,314,958	
South Baltimore General	24,055,140	8,888,374	5,292,130	
Bon Secours	13,088,980	4,836,378	2,945,020	
Lutheran	13,819,600	5,106,342	3,109,410	
Provident	18,389,413	6,794,888	4,137,617	
University	50 082,186	18,505,368	11,268,491	
Mercy	21,239,500	7,847,995	4,778,887	
Maryland General	25,881,436	9,563,191	5,823,323	
Church	22,328,812	8,250,496	4,912,338	
Johns Hopkins	91,888,916	33,952,954	20,215,561	

[1]Disclosure of Hospital Financial and Statistical Data, HSCRC, February 1, 1978.

Independent of which methodology is used, it is clear that alcohol abuse is a significant expense within our region.

Table 2 attempts to identify the source of payments for alcohol related general hospital in-patient costs using the Berry Study methodology. Appendix table 5 presents costs and source of payments for just the primary diagnosis, alcohol intoxification. This table is presented to illustrate how the data is organized. Other diagnosis for which the costs were not broken out, but which are highly correlated with alcohol abuse are presented in Appendix table 6.

Costs Attributed to Alcohol Abuse
by Source of Payment

TABLE 2

Total General Hospital Costs	Costs Attributed to Alcohol Abuse	Estimate Blue Cross [1] Payments	Estimate Medical Assistance [2]	Other
$559,891,458	$157,290,027	$51,905,708	$22,899,786	$82,484,

[1] Based on an assumed 33 percent share of service.

[2] Based on the application of estimates of prevalence of alcohol related disorders by institution pro-rated against total Medical Assistance payment. Appendix VII provides data in greater detail.

In addition to those patients admitted to general hospitals, 2,392 Central Maryland patients were admitted for alcohol intoxication to State hospitals at a cost of approximately $13,043,576.

TABLE 3

ADMISSIONS TO STATE HOSPITALS
FOR ALCOHOL INTOXICATION BY JURISDICTION, CENTRAL MARYLAND, 1976

Jurisdiction	Alcohol Admissions	Total Admissions	Percent Alcoholism	Alcoholism Rate per 1,000 Population [1]	Estimated Cost [2]
Central Maryland	2,392	8,149	29	1.1	$13,043,57
Anne Arundel County	264	936	28	0.8	1,439,59
Baltimore City	1,691	5,381	31	2.0	9,221,02
I	727	1,664	44	3.6	3,964,33
II	211	1,183	18	1.1	1,150,58
III	48	316	15	0.3	261,74
IV	162	658	25	2.0	883,38
V	446	1,007	44	4.9	2,432,01
VI	70	350	20	0.8	381,71
VII	27	203	13	0.3	147,21
Baltimore County	306	1,337	23	0.5	1,668,61
Carroll County	31	182	17	0.4	169,09
Harford County	43	155	28	0.3	234,47
Howard County	57	158	36	0.6	310,81

[1] Rate based on population estimates for July 1, 1975.

[2] Based on average State-wide institutional cost of $5,453 per admission.

Source: Central Maryland Health Systems Agency analysis of Maryland Center for Health Statistics, Statistical Printout and Mental Hygiene Administration FY 1976 Budget.

Combining the Berry Study and the cost for alcoholism admission to State mental hospitals a total estimation of $170,333,603 hospital cost* is attributed to alcohol abuse for Central Maryland in FY 1976.

*This figure still excludes speciality hospitals, chronic hospitals, V.A. hospitals, and Public Health Service Hospitals.

PHYSICIAN SERVICE

Again, given that Central Maryland is one percent of the national population, one percent of the projected $1.3 billion spent nationally for alcohol related physicians services is $13 million.

However, using the 7.3 percent national estimate of excess utilization, and applying it to local population data the estimated cost attributed to alcohol abuse is slightly over $15 million.

Estimated Expenditures for Physician's Services Related to Alcohol Abuse, Central Maryland, FY 1976.

Jurisdiction	Population 18 and Over[1]	Expenditure for Physician's Services[2] (Adult)	Expenditure Attributable Alcohol Abuse	Based on 1% National Estimate
Central Maryland	1,484,450	$205,561,543	$15,005,993	$13,000,000
Anne Arundel County	229,260	30,549,295	2,230,098	
Baltimore City	592,000	84,935,391	6,200,284	
Baltimore County	452,550	61,923,666	4,520,428	
Carroll County	55,680	7,828,398	571,473	
Harford County	98,100	11,788,864	860,587	
Howard County	85,860	8,535,930	623,123	

[1] MCHS Population Estimates, July 1, 1975.

[2] "Estimated Per Capita Personal Health Care Expenditures", SSA, FY 1976. The figures used are $120.85 per person, aged 19-64, and $258.92, aged 65 and over.

[3] 7.3 percent of total expenditure for physician's services is used as derived in the NIAAA study (p. 4 of this report).

In addition to the direct cost of alcohol abuse discussed thus far, there are several settings in which funding is specifically for the treatment of alcoholism. These costs are more easily quantified and are discussed in greater detail in the CMHSA 1978 HSP.

During FY 1976, $2,227,676 were spent on alcohol abuse programs (counselling, halfway houses, quaterway houses, and shelter services) in Central Maryland. The distribution of these funds among the jurisdictions is shown on the following page.

TABLE 4

PUBLIC EXPENDITUTRE FOR ALCOHOLISM BY SOURCE OF FUNDS, CENTRAL MARYLAND, FY 1977

Jurisdictions	General	Federal	Local	Total	Per Capita
Anne Arundel County	$ 51,110	$ 203,536	-	$ 254,646	$ .74
Baltimore City	278,914	1,228,913	-	1,507,827	1.79
Baltimore County	17,369	256,867	-	274,236	.42
Carroll County	12,214	32,180	-	44,394	.55
Harford County	27,608	57,413	-	85,021	.64
Howard County	15,315	46,417	-	61,552	.60
Total for Central Maryland	402,350	1,825,326	-	2,227,676	1.03
Total Percent	18.1	81.9	-	100.0	

Source: Maryland State Department of Health and Mental Hygiene, Health Programs Delivered in Local Jurisdictions, FY 1976 and FY 1977 (1977).

SUMMARY

The health care cost attributable to alcohol abuse calculated thus far is $187,567,272 and several categories of health services are still uncounted. Among these are "other professional services, other government public health programs, nursing home care, and other counselling and psycho-social treatment programs. Again, this report has focused only on direct health care costs. Social costs including crime, work productivity, family disruption, etc. have not been assessed.

The $187,567,272 identified calculates out to approximately $87.55 per capita. This is approximately 22 percent of the per capita expenditures for similar services.

In other words, approximately 22 percent of the individual health dollar spent on hospital and physician costs in Central Maryland was for the treatment of alcohol abuse. Appendix table 8 illustrates the percent of the per capita costs - excluding the State hospitals and publicly funded alcoholism programs. The per capita for just these services is 20 percent.

APPENDIX I

SOME EVIDENCE FROM RELEVANT LITERATURE CONCERNING SOME PROPORTION OF ALCOHOLICS IN GENERAL HOSPITALS

Author	Sample Size	Alcohol Abusers as a Percentage of all Admissions of all Patients MALE	FEMALE	TOTAL	Author's Criteria for Defining Alcohol Abuse	Sample Composition or Study Interest
Kearney et. al.	416	---	-----	87 (Plus 17% Possible)	Known to MD's as alcoholic or history of treatment for alcoholism, or treated for a diagnosed complication of alcoholism such as DTs, cirrhosis, etc. Information basically obtained from patient's chart.	Admissions of inpa aged 14-75, upper class excluding ob tric patients, Con ticut, 1967, and h talized usder a di sis of alcoholism with a disease in alcoholism can be tor (i.e., GI or r piratory problem).
Kearney et. al.	235	---	-----	13.4 (Plus 27% Possible)	Same criteria as above	Admission of lower out patients, othe same criteria as a
Moore	200	18	5.5	10 (Plus 3.5% Possible)	Michigan Alcoholism Screening Test	Prevalence of patie 21 years or older, fornia, 1971, exclu obstetric patients female.
Barchha et. al.	302	28 (Plus 7% Possible)	6 (Plus 2% Possible)	16 (Plus 5% Possible)	Drinking history Interview	Admissions of gene medical patients o 20 years of age, 1
Rhodes, and Campbell	258 Hospitals	---	---	22.4	National questionnaire asking for estimates of alcoholic consultation	Estimation of preva of alcoholism among patient population

APPENDIX I (Cont'd)

SOME EVIDENCE FROM RELEVANT LITERATURE CONCERNING SOME PROPORTION OF ALCOHOLICS IN GENERAL HOSPITALS

Author	Sample Size	Alcohol Abusers as a Percentage of all Admissions of all Patients MALE	FEMALE	TOTAL	Author's Criteria for Defining Alcohol Abuse	Sample Composition or Study Interest
Ewing and Rouse	130	40	9	20	Barchha criteria	Prevalence of medic and surgical adult patience, North Car 1969, data evaluate three sets of crite
		8	0	5	Pearson criteria: By Interview four or more of the following: 1. alcoholic blackouts 2. sneaking drinks 3. loss of control 4. morning "eye openers" 5. loss of friends, family, job due to drinking	
		14	9	12	Hospital record	
Malatsky & Klotter	200	26.8	9.2	17.1	Drinking histories patient interview	Prevalence of alcoh abusers on the medi surgical ward of a eral military hospi Alabama, January, 1
	1345	32.9	9.0	20.0	Presence or history of alcoholism, alcohol related disorder	Prevalence of alcoh abusers among all m cal-surgical presen tions to the emerge room, January 1973, Alabama

SOME EVIDENCE FROM RELEVANT LITERATURE CONCERNING SOME PROPORTION OF ALCOHOLICS IN GENERAL HOSPITALS

Author	Sample Size	Alcohol Abusers as a Percentage of all Admissions of all Patients MALE	FEMALE	TOTAL	Author's Criteria for Defining Alcohol Abuse	Sample Composition or Study Interest
McCusker et. al.	118	60	34	47	By interview, those patients fallin in categories 4 - 6:	Prevalence among ho tal patients during three week period i summer, 1969, Harle

ALCOHOL ABUSE SCALE

STAGE	CHARACTERISTICS
1. None	Drinks only on occasion.
2. Minimal	Drinking is not conspicuous, occasional intoxication. No social legal, physical problems.
3. Mild	Intoxication once a month. No problems.
4. Moderate	Frequent intoxication, once or twice a week. Significant social occupational problem. Some health problems.
5. Severe	Almost constant drinking. Severe social, legal health problems. Jobless.
6. Extreme	All of the above characteristics plus

APPENDIX II

ESTIMATED PHYSICIANS' SERVICES EXPENDITURES DUE TO ALCOHOL ABUSE IN 1975

Basis for Estimate	Estimated Costs (in Billions)
1. Proportion of average physician's practice involving alcoholics, as dirived from spevial survey (17%)	$1.97
2. Number of ambulatory medical visits per alcoholic per year, as derived from special survey (8.5)	.7

APPENDIX III

SUMMARY OF INTERVIEW DATA FROM SPECIAL SURVEY OF ALCOHOL-TREATMENT EXPERTS CONCERNING UTILIZATION OF HEALTH SERVICES BY ALCOHOL ABUSERS

Type of Health Service	Median Best Estimates of Experts Group I Large Cities	Group II Smaller Cities And Rural Areas	Overall
Days of in-patient care per year in medical hospitals	9.5	8.3	8.6
Number of ambulatory medical visits per year	8.0	9.5	8.5
Expenditure on drugs per year*	$75.0	$86.0	$84.0
Dental visits per year	0.25	0.8	0.7
Percentage of hospital beds occupied by alcoholics	30	15	22.5
Percentage of nursing home beds occupied by alcoholics	15	6	8.5
Percentage of physicians' practice represented by alcoholics	20	15	17

Source: Derived from responses of twenty-nine experts to specific questions concerning the utilization of health services by alcohol abusers, Economic Cost of Alcohol Abuse 1975, NIAAA # 281-76-0016.

*These figures were updated to 1975 by means of the Consumer Price Index from the U.S. Department of Commerce, Bureau of the Census, Statistical Abstract of the United States - 1975, Table 688, p. 423.

APPENDIX IV

ESTIMATED NATIONAL HEALTH EXPENDITURES DUE TO ALCOHOL ABUSE IN 1975, BY TYPE OF EXPENDITURE FOR ADULTS

Type of Expenditure	Total Adult Population Expenditures (Billions)	Expenditures Due to Alcohol Abuse (Millions)	Expenditures Due to Alcohol Abuse As a Percentag of Total Expenditures
Health Service and Supplies:			
Hospital Care	$ 42.3	$ 8,400.	19.9
Physicains' Services	17.9	1,300.	7.3
Dentists' Services	6.2	-----	----
Other Professional Services	1.7	124.1	7.3
Drugs and Drug Sundries	8.9	282.2	3.2
Eyeglasses and Appliances	2.0	-----	----
Nursing Home Care	8.8	193.5	2.2
Expenses for Pre-payment and Administration	3.9	776.1	19.9
Government Publis Health Activities	3.0	393.0	13.1
Other Health Services	2.5	327.5	13.1
Research and Medical Facilities Construction	6.1	779.1	13.1
Training and Education	2.3	167.9	7.3
TOTAL	$105.6	$12,743.4	12.1

Source: Economic Cost of Alcohol Abuse, 1975
Berry, Ralph; NIAAA Report #281-76-0016, pg. 86.

APPENDIX V

THE COST OF ALCOHOLISM - VOLUME I

INPATIENT COSTS - DIAGNOSES: ALCOHOLIC MENTAL DISORDER AND ADDICTION

	TOTAL # OR DISCHARGES	MEDICARE	MEDICAID	BLUE CROSS	OTHER	TOTAL
Anne Arundel County	85	$ 11,958	$ 20,520	$ 18,616	$ 34,520	$ 85,
Anne Arundel	67	11,242	15,260	9,537	28,130	64,
N. Arundel	18	716	5,260	9,079	6,390	21,
Baltimore City	921	319,079	715,543	388,833	378,771	1,802,
Baltimore City	90	N/A	N/A	N/A	N/A	N/A
Bon Secours	21	,875	29,107	1,478	17,712	56
Church	191	72,800	150,444	122,180	89,380	434
Good Samaritan	7	0	6,806	4,904	3,695	15
Johns Hopkins	98	34,776	149,744	33,420	29,276	247
Lutheran	46	23,305	30,680	20,218	11,880	86
Maryland General	41	17,412	36,558	N/A	N/A	53
Mercy	27	21,190	25,317	13,260	6,223	6
N. Charles	20	11,795	5,504	20,779	0	3
Provident	71	10,524	89,658	42,180	47,394	189
Sinai	50	49,455	48,000	18,315	43,909	15
S. Baltimore	72	20,115	34,965	27,835	20,859	10
St. Agnes	22	5,668	6,645	10,276	13,150	3
Union Memorial	74	37,700	41,140	33,580	34,408	14
University	82	6,464	60,975	40,408	60,885	168
Baltimore County	101	24,327	6,584	53,798	45,662	130
Baltimore Co.	12	3,320	1,757	7,482	5,091	17
Franklin Square	37	11,010	1,008	22,022	29,291	63
GBMC	19	2,169	0	11,765	2,778	16
St. Joseph	24	7,828	3,819	12,529	8,502	32
Carroll County	10	2,619	0	2,919	525	6,
Carroll Co.	10	2,619	0	2,919	525	6,
Harford County	131	11,821	30,567	61,626	16,864	120,
Fallston	99	10,060	28,875	51,850	12,124	102,
Harford Memorial	32	1,761	1,692	9,776	4,470	17,
Howard County	27	1,943	4,482	13,370	11,622	31,
Howard County	27	1,943	4,482	13,370	11,622	31,
Central Maryland		$371 [illegible]47	$777,696	$539,162	$487,964	$2,176,

Source: Maryland Resource Center Charge Reports, 1977 figures represent an Estimate of Cost, using (total discharges) x (average charge computed by MRC using data which represents a subset of total discharges).

APPENDIX VI

ALCOHOL-RELATED DISORDERS

Gastrointestinal
- Esophagitis
- Esophogeal Carcinoma
- Gastritis
- Malabsorption
- Chronic Diarrhea
- Pancreatitis
- Fatty Liver
- Alcoholic Hospitals
- Cirrhosis (may lead to cancer of liver)

Cardiac
- Alcoholic Cardiomyopathy
- Beriberi

Skin
- Rosacea
- Talangiectasia
- Rhinophyma
- Cutaneous Ulcers

Metabolic
- Alcoholic Hypoglycemia
- Alcoholic Hyperglycemia

Maurological and Psychiatric
- Peripheral Neuropathy
- Convulsive Disorders
- Alcoholic Hallucinosis
- Delirium Trecans
- Wernicke's Syndrome
- Korsakoff's Syndrome
- Marchiafava's Syndrome

Muscle
- Alcoholic Myopathy

Hematologic
- Megalobiastic Anemia

Vitamin Deficiency Disease
- Beriberi
- Pellagra
- Scurvy

Source: U.S. Department of Health, Education, and Welfare, First Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health, Education, and Welfare, December, 1971, DHEW Publication No. (HSM) 73-9031 (Washington, D.C.: U.S. Government Printing Office, 1971), p. 45.

APPENDIX VII

MEDICAL ASSISTANCE PROGRAM PAYMENTS FOR INPATIENT HOSPITAL SERVICES AND PORTION ATTRIBUTABLE TO ALCOHOL ABUSE, CENTRAL MARYLAND, FY 1977

HOSPITAL	MEDICAL ASSISTANCE PAYMENT[1]	PORTION ATTRIBUTABLE TO ALCOHOLISM[2]
TOTAL	$71,697,352	$22,899,786
GBMC	1,430,077	243,113
Baltimore County General	432,205	73,474
St. Joseph	664,094	112,895
Howard County General	319,510	54,316
Franklin Square	1,311,179	196.676
Anne Arundel General	635,139	95,270
North Arundel	516,900	77,535
Harford Memorial	1,055,866	15,837
Fallston General	747,023	112,053
North Charles General	1,345,299	201,793
Union Memorial	3,362,558	504,383
Good Samaritan	770,156	115,523
Carroll County General	196,812	29,521
Sinai	3,315,908	497,386
Baltimore City	5,743,029	2.124.920
St. Agnes	1,663,294	615,418
South Baltimore General	2,642,068	977,565
Bon Secours	3,45[illegible],043	1,279.105
Lutheran	2,371,878	877,594
Provident	3,513,871	1,300,132
University	11,582,343	4,285,466
Mercy	2,222,145	822,193
Maryland General	3,168,510	1,172.348
Church	2,454,253	908,073
Hopkins	16,776,201	6,207,194

[1]Fiscal Year 1977 - Maryland Medical Assistance Program, D.H.M.H.

[2]Based on the application of estimate percents (table 1). This figure assumes that medical assistance patients have the same health problems as the general community as a whole, and have no greater incidence of alcohol abuse then the community. In making such an assumption the figures presented are probably conservative.

APPENDIX VIII

PER CAPITAL - AMOUNTS FOR HEALTH CARE
IN HOSPITAL & PHYSICIANS SERVICES ONLY, 1976

	Total	Alcohol Related	% Alcohol Relate
Central Maryland	395.21	80.42	20
General Hospital	271.94	73.42	27
Physicians	123.27	7.	6

NOTE: Assumes Central Maryland population of 2,142,360.

APPENDIX IX

MEDICAL ASSISTANCE PROGRAM PAYMENTS FOR PHYSICIAN SERVICES AND PORTION ATTRIBUTABLE TO ALCOHOL ABUSE, CENTRAL MARYLAND. FY 1977

JURISDICTION	MEDICAL ASSISTANCE PAYMENTS-PHYSICIAN SERVICES[1]	PORTION ATTRIBUTABLE TO ALCOHOL ABUSE[2]
Central Maryland	$12,556,255	$916,606
Anne Arundel County	$ 1,068,348	$ 77,989
Baltimore City	$ 7,900,376	$576,727
Baltimore County	$ 2,246,632	$164,004
Carroll County	$ 280,730	$ 20,493
Harford County	$ 736,240	$ 53,745
Howard County	$ 323,929	$ 23,646

[1]The year in Review - Fiscal Year 1977, Maryland Medical Assistance Program, DHMH.

[2]7.3 percent of total payment is used as in the NIAAA study.

Introduced: 2/13/79
Referred: Health, Education and Social Services and Judiciary

BY COLLETTA AND STIMSON

SENATE BILL NO. 227

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to insurance for alcoholism and drug dependence; AND PROVIDING FOR AN EFFECTIVE DATE."

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

* Section 1. AS 21.42 is amended by adding a new section to read:

Sec. 21.42.347. REQUIRED PROVISION OF COVERAGE FOR ALCOHOLISM AND DRUG DEPENDENCE. (a) Group health insurance policies providing coverage on an expense-incurred basis and group service or indemnity type contracts issued by a nonprofit corporation

(1) shall provide coverage for alcoholism and drug dependence to include

(A) inpatient detoxification benefits for not less than 14 days of benefit each calendar year in a state ~~certified~~ APPROVED treatment facility or licensed hospital; payment of ~~inpatient~~ institutional and professional benefits ~~for the first admission during a calendar year~~ shall be equal to and payable as any other covered condition; ~~a subsequent admission during the calendar year shall be paid at not less than 50 per cent of the usual, customary and reasonable charge for a medical procedure, treatment or service in the geographic area;~~

(B) inpatient ~~care~~ TREATMENT coverage benefits for not less than 30 days of benefit each calendar year in a state ~~certified facility or licensed hospital~~ APPROVED TREATMENT PROGRAM; payment of ~~inpatient~~ institutional and professional benefits shall be at the same level as any other covered condition; and

(C) outpatient treatment coverage benefits of not less than 30 visits each calendar year if treatment is provided by a licensed physician, state ~~certified~~ APPROVED treatment program, or state certified PROFESSIONAL substance abuse counselor; coverage shall include individual, family or group therapy; benefits shall be paid at not less than 75 per cent of the usual, customary and reasonable charge for a medical procedure, treatment or service in the geographic area;

(2) may not exclude dependents otherwise covered and may not limit coverage for alcoholism or drug dependence because of age, sex or state of illness;

(3) may not apply preexisting OR NAMED condition exclusions to deny coverage for alcoholism or drug dependence; and

(4) may require a physician's certification of necessity as a condition of payment for alcoholism or drug dependence treatment.

(b) In this section,

(1) "alcoholism" means (INSERT NEW DEFINITION) ~~a condition related to alcohol and concerns a physical compulsion which exists, coupled with a mental obsession~~; (INSERT NEW SECTION (2))

(~~2~~ 3) "drug dependence" means the condition of being physically or psychologically addicted to an opiate, opiate derivative, tranquilizer, amphetamine, barbiturate, or similar substance, BUT EXCLUDING NICOTINE, CAFFEINE AND ALCOHOL;

(~~3~~ 4) "state" means any state in the United States and includes the District of Columbia.

* Sec. 2. AS 21.87.340 is amended by adding a new paragraph to read:

(17) AS 21.42.347.

* Sec. 3. (INSERT NEW SECTION 3) ~~The requirements of sec. 1 of this Act apply to all policies or contracts delivered, issued for delivery, or issued covering persons in this state more than 120 days after the effective date of this Act. A policy or contract required to contain provisions of coverage for alcoholism and drug~~

~~dependence by AS 21.42.347(a)(1) shall be considered to provide the minimum coverage even if the language of the policy or contract does not so specifically provide.~~

(INSERT NEW SECTION 4)

PAGE 1.

LINE 17 DELETE "CERTIFIED" AND ADD IN ITS PLACE "APPROVED

LINE 18 DELETE "INPATIENT"

LINE 19 DELETE "FOR THE FIRST ADMISSION DURING A"

LINE 20 DELETE "CALENDAR YEAR"

LINE 21 DELETE ALL MATERIAL FOLLOWING SEMICOLON

LINE 22-24 DELETE ALL MATERIAL

LINE 25 DELETE "CARE" AND ADD IN ITS PLACE "TREATMENT"

LINE 26 DELETE "CERTIFIED FACILITY" AND ADD IN ITS PLACE "APPROVED TREATMENT PROGRAM"

LINE 27 DELETE "OR LICENSED HOSPITAL" AND INPATIENT"

PAGE 2

LINE 3 DELETE "CERTIFIED" AND ADD IN ITS PLACE "APPROVED"

LINE 4 INSERT THE WORD "PROFESSIONAL" AFTER THE WORD "CERTIFIED"

LINE 11 INSERT THE WORDS "OR NAMED" AFTER THE WORD "PREEXISTING"

LINE 16-18 REPLACE WITH THE FOLLOWING

"ALCOHOLISM" MEANS AN ILLNESS OR CONDITION CHARACTERIZED BY THE HABITUAL LACK OF SELF CONTROL IN THE USE OF ALCOHOLIC BEVERAGES, OR USE OF ALCOHOLIC BEVERAGES TO THE EXTENT THAT HEALTH IS SUBSTANTIALLY IMPAIRED OR ENDANGERED, OR SOCIAL OR ECONOMIC FUNCTION IS SUBSTANTIALLY DISRUPTED.

BETWEE LINE 18+19 ADD A NEW DEFINITION

(2) "ANY OTHER CONDITION" MEANS A DISEASE OR ILLNESS FOR WHICH NORMAL POLICY OR CONTRACT BENEFITS WOULD BE PAID AND NOT A DISEASE OR

ILLNESS FOR WHICH THE POLICY OR CONTRACT MAY HAVE INTERNAL RESTRICTIONS.

LINE 17 RENUMBER SECTION TO READ "(3)"

LINE 21 INSERT THE WORDS ", BUT EXCLUDING NICOTINE, CAFFEINE AND ALCOHOL" AFTER THE WORD "SUBSTANCE"

LINE 22 RENUMBER SECTION TO READ "(4)"

LINE 26-29 AND PAGE 3 LINES 1-3 DELET AND REPLACE WITH NEW SECTION 3 TO READ

PROVISIONS OF THIS SECTION TO APPLY TO ALL GROUP POLICIES OR CONTRACTS DELIVERED, ISSUED FOR DELIVERY, OR RENEWED IN THIS STATE AFTER THE EFFECTIVE DATE OF THIS SECTION AND THOSE PROVIDING COVERAGE FOR PERSONS IN THIS STATE ISSUED, DELIVERED OR RENEWED AFTER THE EFFECTIVE DATE OF THIS ACT WILL BE CONSIDERED TO PROVIDE THE MINIMUM COVERAGE REQUIRED AND STATED IN SECTION 1 OF THIS ACT EVEN IF THE LANGUAGE OF THE POLICY OR CONTRACT DOES NOT SO SPECIFICALLY PROVIDE.

ADD A NEW SECTION TO READ

SECTION 4. THIS ACT TAKES EFFECT ON NOVEMBER 1, 1979.

BILL ANALYSIS

ASSIGNMENT DATE_____

UNASSIGNED_____

DEPARTMENT	SPONSOR (PRINCIPAL)	BILL NO.
COMMERCE & ECONOMIC DEV.	Colletta	SB - 227

DEPARTMENT POSITION

Not Opposed

DIVISION DIRECTOR	DATE	COMMISSIONER	DATE
Kenneth C. Moore	3/9/79		

GOVERNOR'S OFFICE USE

☐ POSITION NOTED ☐ POSITION APPROVED ☐ POSITION DISAPPROVED

BY: DATE:

SUMMARY

(1) RELATED BILLS (SIMILAR OR CONFLICTING) (1) Unknown

(2) OTHER AGENCIES AFFECTED BY BILL (2) Division of Alcohol
Division of Retirement & Benefits

(2) a. ORGANIZATIONAL SUPPORT FOR BILL

UNCERTAIN

(2) b. ORGANIZATIONAL OPPOSITION TO BILL

Some health insurers.
Health Insurance Association of America (probable)

(3) PROGRAM EFFECTS OF BILL

NONE

(4) FISCAL IMPACT: ☒ NONE ☐ FISCAL ANALYSIS ATTACHED

(5) AMENDMENTS PROPOSED:

Amendments proposed by Senator Colletta's panel to study third party alcoholism insurance coverage provide for a more workable bill.

(6) COMMENTS:

During the last legislature, SB 545 was introduced to require that insurance companies providing indemnity against medical expense and health care contractors, such as Blue Cross or HMO's and other prepaid health programs, provide coverage for medical treatment of alcoholism to the same extent it would provide medical treatment for any other disease.

At that time the Division indicated that it does not basically oppose the concept, but, as drafted, SB 545 presented substantial problems of interpretation when approving policies for use in this state.

* CONTINUED ON ATTACHED SHEET

As a result, the Legislature took no action on the bill, and the division agreed to participate in a panel to study and draft a proposal for third party alcoholism insurance coverage. Senator Colletta appointed a panel and SB 227 represents an early draft of the panel's work. Using SB 227 as a starting point the panel developed further amendments which result in a reasonable and workable piece of Legislation which overcomes the primary concerns expressed with SB 545. These include clear expressions to deal with preexisting conditions exclusions, level of coverage intended for detoxification or "drying out," inducement to rehabilitation, and cost.

The cost of the coverage is a concern. The panel deliberated under the concept that to the degree that the benefit proposed by this bill was utilized, the benefits otherwise available would have a disproportionate decrease ultimately providing a net savings. Convincing data was provided to support this concept.

The final aspect of concern is that coverage is mandated. With respect to group programs it may be the intent of the Legislature to establish, as a matter of public policy, that group sponsors incur the cost of providing additional coverage for alcoholic rehabilitation, but to the extent that there is contribution to the cost of medical insurance by the employee or member of the group, it is imposing this burden on a large segment of society for the benefit of the few who would have the opportunity to take advantage of the coverage. The division would not particularly oppose this aspect of the bill so long as it is clearly understood by the Legislature that it could have this impact.

fun copy

Introduced: 2/13/79
Referred: Health, Education and Social Services and Judiciary

IN THE SENATE BY COLLETTA AND STIMSON

SENATE BILL NO. 227

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to insurance for alcoholism and drug dependence."

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

* Section 1. AS 21.42 is amended by adding a new section to read:

Sec. 21.42.347. REQUIRED PROVISION OF COVERAGE FOR ALCOHOLISM AND DRUG DEPENDENCE. (a) Group health insurance policies providing coverage on an expense-incurred basis and group service or indemnity type contracts issued by a nonprofit corporation

(1) shall provide coverage for alcoholism and drug dependence to include

(A) inpatient detoxification benefits for not less than 14 days of benefit each calendar year in a state certified treatment facility or licensed hospital; payment of inpatient institutional and professional benefits for the first admission during a calendar year shall be equal to and payable as any other covered condition; a subsequent admission during the calendar year shall be paid at not less than 50 per cent of the usual, customary and reasonable charge for a medical procedure, treatment or service in the geographic area;

(B) inpatient care coverage benefits for not less than 30 days of benefit each calendar year in a state certified facility or licensed hospital; payment of inpatient institutional and professional benefits shall be at the same level as any other covered condition; and

(C) outpatient treatment coverage benefits of not less than 30 visits each calendar year if treatment is provided by a licensed physician, state certified treatment program, or state certified substance abuse counselor; coverage shall include individual, family or group therapy; benefits shall be paid at not less than 75 per cent of the usual, customary and reasonable charge for a medical procedure, treatment or service in the geographic area;

(2) may not exclude dependents otherwise covered and may not limit coverage for alcoholism or drug dependence because of age, sex or state of illness;

(3) may not apply preexisting condition exclusions to deny coverage for alcoholism or drug dependence; and

(4) may require a physician's certification of necessity as a condition of payment for alcoholism or drug dependence treatment.

(b) In this section,

(1) "alcoholism" means a condition related to alcohol and concerns a physical compulsion which exists, coupled with a mental obsession;

(2) "drug dependence" means the condition of being physically or psychologically addicted to an opiate, opiate derivative, tranquilizer, amphetamine, barbiturate, or similar substance;

(3) "state" means any state in the United States and includes the District of Columbia.

* Sec. 2. AS 21.87.340 is amended by adding a new paragraph to read:

(17) AS 21.42.347.

* Sec. 3. The requirements of sec. 1 of this Act apply to all policies or contracts delivered, issued for delivery, or issued covering persons in this state more than 120 days after the effective date of this Act. A policy or contract required to contain provisions of coverage for alcoholism and drug

dependence by AS 21.42.347(a)(1) shall be considered to provide the minimum coverage even if the language of the policy or contract does not so specifically provide.

SB

228

COMMITTEE REPORT

SENATE

3/2/79

FURTHER: Finance

Date: 3/9/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 228

excise tax on and license fees for sale of intoxicating liquors

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[✓] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING TO PASS

Kitty Schumaker

Tom Towe, Carlson

MEMBERS HAVING OTHER RECOMMENDATIONS:

Glen Hachney

CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

SB228 "An Act relating to ~~SALES~~ ~~79-880~~ on and [illegible] fees for sale of intoxicating liquor; and providing for effective date."
By: Rules Comm
By Request of Gov.

Introduced: 2-13-79
Logged 3-2-79
Referrals Finance
Comm. meeting 3-9-79 - Passed. taken pen and ink reg @ 8:30 A.M. 3-12-79
" action Passed

F/N & Gov's letter herein

Gov's office notified
Revenue Dept.
SESS

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

POUCH K–STATE CAPITOL
JUNEAU, ALASKA 99811

March 23, 1979

Senator Glenn Hackney, Chairman
Senate Health, Education & Social
Services Committee
Pouch "V"
Juneau, AK 99811

Re: Powdered Alcohol and
Proposed Section 04.05.120
Our File: J-66-583-79

Dear Senator Hackney:

You have requested our opinion concerning the proposed amendment to SB 228 which would add the following to AS 04.05:

> "AS 04.05.120. SALE OF POWDERED ALCOHOL PROHIBITED. No substance having alcoholic content and intended for human consumption may be sold in the state unless in liquid form."

This office, as a preliminary matter, has determined that there would be no problem from a legal standpoint with the idea of prohibiting powdered alcohol. States have been given broad authority to regulate the sale and distribution of alcohol within their borders, and this prohibition would be within that authority. As a practical matter, however, the specific language in the proposed amendment may be overbroad. It is perhaps possible that some prescription or over-the-counter drugs may contain some percentage of powdered alcohol. Authorities in that area should be consulted to determine if the language of AS 04.05.120 is over inclusive.

In addition, you have requested our opinion concerning whether there would be any violation of the Single Subject Rule of the Alaska State Constitution, Article II, Section 13, or the descriptive Title Rule of that same section if this section were to be added to SB 228 which deals with liquor excise taxes and license fees. SB 228 has been modified, and in its stead CS for SB 228 deals with excise taxes and with restrictions on sales to and from wholesalers. The title has been modified to read "An Act relating to intoxicating liquors; and providing for an effective date". The Single Subject Rules and Descriptive Title Rules have been liberally construed by the Alaska Supreme Court. See Gellert v. State, 522 P.2d 1120 (Alaska 1974). We therefore feel that neither of those constitutional restrictions would be violated in this case.

Sincerely,

AVRUM M. GROSS
ATTORNEY GENERAL

By: Joseph K Donohue
Joseph K. Donohue
Assistant Attorney General

JKD/lm

SB 228

SENATE BILL NO. 228 by the Rules Committee by request of the Governor (relating to excise tax on and license fees for sale of intoxicating liquors) is now available in the Documents Room.

Fiscal note is zero.

Governor's transmittal letter on SENATE BILL NO. 228 follows:

February 14, 1979

The Honorable Clem Tillion
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, I am transmitting a bill providing for an increase in liquor taxes and liquor license fees to produce necessary revenues. It is identical to last legislature's Committee Substitute for Senate Bill 167, except that the first section of that bill has been relocated to sec. 8 of this bill (to follow Alaska Statutes numerical order). Section 8 of the bill amends AS 43.60.010(a) to increase the tax on liquor sold in the state.

The remaining sections of this bill provide for increases in liquor license fees, including the wholesale liquor license fees and wholesale malt beverage and wine license fees for those businesses which transact more than $500,000 of business per year. Increases for other license fees are: beverage dispensary licenses -- from $500 to $750 and from $1,000 to $1,500; restaurant licenses -- from $300 to $500; roadhouse licenses -- from $150 to $250; club licenses - from $400 to $800; bottling works licenses --from $100 to $500; retail licenses -- from $600 to $1,000.

SB 228

These increases are necessary in order to provide continued funding for alcohol-related programs.

Sincerely,

Jay S. Hammond
Governor

SEN. HACKNEY,

I'VE BEEN ATTEMPTING TO GET A HOLD OF JOHN MESSENGER, DEPUTY COMMISIONER ON TAXATION, TO ASCERTAIN WHAT THE POSITIVE FISCAL IMPACT WILL BE IF SB 228 IS ~~E~~ enacted, BUT SO FAR NO LUCK. HOWEVER, HE WILL BE AT THE HEARING TO TESTIFY ON THE BILL + HE WILL PASS ALONG THE INFO AT THAT TIME according to ~~the~~ his secretary. Paul

"Copy"

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 228

Title An Act relating to the excise tax on and license for the sale of intoxicating liq

Requested by _____ Date _____

II. FISCAL DETAIL

Agency Affected Department of Revenue

Program Category Affected Revenue Collection and Management

Budget Request Unit(s) Affected Audit Division

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
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)						
	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

It is estimated that this bill would raise an additional 3.4 million dollars in FY 80.

IV. DATE 2/14/79 PREPARED BY John R. Messenger

AGENCY Department of Revenue

PHONE 465-2300

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 10/78)

INTRODUCTION AND REFERENCE OF SENATE BILLS AND RESOLUTIONS

SS SJR 11 President Tillion stated that SPONSOR SUBSTITUTE FOR SENATE JOINT RESOLUTION NO. 11 (proposing to Congress an amendment to the Constitution of the United States relating to the budget of the United States of America) which had been referred to the Finance Committee on February 13 (page 225) would be changed to the State Affairs Committee only.

SB 227 SENATE BILL NO. 227 by Senators Colletta and Stimson (relating to insurance for alcoholism and drug dependence) is now available in the Documents Room.

SB 228 SENATE BILL NO. 228 by the Rules Committee by request of the Governor (relating to excise tax on and license fees for sale of intoxicating liquors) is now available in the Documents Room.

Fiscal note is zero.

Governor's transmittal letter on SENATE BILL NO. 228 follows:

February 14, 1979

The Honorable Clem Tillion
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, I am transmitting a bill providing for an increase in liquor taxes and liquor license fees to produce necessary revenues. It is identical to last legislature's Committee Substitute for Senate Bill 167, except that the first section of that bill has been relocated to sec. 8 of this bill (to follow Alaska Statutes numerical order). Section 8 of the bill amends AS 43.60.010(a) to increase the tax on liquor sold in the state.

The remaining sections of this bill provide for increases in liquor license fees, including the wholesale liquor license fees and wholesale malt beverage and wine license fees for those businesses which transact more than $500,000 of business per year. Increases for other license fees are: beverage dispensary licenses -- from

$500 to $750 and from $1,000 to $1,500; restaurant licenses -- from $300 to $500; roadhouse licenses -- from $150 to $250; club licenses - from $400 to $800; bottling works licenses --from $100 to $500; retail licenses -- from $600 to $1,000. SB 228

These increases are necessary in order to provide continued funding for alcohol-related programs.

Sincerely,

Jay S. Hammond
Governor

CONSIDERATION OF THE CALENDAR

CITATIONS

Senator Colletta moved and asked unanimous consent that the Citation - In Memoriam Franklin Warren Butte, by Senators Rodey and Ray and Representative Munson, be approved.

The Senate approved the Citation unanimously and it was referred to the Secretary for transmittal to the House.

UNFINISHED BUSINESS

Senator Hackney requested that the Judiciary Committee referral on SENATE BILL NO. 41 (exemption from income tax for senior citizens) be waived and the bill be referred to the Finance Committee. SB 41

SENATE BILL NO. 41 was referred to the Health, Education and Social Services Committee and the Finance Committee.

SB

233

S. H~~B~~ 79-86

SB 233 An Act relating to the public school four-a-time program; to educational assessments of children;

By Ferguson

Introduced 3-2-79

Logged - 32-79

Referred - Finance & Labor & Management

Comm. Meeting 3-14-79 - Made a part of SB 199 which was passed out as C.S. on 3-15-79

" action ~~Pass~~

Paul Called Bill Thomson 2800 for FN

- ✓ Mr. Michael Linke Office asked for Position Paper if they had one.
- ✓ Ferguson
- Bob VanHouten
- ✓ Wanda Cordery (Comm. Study)

COMMITTEE REPORT

SENATE

~~2/13/79~~ 3/2/79

FURTHER: Finance and L&M

Date: March 15

Mr. President:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had SB 233 ~~SB 109~~ relating to public school foundation program; ~~effective~~ date to educational assessments of children; to correspondence study

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING DO PASS

MEMBERS HAVING OTHER RECOMMENDATIONS:

_____ CHAIRMAN

S 60 (Rev. 12/78)

HE 55

attach thus
to sh 233 & do
not do this
again. Use the
proper Committee
report which shows
the Contract referred
& Correct date

F. Mulligan

SB 233 changes

p. 5, line 17 - delete 35,090 + insert 34, .133

p5, line 21 - delete "appropriate"

p5, line ~~21~~ 24 - after deleting info in brackets insert language - ~~[illegible]~~ after the word "department;" however, this does not apply to students enrolled in centralized correspondence study prior to the effective date of this section.

p6. line 13 - insert new section 13 which reads:

~~AE~~

Section 13. AS 14.17.031 (e) is repealed effective July 1, 1980.

you are adding sec 4 + deleting sec 12 in this section

Section 14 will read - Sections 4 and 11 of this Act take effect immediately in accordance with AS 01.10.070 (c).

Section 15 will read Sections 1-8, 9, 10 and 12 will take effect July 1, 1980.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. SB 233
Title Public School Foundation Program; Correspondence Study
Requested by Senator Ferguson Date March 14, 1979

II. FISCAL DETAIL
Agency Affected Education
Program Category Affected DOE Correspondence, Contract Schools, Special Ed. Assessment Fund
Budget Request Unit(s) Affected Foundation, Financial Support Programs

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.	1750.0	1954.0	32,225.0	32,869.5**	35,526.9**	34,197.4**
	TOTAL	1750.0	1954.0	32,225.0	32,869.5**	35,526.9**	34,197.4**

** Increases based upon 2% instructional unit growth rate; no inflation adjustments

FUNDING (Thousands of Dollars)

GENERAL FUND	1750.0	1954.0	32,225.0	32,869.5	35,526.9	34,197.4
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify)	-0-	-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)

*Section 1. No Fiscal Impact
" 2. 7,215.2
" 3. No Fiscal Impact
" 4. No Fiscal Impact
" 5. 578.0
" 6. (1,219.4)
" 7. 1,807.1
" 8. 21,695.1
" 9. No Fiscal Impact
" 10. No Fiscal Impact
" 11. No Fiscal Impact
" 12. FY-79 1,750.0, FY-80 1,954.0, FY-81 2,149.0

* See attached detail sheets

IV. DATE March 14, 1979 PREPARED BY William B. Thomson
AGENCY Education
PHONE 465-2800

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

33-001 (Rev. 10/78)

Sec 12

District	Projected 1979-80 ADM	(÷) 1500	(X) I.U. Value	= Revenue
Anchorage	34,167	23	31,900	733,700
Bristol Bay	212	.14	49,445	6,922
Cordova	469	.31	36,685	11,372
Craig	161	.11	34,452	3,790
Dillingham	317	.21	49,445	10,383
Fairbanks	8,421	5.61	35,728	200,434
Galena	162	.10	49,445	4,945
Haines	398	.26	36,685	9,538
Hoonah	251	.16	35,728	5,716
Hydaburg	106	.07	34,452	2,412
Juneau	4,109	3	31,900	95,700
Kake	199	.13	34,452	4,479
Kenai	5,959	4	34,452	137,808
Ketchikan	2,333	1.55	31,900	49,445
King Cove	105	.07	47,850	3,350
Klawock	80	.05	34,452	1,723
Kodiak	2,243	1.50	37,004	55,506
Matanuska-Susitna	4,500	3.0	33,176	99,528
Nenana	213	.14	38,280	5,359
Nome	758	.50	49,445	24,723
North Slope	1,171	.78	49,445	38,567
Pelican	35	.02	35,728	715
Petersburg	565	.38	33,176	12,607
Sitka	1,710	1.0	33,176	33,176
Skagway	210	.14	34,452	4,823
St. Mary's	107	.07	49,445	3,461
Unalaska	145	.10	47,850	4,785
Valdez	938	.63	36,685	23,112
Wrangell	453	.30	33,176	9,953
Yakutat	175	.12	38,280	4,594
Adak	552	.37	44,660	16,524
Alaska Central Railbelt Schools	376	.25	38,280	9,570
Alaska Gateway Schools	474	.32	38,280	12,250
Aleutian	243	.16	47,850	7,656
Annette Island	348	.23	33,176	7,630
Bering Strait	456	.30	49,445	14,834
Chatham	192	.13	34,452	4,479
Chugach	52	.02	38,280	766
Copper River	656	.44	36,685	16,141
Delta/Greely	916	.61	38,280	23,351
Iditarod	309	.21	49,445	10,383
Kuspuk	318	.21	49,445	10,383
Lake and Peninsula	396	.26	49,445	12,856
Lower Kuskokwim Schools	1,776	1.18	49,445	58,345
Lower Yukon	1,159	.77	49,445	38,073
Northwest Arctic Schools	1,522	1.0	49,445	49,445
Pribilof	165	.11	47,850	5,264
Southeast Island	408	.27	34,452	9,302
Southwest Region	476	.31	49,445	15,329
Yukon Flats	323	.21	49,445	10,383
Yukon-Koyukuk	576	.38	49,445	18,789
				1,954.4

Section 3

Bill Thomson, Director
Management, Law & Finance

February 1, 1979

Ray Minge, Program Manager
Career & Vocational Education

A revision in the current vocational foundation formula to the proposed formula change would increase the total number of vocational Instructional Units by twelve for FY'80, or $511,995.

The proposed change is:

Current	Proposed
11-25 F.T.E. = 2 I.U.'s	11-18 F.T.E. = 2 I.U.'s
26-40 F.T.E. = 3 I.U.'s	19-40 F.T.E. = 3 I.U.'s

The following school districts and schools would be increased by one unit:

District and School	Unit Value
Anchorage Borough School District	
Evening High School	$ 31,900.00
Annette Island School District	
Metlakatla High School	33,176.00
Bristol Bay Borough School District	
Bristol Bay Consolidated High School	49,445.00
Craig City School District	
Prince of Wales High School	34,452.00
Kenai Borough School District	
Seward	34,452.00
Lower Yukon School District	
Mountain Village	49,445.00
Hooper Bay	49,445.00
North Slope Borough School District	
Anaktuvik Pass	49,445.00
Nuiqsut High School	49,445.00
Northwest Arctic School District	
Kiana	49,445.00

District and School	Unit Value
Yukon-Koyukuk Satellite Schools	49,445.00
Correspondence Study	31,900.00
	$511,995.00

RM:sf

Foundation Support
SB 293

	District	ADM	# of Instr. Units	Instr. Unit Allotment 31900 Base	Basic Need	Instr. Unit Allotment 35090 Base	Basic Need	35090 Base plus increase in per cents	X Number of Instr. Units	figuring ele. Elementary Separately	Elem. figured Separately	Correspondence Student Units Deer	Corres. Credit	Growth of Units @ 290	Total 7-1-81 SB 293
1	Anchorage	34167	2113	31900	67404700	35090	74145170	35090	-	155	$438950	-	-	1493780	68057900
2	Bristol Bay	224	23	49445	1137235	54389	1250947	54389	-	-	-	-	-	-	1750947
3	Cordova	450	39	36685	1430715	40353	1573767	40353	-	-	-	-	-	40353	1614120
4	Craig	161	17	34457	585689	37897	644249	37897	-	-	-	-	-	-	644249
5	Dillingham	317	37	49445	1829965	54389	2012293	54389	-	-	-	-	-	54389	2067226
6	Fairbanks	8421	575	35728	20543600	39301	22598075	39301	-	29	1139729	3	(117903)	43831	24052172
7	Galena	162	18	49445	890010	54389	979002	55793	2547	-	-	-	-	-	1004274
8	Haines	398	35	36685	1283975	40353	1412355	40353	-	-	-	-	-	40353	1452708
9	Hoonah	251	26	35728	928928	39301	1021826	39301	-	-	-	-	-	39301	1061127
10	Hydaburg	106	14	34457	482398	37897	530558	37897	-	-	-	-	-	-	530558
11	Juneau	4109	281	31900	8995800	35090	8895380	35090	-	9	315810	1	(35090)	210540	10386640
12	Kake	199	21	34457	723497	37897	795837	37897	-	-	-	-	-	-	795837
13	Kenai	5959	457	34457	15744564	37897	17318929	37897	-	8	303176	3	(113691)	341073	17849487
14	Ketchikan	2333	168	31900	5359200	35090	5895120	35090	-	5	175450	2	(70180)	140360	6140750
15	King Cove	105	14	47850	699900	52635	736890	52635	-	-	-	-	-	-	736890
16	Klawock	80	8	34457	275616	37897	303176	37897	-	-	-	-	-	-	303176
17	Kodiak	2243	196	37004	7254784	40704	7977984	40704	-	2	81408	1	(40704)	162816	8181504
18	Mat-Su	4500	316	33176	10481616	36494	11537104	36494	-	10	364940	6	(218964)	218964	11897044
19	Nenana	213	23	38780	880440	42108	968484	43867	4034	-	-	-	-	-	10088476
20	Nome	758	68	49445	3362260	54389	3698452	55793	9547	-	-	-	-	55793	3849717
21	North Slope	1171	139	49445	6872855	54389	7560071	55793	1951	-	-	1	(55793)	167379	7866157
22	Pelican	35	6	35728	214368	39301	235806	39301	-	-	-	-	-	-	235806
23	Petersburg	565	47	33176	1559272	36494	1715218	36494	-	-	-	-	-	36494	1751712
24	Sand Point														
25	Sitka	1710	120	33176	3981120	36494	4379280	36494	-	7	255458	-	-	72988	4707726
26	Skagway	210	20	34457	689940	37897	757940	40353	4917	-	-	-	-	-	807060
27	Si Tinny's	107	16	49445	791170	54389	870224	55793	2464	-	-	-	-	-	872688
28	Unalaska	145	16	47850	765600	52635	842160	52635	-	-	-	-	-	-	842160
29	Valdez	938	81	36685	2971485	40353	3268593	40353	-	-	-	-	-	80706	3349299
30	Wrangell	453	41	33176	1360216	36494	1496254	36494	-	-	-	-	-	36494	1532748
31	Yakutat	175	19	38780	737320	42108	800052	43867	3396	-	-	-	-	-	833378
32															
33															
34	Total	70665	4450		164944483		178944351		46115	225	8074921	177	(652325)	3604091	194432193
35															
36	Correspondence	680	43	31900	1371700	35090	1508870	35090	-	-	-	-	-	35090	1543960
37															
38															
39	ESTIMATES ONLY														
40															

Foundation Support
SP233

Prepared By	Levels	Date
Approved By		

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
				Instr. Unit Allotment	Difference Col. 3 - 5	Additional Instr. Units				Total	

	Read	ADM	# of Instr. Units	Instr. Unit Allotment 31900 Base	Basic Need	Instr. Unit Allotment 35090 Base	Basic Need	35090 Base Plus Increase in per cents	X number of Instr. Units	figuring Elementary Separately	Elem. figured Separately	Corres. Study Units Deeded	Corres. Credit	Growth of Units @ 2%	Total 77-81 SP 233
1	Adak	552	41	44660	1831060	49176	2014160	49176	—			—	—	49176	2063292
2	AK Central	376	46	38280	1760880	42108	1936968	43862	80684			—	—	43862	2061514
3	AK Gateway	474	59	38280	2258520	42108	2484372	43862	103486			2	(87724)	43862	2543996
4	Aleutians	243	44	47850	2105400	52635	2315940	52635	—			—	—	52635	2368575
5	Annette	348	30	33176	995280	36497	1094820	37897	4090			—	—	37897	1174805
6	Bering	456	70	49445	3461150	54390	3807300	55793	98210			1	(55793)	55793	3905510
7	Chatham	192	25	34452	861300	37897	947425	37897	—			—	—	—	947425
8	Chugach	52	10	38280	382800	42108	421080	40353	(17550)			—	—	—	403530
9	Copper River	656	64	36685	2347840	40353	2582592	40353	—			2	(80706)	40353	2542239
10	Delta/Greely	916	71	38280	2717880	42108	2989668	43862	1924	2	87724	1	(43862)	43862	3020196
11	Iditarod	309	56	49445	2768920	54390	3045840	55793	78568			1	(55793)	55793	3114408
12	Kuspuk	318	54	49445	2670030	54390	2937060	55793	75767			—	—	55793	3068615
13	Lake + Pen.	316	73	49445	3609485	54390	3970470	54390	—			—	—	54390	4024860
14	Lower Kusk	1776	89	49445	9345105	54390	10771710	55091	132489			—	—	120364	10631563
15	Lower Yukon	1157	141	49445	6971745	54390	7668990	55091	198841			—	—	165273	7935104
16	NW Arctic	1522	166	49445	8207870	54390	9028740	55793	93898			1	(55793)	167379	9373272
17	Pribilof	165	23	47850	1100550	52635	1210605	52635	—			—	—	—	1210605
18	S/E Island	408	65	34452	2239380	37897	2463305	37897	—			2	(75794)	37897	2744408
19	Southwest	476	83	49445	4103935	54390	4514370	54390	—			—	—	108780	4677150
20	Yukon Flats	323	51	49445	2521695	54390	2773890	55793	71553			—	—	55793	2901236
21	Yukon Koy	576	82	49445	4054490	54390	4459980	55793	115046			2	(111586)	111586	4575026
22															
23	Totals	11693	1443		66315315		72941991		1236611	2	87724	17	(567051)	1400438	75105013
24															
25															
26															
27															
28															
29															
30															
31	ESTIMATES ONLY														
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SB

260

COMMITTEE REPORT

SENATE

FURTHER: Finance, Labor & Management

4/3/79

Date: 3-19-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 260 repealing the school tax

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Steve Dalby
CHAIRMAN

NO REC

S 60 (Rev. 12/78)

SB 260 "An Act repealing ~~the picture tax~~ SHESS 79-80 and providing for an ~~effective~~ date.
By Stimson

Introduced 4-3-79
Logged 4-3-79
Referred Finance and Labor & Mgmt.
Comm. meeting 3-19-80 – passed out of comm. 2-no rec – 1 pass
" action → taken Senate Reg. 3-20-80 – 8:30 AM

F/N re memo herein.

STATE OF ALASKA / JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF REVENUE

OFFICE OF THE COMMISSIONER / POUCH S – JUNEAU 99811

April 19, 1979

The Honorable Glenn Hackney
Chairman
Senate Health, Education &
Social Services Committee
Assembly Building, Room 105
Juneau, AK 99801

Dear Senator Hackney:

SENATE BILL NO. 260

Senate Bill 260, an Act repealing the school tax, was introduced in the Senate on April 3, 1979, and was referred to the Senate Health, Education and Social Services, Finance and Labor and Management Committees.

For the consideration of the Senate Health, Education and 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.

Sincerely,

R. D. Stevenson
Special Assistant

Enclosure

cc: The Honorable John C. Sackett
Chairman, Senate Finance Committee

The Honorable Frank Ferguson
Chairman, Senate Labor & Management Committee

Thomas K. Williams, Commissioner
Department of Revenue

Gary L. Jenkins, Director
Audit Division
Department of Revenue

04-D2LH

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill No. 260
Title An Act repealing the school tax
Requested by Health, Education & Social Services, Date April 17, 1979
Finance and Labor & Management Committees

II. FISCAL DETAIL
Agency Affected Revenue
Program Category Affected Fiscal Services
Budget Request Unit(s) Affected Audit Division

EXPENDITURES (Thousands of Dollars) None

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
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)

02-0018 (Rev. 10/76)

STATE
of ALASKA

MEMORANDUM

TO: R. D. Stevenson
Special Assistant
Department of Revenue

DATE: April 17, 1979

FILE NO:

TELEPHONE NO:

FROM: Gary L. Jenkins
Director
Audit Division

SUBJECT: Senate Bill No. 260

This bill would repeal the school tax which is ch. 45 of Title 43. The result of this action would be a loss of revenue to the State for 1980 of approximately $2,500,000.

There would be no affect on the administrative costs as a result of this legislation.

March 5, 1980

TO: Senator Terry Stimson

FROM: Sandy Perry

RE: SB 260; "An Act repealing the school tax"

As stated in the letter attached to the FY note of April '79, the loss of revenue to the State would be approximately $2,500,000.

According to Mr. Gary Jenkins of the Dept. of Revenue, there is NO distinction as to "Program Management Costs".....collections, with holdings, etc. are not single entities and therefore a figure can not be put to it.

As to how many people it takes to manage the School Tax Program, the above holds true also.

As far as forms are concerned ..... all that would need to be done would be a line drawn thru the School Tax portion. Postage and paper handling would not change significantly.

Repealing the School Tax would however relieve Excedrin Headache # 43.45.010.

Glenn—

I hope this answers some of your questions and will help move this bill out of H&S as expeditiously as possible.

Terry SP

cc: Senator Glenn Hackney

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill No. 260
Title An Act repealing the school tax
Requested by Health, Education & Social Services, Date April 17, 1979
Finance and Labor & Management Committees

II. FISCAL DETAIL
Agency Affected Revenue
Program Category Affected Fiscal Services
Budget Request Unit(s) Affected Audit Division

EXPENDITURES (Thousands of Dollars) None

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
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

STATE
of ALASKA

MEMORANDUM

TO: R. D. Stevenson
Special Assistant
Department of Revenue

DATE: April 17, 1979

FILE NO:

TELEPHONE NO:

FROM: Gary L. Jenkins
Director
Audit Division

SUBJECT: Senate Bill No. 260

This bill would repeal the school tax which is ch. 45 of Title 43. The result of this action would be a loss of revenue to the State for 1980 of approximately $2,500,000.

There would be no affect on the administrative costs as a result of this legislation.

Article 2. Disaster Severance Tax.

Section
110 — 160. [Repealed]

Secs. 43.43.110 — 43.43.160.
Repealed by § 2 ch 247 SLA 1970.

Editor's note. — The repealed article derived from § 1, ch. 31, FSSLA 1967.

Section 2, ch. 247, SLA 1970, effective July 1, 1970, provides that this repeal does not prevent the expenditure of funds authorized by other disaster relief legislation.

Chapter 45. School Tax.

Section
10. Tax imposed
20. Persons exempt from tax
30. Record of withholding
40. Overpayment, credit, and refund
50. [Repealed]
60. Penalties

Sec. 43.45.010. Tax imposed. (a) There is imposed a school tax of $10 a year upon each person 19 years of age or older gainfully employed in the state or on the waters of the state, except (1) a married person who is unemployed and entirely dependent upon the income of the spouse and whose spouse has paid a school tax, and (2) a person exempt under § 20 of this chapter.

(b) The proceeds of the tax levied by this chapter shall be paid into the general fund of the state.

(c) The tax is due on January 1 and shall be paid before April 16 of the calendar year following the year for which it is imposed. An employer upon the first regular payroll after January 1 of each calendar year or, in the cases of employees on later payrolls, on the first payroll after their employment, shall deduct the tax from the employee's salary or other compensation and send it to the commissioner of revenue at the same time the quarterly state net income tax withholding return is filed, except that no deduction may be made in the first pay period from the compensation of a person casually employed unless the amount earned in the first pay period is $25 or more. Return forms for this purpose shall be prescribed and provided by the commissioner of revenue. (§ 1 ch 41 SLA 1957; am § 1 ch 175 SLA 1957; am § 1 ch 149 SLA 1959; am § 1 ch 179 SLA 1960; am § 111 ch 127 SLA 1974)

Effect of amendment. The 1974 amendment, in item (1) of subsection (a), substituted "person" for "woman," "the spouse" for "her husband," and "whose spouse" for "whose husband."

Am. Jur. and C.J.S. references. — 47 Am. Jur., Schools, §§ 76 to 82; 51 Am. Jur., Taxation, §§ 132 to 137, 147, 184, 337, 387 to 407, 443, 565, 805, 894 to 900, 970, 1020, 1066, 1098, 1128, 1275.

84 C.J.S. Taxation § 640.

Sec. 43.45.020. Persons exempt from tax. Persons in the active military or naval service of the United States, paupers, insane persons, persons cared for by the state and persons permanently injured, infirm, maimed or crippled so as to be disabled from earning a livelihood are exempt from the payment of the school tax. (§ 37-4-3 ACLA 1949; am § 2 ch 179 SLA 1960)

Sec. 43.45.030. Record of withholding. Every employer making a deduction and withholding a school tax shall furnish to the employee upon request a record of the amount of tax withheld from the employee on a form prescribed and furnished by the commissioner of revenue. (§ 37-4-4 ACLA 1949; am § 3 ch 179 SLA 1960)

Sec. 43.45.040. Overpayment, credit, and refund. The commissioner of revenue may credit or refund an overpayment of the tax, a tax erroneously or illegally assessed or collected, a penalty collected without authority, and any tax unjustly assessed or excessive in amount or wrongfully collected. (§ 37-4-5 ACLA 1949; am § 4 ch 179 SLA 1960)

Sec. 43.45.050. Failure to file return.
Repealed by § 3 ch 166 SLA 1976.

Cross reference. — For civil penalty imposed for failure to file a return or report, or pay the full amount of a tax, or a portion or a deficiency of the tax, see AS 43.05.220.

Editor's note. — The repealed section derived from § 1, ch. 41, SLA 1957; § 1, ch 175, SLA 1957; § 1, ch. 149, SLA 1959; § 1, ch. 179, SLA 1960.

Sec. 43.45.060. Penalties. (a) If a person required under this chapter to collect, account for, and pay over the school tax imposed by this chapter, wilfully fails to do so or if a person wilfully attempts to evade or defeat the tax imposed by this chapter, he is, in addition to other penalties provided by law, guilty of a misdemeanor, and upon conviction is punishable by a fine of not more than $1,000, or by imprisonment for not more than one year, or by both, together with the costs of prosecution.

(b) An individual who wilfully makes and signs a return which he does not believe to be true and correct as to every material matter is guiity of a misdemeanor, and upon conviction is punishable by a fine of not more than $1,000, or by imprisonment for not more than one year, or by both, together with the costs of prosecution.

(c) In this section "person" includes an officer or employee of a corporation or a member or employee of a partnership who is under a duty to perform the act in respect to which the violation occurs. (§ 37-4-6 ACLA 1949; am § 5 ch 179 SLA 1960)

Article
1. Cigarette Tax
2. Additional Cig

Section
10. License
20. Separate lice
30. License fees
35. Wholesaler-d
40. Expiration o
50. Transfer of
60. Refunds
70. Revocation
80. Returns

Sec. 43.50.
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Sec. 43.5
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SB

261

COMMITTEE REPORT

SENATE

FURTHER: Labor & Management

4/4/79

3-24-80

Date: 2-27-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 261 relating to physical therapists

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[✓] replace with CS for _____ [✓] same title [ ] new title

and recommends [illegible]

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

_____

Colletta

_____

_____

_____

_____

_____

_____

_____

MEMBERS HAVING
OTHER RECOMMENDATIONS:

_____

_____

_____

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_____

[illegible]

CHAIRMAN

S 60 (Rev. 12/78)

D 0258

[redacted] "Contract prison labor" S. HESS 79-80
[redacted]

Introduced 4-4-79
Logged 4-4-79
Referred Labor & Mgmt.
Comm. hearing 2-27-80 ~~passed CS as amended~~ Rec'd for CS.
" action ~~passed as amended~~ CS rec'd 3-21-80 @ 3:45 P.m. CS rec'd.
3-24-80 passed @ S. SB 761 – CS rec'd & Lecture 3-24-80
Rec'd. 4:P.M. from Joe Bachus

~~Ratified~~ Dixon Klokkevold ~~ratified~~ (Chm. 78)
Garrett in Occup. Lic!

Physical Therapists

SENATE BILL NO. 261, (see p. 467, 1979 report). Reported back to the Senate March 25 by Health, Education and Social Services with the committee recommending it be replaced with SUBSTITUTE and do pass. Senator Ferguson, Chairman of the Labor and Management Committee, waived referral on SB 261. To Rules.

SUBSTITUTE, which makes minor changes to original bill, amends statutes relating to the licensing of Physical Therapists in Alaska (AS 08.84, Physical Therapists Practice Act). Changes membership on State Physical Therapy Board and deletes provision for staggered terms. Deletes "registration of" and inserts "licensing of" throughout AS 08.84. SUBSTITUTE takes away from Physical Therapy Board the responsibility for conducting examinations for applicants. Adds new section to AS 08.84 relating to the licensure of foreign-trained therapists. Increases application, licensure, and renewal fees and fees for a temporary permit. Deletes requirement that application for examination be submitted to Department at least 40 days before the examination date. Licenses shall be renewed every four years rather than every two years. SUBSTITUTE adds: "A license may not be renewed unless the applicant demonstrates his competence as a physical therapist or physical therapy assistant in a manner established by the board . . . " Amends section relating to refusal, revocation and suspension of license. Allows person licensed under chapter to practice only under the prescription and direction of a person licensed to practice medicine, osteopathy, dentistry or podiatry. (last two added). Repeals and re-enacts definition of "physical therapy." No effective date.

SB 261

Sec.#1	08.84.010 ---/	Deletes "registration of" and inserts "licensing of" throughout the bill. Changes membership on State Physical Therapy Bd. and deletes provision for staggered terms. Members now appointed for 4 years.
	08.84.010 (b)	Takes away from Physical Therapy Bd. The responsibility of conducting exams for applicants.
Sec. 2	08.84.030	Adds to qualifications for licensing.
Sec. 3	08.84.032	New section to AS 08.84 relating to licensure of foreign trained therapists.
Sec.4	08.84.040	Outlines qualifications applicant possess required by AS 08.84.030 OR AS 08.84.032
Sec.5	08.84.050	Fees--Increases application licensure and renewal fees and fees for a tempory permit.
Sec. 6	08.84.060	LIcensure by acceptance of credentials in States and adds "District of Columbia".
Sec. 7	08.84.065	Temporary permit.Bd. may issue by acceptance of credentials or by examination in line with requirements of AS 08.84.030 (2) "pass to satisfaction of Bd. examination from Professional Examination Service Assoc. to determine fitness for practice.
Sec. 8	08.84.080 (b)	Examinations-deletes requirement that application be submitted 40 days before examination date.
Sec. 9	08.84.090	Licensure
Sec.10	08.84.100 (a)	License renewed every 4 years rather than 2 years.
	" " " (c)	New
Sec.11	08.84.120	amended allows person licensed to practice only under prescription & direction of person licensed to practice medicine, osteopathy, dentistry or podiatry (last two added.
Sec.12	08.84.130	False claim of license-deletes registration adds licens
Sec.13	08.84.140	Penalty for Fraud: deletes registration adds license
Sec.14	08.84.150	Licensure-amended to permit student in accredited therapy program or a graduate of a foreign school of therapy when fulfilling internship requirement. 08.84.032 (3) "pass to satisfaction of board an exam from the Professional Examination Sercice Assoc.
Sec.15	08.84.160	adds dentistry & podiatry.
Sec.16	08.84.180	Investigations-board relieved from investiagtion and reguest appropriate authorities to conduct investigatio
Sec.17	08.84.190	(3) Repeals and re-enacts definition of "Physical Therapy".

...g of drugs to both inpatients and outpatients and which is ...e responsibility of a staff pharmacist;

..."outpatient dispensing" means dispensing drugs for ...stration outside of the hospital pharmacy's control;

..."prescription department" means that section of a business in ... prescriptions for medications are compounded, filled and ...ed by a licensed pharmacist;

..."shopkeeper" means a retail dealer who sells over the counter ...nal preparations in original unbroken packaging which do not ...e a prescription for dispensing. (§ 2 ch 194 SLA 1955; am §§ 27 ...h 206 SLA 1972; am § 11 ch 53 SLA 1973)

...**of amendment.** — The 1973 ...ment repealed paragraph (6).

...**ative committee report.** — For ...ch. 53, SLA 1973 (CSHB 382), see ...ve Journal, pp. 793, 885.

...08.80.490. Short title. This chapter may be known as the ...macy Act. (§ 1 ch 194 SLA 1955)

Chapter 84. Physical Therapists Practice Act.

...r Medical Board (§§ 08.84.010 — 08.84.020)
...stration (§§ 08.84.030 — 08.84.12...
...cial Acts (§§ 08.84.130 — 08.84...5)
...l Provisions (§§ 08.84.190 — ...84.200)

Article 1. State Medical Board.

...Physical Therapy Board
...sability of Administrative ...edure Act

...08.84.010. State Physical Therapy Board. (a) There is created ...State Physical Therapy Board, which consists of five members ...ted by the governor. The membership consists of one physician ...d to practice medicine in the state, three physical therapists ...ed in the state, and one lay person. Members of the board shall ...nted for terms of one, two and three years, respectively; all ...ent appointments shall be made for a term of three years and ...their successors are appointed.

The Physical Therapy Board shall conduct examinations for ...nts and shall control all matters pertaining to the registration of ...al therapists and physical therapy assistants and the practice of ...al therapy. The board shall

...pass upon the qualifications of applicants;

...conduct examinations;

(3) issue temporary permits and registration certificates to physical therapists and physical therapy assistants qualified under this chapter;

(4) suspend or revoke registration certificates, when necessary;

(5) keep a current register listing the name, business address, date and number of registration certificate of each physical therapist and physical therapy assistant who is registered to practice in this state;

(6) keep a record and minutes of its meetings, proceedings and hearings. (§ 15 ch 74 SLA 1957; am § 8 ch 49 SLA 1969; am § 1 ch 71 SLA 1974; am § 1 ch 208 SLA 1975; am § 2 ch 43 SLA 1977)

Effect of amendments. — The 1974 amendment rewrote this section.

The 1975 amendment substituted "American Physical Therapy Association" for "American Physical Therapist Association" at the end of the former third sentence of subsection (a).

The 1977 amendment, in subsection (a), deleted the former third, fifth, and sixth sentences, which read, respectively, "The members shall be selected from a list of 10 persons which shall be submitted by the Alaska Chapter of the American Physical Therapy Association", "Vacancies on the board shall be filled by appointment in like manner", and "Board members are not entitled to a travel or per diem allowance."

Legislative committee report. — For report on ch. 43, SLA 1977 (SB 110), see 1977 Senate Journal, p. 173.

Am. Jur. reference. — 41 Am. Jur., Physicians and Surgeons, § 31.

Sec. 08.84.020. Applicability of Administrative Procedure Act. The board shall comply with the Administrative Procedure Act (AS 44.62).

Article 2. Registration.

Section		Section	
30.	Qualifications for registration	80.	Examinations
35.	Malpractice insurance	90.	Registration
40.	Application for registration	100.	Renewal of registration
50.	Fees	110.	[Repealed]
60.	Registration by endorsement	120.	Refusal, revocation and suspension of registration
65.	Temporary permit		
70.	[Repealed]		

Sec. 08.84.030. Qualifications for registration. To be eligible for registration by the board as a physical therapist or physical therapy assistant, an applicant shall

(1) be of good moral character;

(2) have graduated from a school of physical therapy approved by the Council on Medical Education and Hospitals of the American Medical Association, or the American Physical Therapy Association;

(3) pass to the satisfaction of the board an examination from the Professional Examination Service Association, to determine his fitness for practice as a physical therapist or physical therapy assistant, or be entitled to registration without examination as provided in § 60 of this chapter. (§ 3 ch 74 SLA 1957; am §§ 1, 8 ch 49 SLA 1969; am §§ 1, 2 ch 26 SLA 1970; am § 25 ch 245 SLA 1970; am § 2 ch 71 SLA 1974; am § 2 ch 208 SLA 1975)

Effect of amendments. — The 1974 amendment repealed and re-enacted this section, renumbering the paragraphs and inserting "or physical therapy assistant" in the introductory language and in present paragraph (3).

The 1975 amendment substituted "Professional Examination Service Association" for "professional examination service of the American Public Health Association" in paragraph (3).

Legislative committee report. — Chapter 245, SLA 1970 (HCSSB 399 am H), was identical to CSHB 406 (Jud.). For report on CSHB 406 (Jud.), see 1970 House Journal Supplement No. 6.

Sec. 08.84.035. Malpractice insurance. If medical malpractice insurance for physical therapists becomes unavailable on the voluntary market and the director of insurance finds, after public hearing, that the unavailability is impairing the delivery of physical therapist services to the public, the director of insurance may require all persons registered 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 registration under this chapter. The provisions of this section are satisfied if the registrant's employer maintains insurance for him from the Medical Indemnity Corporation of Alaska. (§ 29 ch 102 SLA 1976)

Sec. 08.84.040. Application for registration. To be registered as a physical therapist or physical therapy assistant, an applicant shall apply to the board on a form prescribed by the board. An applicant shall include in his application, evidence under oath that he possesses the qualifications required by § 30 of this chapter. (§ 4 ch 74 SLA 1957; am § 3 ch 71 SLA 1974)

Effect of amendment. — The 1974 amendment inserted "or physical therapy assistant" in the first sentence.

Sec. 08.84.050. Fees. The following fees shall be imposed under this chapter when applicable:

(1) application	$25
(2) registration by examination	25
(3) registration by endorsement	25
(4) biennial renewal	25
(5) temporary permit	10

(§ 4 ch 74 SLA 1957; am § 2 ch 49 SLA 1969; am § 3 ch 26 SLA 1970)

Sec. 08.84.060. Registration by endorsement. The board may register without examination an applicant who is a physical therapist or physical therapy assistant registered under the laws of another state or territory, if the requirements for registration in that state or territory were, at the date of his registration, substantially equal to the

requirements in this state. (§ 6 ch 74 SLA 1957, am § 4 ch 26 SLA 1970; am § 4 ch 71 SLA 1974)

Effect of amendment. — The 1974 amendment inserted "or physical therapy assistant" near the middle of the section.

Sec. 08.84.065. Temporary permit. (a) The board may issue a nonrenewable temporary permit to an applicant for registration by endorsement or by examination who meets the requirements of § 30(1) and (2) of this chapter and pays the required fee.

(b) A temporary permit issued to an applicant for registration by endorsement is valid for eight months or until the board considers the applicant's endorsement application, whichever occurs first.

(c) A temporary permit issued to an applicant for registration by examination is valid for eights months or until the results of the first examination for which the applicant is scheduled are published, whichever occurs first. If the applicant fails to take the first examination for which he is scheduled his temporary permit lapses on the day of the examination. (§ 5 ch 26 SLA 1970; am § 5 ch 71 SLA 1974; am § 3 ch 208 SLA 1975)

Effect of amendments. — The 1974 amendment substituted "registration" for "licensure" in subsections (a) and (b) and in the first sentence of subsection (c).

The 1975 amendment substituted "§ 30(1) and (2)" for "§ 30(1), (2) and (3)" in subsection (a).

Sec. 08.84.070. Registration fee.
Repealed by § 8 ch 49 SLA 1969.

Editor's note. — The repealed section derived from § 6, ch. 74, SLA 1957.

Sec. 08.84.080. Examinations. (a) The board shall examine applicants for registration as physical therapists or physical therapy assistants at the times and places it determines.

(b) An application for examination shall be submitted to the department at least 40 days before the examination date. (§ 7 ch 74 SLA 1957; am § 3 ch 49 SLA 1969; am § 6 ch 26 SLA 1970; am § 6 ch 71 SLA 1974)

Effect of amendment. — The 1974 amendment, in subsection (a), inserted "or physical therapy assistants" and deleted the former second sentence.

Sec. 08.84.090. Registration. The board shall register an applicant who meets the qualifications for registration under this chapter. It shall issue a certificate of registration to each person registered. A certificate of registration is prima facie evidence of the right of the person to

represent himself as a registered physical therapist or registered physical therapy assistant. (§ 8 ch 74 SLA 1957; am § 7 ch 71 SLA 1974)

Effect of amendment. — The 1974 amendment added "or registered physical therapy assistant" to the end of the third sentence.

Sec. 08.84.100. Renewal of registration. (a) A registered physical therapist or physical therapy assistant shall renew his registration biennially with the Department of Commerce and Economic Development on or before the date set by the department under AS 08.01.100(a). If the registration is not renewed on or before that date, it lapses.

(b) A penalty of $10 shall be charged in addition to all delinquent renewal fees for reinstatement of a registration which remains lapsed for more than 60 days. If the registration remains lapsed for more than three years, the board may require the applicant to take and pass the examination given under § 30(3) of this chapter. (§ 9 ch 74 SLA 1957; am § 4 ch 49 SLA 1969; am § 8 ch 71 SLA 1974; am § 4 ch 208 SLA 1975; am § 54 ch 218 SLA 1976)

Effect of amendments. — The 1974 amendment inserted "or physical therapy assistant" near the beginning of the first sentence of subsection (a).

The 1975 amendment substituted "§ 30(3)" for "§ 30(4)" in the second sentence of subsection (b).

The 1976 amendment substituted "Department of Commerce and Economic Development" for "Department of Commerce" in the first sentence of subsection (a).

Sec. 08.84.110. Renewal fee.
Repealed by § 8 ch 49 SLA 1969.

Editor's note. — The repealed section derived from § 9, ch. 74, SLA 1957.

Sec. 08.84.120. Refusal, revocation and suspension of registration. The board may refuse to register an applicant, may refuse to renew the registration of a person, and may suspend or revoke the registration of a person who

(1) is habitually drunk or addicted to the use of narcotic drugs;

(2) is, in the judgment of the board, guilty of immoral or unprofessional conduct;

(3) has been convicted of violating a state or federal narcotic law;

(4) has been convicted of a crime involving moral turpitude;

(5) is guilty, in the judgment of the board, of gross negligence in his practice as a physical therapist;

(6) has obtained or attempted to obtain registration by fraud or material misrepresentation;

(7) has been declared mentally ill by a court and has not thereafter

(8) has treated or attempted to treat ailments of human beings otherwise than by physical therapy, or has attempted to practice independent of the prescription and direction of a person licensed to practice medicine or osteopathy;

(9) as a physical therapy assistant, has attempted to practice physical therapy which has not been initiated, supervised and terminated by a registered physical therapist. (§ 10 ch 74 SLA 1957; am § 5 ch 49 SLA 1969; am § 9 ch 71 SLA 1974)

Effect of amendment. — The 1974 amendment added paragraph (9).

Cited in Leege v. Martin, Sup. Ct. Op. No. 131 (File No. 256), 379 P.2d 447 (1963).

Article 3. Unlawful Acts.

Section
130. False claim of registration forbidden
140. Penalty for fraud in obtaining registration
150. Registration of physical therapists
160. Practice of registered physical therapist
170. Penalty
189. Investigation by board
185. Limits or conditions on license discipline

Sec. 08.84.130. False claim of registration forbidden. (a) A person not registered as a physical therapist, or whose registration is suspended or revoked, or whose registration is lapsed, who uses in connection with his name the words or letters "R.P.T.," "Registered Physical Therapist," or other letters, words, or insignia indicating or implying that he is a registered physical therapist, or who in any way, orally, or in writing, directly or by implication, represents himself as a registered physical therapist is guilty of a misdemeanor.

(b) A person not registered as a physical therapy assistant, or whose registration is suspended or revoked, or whose registration is lapsed, who in any way, orally, or in writing, directly or by implication, represents himself as a registered physical therapy assistant is guilty of a misdemeanor. (§ 11 ch 74 SLA 1957; am § 10 ch 71 SLA 1974)

Effect of amendment. — The 1974 amendment designated the provisions of this section as subsection (a) and added subsection (b).

Sec. 08.84.140. Penalty for fraud in obtaining registration. A person who wilfully makes a false oath or affirmation or who obtains or attempts to obtain registration by a fraudulent representation is guilty of a misdemeanor. (§ 12 ch 74 SLA 1957)

Sec. 08.84.150. Registration of physical therapists. (a) It is unlawful for anyone to practice physical therapy without being registered in accordance with this chapter.

(b) A person practicing physical therapy without being registered on April 27, 1969 may continue to practice for a period of six months. At

in order to continue to practice physical therapy in the state. (§ 14 ch 74 SLA 1957; am § 6 ch 49 SLA 1969)

Sec. 08.84.160. Practice of registered physical therapist. A person registered under this chapter may not treat human ailments by physical therapy or otherwise except under the prescription and direction of a person licensed to practice medicine or osteopathy. This chapter does not authorize any person to practice medicine, osteopathy, chiropractic, or other method of healing. A person who violates this section is guilty of a misdemeanor. (§ 13 ch 74 SLA 1957; am § 7 ch 49 SLA 1969)

Sec. 08.84.170. Penalty. A person who violates this chapter is guilty of a misdemeanor, and upon conviction is punishable by a fine of not less than $50 nor more than $500, or by imprisonment for not more than 30 days. (§ 17 ch 74 SLA 1957)

Sec. 08.84.180. Investigation by board. The board shall investigate every supposed violation of this chapter coming to its notice and shall report all cases which in the judgment of the board warrant prosecution to the proper law enforcement officials. (§ 17 ch 74 SLA 1957)

Sec. 08.84.185. Limits or conditions on license; discipline. (a) In addition to action under § 180 of this chapter, upon a finding that by reason of demonstrated problems of competence, experience, education or health the authority to practice physical therapy should be limited or conditioned or the practitioner disciplined, the board may reprimand, censure, place on probation, restrict practice by specialty, procedure or facility, require additional education or training, or revoke or suspend a registration.

(b) The Administrative Procedure Act (AS 44.62) applies to any action taken by the board under this section. (§ 29 ch 102 SLA 1976)

Article 4. General Provisions.

Section
190 Definitions
200 Short title

Sec. 08.84.190. Definitions. As used in this chapter, unless the context otherwise requires,

(1) "board" means the State Physical Therapy Board;

(2) "physical therapist" means a person who practices physical therapy;

(3) "physical therapy" means the treatment of a bodily or mental condition of a person by the use of the properties of heat, light, water, electricity, massage, therapeutic exercise including physical rehabilitation procedures, and physical therapy evaluation, treatment planning, instruction and consultative services; the use of roentgen rays

electricity for surgical purposes, including cauterization, are not included within the term "physical therapy";

(4) "physical therapy assistant" means a person who assists in the practice of physical therapy or portions of it as initiated, supervised, and terminated by a registered physical therapist; his responsibilities do not include testing or evaluation. (§ 2 ch 74 SLA 1957; am § 11 ch 71 SLA 1974)

Effect of amendment. — The 1974 amendment substituted "State Physical Therapy Board" for "State Medical Board" in paragraph (1), inserted "and physical therapy evaluation, treatment planning, instruction and consultative services" in paragraph (3), and added paragraph (4).

Sec. 08.84.200. Short title. This chapter may be cited as the Physical Therapists Practice Act. (§ 1 ch 74 SLA 1957)

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. [Repealed]

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 amendments. — The 1973 amendment inserted "and Psychological Associate" in the first sentence.

The 1976 amendment added "and two persons who have no direct financial interest in the health care industry" at the end of the second sentence.

(8)

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.

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. Repealed by § 1 ch 42 SLA 1977.

Editor's note. — The repealed section derived from § 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)

Cited in Allred v. State, Sup. Ct. Op. No. 2343 (File No. 2343), 554 P.2d 411 (1976).

Sec. 08.86.090. Administrative duties of the department. The department shall furnish administrative services for the board. (§ 1 ch 136 SLA 1967)

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

SENATE BILL NO. 261

"An Act relating to physical therapists."

Senate Bill No. 261 provides for licensure rather than registration of physical therapists, permits the appointment of a licensed physical therapy assistant to the board, deletes the requirement that the Professional Examination Service Association examination be the only examination recognized as a condition of licensure, adds provisions governing the licensure of foreign trained therapists, permits the board to adopt regulations and updates the definition of physical therapy.

The Department of Health and Social Services believes that the amendments to the existing Physical Therapists Practice Act would enable the board to function effectively. The Department endorses this bill.

Recommended by: Dean F. Tirador

Dean F. Tirador, M.D.
Director, Division
of Public Health

Date: 3/19/80

Approved by: Helen O Bentley

Commissioner
Department of Health
and Social Services

Date: 3/22/80

ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill No. 261
Title "An Act relating to physical therapists."
Requested by Senate HESS Date 3/19/80

II. FISCAL DETAIL
Agency Affected Department of Health and Social Services
Program Category Affected Health/Division of Public Health
BRU, Program, or Subprogram(s) Affected
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	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)

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

Prepared by: M. Deaver Date: 3/19/80
Division/Office: P.H. Admin. PH: 3090
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: M Hubbard Date: 3/21/80

33 001 (Rev. 12/79)
Modify by DHSS (11-28-79)

SB

263

COMMITTEE REPORT

SENATE

FURTHER: LABOR & MANAGEMENT

4/11/79

Date: 5-12-80

Mr. President:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had SB 263 relating to the licensing of practitioners of naturopathic healing

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[X] replace with CS for _____ [X] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation interpec.

[ ] referred to the _____ Committee

MEMBERS SIGNING DO PASS	MEMBERS HAVING OTHER RECOMMENDATIONS:
Roccetta	Lanyon - No Vote

Vern Hashway
CHAIRMAN

S 60 (Rev. 12/78)

No REC

SB 263 S-Hess 1 An Act relating to the licensing & practice thereof of Osteopathic Physicians & Surgeons & providing for an effective date
By Commerce Comm. By Request

Introduced 4-11-79
Logged - 4-11-79
Referred Labor & Mgmt.
Comm. hearing 4-30-80 - 5-1-80 - 1
" action Passed as CS - Removed Ed. from being formed.
Esther S. Sect @ 10:15 AM 5-13-80
Rptd to Senate Hse 5-20-80

Notify:
Jim Erickson 3824 (4-17-80)
(Rep. Parker's Office) notify:
debbie to get Position Paper.
atty Cmte in Idaho notified.
notify Dr Irving Miller
Tacoma, Wash. Ph: (206) 752-2551
Pres of both Assn. ↑ will come to testify
weeks (3) days

ALASKA STATE MEDICAL ASSOCIATION
~~1135 W. Eighth Avenue • Suite 6 • Anchorage, Alaska 99501~~ • (907) 277-6891
4107 Laurel Street #1, Anchorage, AK 99504

April 30, 1980

Honorable Glen B. Hackney
Chairman, Senate Health & Social Services
Pouch V, MS 3100
Juneau, AK 99811

Re: SB 263 relating to naturopathy

Dear Senator Hackney:

Naturopathic physicians have been practicing in Alaska outside the law for some time. One, in particular, has created a great deal of trouble for the Division of Occupational Licensure and Department of Law, and was served a Cease and Desist Order in Fairbanks for operating a cancer detection clinic, consisting in part of hair analysis. It is our understanding that they are now performing home deliveries. If your office can acquire any information the State has accumulated, you can more readily appreciate the difficulties we may expect by legalization of this group.

Many of us have encountered patients made physicially ill from drug overdose, i.e. thyroid and misuse of cortisone, etc. I have personal experience in attempting to treat a woman who eventually died of breast cancer, after a prolonged naturopathic treatment with laetrile and enzymes while the cancer progressed to inoperability.

I cannot stress too strongly that naturopathy poses no threat whatsoever to the medical profession. It has, in fact, presented some clinical situations we might not otherwise encounter. While we may feel that a caveat emptor policy has some merit, it is clear that much of the public is simply gullible and this is reinforced by the FTC rulings on professional advertising.

Were naturopathy harmless it would be no concern of ours how the public wastes its money, but as I have indicated, many of the "natural drugs" are both potent and potentially toxic; others are worthless. As naturopathy encompasses the gamut of non-surgical illness, there is considerable opportunity for both misuse or inadequate or delayed proper treatment. In addition, it is probable that there will be pressure for access to public funding, as well as to medical and hospital facilities, radiology, laboratory, etc. A separate board would put naturopathy completely outside any control.

We urge you, therefore, to carefully consider what, if any, possible benefit would result from SB 263.

Sincerely,

Winthrop Fish, M.D., Chairman
Legislative Committee

WF/sel

cc: ASMA Legislative Committee
Jeff Landry

5-20-80

Ret'd "Review of Status to License Naturopathic Physicians in Selected States to House Research

Rec'd. Chris Johnson
House Research

[Our Copy]

Introduced: 4/11/79
Referred: Health, Education & Social Services; Labor & Management

BY THE COMMERCE COMMITTEE BY REQUEST

IN THE SENATE

SENATE BILL NO. 263

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the licensing of practitioners of naturopathic healing; and providing for an effective date."

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

* Section 1. AS 08 is amended by adding a new chapter to read:

CHAPTER 45. NATUROPATHS AND NATUROPATHIC PHYSICIANS.

ARTICLE 1. BOARD OF NATUROPATHIC EXAMINERS.

Sec. 08.45.010. ESTABLISHMENT; MEMBERSHIP; APPOINTMENT OF BOARD. (a) There is created the Board of Naturopathic Examiners, consisting of three members appointed by the governor.

(b) Members shall be licensed naturopathic physicians who have been actively engaged in the practice of naturopathy in the state for at least two years immediately preceding their appointment.

Sec. 08.45.020. TERM OF OFFICE; COMPENSATION. (a) Board members serve overlapping three-year terms. Vacancies on the board shall be filled for the unexpired portion of the term.

(b) Board members serve voluntarily except that members are entitled to travel expenses and per diem as allowed by law for other boards.

Sec. 08.45.030. CHAIRMAN. (a) The board shall annually elect a chairman from its members.

Sec. 08.45.040. MEETINGS. The board shall hold a regular meeting annually and other meetings as may be necessary. Special meetings may be called by the chairman or by concurrence of two board members.

Sec. 08.45.050. DUTIES AND POWERS. The board shall

(1) adopt regulations necessary to carry out the purposes of this chapter;

(2) evaluate the qualifications of applicants;

(3) conduct hearings and keep records and minutes necessary for carrying out the purposes of this chapter;

(4) provide for the issuance of temporary permits for persons who are apparently qualified to engage in naturopathic medicine to engage in the practice of naturopathic medicine until certification of the results of the next examination given under AS 08.45.120.

ARTICLE 2. LICENSING OF NATUROPATHIC PHYSICIANS.

Sec. 08.45.100. LICENSING REQUIREMENT. A person may not engage in the practice of naturopathy or naturopathic medicine unless he first obtains a license as provided in this chapter.

Sec. 08.45.110. LICENSURE AS A NATUROPATHIC PHYSICIAN. To be eligible for a license as a naturopathic physician, an applicant shall

(1) hold a high school diploma or the equivalent;

(2) have completed two years of postsecondary education at an accredited college of liberal arts or sciences;

(3) have graduated from an accredited school or college of naturopathic medicine that has as a requirement for graduation successful completion of a course of instruction of at least nine months in each of four years; and

(4) successfully complete an examination given by the board.

Sec. 08.45.120. EXAMINATION. Examination for licensing as a naturopathic physician shall be held at a time and place and conducted in a manner determined by the board. The examination may include practical demonstration and oral and written testing in those subjects usually taught in accredited schools of naturopathic medicine.

Sec. 08.45.130. ENDORSEMENT. The board may license a person as a naturopathic physician if the person is currently licensed as a naturopathic physician in another state or in Canada and that state or province in Canada maintains professional licensing standards equivalent to those in this chapter, and if the state or province extends the same privilege to those holding a license in this state.

Sec. 08.45.140. DENIAL, SUSPENSION OR REVOCATION OF LICENSE. The board may deny, suspend, or revoke the license of a person or applicant who

(1) has obtained or attempted to obtain a license under this chapter by fraud or deceit;

(2) wilfully violates a provision of this chapter or a regulation adopted under this chapter; or

(3) engages in unprofessional conduct.

Sec. 08.45.150. RENEWAL OF LICENSE. Licenses expire biennially on a date set by the department and may be renewed by making an application to the department and meeting the requirements established in this chapter.

Sec. 08.45.160. FEES. The following fees shall be imposed under this chapter:

(1)	application for examination	$ 25
(2)	application for reexamination	10
(3)	license issuance or biennial renewal	100
(4)	issuance of temporary permit	25

ARTICLE 3. GENERAL PROVISIONS.

Sec. 08.45.200. APPLICABILITY OF ADMINISTRATIVE PROCEDURE ACT. The board shall adopt regulations and conduct hearings in accordance with the Administrative Procedure Act (AS 44.62).

Sec. 08.45.210. VIOLATIONS. (a) It is unlawful for a person to

(1) fraudulently obtain or furnish a license, renewal or record required by this chapter;

(2) wilfully violate a provision of this chapter or a regulation adopted under this chapter.

(b) A person who violates this section is guilty of a misdemeanor and upon conviction is punishable by a fine of $500, or by imprisonment for one year, or by both.

Sec. 08.45.220. PRACTICING WITHOUT A LICENSE. A person who practices naturopathy or naturopathic medici ithout first obtaining a license is guilty of a misdemeanor and, upo viction, is punishable by a fine of not more than $1,000, or by imprisonment for not more than one year, or by both.

Sec. 08.45.230. DEFINITIONS. In this chapter

(1) "board" means the Board of Naturopathic Examiners;

(2) "naturopathy" and "naturopathic medicine" means the treatment of the human body through the use of natural agencies, forces, processes, and products, with emphasis on the response of the individual to the disease rather than its treatment in isolation; the term

(A) allows use of all systems of diagnosis, including use of X-ray;

(B) allows treatment by physiological, nutritional, psychological, mechanical, electrical, manual, hydrotherapeutic, phytotherapeutic, mineral and organic substances and agencies which are effective in stimulating normal fun tion of tissues and organs sensitized by disease;

(C) includes

(i) minor surgery, including the drawing of blood for laboratory purposes;

(ii) use of local anesthetic for surgical repair or

care; and

(iii) the practice of natural childbirth in obstetrics, including related minor surgical procedures;

(D) excludes major surgery, the use of narcotics, radiation therapy, and the use of synthetic prescription drugs;

(3) "unprofessional conduct" means

(A) 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); or

(B) conviction of an offense involving moral turpitude.

* Sec. 2. AS 08.01.010 is amended by adding a new paragraph to read:

(22) Board of Naturopathic Examiners.

* Sec. 3. AS 08.01.050(19) is amended to read:

(19) provide investigative services to the boards established under AS 08.20 AS 08.32, AS 08.36, AS 08.45, AS 08.64, AS 08.68, AS 08.71, AS 08.72, AS 08.80, AS 08.84, and AS 08.86, for the purpose of assisting those boards in matters of professional discipline.

* Sec. 4. AS 08.03.010(c) is repealed and re-enacted to read:

(c) The following board has the termination date provided by this subsection: Board of Naturopathic Examiners (AS 08.45.010) -- June 30, 1983.

* Sec. 5. AS 08.03 is amended by adding a new section to read:

Sec. 08.03.020. TERMINATION, CONTINUATION, AND REESTABLISHMENT OF REGULATORY BOARDS. (a) Upon termination, each board listed in AS 08.-03.010 shall continue in existence until June 30 of the next succeeding year for the purpose of concluding its affairs. During this period, termination does not reduce or otherwise limit the powers or authority of each board. One year after the date of termination, a board

continued shall cease all activities.

(b) The termination, dissolution, continuation or reestablishment of a regulatory board shall be governed by the legislative oversight procedures of AS 44.66.050.

(c) A board scheduled for termination under this chapter may be continued or reestablished by the legislature for a period not to exceed four years.

* Sec. 6. INITIAL TERM OF OFFICE. (a) One member of the Board of Naturopathic Examiners first appointed under AS 08.45.010(a) shall serve a term of one year; one shall serve a term of two years; and one shall serve a term of three years. The length of the term of each of the members first appointed shall be designated by the governor.

(b) The provisions of AS 08.45.010(b) do not apply to the members of the first Board of Naturopathic Examiners appointed under AS 08.45.

* Sec. 7. LICENSING OF PRACTITIONERS OF NATUROPATHY OR NATUROPATHIC MEDICINE WITHOUT EXAMINATION. The Board of Naturopathic Examiners shall license all persons who, on the effective date of this Act, meet the qualifications of AS 08.45.110(1) - (3) and who apply for licensure under AS 08.45 not later than one year after the effective date of this Act.

* Sec. 8. AS 08.03.010(d) and (e) are repealed.

* Sec. 9. This Act takes effect July 1, 1979.

SB

267

SS SHESS 79 Subject relating to Special Education"
SB 267
Sumner & Stimson

Introduced 4-17-79
Logged 4-17-79
Referrals - Finance
Comm. Meeting
Comm. Action

4-17-79 - No F/N or position paper. Requested fiscal note.
Sen Sumner had interim study since June on this (Jay Todd typed this)
2/8/80 - Senate Secy tracked SB 267 for 1 SB 267 - Sen Sumner by Leg Stimson drafted.

Notify:

ROBERT WOMACK, 1020 E. 42nd, #19
Anchorage, AK 99504

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. SB 267
Title An Act Relating to Special Education
Requested by Rep. Brian Rogers Date 11/1/79

II. FISCAL DETAIL
Agency Affected Education
Program Category Affected Special Education
Budget Request Unit(s) Affected

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.			239,511.0	256,276.8	274,216.2	293,411.3
	TOTAL	-0-	-0-	239,511.0	256,276.8	274,216.2	293,411.3

FUNDING (Thousands of Doliars)

GENERAL FUND			239,511.0	256,276.8	274,216.2	293,411.3
FEDERAL FUNDS						
OTHER (Specify)						
	-0-	-0-	239,511.0	256,276.8	274,216.2	293,411.3

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

Assumes 7% inflation factor in succeeding fiscal years.

(See attached analysis.)

IV. DATE November 1, 1979 PREPARED BY William R. Thomas
AGENCY Department of Education
PHONE 465-2800

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

33 001 (Rev. 10/78)

August 6, 1979

Senate Bill 267

Originally Introduced 4/17/79
Preliminary Fiscal Note and Analysis

Section 1.AS 14.03.150

No fiscal estimate. DOE does not keep data on number of children/class.

Section 2.AS 14.17.041(f)

Estimated $20.7 (Based on final report 78-79 school year) an increase of $2.0.

Section 3.AS 14.17.041(h)

Estimated $3.1 (1979-80) based on FY'80 Initial Foundation Report.

Section 4 AS 14.30.180

Philosophy, no fiscal impact

Section 5.AS 14.30.192

Covered under current regulations, no fiscal impact

14.30.193

Allowed under current regulations
Fiscal impact not estimable

14.30.194

No fiscal impact

14.30.195

Fiscal impact not estimable

14.30.196

No fiscal impact

14.30.197

Includes additional programs not currently under regulation or funded as a program by the State. There would be significant impact.

Subsections

		Level of service required
1.	$5,039,225	.25
2.	5,039,225	.25
3.	2,845,690	.75
4.	4,093,806	1.00
5.	4,093,806	1.00
6.	4,093,806	1.00
7.	4,093,806	1.00
8.	4,093,806	1.00
9.	4,093,806	1.00
10.		.25, .50, .75, 1.0
11.	(A)$12,765,819	.25, .50, .75
	(C) 16,859,625	.25, .50, .75, 1.0
	(D) 16,859,625	.25, .50, .75, 1.0

Total = $100,831,670

Numbers of students in each level of service catagory (computer data as of 6/7/79 x average Instructional Unit value).

11.(A) 8978 students levels .25, .50, .75 at an average cost of $300 per student equals $2,693,400. This cost reflects medical/psychological evaluation only. Does not include cost of social services.

Mental Health services based on average cost or of $45.00 per hour. An average of 6 hours counseling is estimated. This would be very low in some cases.

12(B) 15/hour x 6 hours = 270 x 8978 students equals $2,421,900 (estimates from Juneau Mental Health).

Section 14.30.198(c)

Out-of-District placements currently total $212,846.

Section 14.30.199

Already in statute except that reevaluation required annually.

Section 14.30.201

Redundent with existing statute and regulation.

Section 14.30.202

(A) Redundent with existing statute and regulation.

(B) Fiscal impact unknown.

Section 14.30.203

(3) Requires school psychologist. 1 psychologist per 1500 students, 60 new positions = $1,511,100. This would be difficult to achieve in terms of availability of staff.

(4) Nurse x 52 districts = $1,309,620
Social worker x 52 districts = $1,309,620
Guidance counselor x 52 districts = $1,309,620
No figures are available to indicate number under subsection 4 average/ADM. Estimates based on 1/district would increase drastically during first year.

Section 14.30.204

Redundent with current regulations.

Section 14.30.206

Redundent with current regulations.

Section 14.30.207

Redundent except for subsection (5) requires counseling, not considered district responsibility.

Section 14.30.208

Redundent

Section 14.30.209

Fiscal impact not estimable.

14.30.211

Under the weighted formula the impact would equal the impact of 10,000 new students and cause districts to hire 1000 new teachers.

Computed 9931 exceptional children deleted from 90,000 = 80,069 students. Exceptional children added back with weighted formula attached = 100,014.

Section 14.30.211

Under section #1 AS 14.03 maximum class size is established for the regular classroom. This section would have massive fiscal impact especially when small districts would be required to have additional staff during the school year. Law suits, etc., would result due to lack of space for classrooms, etc.

(b) Weighing factors would escalate allowing the team to cause districts to hire or release staff prior to school board action. Inconsistant with school board's power under the law.

(c) Redundent with subsection (b) above.

Section 14.30.213

Surrogate parents are not currently legally defined in Alaska Law. The impact cannot be estimated.

Section 14.30.214

Subsection (a) does not allow for due process with LEA.

Subsection (b) due process requirements redundent with current regulation except that the DOE does not currently approve such program placements.

Section 14.30.215 - 222

Redundent with current regulation.

Section 14.30.223

Subsection (1) inconsistent with current State Statutes. District's may expend State support in any way approved by the Board.

Subsection (5) public hearings are not currently required.

Section 14.30.225

Redundent with current regulations.

Section 14.30.226

Current school term is minimum of 180 days.

Fiscal impact with Programs in Valdez (Harborview), API, Hope Cottage. Impact not estimable at this time.

Section 14.30.227

Impact estimated at $1.2 for 79-80 school year.

Transportation, DOE estimated
325/child/year $ 3,022,800

Subsection (B) $199,933 (DHSS figures)

Subsection (D) 325/child/year $ 3,022,800

Subsection (E) diagnostic costs prior estimates by DOE indicate $1.9 for 79-80 school year.

SB

269

COMMITTEE REPORT

SENATE

FURTHER: Judiciary

4/13/79

Date: 5-12-80

Mr. President:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had SB 269 prohibiting the disposal of nuclear waste material

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Chairman Haake

CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

SB 269 "An act prohibiting the disposal of nuclear waste..." SHESS 79-80

Introduced 4-18-79
Logged 4-18-79
Referrals - Judiciary
Comm. Hearing 3-24-80 4-16-80 - held without to hear
Action 5-1-80
Passed out of Committee

CS Suggested - Read LA for added "high level" 4-4 Sent Culter X A.G. for Opinion enclosed Copy of CS

ATTY GENERAL OPINION - herein
Dept of Health & S.D. news paper on CS #69

4-16-80 hearing

3-31-80 mail

Certified Eugene McQueen Civil Defense City Ext 56-586-3300

" Environmental Conservation Sponsor requested.

3-25-80 Tom Hanna with Environmental ad the amendments to be put forth in position paper by HSS by Culter & also the amendments his dept. would have made.

3-26-80 Spoke w Ron Lind - he check out & will have someone in Transp (Highways) send us some language to incorporate in CS to prevent highway type from being used the pending

4-1-80 2 LA for CS.

NOTIFY LYNN RICE
586-3121
DORIS LYNCH
586-6865

Nuclear Waste Material (disposal)

SENATE BILL NO. 269, by Senator Kerttula. Amends AS 18.45.075 (Ch. 45, "Atomic Energy," "Facilities Siting Permit Required") to read: "No person may construct a nuclear fuel production facility, utilization facility, and reprocessing facility [, OR NUCLEAR WASTE DISPOSAL FACILITY] in the state unless he has first obtained a permit from the Department of Environmental Conservation ....." Adds new section to AS 18.45 which prohibits storage and disposal of nuclear waste material in Alaska. Does not provide for effective date.

Introduced April 18 and referred to HESS, then to Judiciary.

3-25-80
2:10 PM

Glenn –

Just what is going to happen to this bill – If it is CS that part is involved? Please.

3/26/80 Can find bill
get on the X-ray
Some one will write or call in language - Greening
Hill

Nee. Rly Comm. would be sensitive to state

can transp. be prohibited over state & Cs
road system?

Dr Rooney – local doc.
Licensed by Nee. Rly. Comm.

SB 269

Suggested language to prohibit transportation of nuclear waste material yet allow Alaskan users, such as hospitals, to dispose of their material:

Prepared by DOT

18.45.028 TRANSPORTATION OF NUCLEAR WASTE MATERIAL. The transportation of nuclear wastes, other than for disposal outside the boundaries of Alaska, are prohibited on the State highway system.

This act becomes effective immediately.

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

SENATE BILL NO. 269

"An Act prohibiting the disposal of nuclear waste material."

Senate Bill No. 269 prohibits the storage and disposal of nuclear waste material in Alaska. This prohibition is without qualification as to quantity, origin, and kind.

Alaska has approximately 35 licensed users of radioactive materials. Since Alaska is not an Agreement State under the Atomic Energy Act, the Department of Health and Social Services does not have jurisdiction over these sources. They are licensed and controlled by the United States Nuclear Regulatory Commission.

Presently, nuclear waste material in some form or other is either stored and/or disposed of in Alaska. It is estimated that from eight to ten of the facilities licensed in the State by the Nuclear Regulatory Commission use unsealed sources which require some storage and disposal following use.

Unsealed sources, as differentiated from sealed sources, are those not encapsulated in a container. Unsealed sources, kept in openable bottles or other containers, are necessary in research and nuclear medicine so they can be used in various laboratory procedures or in medical practice by ingestion, inhalation or injection. This use results in various kinds of radioactive wastes. Facilities presently using unsealed sources are four hospitals located in Juneau, Anchorage, and Fairbanks. Unsealed sources are also frequently used in private, Federal, and State research and/or educational facilities carrying out activities such as those conducted by the NOAA Auke Bay Fisheries Laboratory, U.S. Geological Survey, and the University of Alaska Institutes of Marine Science and Arctic Biology. Some of these unsealed sources may also be used in industrial applications--for example, activities related to the oil industry.

Radioactive wastes are in the form of liquids, contaminated laboratory articles, biological samples, and such items as towels and clothing. Generally these would be stored in liquid-tight barrels, on site, in an area with limited and controlled access. Storage is necessary until materials can be shipped to a licensed radioactive waste disposal site, such as the one in Richland, Washington. Alaska does not have an approved waste disposal site, and the present low volume of such waste has not yet caused a problem for users in Alaska.

Presently, hospitals in Alaska store radioactive waste until it has decayed to very low levels (near background). The material is then either incinerated or disposed of in sanitary sewerage systems according to regulations established by the Nuclear Regulatory Commission.

POSITION PAPER/Department of Health & Social Services

This Bill, if passed as presently worded, will eliminate the use of unsealed radioactive sources in Alaska--a situation which will have a harmful impact on the delivery of medical services and research activities within the State. Accordingly, the following changes in wording are recommended:

Line 12: Leave in the phrase "OR NUCLEAR WASTE DISPOSAL FACILITY".

Lines 26-28: Section 18.45.027. DISPOSAL OF NUCLEAR WASTE STORAGE & DISPOSAL MATERIAL. The disposal of high levels of nuclear waste material in the State from nuclear power plants is prohibited.

The changes recommended above are suggested only to protect the use of radioactive materials in nuclear medicine facilities, research, and education. It is recognized that the prohibition of the disposal of high level waste from nuclear power plants may directly affect future State policy and the interest of other State agencies. This matter of State policy regarding disposal of high level waste has ramifications far beyond the authority of this Department, and consequently is not addressed by this position paper.

With the above recommended changes, the Department of Health and Social Services takes a neutral stand on Senate Bill No. 269.

Recommended by: D F Turner

Dean F. Tirador, M.D.
Director, Division
of Public Health

Date: 17 Mar 80

Approved by: Helen D. Beirne

Helen D. Beirne
Commissioner

Date: 3/20/80

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill 269
Title "An Act prohibiting the disposal of nuclear waste material."
Requested by Commissioner's Office Date 2/26/80

II. FISCAL DETAIL
Agency Affected Department of Health and Social Services
Program Category Affected Health/Division of Public Health
BRU, Program, or Subprogram(s) Affected
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	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)

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

Prepared by: M. Deaver Date: 2/26/80
Division/Office: PH Admin PH: 3090
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: Ted Ollone Date: 2/29/80

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

Dent
4-4-80

Arvin Gross
Attorney General
State Capitol - Rm. 410

In Committee discussion of the SB 269 the provision that the Governor might wish to open a nuclear disposal site on federal land in the Trust Territory.

Such proposal to section "2 Transportation of Radioactive Materials". Can the State of Alaska prohibit the U.S. Government from shipping nuclear waste to transport nuclear waste [illegible]

[illegible]

cc: [illegible]

4-4-80

Tape SB 769 CS.

Sid Hester - If mentioned nuclear regulatory commission - having penitentiary & state right.

Can the member questioned if State & Municipal codes supersede Fed.

Glenn: Agreed federal govt. has right & dispose of federal land regardless of state law.

A G. to see his opinion

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF ENVIRONMENTAL CONSERVATION

POUCH O – JUNEAU 99811

April 15, 1980

The Honorable Glenn Hackney
Chairman
Senate Health & Social
Services Committee
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

The Alaska Department of Environmental Conservation would like to submit the following comments and recommendations on SB 269 concerning the disposal of nuclear wastes in Alaska. We support this bill and the several minor changes which have been recommended. We would be more than willing to present these comments and answer any questions you might have at the 3:00 pm Committee meeting on April 16, 1980.

Sincerely,

Ernst W. Mueller
Commissioner

Enclosure

ALASKA DEPARTMENT OF ENVIRONMENTAL CONSEPVATION

REVIEW OF SB-269
AN ACT PROHIBITING THE DISPOSAL OF NUCLEAR WASTE MATERIAL

Submitted to the
Senate Health, Education and Social Services Committee

SB 269 makes changes in the current Alaska Statutes 18.45.025 FACILITIES SITING PERMIT REQUIRED, to prohibit the siting of any facilities which would allow the storage or disposal of radioactive waste materials within the State of Alaska. The Department strongly supports this legislation, particularly as it relates to the disposal of highly radioactive waste materials from nuclear power plants.

Wastes from nuclear power generating facilities require extremely long storage times before their radioactivity is reduced to safe levels. These wastes are difficult to contain in a safe manner, require extremely expensive containment technology which up to now has not proven reliable for long-term storage. While wastes from existing plants in other states will require some form of disposal method, Alaska should not become a dumping ground for these wastes. SB 267 would prohibit this from occurring, except in the unlikely event of federal preemption.

In supporting this legislation, we understand that a change has been or is going to be made in the legislation to expressly prohibit only the disposal of high level radioactive wastes from nuclear power plants. We support this change, because the disposal of small amounts of low level radioactive wastes generated from medical, laboratory and industrial facilities can be accomplished without creating a hazard to public health and the environment. Many of these low-level wastes cause no danger to the public if they are disposed in a safe and environmentally sound manner. Therefore, the existing authority to establish regulations under AS 46.03.250 should be adequate to assure proper handling and safe disposal of the low-level radioactive waste materials presently being generated in Alaska.

We thank you for the opportunity to comment on this legislation.

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

POUCH K–STATE CAPITOL
JUNEAU, ALASKA 99811
(907) 465-3686

opinion

April 15, 1980

The Honorable Glenn Hackney
Alaska State Legislature
Senate
Pouch V
Juneau, Alaska 99811

Re: Nuclear Waste Transportation
Our file J-66-606-30

Dear Senator Hackney:

On April 4, you requested this department's views on whether the State of Alaska could prohibit the Federal Government from utilizing state roads to transport nuclear waste for disposal within the state. The state of the law in this matter is fluid, and we cannot give a definitive answer.

Many states, and local governments, have enacted legislation prohibiting or restricting the transportation of radioactive wastes across their roads. In response, the Federal Department of Transportation has proposed regulations which, if enacted, would preempt states from imposing outright prohibitions on nuclear waste transport, at least on federal aid highways, although states would be allowed a voice in particular routing decisions. A copy of these regulations is enclosed. Several states are actively protesting these

regulations, and are contemplating litigation in the event that they are adopted -- on the grounds that the regulations are statutorily and constitutionally unauthorized.

Absent the adoption of these regulations, the state probably could prohibit private carriers from transporting nuclear wastes across state roads. A different problem exists with respect to transportation by the Federal Government and its instrumentalities. Unless a specific statutory waiver could be found, direct federal transport would be immune from state regulation. Hancock v. Train, 426 U.S. 167 (1976). Congress has waived federal sovereign immunity with respect to solid waste activities in section 6001 of the Resource Conservation Recovery Act of 1976 (P.L. 94-950). The applicability of that waiver to nuclear waste transportation by the Federal Government would be questioned under section 1006(a) of the Act, which provides that:

> Nothing in this Act shall be construed to apply to (or to authorize any state, interstate, or local authority to regulate) any activity or substance which is subject to the . . . Atomic Energy Act of 1954 (42 U.S.C. 2011 and following) except to the extent that such application (or regulation) is not inconsistent with the requirements of such acts.

As implemented, the regulation of the transportation of nuclear wastes is governed not by the Atomic Energy Act, but rather by the Hazardous Materials Transportation Act.

49 U.S.C. § 1801 et seq. Thus, the exceptions to the sovereign immunity waiver contained in the Resource Conservation and Recovery Act, at least potentially, may not include the transportation of nuclear waste materials. However, because sovereign immunity waivers are strictly construed in favor of the Federal Government (Hancock v. Train, supra) the argument may be a difficult one to make. */

As I hope this letter indicates, the subject of the permissible scope of state regulation with respect to nuclear power involves an accommodation of several major federal regulatory programs, and ongoing federal agency activities. Certainly, 42 U.S.C. § 2021 -- the state cooperation section of the Atomic Energy Act -- has certain preemptive effects. For example, it has been held that states may not prohibit the construction of a nuclear plant for reasons premised on radioactivity hazards, although it may deny siting approval on other environmental or land use grounds. See Northern States Power Co. v. State of Minnesota, 447 F.2d 1143 (8th Cir. 1971); United States v. City of New York, ___ F. Supp. ___, 12 ERC 1600 (SDNY, December 26, 1978); Pacific Legal Foundation v. California State Energy Comm'n,

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*/ The sovereign immunity waiver in the Clean Air Act (sec. 118: P.L. 95-95) may also be applicable, to the extent that transportation of nuclear waste poses a threat of atmospheric radioactive release.

___ F. Supp. ___ 12 ERC 1899 (S.D. Cal., March 6, 1979). The extent to which this rationale is applicable to direct regulation of nuclear waste disposal activities is unclear. Because it is unsettled, many state and local governments have chosen to legislate in this area. Moreover, it is my understanding the Nuclear Regulatory Commission has taken a cooperative attitude in this respect -- although the Department of Transportation, as noted previously, may differ. In sum, it does not appear from initial review that there exists any clear legal obstacle at this time which would override the public interest which would be served by state nuclear power regulation.

Sincerely,

AVRUM M. GROSS
ATTORNEY GENERAL

By: Jonathan K. Tillinghast
Assistant Attorney General

JKT:dlm

Enc.

cc: Ernst W. Mueller, w/enc.
Commissioner
Department of Environmental
Conservation

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

SENATE BILL NO. 269

"An Act prohibiting the disposal of nuclear waste material."

Senate Bill No. 269 prohibits the storage and disposal of nuclear waste material in Alaska. This prohibition is without qualification as to quantity, origin, and kind.

Alaska has approximately 35 licensed users of radioactive materials. Since Alaska is not an Agreement State under the Atomic Energy Act, the Department of Health and Social Services does not have jurisdiction over these sources. They are licensed and controlled by the United States Nuclear Regulatory Commission.

Presently, nuclear waste material in some form or other is either stored and/or disposed of in Alaska. It is estimated that from eight to ten of the facilities licensed in the State by the Nuclear Regulatory Commission use unsealed sources which require some storage and disposal following use.

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Radioactive wastes are in the form of liquids, contaminated laboratory articles, biological samples, and such items as towels and clothing. Generally these would be stored in liquid-tight barrels, on site, in an area with limited and controlled access. Storage is necessary until materials can be shipped to a licensed radioactive waste disposal site, such as the one in Rickland, Washington. Alaska does not have an approved waste disposal site, and the present low volume of such waste has not yet caused a problem for users in Alaska.

Presently, hospitals in Alaska store radioactive waste until it has decayed to very low levels (near background). The material is then either incinerated or disposed of in sanitary sewerage systems according to regulations established by the Nuclear Regulatory Commission.

POSITION PAPER/Department of Health & Social Services

This Bill, if passed as presently worded, will eliminate the use of unsealed radioactive sources in Alaska--a situation which will have a harmful impact on the delivery of medical services and research activities within the State. Accordingly, the following changes in wording are recommended:

Line 12: Leave in the phrase "OR NUCLEAR WASTE DISPOSAL FACILITY".

Lines 26-28: Section 18.45.027. DISPOSAL OF NUCLEAR WASTE MATERIAL. The disposal of high levels of nuclear waste material in the State from nuclear power plants is prohibited.

The changes recommended above are suggested only to protect the use of radioactive materials in nuclear medicine facilities, research, and education. It is recognized that the prohibition of the disposal of high level waste from nuclear power plants may directly affect future State policy and the interest of other State agencies. This matter of State policy regarding disposal of high level waste has ramifications far beyond the authority of this Department, and consequently is not addressed by this position paper.

With the above recommended changes, the Department of Health and Social Services takes a neutral stand on Senate Bill No. 269.

Recommended by: D F Tirador

Dean F. Tirador, M.D.
Director, Division
of Public Health

Date: 17 Mar 80

Approved by: Helen D. Beirne

Helen D. Beirne
Commissioner

Date: 3/20/80

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill 269
Title "An Act prohibiting the disposal of nuclear waste material."
Requested by Commissioner's Office Date 2/26/80

II. FISCAL DETAIL
Agency Affected Department of Health and Social Services
Program Category Affected Health/Division of Public Health
BRU, Program, or Subprogram(s) Affected
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100	PERSONAL SERVICES	0	0	0	0	0	0
200	TRAVEL	0	0	0	0	0	0
300	CONTRACTUAL	0	0	0	0	0	0
400	COMMODITIES	0	0	0	0	0	0
500	EQUIPMENT	0	0	0	0	0	0
600	LAND & STRUCTURES	0	0	0	0	0	0
700	GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	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)

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

Prepared by: M. Deaver Date: 2/26/80
Division/Office: PH Admin PH: 3090
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: [signature] Date: 2/29/80

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

CSSB 269

Section:	18.45.025	Permit required from Environmental Conservation to construct a nuclear fuel production facility and reprocessing facility.
	18.45.027	Prohibits transportation of nuclear waste in State except for purposes of disposal outside the State.
	18.45.029	Prohibits disposal of "High Level Nuclear Waste". Nuclear waste means - nuclear waste produced by nuclear power plants. Does not prohibit radioactive materials used in medicine, scientific research or education.

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 4, 1980

SUBJECT: CSSB 269, relating to nuclear wastes

TO: Senator Glenn Hackney, Chairman
Senate Health, Education and Social Services Committee

FROM: John B. Chenoweth
Legislative Counsel

There was some confusion concerning instructions to complete the second redraft of this committee substitute. While the department's "position paper" wanted a ban only on "high level nuclear wastes" from nuclear power plants, your committee's actual request was limited to "high level nuclear wastes", presumably from any source. I do not know how to quantify "high level" with precision. Not wanting to tie to a figure expressed in terms of measurements that delight physicists and trouble legislators, I have suggested language in the draft that leaves the determination (other than as to wastes from nuclear plants) to an administrative agency. I note that, at 18 AAC 85, the Department of Environmental Conservation has already defined permissible disposable nuclear wastes.

The bill draft also makes clear that the prohibition is not intended to preclude storage and disposal of quantities of nuclear wastes generally used in education, research and medicine.

JBC:ljb

Enclosure

ATE OF ALASKA

JAY S. HAMMOND, Governor

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH

POUCH H-06-JUNEAU 99811

April 15, 1980

The Honorable Glenn Hackney
Chairman
Health, Education
and Social Services Committee
Alaska State Senate
Pouch "V", State Capitol Building
Juneau, Alaska 99811

Document# 79-80

Dear Senator Hackney:

Sid Heidersdorf, Radiological Physicist for the Division of Public Health, is out of town this week and therefore unable to testify at the Wednesday hearing on CSSB 269. He has asked that I convey his concerns regarding this bill to you for consideration by your committee.

We are pleased to note that the Committee Substitute for Senate Bill 269 allows the storage and disposal of nuclear waste resulting from medicine, scientific research and education. We have a few additional concerns we feel should be weighed by the committee in their deliberations on this bill.

Consideration No. 1

Section 18.45.025 removes nuclear waste disposal facilities from the permit requirements listing. At some time in the future, if disposal requirements from medical, scientific and educational sources become great enough, a waste disposal facility may be required within the state for wastes generated from these sources. In that event, any such facility should be required to receive a permit from the Department of Environmental Conservation.

Consideration No. 2

Section 18.45.027 prohibits the transportation of nuclear waste material in the state except for purposes of disposal outside the state. It is suggested that the prohibition should be directed against high level nuclear waste materials since there may be necessity to transport low level wastes from medical, scientific and educational sources. The State has regulations covering the transportation of nuclear materials (18 AAC 85.320).

Consideration No. 3

Section 18.45.029(b)(1)(B) seems to add to the potential for confusion

over the term "high level nuclear material" rather than to clarify the definition as intended. For example, low level wastes from medical, research and educational uses, when improperly stored or disposed of, could be "material of a kind or quantity which .... would constitute a threat to the health or safety of the public....". Safe disposal of radioactive wastes is already covered by regulation in 18 AAC 85.270 - 310.

Recommendations

1. In Section 18.45.025, retain the requirement for a permit for the siting of a nuclear waste disposal facility.

2. In Section 18.45.029, delete subpart (1) (B) since it does not appear to add clarity to the definition of "high level nuclear material" and rephrase 18.45.029 (1) (A) to read "nuclear waste material produced by nuclear power plants and nuclear fuel processing facilities".

3. A preferable alternative to Recommendations 1 and 2 is to delete Section 18.45.029 in its entirety and rephrase Section 18.45.027 as follows:

> Section 18.45.027. TRANSPORTATION, STORAGE AND DISPOSAL OF NUCLEAR WASTE MATERIAL. The transportation, except for purposes of disposal outside the state, storage and disposal of high level nuclear waste material from nuclear power plants or nuclear fuel processing facilities is prohibited.

Such phrasing would be consistent with the continued use of low level nuclear materials for medical, scientific or educational purposes and would eliminate the need for defining "high level nuclear waste".

Department's Position

The Department of Health and Social Services is neutral on CSSB No. 269 if these recommendations are incorporated in the final draft.

Thank you for the opportunity to present Mr. Heidersdorf's testimony to you in this letter. He will be back in his office Monday, April 21st and will be able to provide you or your committee members with any additional information you may require.

Sincerely,

Dean F. Tirador, M.D.
Director
Division of Public Health

DFT/md

SB

226

COMMITTEE REPORT

SENATE

4/23/79

FURTHER: Judiciary

Date: 3-17-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 276

award of visitation rights to grandparents

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Goetta do pass

Johnstone

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Tom Hager
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

SB 276 "An bet providing for ~~S. HESS~~ 79-80
By HESS Comm. of visitation rights to grandparents
By Request

Introduced 4-23-79
Logged 4-23-79
Referred Judiciary
Comm. Meeting 3-17-80 passed
" Action passed - 3-18-80 taken to Senate Secy's



AFTER DIVORCE

Grandparents Have Rights, Too

By Dr. Melvyn A. Berko and Joanne Grant

Question: Since our son's ivorce we don't feel welcome in ur grandchildren's home. The hildren live with their mother nd we would like to visit them ore often. We're still grandparnts. What can we do?

Answer. You bet you're still grandparents! Enjoy and fulfill your wishes by clearly stating your position along with the "how and when" you can be with them.

Do this in writing or by visiting your former daughter - in - law. If she agrees, be sure to hold up your end of the bargain. If your plans change, give her plenty of notice.

Remember, she's their mother so don't criticize her. If she refuses to let you see the children, you now have recourse through the courts.

Growing numbers of grandparents are beginning to press for visitation rights. Did you know that grandparents have organized into self-help groups like Grandparents Anonymous?

The leadership typically comes from paternal grandparents as they are the ones most likely to lose contact with the children as a result of the divorce.

According to family counseling agencies, generally it is the ex daughter-in-law who severs ties with the grandparents. She may be punishing them for the "sins" of their son or believe they have contributed to the breakup of the marriage.

She may also have found a new life with a new husband and doesn't want to be with old and awkward relationships.

Less frequently the divorced son breaks off contact with his children and hence, his parents' link to them.

Dr. Doris Freed, chairman of the committee on research of the Family Law section of the American Bar Association, reported that as little as 18 months ago grandparents did not have the right to seek visitation unless their own children had died. Recently the law has been amended to allow grandparents whose children are living to seek visitation.

Noting the increase in the number of grandparents fighting for visitation and even custody, Dr. Freed stated, "It's not always their right that they are seeking to perpetuate ... It's more or less the rights of the children to love and affection."

The tendency in today's courts is to protect the rights of the child independently of the rights of the parents. As a result, the courts seem to be looking more favorably on grandparents' petitions for visitation.

The love of a grandparent can have a very special place in the lives of their grandchildren.

Your divorce crisis may last one to two years. The booklet, "Color Me Happy," provides a realistic and practical road map for the way back and beyond. For your copy, send $1 and a long, stamped, self-addressed envelope with your request to "After Divorce," Box 4994, Des Moines, Iowa 50306.

GRAND PARENT RIGHTS

Rights Of Grandparents

NEW YORK — (AP) — Grandparents have a right to visit their grandchildren, in spite of disagreements between the child's parents and grandparents, a state court has ruled.

"Visits with a grandparent," the court said, "are often a precious part of a child's experience, and there are benefits which devolve upon the grandchild from the relationship with his grandparents which he cannot derive from any other relationship.

"Neither the legislature nor this court is blind to human truths which grandparents and grandchildren have always known."

The five-member Appellate Division of state Supreme Court in Brooklyn unanimously reversed a lower court decision that kept Gabriel Vacula and his wife Julia, of the Bronx, from visiting their granddaughter, Amy Vacula, 7.

The grandparents had tried on numerous occasions to visit Amy, who remained in the custody of her mother, Carolyn, following the mother's divorce in 1971 from Robert Vacula. The split between the grandparents and Amy was widened by the death of the father in an auto accident in 1974.

Bitter feelings between Amy's parents were carried over to the grandparents, resulting in the mother's rebuffal of the grandparents' attempts to see Amy. The mother subsequnelty was remarried.

The court ruled that "animosity between the mother of children and their grandparents is not a proper basis for the denial of visitation privilages to the grandparents; nor is it a proper yardstick by which to measure the best interests of children."

The case was sent back to the lower court to set terms of visiting privileges.

SEATTLE P.I. JUNE 22, 1976

Vernon's

TEXAS CODES ANNOTATED

FAMILY CODE

Sections 11.01 to End

ST. PAUL, MINN.
WEST PUBLISHING CO.

certain exceptions, from removing minor child from Hill County, was not an abuse of discretion. Wilkerson v. Wilkerson (Civ. App.1972) 483 S.W.2d 690, ref. n. r. e.

Trial court's control over a minor child of a divorced couple extends to determination of the place where the child may reside, and in awarding custody the court may restrict the residence of the child. Minjarez v. Minjarez (Civ.App.1973) 495 S.W.2d 630.

Where trial court in divorce action granted custody of minor children to their natural father, it had discretion to restrict their residence to the home of father's parents, with whom the father also lived, despite contention that the practical effect of such judgment was to award custody to the father's parents and that there were no pleadings to support an award. Id.

§ 14.03. Possession of and Access to Child

(a) If a managing conservator is appointed, the court may appoint one or more possessory conservators and set the time and conditions for possession of or access to the child by the possessory conservators and others.

(b) On the appointment of a possessory conservator, the court shall prescribe the rights, privileges, duties, and powers of the possessory conservator.

(c) The court may not deny possession of or access to a child to either or both parents unless it finds that parental possession or access is not in the best interest of the child and that parental possession or access would endanger the physical or emotional welfare of the child.

(d) The court may grant reasonable visitation rights to either the maternal or paternal grandparents of the child and issue any necessary orders to enforce said decree.

Historical Note

Prior Law:

Acts 1935, 44th Leg., p. 111, ch. 39, § 1.
Acts 1953, 53rd Leg., p. 439, ch. 127, § 1.
Acts 1961, 57th Leg., p. 663, ch. 305, § 1.
Vernon's Ann.Civ.St. art. 4639a, § 1.

Library References

Guardian and Ward ⊂⊃29.
C.J.S. Guardian and Ward § 56 et seq.

Notes of Decisions

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Certainty or definiteness 6
Conditions 5
Discretion of court 4

---

1. In general

Where husband defaulted in wife's divorce action and the court awarded the property of the parties to the wife and all the evidence as to fraud was that wife agreed that if the husband would not fight the divorce the wife would let him see the

(ERA continued)

Economic pressure is being exerted on the 15 states which have failed to ratify the amendment (Alabama, Arizona, Arkansas, Florida, Georgia, Illinois, Louisiana, Mississippi, Missouri, Nevada, North Carolina, Oklahoma. South Carolina, Utah, and Virginia.

Some 40 national organizations, which hold some of the largest conventions in the United States, have agreed not to meet in states where ERA has not been ratified. Some major cities report feeling the impact of loss of business. Many conventions, however, are booked far in advance and organizations may be locked into contracts they cannot break in non-ERA states.

The political battle between pro- and anti-ERA forces is likely to be intense in 1978 legislative sessions. For example, pro-ERA forces claim responsibility for the election defeat of Virginia House Majority Leader James M. Thomson, who had opposed ERA.

Pro-ERA forces, spearheaded b ERAmerica, view the last few states as the toughest to corral. But they claim momentum is building, and the amendment will pass. Just as confide are anti-ERA forces, who point to de feats in state legislatures in 1977 as evidence that the ERA will not be adopted.

(By Elaine S. Knapp, CSG, Lexington.)

Divorce blocks road to grandma's house

"Why don't we go to see Grandma and Grandpa anymore?" is the question often asked by children of divorced parents. To a young child, divorce not only means absence of one parent, but, all too often, absence of his grandparents as well.

States have begun to legislate in this area with laws passed in 1976 and 1977 giving visiting privileges to grandparents in Delaware (HB 1196), New York (SB 314), and Utah (HB 142). Arkansas and Wisconsin (S 11) passed similar laws in 1975.

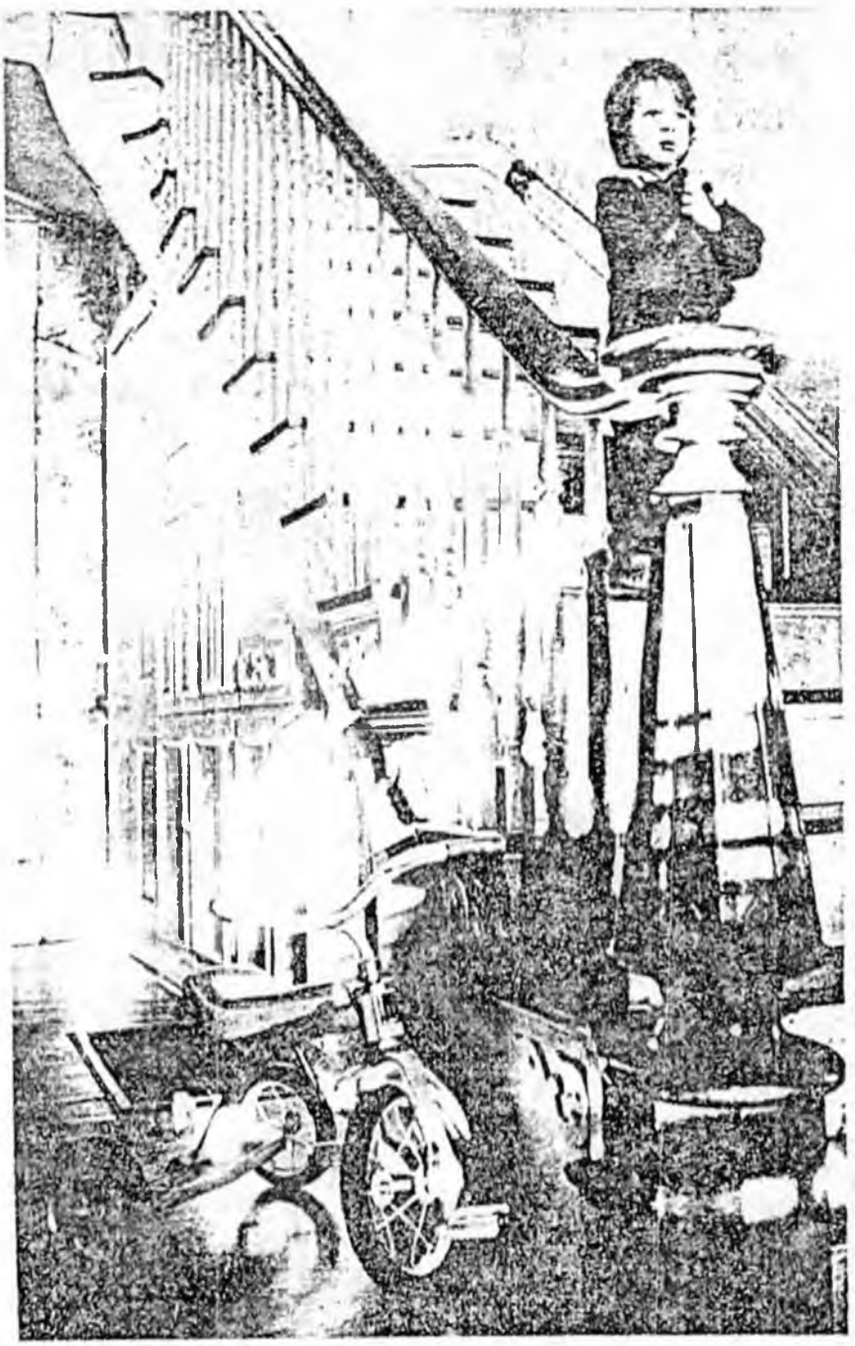
A bill which would have given visiting rights to grandparents in Pennsylvania (HB 2265) was vetoed in 1976 by the governor, who said he feared it would bring about lawsuits by one family member against another, and that the question of visiting rights is a moral issue- not a legal one.

A bill in the Maine Legislature (LD 885) would have allowed judges to award visitation rights to grandparents on a case-by-case basis. The measure failed in the 1977 legislature.

Its sponsor, Representative Gail Tarr, described the divorce rate in Maine as "astronomical" and said visitation rights for grandparents is an important issue.

"When the parents of a child get divorced, the experience can be traumatic enough," she said. "And when Grandma and Grandpa suddenly don't show up anymore, the effect that it would have on a young child just adds to the trauma that the child is already going through."

(By Karen McElroy, CSG, Lexington.)



-AFTER DIVORCE-

By Dr. Melvyn A. Berke and Joanne Grant

COMMENT: Many grandparents whose children are divorced are cut off from contact with their grandchildren. In a previous column we dealt with the psychological and legal aspects of this issue. Your calls and letters, particularly in regard to the legal aspects, prompt us to give you an update.

We had reported that Dr. Doris Freed, co-chairman of the Custody section of the Family Law section of the American Bar Association, saw a trend in the expansion of legal rights of grandparents. Freed recently reported the following states now have a law which provides grandparents an opportunity to obtain visitation: Arkansas, California, Connecticut, Florida, Georgia, Hawaii, Idaho, Iowa, Louisiana, Michigan, Minnesota, Missouri, New Jersey, New York, Ohio, Texas, Wisconsin and Vermont.

In the past, a stepmother or ex-wife whose spouse had died could prevent grandparents from seeing their grandchildren. Now it is the court's decision whether visitation should be granted. The decision is more likely to be favorable if there was frequent contact between the grandparents and grandchildren prior to the death or divorce of the custodial parent's spouse.

For further information you can contact Freed at 425 Park Ave., New York, N.Y. 10022.

Dear Ann Landers: A while back you printed a heartbreaking letter from grandparents who were cut off completely from their only grandchild because the boy's mother (their son's ex-wife) wanted to be punitive. I hope they live in Texas. The law is now on their side. The new Family Code, Senate Bill 168, Section 14.03, Clause D, provides grandparents with legal visiting rights.—Good For Us

Dear Good: Thank you for letting me know. I happily pass the word and hope that the example of the Texas legislature will be followed by all the other 49.

POSITION PAPER/Department of Health & Social Services

POSITION PAPER
ON
SENATE BILL 276

"An Act providing for the award of visitation rights to grandparents."

Senate Bill 276 adds to the section on visitation rights in judgements for custody during divorce or legal separation actions. It provides that grandparents be allowed visitation rights. The fact that parents choose to divorce each other should not automatically preclude the child from visiting grandparents who love a child and can give him emotional support. Sometimes the conflict between parents serves to cutoff a child from his grandparents. This may not be in the best interests of the child.

The Department of Health and Social Services is therefore supportive of Senate Bill 276.

RECOMMENDED BY: _____ DATE: 3/17/80
John Pugh, Acting Director
Division of Social Services

APPROVED BY: _____ DATE: 3/17/80
Helen D. Beirne, Commissioner
Department of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. SENATE BILL No. 276
Title "An Act providing for the award of visitation rights to grandparents."
Requested by _____ Date March 17, 1980

II. FISCAL DETAIL
Agency Affected Department of Health and Social Services
Program Category Affected Social Services
BRU, Program, or Subprogram(s) Affected Social Services
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
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	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify Fund Source)	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-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)

This Bill has no fiscal impact on the Department of Health and Social Services.

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

Prepared by: [signature] Date: 3/17/80
Division/Office: Social Services PH: 465-3170
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: [signature] Date: 3/17/80

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

SB

318

COMMITTEE REPORT

SENATE

FURTHER: Finance

1/14/80

Date: 2/4/80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 318

making a special appropriation to the student scholarship revolving loan program

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[✓] replace with CS for SB 318 [✓] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

S. HESS 79-80

SB 318 "An Act making ... appropriation to the ...

2855

Introduced 1-14-80
Logged 1-14-80
Referred Finance
Comm Meeting [redacted] 1-4-80
" action passed as C.S.

THE COAL BUNKERS

270 ILLINOIS ST. • FAIRBANKS, ALASKA 99701

Telephone 456-5005
Fairbanks, Alaska

January 21, 1980

Senator Glen Hackney
Pouch V
Juneau, Alaska 99801

Dear Glen:

The student loan fund which has a maximum of $2500.00 is an excellent program which isn't costing the State very much money. When it first started the max of $2500.00 was quite sufficient. While it didn't cover all costs it did take care of 80% of them and most students could earn the balance during the summer months. However with inflation on the rise schools are now costing students around $6,000.00/yr and it seems timely to increase the student loan fund max that students can obtain.

If you hear of any bills in the hopper good or bad for the mining industry I would appreciate a call from you.

Sincerely,

Mark B. Ringstad

In my file folder
only, for Monday 2/3.
2/4

(B)

Surgery file only.

Alaska Student Loan Critique from Counselor Point of View:

1. Counselors have not been kept properly appraised of changes in the loan program. For example, the federal insurance requirement was not made apparent until applications were received.

2. The federal insurance requirement which mandates that students must seek intitutional verification of loan is a hassle. The outside institutions could care less regarding the timelines for processing and thus students are denied priority status. Also, some institutions (Oregon State University, for one) demanded that a student file their institutional financial aid forms before verifying the loan application for Alaska.

3. We have serious questions regarding the statement by loan administrators that staffing or lack of staffing is the problem for processing the loans in a timely fashion. In one case, a student filed an addendum for loan due to a change in college in the month of July and the loan has yet to be received at the college (November).

4. Is it possible that the loan program is lost in a multitude of concerns of the Post-secondary Commission? Would it be feasible to operate the program as an independent "business"?

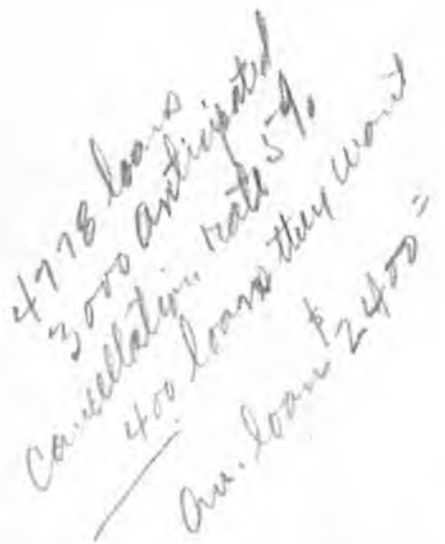
5. Why does the administrative office send so few applications to schools and why is it not possible to zerox copies. The color-coding excuse hardly seems logical if the system provides for a organized maintenance of records.

6. Counselors need workshops to inform us of changes.

7. Repayment provisions should be spelled out in an organized manner and be disseminated with the applications.

8. How are the senior surveys being utilized? We devote much time and effort to seeing that this process is done and receive little or no feedback on how the statistics are put to use.

9. What can we do as practicing counselors to get our message across at the state level? We care about the future of our kids and want to provide the best information possible.



THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 318

Title Special Appropriation to Student Loan Revolving Fund

Requested by House HESS Date 2/1/80

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Commission on Postsecondary Education

BRU, Program, or Subprogram(s) Affected Alaska Student Loan Program

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.			12,000.0			
TOTAL			12,000.0	N.A.	N.A.	N.A.

FUNDING (Thousands of Dollars)

GENERAL FUND			9,494.0	-	-	-
FEDERAL FUNDS						
OTHER (Specify Fund Source)						
Program Receipts			2,506.0	-	-	-

POSITIONS

FULL TIME						
PART TIME				N.A.	N.A.	N.A.
TEMPORARY						

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

This funding would allow loan processing to begin early in t : Spring thereby distributing the work load over a larger number of months. This would accomplisy two objectives:

1. Loans would be processed more timely and students will receive money on time.

2. Staff need for 4.0 temporary employees for peak periods would be reduced to 2.0.

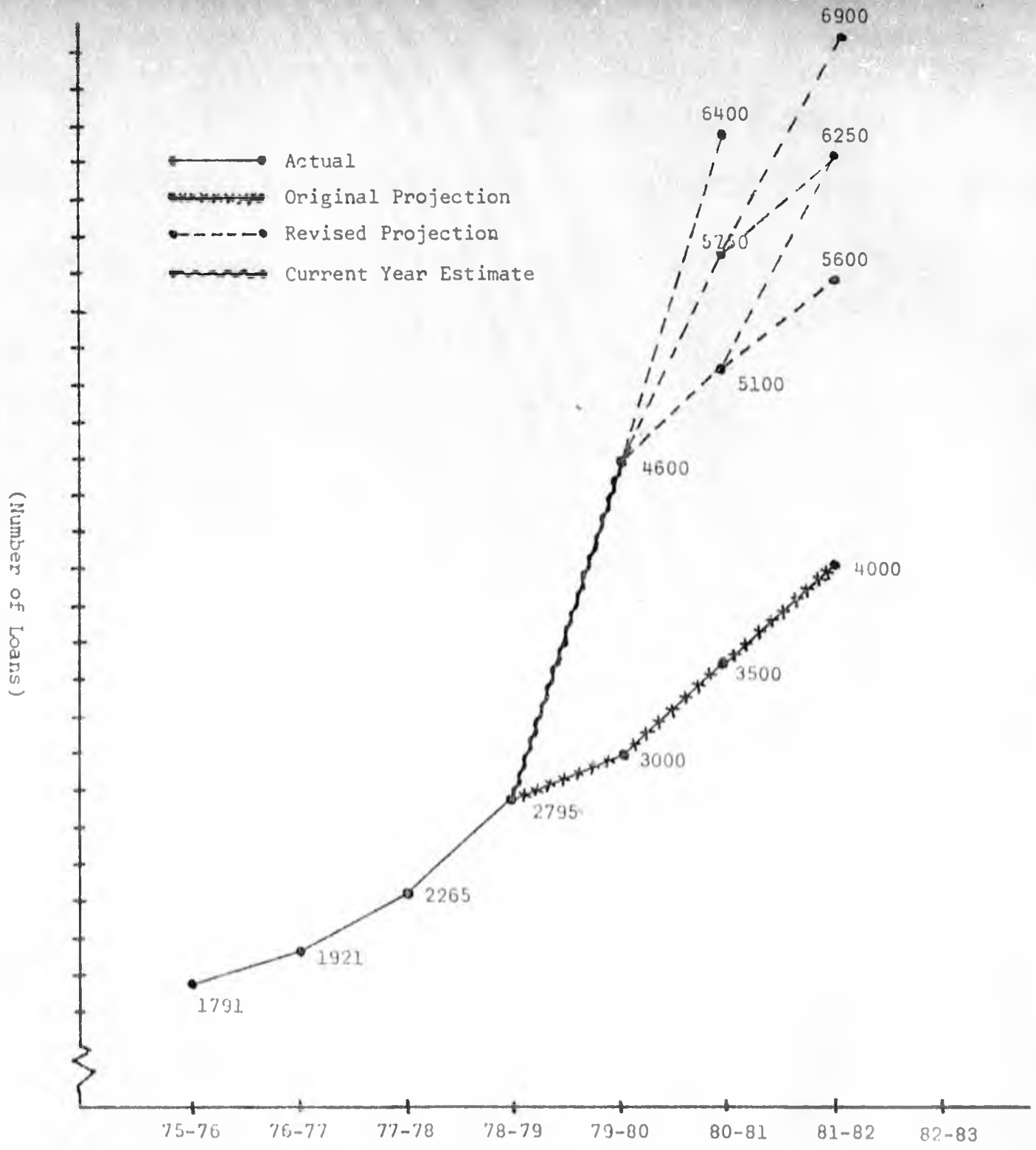
IV. DATE 2/1/80 PREPARED BY Kerry D. Romesburg

AGENCY Commission on Postsecondary Education

PHONE 465-2854

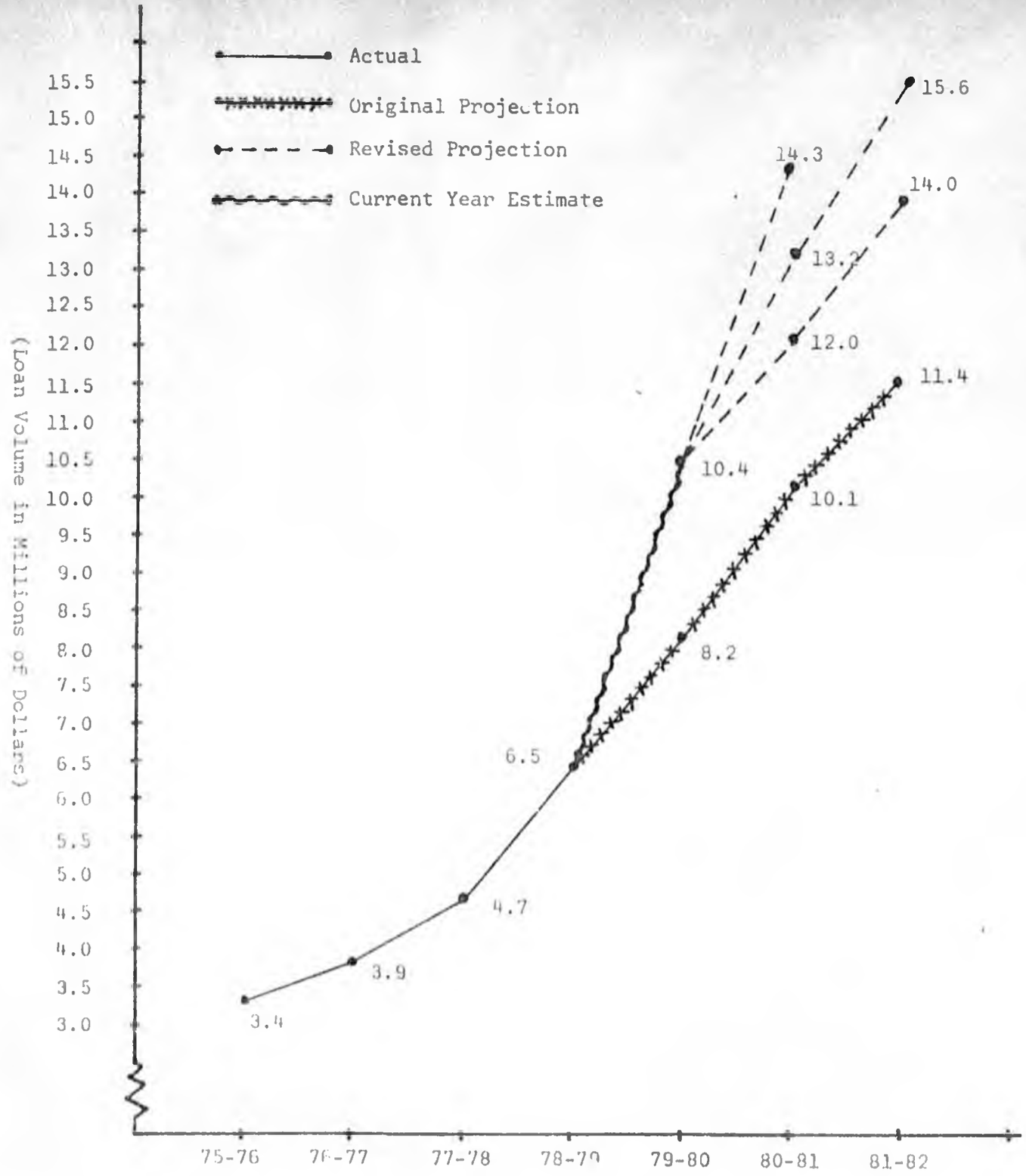
Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

33–001 (Rev. 12/78)



ALASKA STUDENT LOAN VOLUMES

(1975-76 thru 1981-82)



ALASKA STUDENT LOAN VOLUMES

(1975-76 thru 1981-82)

SB

320

COMMITTEE REPORT

SENATE

1/15/80

FURTHER: Finance

Date: 4-2-80

Mr. President:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had SB 320 authorizing state medical assistance payments under the program of general relief assistance for persons 'medically needy'

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[✓] replace with CS for _____ [✓] same title [ ] new title

and recommends INDEFINITE

[ ] AND attaches a "Letter of intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Coletta W/O rec.

CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

AB 320 "An act ~~amending~~ ... relating to ... 79-80
Medicine assistance payments ... the program of Medicaid

Introduced: 1-15-80
Longd - 1-15-80
Referred Finance
Comm. meeting - 1-28-80 - held. - 3-17-80.
" action - passed as C.S. 4-3-80 - taken to Senate Assy.

Requested F/N paper
Dist. Sen. Lin paper
fiscal note
F/N
additional portions paper
for Buckley Ass for C S
Re
3-31-80 -

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill #320
Title An act authorizing General Relief Medical Assistance payments for medically needy
Requested by Senate HESS Committee Date 3/17/80

II. FISCAL DETAIL
Agency Affected Department of Health and Social Sevices
Program Category Affected Health
BRU, Program, or Subprogram(s) Affected General Relief Medical Assistance
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100	PERSONAL SERVICES		159.8				
200	TRAVEL		14.0				
300	CONTRACTUAL		79.0				
400	COMMODITIES		3.0				
500	EQUIPMENT		6.0				
600	LAND & STRUCTURES		-0-				
700	GRANTS, CLAIMS, ETC.		5,275.8				
	TOTAL		5,537.6				

FUNDING (Thousands of Dollars)

GENERAL FUND		5,537.6				
FEDERAL FUNDS		-0-				
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		6.0				
PART TIME						
TEMPORARY						

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

Benefits would be provided to approximately 1,050 medically needy persons who are blind, disabled or over 60 but have income exceeding the need standards for the APA program. Based on the cost of data processing time, approximately $70,000 would be needed to process these additional cases. Based on approved staffing requirements, approximately 5 new positions would be required in field offices around the state, and one new administrative position would be required to provide program support to administer this new program.

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

Prepared by: _____ Date: _____
Division/Office: _____ PH: _____
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: _____ Date: _____

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

Medical Assistance (gen. relief assistance)

SENATE BILL NO. 320, by the Rules Committee by request of the Legislative Council (for the Interim Committee on Services for the Elderly). Amends eligibility requirements for general relief assistance (AS 47.25.120) by adding: "(2) an aged, blind or disabled person who does not receive a payment under the old age assistance program..., the aid to the blind program ..., or the aid to the permanently and totally disabled program ... because the person's income exceeds the income standards of those programs, but who has incurred medical expenses which equal or exceed the difference between the person's monthly income and the income standard applicable to him under a program for which he would otherwise qualify." Provides Act effective July 1, 1980.

POSITION PAPER/Department of Health & Social Services

Addendum to Position Paper
on Senate Bill No. 320

Senate Bill 320 proposes to create a medically needy program under the state-funded General Relief Medical Assistance program administered by the Department of Health & Social Services through the Division of Public Assistance. As written, the bill would extend coverage to persons in Alaska who meet the categorical definitions of eligibility contained in Alaska statute for the Adult Public Assistance (APA) program for the aged, blind, and disabled, but who have income that exceeds the established need standards for the APA program. Senate Bill 321 proposes to create the same program using state-federal funding under the Medicaid Program.

Research by the Department into the income limits of Medicaid medically needy coverage has disclosed that federal statute requires the state to use the AFDC need standard as the base line from which the 133 1/3% medically needy income standard is established. Because the AFDC need standard in Alaska is extremely low compared to the APA need standard, a Medicaid medically needy program in Alaska would be required to have a need standard below the existing APA need standards (see chart below).

Household	AFDC	APA	Medicaid MN Limit
1 Person		$355/ $414	$466.55
2 Adults		$502/ $608	$466.55
1 Adult/ 1 Child	$350		$466.55

POSITION PAPER/Department of Health & Social Services

The Department proposes that the bill be amended to set the need standard for medically needy coverage at 133 1/3% of the APA need standard for a comparably situated indevidual or family. In addition, the Department proposes that the bill be amended to lower the eligibility limit for the need category under the medically needy program to individuals age 60 or older rather than 65 or older as is the limit under the categorical assistance program. The chart below indicates the income levels under the present APA program and under the proposed medically needy program and what they will be in fiscal year 1981 based on the projected 13% cost-of-living increase. To be eligible under the medically needy program, persons would be required to have countable income at or below the standard, or would be required to show that they have incurred medical expenses which require them to spend a portion of their income down to the need standard, with the State paying for the remainder of their covered medical expenses.

	FY 80	
Household	APA	MN (133 1/3%)
1 Person	$335/ $414	$447/ $552
2 Adults	$502/ $608	$669/ $810
	FY 81	
1 Person	$379/ $468	$505/ $624
2 Adults	$567/ $687	$756/ $916

The Department supports in concept SB 320 with the proposed amendments.

Recommended by: Rod Betit 3/17/80

Rod Betit, Director
Division of Public Assistance

Date

Approved by: 3/17/80

Helen D. Beirne, Commisioner
Department of Health & Social Services

Date

Catagories of Service
Covered by Medicaid & GRM

(1) hospital--inpatient and outpatient

(2) skilled nursing facility (SNF)

(3) intermediate care facility (ICF)

(4) intermediate care facility for mentally retarded persons and persons with related conditions (ICF/MR)

(5) labratory and X-ray services

(6) physician services

(7) visual care services, dispensing, and ophthalmic materials

(8) medical transportation

(9) speech, hearing, and language services

(10) psychiatric facility services

(11) home health care services

(12) community mental health clinics

(13) family planning services

(14) outpatient surgical care centers

(15) rural health clinics

(16) dental care--limited to emergency treatment for relief of pain and acute infection

(17) pharmaceuticals and over-the-counter drugs

(18) physical and occupational therapy

(19) prosthetic devices and medical supplies

Attachment B

FY81	Persons Eligible 1/	Persons Utilizing 2/	Medically Needy Utilization Projections	Medically Needy Budget Projections	Cost per Case
OAA	2,606	1,818			
AB	67	47	1,050	$5,275,788	$5,024
AD	2,354	2,045			

1/ Based on the FY 81 budget document

2/ Based on analysis of utilization from Alaska and five states with Medicaid medically needy programs

POSITION PAPER/Department of Health & Social Services

POSITION PAPER
ON
SENATE BILLS 320 AND 321

"An Act authorizing state medical assistance payments under the program of general relief assistance for persons who are 'medically needy'; and providing for an effective date."

"An Act authorizing Medicaid-reimbursable assistance payments for persons who are 'medically needy'; and providing for an effective date."

Senate Bill 320 and Senate Bill 321 would establish a medically needy program for persons who meet all the eligibility requirements for cash assistance to the aged, blind or disabled, except that their countable income exceeds the applicable cash assistance need standard. Medically needy would allow eligible persons to use a portion of their excess income to meet their medical need by spending down to the cash assistance need standard. After they have made payment the medically needy program would provide the remaining coverage necessary.

The Department is awaiting financial data on medically needy programs in other states in an effort to put together a fiscal note for this legislation. While the bills approach the question of medically needy coverage only for aged, blind or disabled persons, the fiscal note will also present information that will include medically needy coverage for persons who meet all AFDC eligibility requirements except income. Half of the required information has arrived and a fiscal note is being prepared. Preliminary analysis has shown that this program will cost in excess of $1 million.

Initial contact with federal staff indicates they will not authorize 50% federal financial participation under Medicaid unless the medically needy program includes coverage of the existing AFDC category as well as the aged, blind, and disabled categories. This federal position appears supported by the federal regulations but not by the federal statutes creating the Medicaid program. If the Department of Health, Education, and Welfare is unwilling to provide financial participation for a medically needy program that does not include AFDC coverage, it may be less costly to the State to include the AFDC category (because of the 50% federal financial participation) than to have a state only medically needy program limited to aged, blind, and disabled persons. Because of the question concerning federal financial participation, both bills would be needed to assure some type of medically needy program may be created.

Two identified gaps exist between the current Medicaid and Catastrophic Illness programs. First the Catastrophic Illness program has a minimum deductible or $1,000 per illness making it impossible for many people to receive coverage for minor cost illnesses, catastrophic or otherwise, when their income exceeds the existing income limits for Medicaid coverage. Second, the catastrophic illness program has largely excluded

POSITION PAPER/Department of Health & Social Services

nursing home coverage. Several persons whose income exceeds the income limits for Medicaid coverage are being covered on a special exception basis under general relief-medical (GR-Med) simply because there is no other coverage available to meet their high medical costs. This coverage then depletes the funds available for other persons eligible to receive GR-Med coverage. A medically needy program would provided additional coverage in these two areas.

The Department does not oppose the addition of a medically needy program which covers the aged, blind, and disabled categories, however, we must oppose passage of S.B. 320 and S.B. 321 as implemented would require substantial funding increases to the Governor's Budget and such a change has not been approved by the Governor's Budget and Management Division or the Budget Review Committee.

Recommended by: Rod Betit 1/25/80

Rod Betit, Director
Division of Public Assistance
(DATE)

Approved by: [signature] 1/25/80

Helen D. Beirne, Commissioner
Department of Health and Social Services
(DATE)

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill #320
Title An act authorizing General Relief Medical/assistance payments for medically needy
Requested by Senate HESS Committee Date 3-17-80

II. FISCAL DETAIL
Agency Affected Department of Health and Social Sevices
Program Category Affected Health
BRU, Program, or Subprogram(s) Affected General Relief Medical Assistance
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100	PERSONAL SERVICES		159.8				
200	TRAVEL		14.0				
300	CONTRACTUAL		79.0				
400	COMMODITIES		3.0				
500	EQUIPMENT		6.0				
600	LAND & STRUCTURES		-0-				
700	GRANTS, CLAIMS, ETC.		5,275.8				
	TOTAL		5,537.6				

FUNDING (Thousands of Dollars)

GENERAL FUND		5,537.6				
FEDERAL FUNDS		-0-				
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		6.0				
PART TIME						
TEMPORARY						

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

Benefits would be provided to approximately 1,050 medically needy persons who are blind, disabled or over 60 but who have income exceeding the need standards for the APA program. Based on the cost of data processing time, approximately $70,000 would be needed to process these additional cases. Based on approved staffing requirements, approximately 5 new postions would be required in field offices around the state, and one new administrative position would be required to provide program support to administer this new program.

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

Prepared by: [signature] Date: 3/17/80
Division/Office: PUBLIC ASS. ANCE PH: 465-3347
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: [signature] Date: 3/17/80

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

THIS [X] BILL [ ] RESOLUTION [ ] CITATION

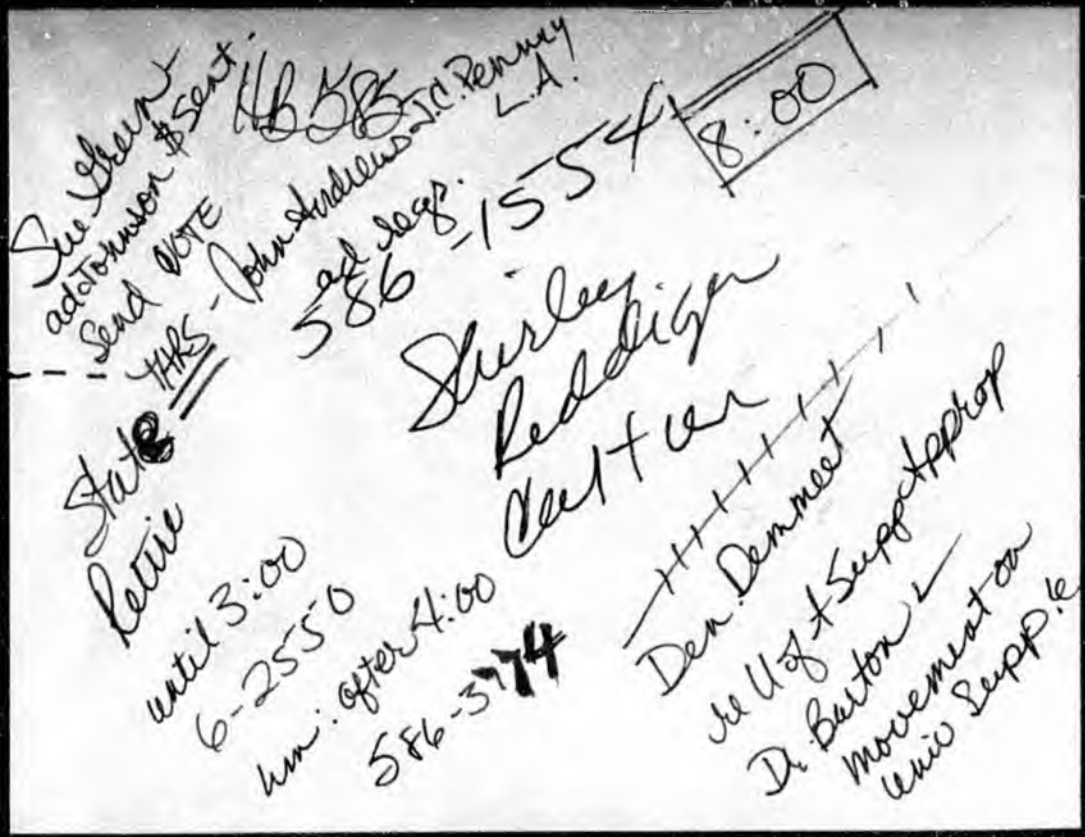
has been prepared by the staff of the Legislative Affairs Agency in response to the request and at the direction of the sponsoring member or committee. The staff has attempted to place the document in proper legal and clerical form, subject to any special limitations or instructions of the requestor.

If we may be of further assistance in this matter, please contact the Director of Legal Services or the Director of Research Services, as appropriate.

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LA-L 40


Sue Green
add to motion $ sent
Send vote
HHS - John Andrews
J.C. Penney
L.A.
Stark
Retire
ad lags
586-1554
8:00
Shirley
Reddick
Letter
until 3:00
6-2550
hm: after 4:00
586-3774
Dear Denmeat
++++++++
re Ugh Supp approp
Dr. Burton
movement on
this Supp. bill

Spousal coverage

- Medicaid doesn't cover home care, this would

SB 32 D COVERAGE FOR THE MEDICALLY NEEDY

In the history of mankind, this is the first generation of extended longevity. Dr. Robert Butler, gerontologist, Director of the National Institute on Aging, has stated that this over-65 generation can expect to live to be from 125 to 150 years. For those who retired at 65, this means that they will live on a fixed income for one-third to one-half of their lives. With inflation, the dollars saved for old age, wither to 35¢ or less.

In 15 years, health costs for the aging have increased 500%. Lower-middle-income aging persons with increased medical bills are rapidly becoming paupers. Becoming a pauper, or an indigent person, not only reduces the person to full dependency upon government, but it also reduces the feeling of self worth and creates a feeling of failure. For Older Alaskans, this is devastating. They feel that they lose control over their own lives. They ask themselves "How long will this last?". Suicide is a way out, especially for older men who protected their wives and provided for them.

I recommend the passage of this bill

Dove M. Kull

Dove M. Kull, M.S. W., A.C.S.W., Member of the
State Committee on
Services to the Elderly

HEALTH CARE SERVICES - ALASKA, INC.

P.O. Box 3-488
2200 E. 42ND AVE. • ANCHORAGE, ALASKA 99501

January 28, 1980

The Senator Glen Hackney
Chairman- Health, Education, and
Social Services Committee
Alaska State Legislature
Pouch U
Juneau, Alaska 99811

Re: Testimony for Committee Hearings
January 28, 1980
Senate Bills 320, 321, & 322

Dear Senator Hackney:

SB 320 and SB 321

The "medically needy" of the State of Alaska are in great need of the relieff that these two bills would provide by broadening income standards. We see, on a frequent basis, dignity being destroyed and families broken as individuals slightly over-income attempt to cope with the increasing costs of catastrophic illness. Legislation providing for the financial gaps in health care has long been needed. We commend the Interim Committee on Services on the Elderly for identifying this as a priority need.

SB 322

We wish to express our strong support for the concept of payment to certain institutions and agencies for Medicaid-eligible persons on the basis of prospectively determined rates. We believe that a "prospective rate" system in the State of Alaska would greatly enhance the quality of care available for a cost-effective dollar. The consequences of this bill are far reaching and of a major importance to the future of health care in this state. Detailed comments on this proposed legislation will be provided to you in the near future. I regret that this is not available to you at this time, but we do want to provide you with accurate and careful consideration on the details of this bill, while at this time expressing our firm conviction that "prospective rates" can be an appropriate solution to a crucial problem.

Respectfully yours,

HEALTH CARE SERVICES - ALASKA, INC.

Donna M. Stephens

Donna M. Stephens, Administrator
Careage House & Nakoyia Health Care Centers

Dick Wilson

Dick Wilson, Administrator
Careage North Health Care Center

DMS:DW:mlc

POSITION PAPER/Department of Health & Social Services

POSITION PAPER
ON
SENATE BILLS 320 AND 321

"An Act authorizing state medical assistance payments under the program of general relief assistance for persons who are 'medically needy'; and providing for an effective date."

"An Act authorizing Medicaid-reimbursable assistance payments for persons who are 'medically needy'; and providing for an effective date."

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POSITION PAPER/Department of Health & Social Serv.

nursing home coverage. Several persons whose income exceeds the income limits for Medicaid coverage are being covered on a special exception basis under general relief-medical (GR-Med) simply because there is no other coverage available to meet their high medical costs. This coverage then depletes the funds available for other persons eligible to receive GR-Med coverage. A medically needy program would provided additional coverage in these two areas.

The Department does not oppose the addition of a medically needy program which covers the aged, blind, and disabled categories, however, we must oppose passage of S.B. 320 and S.B. 321 as implemented would require substantial funding increases to the Governor's Budget and such a change has not been approved by the Governor's Budget and Management Division or the Budget Review Committee.

Recommended by: Rod Betit — 1/25/80

Rod Betit, Director
Division of Public Assistance

(DATE)

Approved by: — 1/25/80

Helen D. Beirne, Commissioner
Department of Health and Social Services

(DATE)

II. FISCAL DETAIL

Agency Affected: Department of Health and Social Sevices

Program Category Affected: Health

BRU, Program, or Subprogram(s) Affected: General Relief-Medical and Medicaid

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
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 Fund Source)		*	*	*	*	*	*

POSITIONS

FULL TIME		*	*	*	*	*	*
PART TIME		*	*	*	*	*	*
TEMPORARY		*	*	*	*	*	*

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

*Detailed Fiscal Note to be developed. See Position Paper for detailed explanation of delay.

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

Prepared by: Rod Betit Date: 1/25/80
Division/Office: Public Assistance PH: 465-335
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: Mike Dallas Date: 1/25

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

~~SB~~ SB 321

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGION X
ARCADE PLAZA BUILDING
1321 SECOND AVENUE
SEATTLE, WASHINGTON 98101

HEALTH CARE
FINANCING ADMINISTRATION
Medicaid Bureau

Dr. Helen Beirne, Commissioner
Department of Health & Social Services
Pouch H-01
Juneau, Alaska 99811

Dear Dr. Beirne:

This is in response to a January 4, 1980, letter from Ms. Deborah Behr of your staff. Ms. Behr's letter requested our review and comments regarding three proposals scheduled to be presented to the current session of the Alaska legislature. This letter contains our comments regarding two drafts of Senate bills, identified as Work Orders (WO) #7522 and #7531.

WO #7522 proposes a Medicaid funded medically needy program for those who would be cash recipients under the State Supplementary Payments (SSP) program except for the level of their income.

Federal regulations at 42 CFR 435.310(a) require that states which provide medically needy coverage include coverage to families and children.

Therefore, WO #7522 would not comply with requirements of 42 CFR 435.310(a).

In addition, any medically needy program must utilize requirements of 42 CFR, Part 435, Subpart I in determining financial eligibility of medically needy individuals.

WO #7531 proposes a state-only funded medically needy program for those who would be cash recipients under the Alaska SSP program except for the level of their income.

Since no federal funds would be involved in such a program, it is beyond our role to comment on the technical correctness of that

If we can be of further assistance in either of the above discussed areas, please contact Mr. Ken Call at (206) 442-0506.

Sincerely,

Albert J. Benz
Regional Medicaid Director

cc: Deborah Behr

TO: (name, organization, address, phone)	FROM: (name, organization, phone)
Dr. Helen Beirne, Commissioner Department of Health & Social Services Pouch H-01 Juneau, Alaska 99811 465-3030	Ken Call 2-0506 DHEW/HCFA/Medicaid/MS 709

Total Pages:	FAX Machine Phone Number:	Date:
2	465-3005/3774	January 24, 1980

Remarks:

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Form HV-22

ISSUES RAISED/ANCHORAGE PUBLIC HEARINGS

1. Duplication and overlap of services/comprehensive state policy
2. Residential care in rural Alaska
3. Audits of aging grants
4. State and federal expenditures on aging
5. Lack of information on aging programs/single agency/reorganization
6. People falling through the cracks
7. Outreach workers
8. Long-term care coverage: (1) Medicaid; (2) Medicare; (3) private companies
9. Senior housing
10. In-home services/homemakers
11. Paperwork
12. Operational funds for senior centers
13. Local control of aging programs
14. Anchorage Pioneers' Home addition/longevity bonus
15. State match for Office on Aging
16. Appropriations for rural services
17. Catastrophic relief
18. Senior day care
19. Property tax exemption

Summary of Public Hearing/Anchorage September 10, 1979

The following is an edited version of comments made at the public hearing. The tapes containing the complete testimony are available through the committee office in Juneau, or through the Legislative Council.

PRESENT

The hearing was called to order at 1:30pm by Sen. Pat Rodey, chairman of the committee. All 11 members of the committee were present. Also in attendence were 104 participants (see attachment).

Rodey explained the purpose of the committee, and then allowed each member of the committee to introduce him/herself.

HEALTH AND SOCIAL SERVICES

Helen Beirne, commissioner of Health and Social Services, was the first to testify. She explained that her department has long been interested in coming up with alternative forms of care for the aging, and that a study completed some 18 months ago revealed that there are, in fact, a number of examples of duplication and overlap in the provision of services. She said she was "delighted" that the legislature had created this committee.

Allen Korhonen, deputy commissioner of Health and Social Services, gave a slide presentation explaining the programs for the elderly presently operated by the department (see exhibit #17). He cited the need for a "consistent policy on services to the aging", particularly in view of the changing needs since many of the programs were first established. He also mentioned that the department was failing to provide equivalent residential care in rural Alaska compared to urban Alaska.

ADMINISTRATION

Bill McMurtry, manager of the Anchorage Pioneers' Home, testified regarding programs operated by the Department of Administration: Pioneers' Homes and Longevity Bonus. The latter started in 1973 as an incentive to keep the older Alaskans from moving outside. In June, 1979, there were 7,353 recipients at a total cost of $13,607,000. He said the program would continue to increase until 1984, when it would start to taper off due to the requirement for 25 years of residency beginning before statehood. (EDITOR'S NOTE: This is inaccurate. Theoretically, the last persons to be eligible to claim longevity bonus payments would be those who were born on Jan. 2, 1959, in Alaska. Those persons - if they lived to be 100 years old - could still be collecting payments in the year 2059. In fact, the "tapering off" will not take place until the year 2005, by which time the number of recipients will be nearly double the number today.)

The total budget for the Pioneers' Homes is $10,800,400, he said. That is for four homes with a residency of approximately 500, with beds of approximately 520. Started in 1913 in Sitka, he said the program was designed for pioneers 65 years or older who have lived in the state for 15 years, with a physical or financial need to be admitted to the Pioneers' Home, and stay there until he decides to move or passes on.

COMMUNITY AND REGIONAL AFFAIRS

Louise Crane and LaDonna Brown, from the Department of Community and Regional Affairs, were next to testify. Crane told of the housing program which grew out of a $7.5 million bond issue passed in 1976. Approximately $1.7 million still remains. The money was used to provide about 400 units of senior citizens' housing in 28 Alaskan communities. Designed to maxi-

mize the leverage of federal dollars, the program requires the person to spend no more than one-quarter of their income on housing. Brown testified about the property tax and renters' eqivalency program (see exhibit # 2).

Lloyd Robinson, a planner with the Department of Public Transportation/ Public Facilities, testified next about the single program for the aging run by DOT/PF: UMPTA. (See exhibit #8.) This completed the presentations by the administration. DOT/PF

Regarding a question from Rodey about accountability of grants' program, Helen Bierne said all of the grants are audited regularly by - in some cases - all three levels of government. The specific process enacted for those programs under the Office on Aging, according to Danny Plotnick, director, is "We require each grantee to submit both a monthly narrative report and a quarterly financial report. In addition to these, we require each grantee to perform annually - and not less than once every two years - a complete aduit report on their own." AUDITS

"Our audits are not as program- and performance-oriented, at the present time, as they should be. We're interested in that the money gets to the place it's going, if it's spent in the way they said they were going to spend it in the grant. And we would like to think that we are going to get better performance audits in the future." This from Commisioner Bierne.

In response to a question from the audience, Korhonen said the Office on Aging is presently funded 95 percent by the federal government and five percent by the state. Discussion ensued about the need to provide accurate figures broken down by federal and state appropriations for all aging programs. OFFICE ON AGING

In response to a question from Bill O'Connor, Plotnick said, in comparison to offices on aging in other states, Alaska gets the minimum amount because the allocations are based on population of elderly; we, of course, have the smallest number in the nation.

In response to a question from Margaret Mitchell regarding the dental grant appropriated by the legislature, he explained that $25,000 was granted to the Southcentral Dental Society, on a one-time basis, "to provide a pilot demonstration program for needy elderly persons in the Anchorage area." DENTAL GRANT

Doris Southall questioned whether the $1.2 million under winterization was all for seniors. Louise Crane answered it is for all low-income people in Alaska. Anchorage uses about 40 percent of its money on elderly; from a budget of approximately $350,000. The rest of the money is administered by RuralCap. Some boroughs are not part of the program, e.g. Mat-Su Borough. WINTERIZATION

Hazel Heath asked how a senior citizen is supposed to find out about these programs. Ted Drahn responded that "as long as significant resources for older people are largely from the federal government, I think that it tends to operate in a way to take responsibility off of state and local governments." He added that the resources for getting the information out come largely through the 22 programs being supported by the Older Americans Act. LACK OF INFORMATI

"One of the things that this points up is that we have no central way in this state of consolidating information about old people. That was one of the reasons why this committee came into existence. There is no single agency in state government that has responsibility for the development of policy toward aging." Heath added that the problem is in how the information "filters down" to the person in the local community. SINGLE AGENCY

Sen. Glenn Hackney asked Commissioner Bierne if she saw the need for a division on the elderly with Health and Social Services. She said, "Right now, in our division of Social Services, we have Adult Protective Services. There's very little funding coming through our Adult Protective Services; most of it's going through the Office of Aging. I would see no problem whatsoever - and I think it would be better coordinated - if there was indeed within that division, a section or a subdivision of Adult Protective Services and Child Protective Services." She added that a division on elderly would be all right, but her concern is "when you call elderly 65 and older, then we have a large gap of people who are not being served between 21 and 65. But, if we could make arrangements so that we are not doing a disservice to the other age groups, I would say a Division on Aging - Adult Protective Services - whatever one would wish to call it, would be commendable."

She said that Adult Protective Services means development of "levels of care". In response to another question, she said, "I don't think we're being innovative enough in our Office of Aging. I think we are getting federal money, and we're following federal criteria. In order to become innovative, we do have to spend state money. If you're going to call the Division on Aging or Elderly, or Adult Protective Services something from 21 on up, then we would get into a much broader-scope difinition - which I would like to see so we're taking care of all the people." She agreed that if we do have a state policy on aging, it would be "to appropriate a minimum amount of state funds in order to get an optimum amount of federal funds." ADULT PROTECTIVE SERVICES

Edna Adrian commented at this time that senior citizens programs are too often the first ones cut by the Department of Health and Social Services.

From questioning, it was revealed that persons who want additional information about any of the individual programs should write to the appropriate department for details.

Lennie Kapuscinski, from the Anchorage Salvation Army, spoke of additional needs of that organization: parking, more space and more money. SALVATION ARMY

Virginia Blanchard, a resident of the Anchorage Pioneers' Home, was next to testify. She is 73-years old. She criticized the committee for the building in which the hearing was conducted (APU Student Center) because of the numerous steps both inside and outside the building. She criticized the flyer distributed by the committee: "I think this has been badly put together. Number one, they left off the name of one of the committee members - which was an oversight. Number two, it doesn't give the proper information, it has mixed up state and federal monies." She asked to have the flyer repreparec accurately differentiate between state and federal. She also asked tc ge figures on Pioneers' Homes broken down by debt

service on each facility. She also wanted the flyer to show the offsets, for example, money paid by residents of the homes. She questioned the amount of money appropriated for the Kotzebue Senior Center. She questioned the absence of any mention in the handout prepared by the Department of Health and Social Services of aging programs relating to drug abuse, a problem she cited as serious. She praised the Pioneers' Home in Anchorage.

REORGANIZATION

She said she would be opposed to putting all the aging programs under Health and Social Services. She favors keeping Pioneers' Homes and the Longevity Bonuse under Administration. She did say, however, that the Office on Aging should become a division. She also said, "I am opposed to direct appropriations that should be under the department in their program, and aren't."

FIXED INCOME

Doris Southall, a member of the Governor's Advisory Committee on Aging from Fairbanks, testified next. Her greatest concern is for people on moderate or fixed income. "They do not come under subsidized rent, food stamps, welfare, Social Security Supplement or Medicaid." She said these are "proud people" who want to stay in their own homes; the state needs to do more for them. She said that Medicare is of little value. Only retired state employees and teachers have good insurance coverage, she said. She also criticized the private companies. She also lamented the fact that senior housing, particularly in Fairbanks, is not restricted solely to seniors (handicapped are included).

OUTREACH WORKERS

Regarding the income limitations on the winterization program, she said if the federal government puts the limitations on, then perhaps the state government should get involved. Outreach workers are the key persons in the aging network, she said, because "they see more people every year than any of us."

SENIOR HOUSING

Dove Kull spoke up here in support of Mrs. Southall's statements, and cited her experience with senior housing in Juneau in which the citizens there were successful in getting an increase in allowable income. She also mentioned the state housing committee which is supposedly looking into the possibility of foundation funding for senior housing. She urged all seniors to work together.

WILLS

Betty Warren, chairperson for the Governor's Advisory Committee on Aging, testified next. She cited the problems that seniors have with wills. She stressed the importance of having a will before you pass away. She also stressed the importance of keeping people in their own homes, and said she supports additional funding for programs aimed at that. Much discussion ensued regarding wills, and Ted Drahn urged the people present to consider community colleges as a resource for help with wills.

IN-HOME CARE

Regarding in-home care, Dove Kull spoke of the need to refund home nursing, and to add the component of health to homemakers.

PAPERWORK

Hanna Miller, director of the senior program in Nome, spoke next. She has been working there for five years, and laments the increasingly heavy burden of paperwork. This is a particular problem fo Natives, many of whom have not had much schooling. She cited a problem with homemakers - not enough personnel. She asked for help in that area, as well as for a new senior center. Senior centers need funding sources too, for operation. She added that she is grateful for the help already provided by the state.

She also mentioned the need for more services to help people stay in their own homes.

John Hauser, an administrator for Health Care Services, Alaska Inc., testified next. Because of his experience in the nursing home business, he has seen many proud people forced into welfare because of the high cost of institutional care. Consequently, he said, "My personal feeling is anti-institutionalization of people." He added that he supports the state providing home support services. He said he would submit written testimony. He cited the apparent differing policies between Administration and Health and Social Services - the former supporting institutionalization and the latter, deinstitutionalization. He called for a single policy, and he favors keeping people in their own homes. INSTITUIONALIZATION

He said, "As far as I'm concerned Medicare is a lousy insurance policy. It pays halfway decent in the hospital setting, halfway decent in the outpatient setting, but lousy in the nursing home situation. Less than three percent of the people that are put into nursing homes in the nation, qualify for Medicare." He said many studies have shown that Medicare is not cost-justifiable. Other problems he mentioned with Medicare are: limits in the number of physician visits per month, the limits on the amount of treatment per month. Because many people who enter nursing homes have no one to represent them, he sees the need for the state to consider "some good guardianship legislation, or else have some legal services available." He said his corporation has had no success with community colleges or Legal Services. MEDICARE GUARDIANSHIP

He mentioned the proposed regulations about to go into effect on the Medicaid program, and said they might be appropriate for the lower 48, but were unsatisfactory here. He spoke in favor of additional senior centers, particularly a mechanism for funding operating services. MEDICAID SENIOR CENTER

On a question from Sen. Glenn Hackney, Hauser said the total cost for the three facilities they own averaged out to $101/day - that includes three different levels of care.

Bill McMurtry spoke up from the audience at this point to say, "I'd like to go on record for the Department of Administration: we are 100 percent in favor of the home care program. He said the average age of the people in the Pioneers' Home is 80-years old. On a question from Jewel Jones, he said that approximately 10 percent of the people presently in the Anchorage home wouldn't be there if there were better home services. ADMINISTRATION

Dennis Murray, director of the senior programs in Kodiak, testified next. He submitted written testimony from the board in Kodiak. It cites as the first priority need: the state should recognize that the best way to deliver services is at the local community level, and to do that, a multi-purpose senior center is probably the most viable means. To that end, he said, the state needs to develop a state policy supporting that. He cited the problems faced by programs like his which are supported entirely by diminishing federal dollars. He opposes using political clout as a basis for funding; a policy would be better. LOCAL CONTROL

The second priority is for better consolidation and coordination in the delivery of services. The third priority is for more and less expensive long-term care alternatives. He cited the case of a man from Kodiak who in six and a half months spent $26,000 in the Kodiak and Anchorage facility. He said Pioneers' Home was not an alternative in this case because he was terminally ill. "In my opinion, in my community, the best use of aging funds, is not to build another facility, but to appropriately utilize the one we have." There are 14 elderly presently in the Kodiak long-term care facility; 11 of them qualify as Pioneers. All are Medicaid-sponsored. Regarding homemakers, he stressed that Kodiak wants local control. He also submitted a resolution from the Kodiak Island Borough Health Resources Advisory Committee which urged the committee to introduce legislation "to authorize and provide sufficient funding for the decentralized home health care program, which will allow local areas to receive funding and provide such services,"

COORDINATION

Harold Maxwell, a resident of the Anchorage Pioneers' Home, spoke next. He praised the Pioneers' Home program as the best in the country. Regarding a nursing home adjacent to the present home, he said, "That is as it should be. It's a place where those who have entered the Pioneers' Home with the idea of their remaining years among friends, that they would be able to be near those friends when they approach the dying time." He favors immediate construction of the $7.5 million facility.

ANCHORAGE PIONEERS' HOME

Bruce Kovarik, the division comptroller for the Salvation Army, testified next about Salvation Army programs. He said the funding for his program comes from the federal government through the Office on Aging. Additional sources are contributions from participants of the programs, and money from within the Salvation Army network. He also cited local in-kind contributions and volunteer hours. He recommended that state tax dollars be used to help programs like the Salvation Army. He also urged the state to do a better job getting out information about what is available, and to communicate more with other states about better ways to provide services. He spoke against increased limitations on local programs. Regarding residential care, he informed the committee that, effective 7/1/79, the Salvation Army closed its Palmer-Susitna residence, which did not receive state support for its operation. He said it was closed because it did not have enough business. "Purely and simply, we closed because we could not compete with the Pioneers' Homes and the subsidized programs in the rest of the state. We only charged $390/month for our senior residents, and provided room and board. Just as short as two years ago, that program was full with 21 seniors who wanted to be there." He added, "I hope that the committee will be aware that there are other means besides state, federal or local tax dollars, for accomplishing a given end.

SALVATION ARMY

RESIDENTIAL CARE

Regarding audits, he said many programs do independent audits on their own, as well as state and federal programs. He said audit exceptions are common, and that's a problem. They need to know what risks are involved in assuming state or federal programs. He praised the committee, urged state funding for the Office on Aging, praised them, and asked for an Anchorage office for the Office on Aging.

AUDITS

Bob Lohr, executive director for the Upper Tanana Development Corporation in Tok, testified next. He described the programs he runs in

their region - transportation, meals, homemakers (through CETA) - and said funding does indeed need to be differentiated between federal and state. "Rural Alaskans, especially Alaska Natives, have totally inadequate access to services for the elderly." One of the reasons for this he cited as federal regulations which don't apply to rural Alaska. That's why he thinks it's so important to consider state funding - because state dollars do not come under the "unreasonable federal restrictions". RURAL ALASKA

Additional problems he cited as:

* inadequate funding for programs for the elderly;
* lack of coordination in delivery mechanisms (supports a division on aging - provided there is sensitivity to rural problems); based on the record, he said, Community and Regional Affairs and the Governor's Office would be most appropriate. REORGANIZATION

He suggested that the state match - dollar for dollar - federal funds received in the state through the Office on Aging. He said that doubling of resources would still only meet "between 20-33 percent of the present need." He praised the homemakers program, but asked for additional funds for it. He also said that in the provision of any services to rural Alaska, Native corporations have proven to be the most efficient, and future funding should come through them. He added that his corporation receives about $300,000 through different programs. to serve about 100 elderly. STATE MATCH NATIVE CORPORATIONS

Next to testify was Bill O'Connor of the Salvation Army. Regarding the proposed senior center in Anchorage, he noted that Salvation Army would like to be a sponsor of the center. His concerns relate to the lack of planning, the lack of a needs assessment, and the lack of input by local Native organizations. He wondered where the operational monies for the center would come from. ANCHORAGE MULTI-PURPOSE SENIOR CITIZENS' CENTER

Edna Adrian, a member of the Mayor's Commission on Senior Citizens in Anchorage, was next to testify. She stated her support for the statements of Bob Lohr, particularly in the area of local control. She praised the efforts of the Easter Seals Society, but said "there is no way this program should be statewide." Her first priority is in-home support services. She also criticized the breakdown on the committee flyer. She cited the need for an Area Agency on Aging office in Anchorage so "we would be able to go to bat for ourselves." She is opposed to duplication of services, which she said does exist. She said there is too much money going into nursing homes in the area. She favors ICF and congregate living, but is appalled at the state paying for empty beds in nursing homes. She also said that Catastrophic relief under Medical Relief is inadequate. Additionally, she agreed with earlier comments about the need to take care of people who fall through the cracks. LOCAL CONTROL IN-HOME CARE AREA AGENCY ON AGIN NURSING HOMES

Chuck Mundorff, the consultant on aging for the Anchorage Community Mental Health Center, testified next. According to his experience, the greatest needs are with mental health problems relating to social isolation. He also cited the need for a comprehensive policy on aging on the state level for better coordination. He mentioned a commission on aging as an alternative. He spoke in favor of the homemakers program, and a day-care program for seniors. He said three big reasons why seniors like to stay in their own homes are: ISOLATION

* self determination

* retain a sense of autonomy
* continue traditional roles in familiar environment

RECOMMENDATIONS

He also recommended funding through the Office on Aging to operate multi-purpose senior centers around the state. Similarly, he advocated state match for the Office on Aging, "especially to help in the employment of seniors". Lastly, he urged the use of Title XX monies for senior day-care centers - funding which he said occurs in other states.

HOMEMAKERS' PROGRAM

On a question from Sen. Hackney regarding the specific needs for additional homemaker support, he said, even more important than additional funds is provision of consistent reliable service. He also mentioned that he sees two or three families a week in need of homemaker services. He said it would probably make good administrative sense to create an umbrella agency to oversee homemakers and home health programs. Art Holmberg noted that last year, the division of social services was forced to lapse over $200,000 in homemaker funds because of the inability of the service provider (Alaska Federation of Natives) to provide that service in the rural areas. He didn't anticipate that problem with Easter Seals.

RED CROSS

Pat Bonney and Jerry Ivey from the Red Cross spoke next. They mentioned that the Red Cross runs a home nursing program. The funds come from CETA. The local program is modeled after a national Red Cross program. There are 15 volunteer instructors.

CENTER FOR GERONTOLOGY

Chuck Hines testified next to inform the committee of a proposal submitted by Alaska Pacific University to establish a Center for Gerontology in Anchorage. The center would provide the means for people to receive academic credit in the area of aging; it would also provide training opportunities for the many agencies involved with services for the aging.

PROTECTIVE SERVICE

John Thomas, a 40-year Alaskan resident, spoke next. He mentioned the need for protective services for persons incapable of taking care of their own money. Regarding the Longevity Bonus, he suggested paying for that program from the interest of the Permanent Fund. He also recommended adding $50/month to the present $150/month. He spoke of the need for more employment opportunities for seniors.

PROPERTY TAX EXEMPTION

Waldo and Ruby Coyle spoke next on the property tax exemption program administered by the Department of Community and Regional Affairs. Mrs. Coyle said C&RA has put a limit on that program to only five acres. She said their whole homestead was exempt in 1977 and 1978, the first two years they were eligible. However, in 1979, only five acres were exempt. She said she received a letter from C&RA at the time stating their policy of only exempting one acre inside boroughs and five outside. She said this is at variance with state statutes, though apparently efforts are underway to change the administrative regulations in that regard to place that restriction into effect officially. The Administrative Regulations Review Committee recommended against that change, however, because it doesn't relate to state law.

Florence Orr testified to say that people who stay in their own homes need recreational activities, and she hopes that the committee will support continued funding for the Caverly Senior Center which provides these services. RECREATION

Ed Dodd, chairman of the Pioneers' Home Advisory Board, testified next. He questioned the delay on the Anchorage addition. He said once the 75-bed addition is completed, the cost of operating will come to $1,020,000 per year - a figure he compared to the $3,500 000 he said it would cost for equivalent care in private nursing homes. He criticized the Kotzebue Senior Center, noting that his advisory committee advised against it because of the extreme cost. He also criticized the cost and quality of care at Nakoyia. ANCHORAGE PIONEERS HOME ADDITION

Poldine Carlo mentioned here that Natives in the villages also don't like to leave their own homes, but appreciate it when they have a facility in their own community - like in Kotzebue - to which they can go when they need to.

Lorena Showers closed the hearing by speaking of the need for the multi-purpose senior center in Anchorage.

The Anchorage members of the committee reconvened the hearing three days later, on September 14, to receive additional comments from the project directors under the Office on Aging, many of whom were unable to attend the earlier meeting. Their testimony follows.

Dennis Murray presented written testimony prepared by the project directors urging more state support for in-home services (see exhibit #9).

Beth Bishop with the Southeast Nutrition program urged the state to match federal monies through the Office on Aging. She said many local communities in southeast don't have any local money to use for that purpose. Priorities would depend on local communities, but if the state made some additional money available, much more of what is presently being provided could be offered.

Loretta French, from the Chugiak Senior Center, spoke next. She explained their program, and cited the need for operational funds for the senior centers. She stressed she meant program monies. SENIOR CENTERS

Doris Southall added that she would support a bill which would allow seniors receiving the Longevity Bonus to go outside for longer periods of time and still receive payments. She also said she would support cost-of-living increases for retired teachers and state employees. LONGEVITY BONUS

Ellen Evans of Bethel testified that the biggest problem in Southwest Alaska is the lack of home health care. She said, "There is nothing." She added that Natives need an alternative, in times of need, to going to the Alaska Native Hospital in Anchorage. HOME HEALTH CARE

Referred: Health, Education & Social Services and Finance

BY THE RULES COMMITTEE BY REQUEST OF THE LEGISLATIVE COUNCIL (for the Interim Committee on Services for the Elderly)

IN THE SENATE

PROPOSED COMMITTEE SUBSTITUTE
SENATE BILL NO. 320

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An act authorizing state medical assistance payments under the program of general relief assistance for persons who are 'medically needy'; and providing for an effective date."

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

*Section 1. AS 47.25.120 is amended to read:

Sec. 47.25.120. ELIGIBILITY FOR ASSISTANCE. Financial assistance may be given under AS 47.25.120 - 47.25.300 [, SO FAR AS PRACTICABLE UNDER THE CONDITIONS IN THIS STATE,] to

(1) a needy person who is eligible under the regulations of the department; and

(2) an aged, blind or disabled person who does not receive a payment under the old age assistance program (AS 47.25.610) the aid to the blind program (AS 47.25.620 - 47.25 780), or the aid to the permanently and totally disabled program (AS 47.25.790 - 47.25.970) because the person's income exceeds the income standards of those programs, but who has incurred medical expenses which equal or exceed the difference between the person's monthly income and 133 1/3% off the income standard under one of these programs.

*Section 2. AS 47.25.300 is amended by adding a new paragraph to read:

(5) "aged" means a person who is age 60 or older.

*Section 3. This Act takes effect July 1, 1980.

Per Bettie

SB 320

Suggested draft Language

(3) A person aged 60 ~~to 64~~ who meets all the requirements under the Old Age Assistance program (AS 47.25.610) except as to, but does not received a payment because the person's income ~~is~~ income exceeds the income standard of that program, but who has incurred medical expenses which equal or exceed the difference between the person's monthly income and 133 1/3 % of the income standard under that program

Undecided

Section 2. This Act takes effect July 1, 1980

Debbie Jo Gardiner
3-28-80
Pebb

Office Copy

Introduced: 1/15/80
Referred: Health Education & Social Services and Finance

BY THE RULES COMMITTEE BY REQUEST OF THE LEGISLATIVE COUNCIL (for the Interim Committee on Services for the Elderly)

IN THE SENATE

SENATE BILL NO. 320

IN THE LEGISLATURE OF THE STATE OF ALASKA

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(2) an aged, blind or disabled person who does not receive a payment under the old age assistance program (AS 47.25.430 - 47.25.610), the aid to the blind program (AS 47.25.620 - 47.25.780), or the aid to the permanently and totally disabled program (AS 47.25.790 - 47.25.970) because the person's income exceeds the income standards of those programs, but who has incurred medical expenses which equal or exceed the difference between the person's monthly income and the income standard applicable to him under a program for which he would otherwise qualify.

* Sec. 2. This Act takes effect July 1, 1980.

SB

321

S. HES

~~An act authorizing~~ Medicaid reimbursement ~~for~~ a ~~physician~~ physicians for pharmacists ~~who~~ are ~~legally~~ legally ~~authorized~~ to prescribe ~~drugs~~

3321
By Rules Committee by request of the Legislative Council

Introduced - 1-15-80
Logged 1-15-80
Referred - Finance
Comm Meeting 1-28-80 - Held

~~SB 321~~
SB 321

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGION X
ARCADE PLAZA BUILDING
1321 SECOND AVENUE
SEATTLE, WASHINGTON 98101

HEALTH CARE
FINANCING ADMINISTRATION
Medicaid Bureau

Dr. Helen Beirne, Commissioner
Department of Health & Social Services
Pouch H-01
Juneau, Alaska 99811

Dear Dr. Beirne:

This is in response to a January 4, 1980, letter from Ms. Deborah Behr of your staff. Ms. Behr's letter requested our review and comments regarding three proposals scheduled to be presented to the current session of the Alaska legislature. This letter contains our comments regarding two drafts of Senate bills, identified as Work Orders (WO) #7522 and #7531.

WO #7522 proposes a Medicaid funded medically needy program for those who would be cash recipients under the State Supplementary Payments (SSP) program except for the level of their income.

Federal regulations at 42 CFR 435.310(a) require that states which provide medically needy coverage include coverage to families and children.

Therefore, WO #7522 would not comply with requirements of 42 CFR 435.310(a).

In addition, any medically needy program must utilize requirements of 42 CFR, Part 435, Subpart I in determining financial eligibility of medically needy individuals.

WO #7531 proposes a state-only funded medically needy program for those who would be cash recipients under the Alaska SSP program except for the level of their income.

Since no federal funds would be involved in such a program, it is beyond our role to comment on the technical correctness of that

If we can be of further assistance in either of the above discussed areas, please contact Mr. Ken Call at (206) 442-0506.

Sincerely,

Albert J. Benz
Regional Medicaid Director

cc: Deborah Behr

TO: (name, organization, address, phone)	FROM: (name, organization, phone)
Dr. Helen Beirne, Commissioner Department of Health & Social Services Pouch H-01 Juneau, Alaska 99811 465-3030	Ken Call 2-0506 DREW/HCFA/Medicaid/MS 709

Total Pages:	FAX Machine Phone Number:	Date:
2	465-3005/3774	January 24, 1980

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POSITION PAPER/Department of Health & Social Services

POSITION PAPER
ON
SENATE BILLS 320 AND 321

"An Act authorizing state medical assistance payments under the program of general relief assistance for persons who are 'medically needy'; and providing for an effective date."

"An Act authorizing Medicaid-reimbursable assistance payments for persons who are 'medically needy ; and providing for an effective date."

Senate Bill 320 and Senate Bill 321 would establish a medically needy program for persons who meet all the eligibility requirements for cash assistance to the aged, blind or disabled, except that their countable income exceeds the applicable cash assistance need standard. Medically needy would allow eligible persons to use a portion of their excess income to meet their medical need by spending down to the cash assistance need standard. After they have made payment the medically needy program would provide the remaining coverage necessary.

The Department is awaiting financial data on medically needy programs in other states in an effort to put together a fiscal note for this legislation. While the bills approach the question of medically needy coverage only for aged, blind or disabled persons, the fiscal note will also present information that will include medically needy coverage for persons who meet all AFDC eligibility requirements except income. Half of the required information has arrived and a fiscal note is being prepared. Preliminary analysis has shown that this program will cost in excess of $1 million.

Initial contact with federal staff indicates they will not authorize 50% federal financial participation under Medicaid unless the medically needy program includes coverage of the existing AFDC category as well as the aged, blind, and disabled categories. This federal position appears supported by the federal regulations but not by the federal statutes creating the Medicaid program. If the Department of Health, Education, and Welfare is unwilling to provide financial participation for a medically needy program that does not include AFDC coverage, it may be less costly to the State to include the AFDC category (because of the 50% federal financial participation) than to have a state only medically needy program limited to aged, blind, and disabled persons. Because of the question concerning federal financial participation, both bills would be needed to assure some type of medically needy program may be created.

Two identified gaps exist between the current Medicaid and Catastrophic Illness programs. First the Catastrophic Illness program has a minimum deductible or $1,000 per illness making it impossible for many people to receive coverage for minor cost illnesses, catastrophic or otherwise, when their income exceeds the existing income limits for Medicaid coverage. Second, the catastrophic illness program has largely excluded

POSITION PAPER/Department of Health & Social Services

nursing home coverage. Several persons whose income exceeds the income limits for Medicaid coverage are being covered on a special exception basis under general relief-medical (GR-Med) simply because there is no other coverage available to meet their high medical costs. This coverage then depletes the funds available for other persons eligible to receive GR-Med coverage. A medically needy program would provided additional coverage in these two areas.

The Department does not oppose the addition of a medically needy program which covers the aged, blind, and disabled categories, however, we must oppose passage of S.B. 320 and S.B. 321 as implemented would require substantial funding increases to the Governor's Budget and such a change has not been approved by the Governor's Budget and Management Division or the Budget Review Committee.

Recommended by: Rod Betit 1/25/80

Rod Betit, Director
Division of Public Assistance
(DATE)

Approved by: [signature] 1/25/80

Helen D. Beirne, Commissioner
Department of Health and Social Services
(DATE)

ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bills #320 and #321

Title "'Medically needy' Under General Relief and Medicaid"

Requested by Senate HESS Committee Date 1/25/80

II. FISCAL DETAIL

Agency Affected Department of Health and Social Sevices

Program Category Affected Health

BRU, Program, or Subprogram(s) Affected General Relief-Medical and Medicaid

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
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 Fund Source)		*	*	*	*	*	*

POSITIONS

FULL TIME	*	*	*	*	*	*
PART TIME	*	*	*	*	*	*
TEMPORARY	*	*	*	*	*	*

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

*Detailed Fiscal Note to be developed. See Position Paper for detailed explanation of delay.

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

Prepared by: Rod Betit Date: 1/25/80
Division/Office: Public Assistance PH: 465-3355
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: Date: 1/25/80

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

Page ____ of ____

MEDICALLY NEEDY COVERAGE UNDER MEDICAID

321

Under federal laws the Medicaid program has the flexibility to provide medical coverage for individuals whose income exceeds the present limits of the Adult Public Assistance (APA) program. Coverage may be provided by the State of Alaska by amending AS 47.07.020 to allow for payment of medical services on behalf of medically needy aged, blind, and disabled Alaskans. Although the medically needy program also may be used to extend Medicaid coverage under AFDC, it is most urgently needed for persons who are ineligible for APA coverage due to excess income.

If an individual's countable income exceeds the current need standard under the APA program, they are not eligible for Medicaid regardless of the cost of their medical need. Cases are encountered almost daily by the Division of Public Assistance where an applicant has an identifiable medical need but their income exceeds the need standard. Under current program limitations, these persons must be denied and they will have to meet their own medical needs. In some instances they may be eligible for the state funded Catastrophic Illness program. In a few instances, where the individual has been institutionalized, the Commissioner of the Department of Health and Social Services has been forced to waive the income limitations under the state funded General Relief Medical program in order to provide financial assistance for extremely expensive on-going medical needs. In one case alone, the Division has paid almost $4000 per month using GRM funds for nursing home care provided to a comatose patient for over two years, simply because his income from Social Security exceeds the income limitation by less than $100 per month! A medically needy program would allow an individual's excess income to be applied to their cost of care with Medicaid covering the balance.

By establishing a medically needy program under Medicaid for aged, blind, and disabled Alaskans, the State would accomplish three purposes:

1. Individuals with on-going medical needs would not have to choose between necessary health care and heating their homes or buying groceries.

2. Individuals with severe health care problems requiring home care, extended hospitalization, or nursing home care would not have to sell their homes in order to pay their medical expenses.

3. Individuals requiring long term care at home or in a nursing home would not have to choose between staying in Alaska or going outside just because the cost of care in Alaska is higher than in other states.

The creation of a medically needy program would take some pressure off of GRM and Catastrophic Illness, two programs that are already facing potential revenue shortages in attempting to meet the cost of medical care for needy Alaskans. Any funding for a medically needy program for the aged, blind, or disabled would be in addition to those already available. The major difference between a medically needy program under Medicaid and any similar proposal is that 50% federal funding is available to provide for the coverage and to meet the costs of administering the program.

HEALTH CARE SERVICES - ALASKA, INC.

P.O. Box 3-488
2200 E. 42ND AVE. • ANCHORAGE, ALASKA 99501

January 28, 1980

The Senator Glen Hackney
Chairman- Health, Education, and
Social Services Committee
Alaska State Legislature
Pouch U
Juneau, Alaska 99811

Re: Testimony for Committee Hearings
January 28, 1980
Senate Bills 320, 321, & 322

Dear Senator Hackney:

SB 320 and SB 321

The "medically needy" of the State of Alaska are in great need of the relieff that these two bills would provide by broadening income standards. We see, on a frequent basis, dignity being destroyed and families broken as individuals slightly over-income attempt to cope with the increasing costs of catastrophic illness. Legislation providing for the financial gaps in health care has long been needed. We commend the Interim Committee on Services on the Elderly for identifying this as a priority need.

SB 322

We wish to express our strong support for the concept of payment to certain institutions and agencies for Medicaid-eligible persons on the basis of prospectively determined rates. We believe that a "prospective rate" system in the State of Alaska would greatly enhance the quality of care available for a cost-effective dollar. The consequences of this bill are far reaching and of a major importance to the future of health care in this state. Detailed comments on this proposed legislation will be provided to you in the near future. I regret that this is not available to you at this time, but we do want to provide you with accurate and careful consideration on the details of this bill, while at this time expressing our firm conviction that "prospective rates" can be an appropriate solution to a crucial problem.

Respectfully yours,

HEALTH CARE SERVICES - ALASKA, INC.

Donna M. Stephens

Donna M. Stephens, Administrator
Careage House & Nakoyia Health Care Centers

Dick Wilson

Dick Wilson, Administrator
Careage North Health Care Center

DMS:DW:mlc

~~SB 322~~
SB 321

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGION X
ARCADE PLAZA BUILDING
1321 SECOND AVENUE
SEATTLE, WASHINGTON 98101

HEALTH CARE
FINANCING ADMINISTRATION
Medicaid Bureau

Dr. Helen Beirne, Commissioner
Department of Health & Social Services
Pouch H-01
Juneau, Alaska 99811

Dear Dr. Beirne:

This is in response to a January 4, 1980, letter from Ms. Deborah Behr of your staff. Ms. Behr's letter requested our review and comments regarding three proposals scheduled to be presented to the current session of the Alaska legislature. This letter contains our comments regarding two drafts of Senate bills, identified as Work Orders (WO) #7522 and #7531.

WO #7522 proposes a Medicaid funded medically needy program for those who would be cash recipients under the State Supplementary Payments (SSP) program except for the level of their income.

Federal regulations at 42 CFR 435.310(a) require that states which provide medically needy coverage include coverage to families and children.

Therefore, WO #7522 would not comply with requirements of 42 CFR 435.310(a).

In addition, any medically needy program must utilize requirements of 42 CFR, Part 435, Subpart I in determining financial eligibility of medically needy individuals.

WO #7531 proposes a state-only funded medically needy program for those who would be cash recipients under the Alaska SSP program except for the level of their income.

Since no federal funds would be involved in such a program, it is beyond our role to comment on the technical correctness of that

If we can be of further assistance in either of the above discussed areas, please contact Mr. Ken Call at (206) 442-0506.

Sincerely,

Albert J. Benz
Regional Medicaid Director

cc: Deborah Behr

TO: (name, organization, address, phone)	FROM: (name, organization, phone)
Dr. Helen Beirne, Commissioner Department of Health & Social Services Pouch H-01 Juneau, Alaska 99811 465-3030	Ken Call 2-0506 DHEW/HCFA/Medicaid/MS 709

Total Pages:	FAX Machine Phone Number:	Date:
2	465-3005/3774	January 24, 1980

Remarks:

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Requestor's Instructions to Data Center: (check one)

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_x_ Call extension 0506 (We will pick up copies)

Form HV 22

4-30-80

SB. 321

Jessica Long
P.O. 5243
Ketchikan,
ak.

Ph: 225-2791

wants priority + notification of hearing.

SB

322

SB 322 S. HESS 79
By Subcommittee
Act authorizing payment for services provided by certain institutions and agencies to Medicaid eligible persons on the basis of determined need

Introduced 1-15-80
Logged 1-15-80
Referred Finance
Comm. meeting 1-28-80 — held 3-17-80 - held 4-21-80 - held
Comm action

Notify Bob Ogden (Medicaid) Ph: 3055 Ph: 3355

Notify Rick Ulrich
361-2315

NOTIFY JACK BUCK - ST. ANNS NURSING HOME 586-3883

Jim Burns 6-2611
Bartlett Hospital
Need position paper (additional hearing)

ALASKA STATE HOSPITAL ASSOCIATION INC.

5401 CORDOVA STREET
PHONE: 277-1633

ANCHORAGE, ALASKA 99503

January 25, 1980

Senator Glenn Hackney
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

Careful consideration has been given to the following proposed legislative bills and we would appreciate at this time providing you and your committee with the following comments, which we hope will be of value in your considerations.

S.B. #308 - ASHA Endorses

S.B. #309 - ASHA Endorses

S.B. #320 - ASHA (Qualified) Endorsement

Presently lacks specific definition of eligibility defining "medically needy".

S.B. #321 - ASHA (Qualified) Endorsement

Increasing the number of eligible claims paid under the state medicaid program, which is unable to keep up with those presently eligible, may compound an already less than satisfactory system. This bill also does not speak to the eligibility of family members of those who would be elibible under this proposal.

S.B. #322 - ASHA (Unqualified) Opposition

The question that needs to be asked is, the basis on which this bill would be justified. A review of the data contained on pages (4&5) of the 1980 ASHA Cost Containment Report shows:

1. Alaska has the smallest number of licensed beds per 1000/population.

2. Alaska has the smallest number of admissions per 1000/population.

3. Alaska has the highest per capita income in the nation.

4. Alaska has the lowest hospital expense per capita as per cent of per capita income.

5. Alaska hospital expenses per admission is within $6.00 of the national average, and is lower than all but one of the states which now have a "perspective hospital reimbursement rate control program".

WHY DOES ALASKA NEED A PERSPECTIVE REIMBURSEMENT PROGRAM SINCE WE LEAD THE NATION IN THE SHORTEST LENGTH OF STAY AND APPROXIMATE THE NATIONAL AVERAGE ON EXPENSE PER ADMISSION?

If such legislation is passed, particularly this bill, we would ask, "who would determine and how would the determination of a fair rate for the reasonable costs" be calculated. What type of interim adjustments would be allowed during the reimbursement period for our present inflation? Would the prospective rate be by type of service? cost per patient day? by occupied beds? regionally or state wide rate? etc. There appear to be a number of unanswered questions at this time.

Colorado had a rate control program and has just resinded that law. New York has just completed a study which indicates that 25% of hospital cost can be attributed to government regulations. We feel that voluntary cost containment is a better way to accomplish this control.

Due to the question of need for this type of legislation and the information obtained from other states concerning ineffectiveness and costs, we recommend that action on this bill be deferred until a greater analysis of the information supporting its need or justification is presented.

S.B. #323 - ASHA (Qualified) Endorsement

As written, this is a blank check authorization, we recommend that stated monitary guidelines be incorporated in the bill by program or catagory of service. How the program will administer these funds should also be spelled out.

Thank you for consideration of our comments, and if we can be of further service by presenting supporting data or testimony, please contact us at your convience.

Sincerely,

Max Kersbergen

Max Kersbergen
Exective Director

MK/ic

BARTLETT MEMORIAL HOSPITAL

P. O. BOX 3-3000 • JUNEAU, ALASKA • TELEPHONE (907) 586-2611
MILE 3 — GLACIER HIGHWAY

February 20, 1980

Senator Glenn Hackney, Chairman
Senate HESS Committee
Pouch V
Juneau AK 99811

SENATE BILL No.322 - "PROSPECTIVE RE-IMBURSEMENT"

Bartlett Memorial Hospital supports the intent of the bill. Prospective reimbursement negotiations would give both the State and the health care facility some concrete figures for budgeting.

However, this is an extremely complex issue that requires an orderly well planned program. Since October 1977, hospitals have been working with HEW's Health Care Financing Administration on the System for hospital Uniform Reporting (SHUR). This has evolved into the Annual Hospital Report (AHR) and it is hoped that this proposal will be accepted. (see attached excerpt)

UNIFORM REPORTING: All health care facilities must be set-up on a uniform data base. The above mentioned AHR should be the keystone for this procedure. We recommend that the State of Alaska utilize one of the major national accounting firms for this step. This outside agent should be mutually agreed upon by the hospitals and the State.

This cost should not be passed on to the hospital's patients; it should be borne by the State of Alaska.

RATE NEGOTAITION: Concurrently, have a national accounting firm (the same or another) establish a procedure for prospective rate setting. Subject procedure to be arrived at mutually with the hospitals. Place this procedure into effect after the data base year has been completed.

RATE APPEALS: Utilize a national accounting firm as an arbitrator on all appeals. This will preclude the need for an expensive rate commission and eliminate more bureaucracy.

SENATE BILL No. 322 - PROSPECTIVE RE-IMBURSEMT (con'd)

PROPOSED TIME SCHEDULE:

1st Year - set-up the reporting system
2nd Year - establish one year data base
3rd Year - negotiate rate

Every additional cost must be passed on to the patient or third party payor. Containment of cost is our goal - new legislation/rules must be cost effective for all concerned. I will assist in any way to provide information to your committee.

James R Burns

JAMES R. BURNS, ADMINISTRATOR

Kaple: New report "dramatically" changed from SHUR

The Annual Hospital Report (AHR) is a "dramatically changed document" from the proposal it replaces — SHUR, the System for Hospital Uniform Reporting — and takes into account the hospital industry's concerns about cost and burden.



Kaple

This is the opinion of James M. Kaple, Ph.D., acting director of the Office of Research, Demonstrations and Statistics of the Health Care Financing Administration (HCFA).

Kaple noted, however, that "the one issue the industry raised and we disagreed upon and therefore have not changed is the linkage of uniform reporting and reimbursement."

"We clearly believe," he said, "that the data contained in the new Annual Hospital Report is that on which to base reimbursement decisions. It does not make sense, in my opinion, to put in place two reporting systems — one to gather uniform reporting data and another upon which to base reimbursement decisions.

Data for reimbursement purposes

"Furthermore, Congress tended to believe that this data should be linked and used for reimbursement purposes. In fact, the General Accounting Office (GAO) studied our implementation approach to Section 19 of P.L. 93-641. GAO's conclusion, presented in testimony, was that Congress did intend the use of this information for reimbursement purposes.

"Nevertheless, we have made a lot of changes, which are clearly responsive to the industry's request that the burden be reduced and the cost of collecting the data and maintaining it be reduced."

Kaple, noting the controversy that the SHUR proposal generated in 1979, said that "we have changed a great number of the reporting requirements that were contained in the original system — with an eye on reducing the burden on hospitals filling out the report and reducing the cost of maintaining and reporting the information."

"The resulting Annual Hospital Report," he explained, "takes into account virtually all of the specific comments on ways to reduce the reporting burden that were generated by the industry. There were one or two issues in which there were compromises. But, basically, we took the industry's recommendations on most of the burden and cost reduction issues."

Kaple commented:

"The Annual Hospital Report will become the cost information upon which reimbursement will be predicated for the federal programs. It will be an integral part of our operating program. The purpose of the report is to collect uniform, operable cost and utilization information for our operating programs. It has been developed in such a way that it also should provide information for other parts of the department and other users at the state and local levels. This was done purposely in an effort to try to reduce the redundant reporting burden that hospitals now face from various segments of the third party payor industry and other regulators.

HCFA to collect data

"We, for example, will be collecting the facility data through the Annual Hospital Report as opposed to having a separate system managed by the National Center for Health Statistics.

"We also will be supplying information to planners from this report on the range of services and the utilization of service by institutions in their areas. Again, this will preclude the necessity of developing new reporting systems specifically to support those activities.

"Internally, this report will, for the first time, provide us with a comparable uniform data base on which to analyze trends and costs in the hospital industry. We will be working directly with the fiscal intermediaries to bring the Annual Hospital Report data, possibly in summary form, into the central office for policy review and analysis and to support decisions on these programs within the Administration."

Kaple says there probably will be no increase in the size of his division's present staff to handle the report data.

"In the long run," he noted, "there may be some cost savings through the introduction of a uniform reporting system at the source of the data. We will use fiscal intermediaries to manage and reduce the data. Our early discussions with Blue Cross and certain other intermediaries suggest that receiving the data in the uniform form probably will permit management of the information with no net increase in personnel at the intermediary level. In the central office, we will be receiving the data in machinery that will actually expedite our collection and management of the information." □

Deregulation:
A Report from Colorado Hospitals



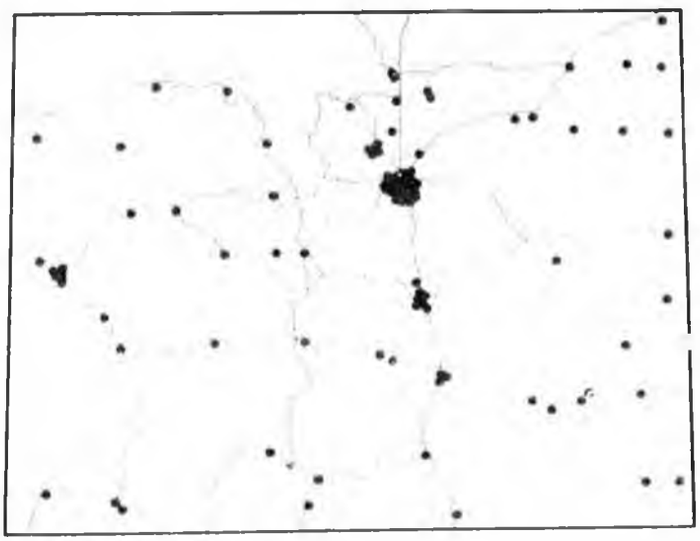
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We are the 105 Colorado hospitals employing 40,000 people and caring for more than 460,000 patients each year.

These facts distinguish us from a "national average," much as Colorado distinguishes itself from the rest of the nation by its natural resources and quality of life.

Quality health care is available in Colorado, yet the cost of the average hospital stay in Colorado is still 6.3% below the rest of the nation, even as Denver's Consumer Price Index (CPI) climbed to 8% above the national CPI.

83	Community (short-term, acute)
9	Specialty
6	Psychiatric
5	Federal
2	Student Health Centers
105	Colorado Hospitals



Location:

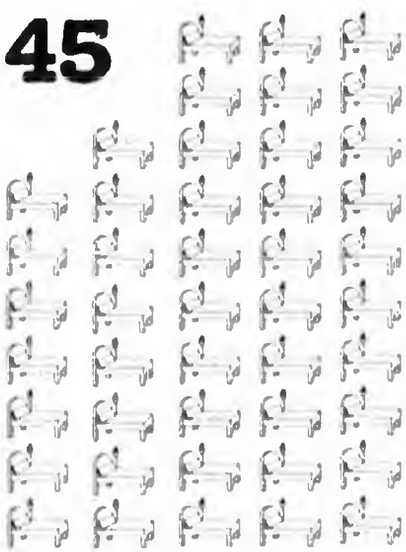
50 Rural
31 Denver
24 Other cities

Type:

53 Non-government, not-for-profit
40 State and local government
7 Investor-owned
5 Federal

6-49 Beds

45



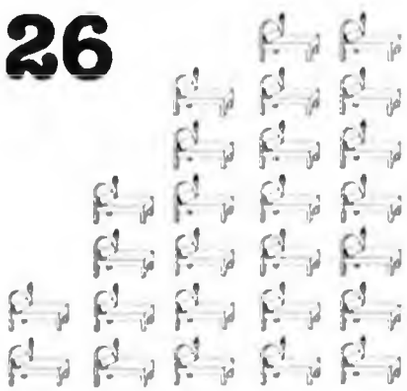
50-199 Beds

34



200 Beds & Over

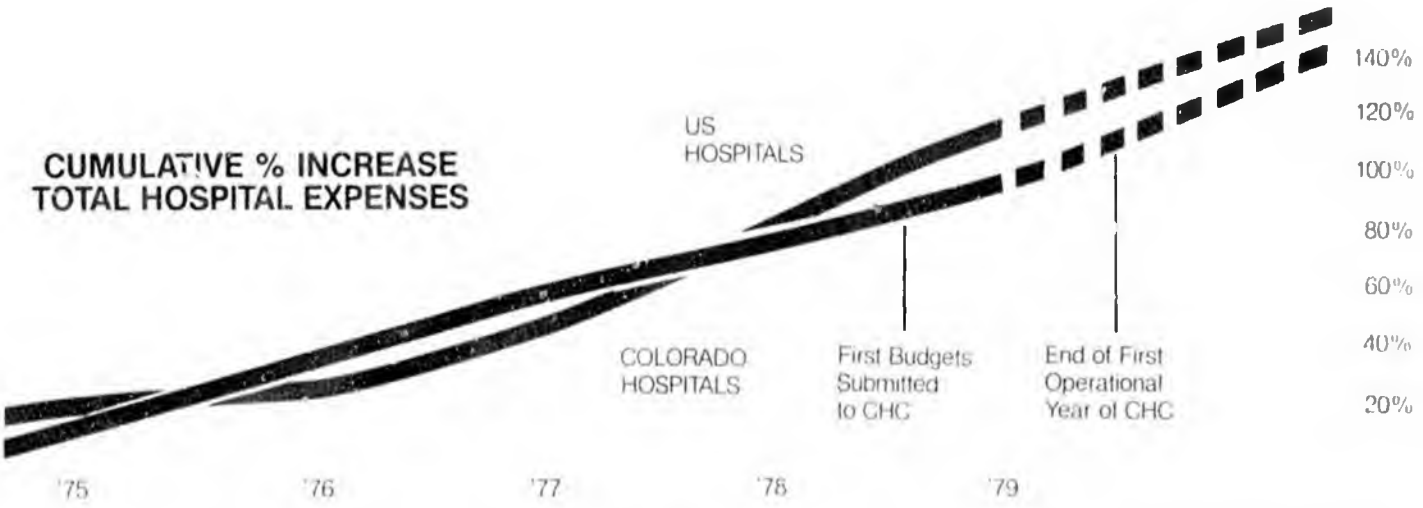
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The purpose of this report is to present the facts about hospital costs in Colorado and to describe the internal and



U.S. AND DENVER CONSUMER PRICE INDEX (1967 = 100)



CUMULATIVE % INCREASE TOTAL HOSPITAL EXPENSES

Colorado hospitals are proud that our costs are 6.8% below the national average, even as Denver's CPI climbed to 8% above the national CPI. This leveling-off trend in hospital expenses started a full two years before the Commission began reviewing budgets. During the period CHC has been in operation, costs in Colorado have closely paralleled the national average, indicating no measurable impact by the Commission.

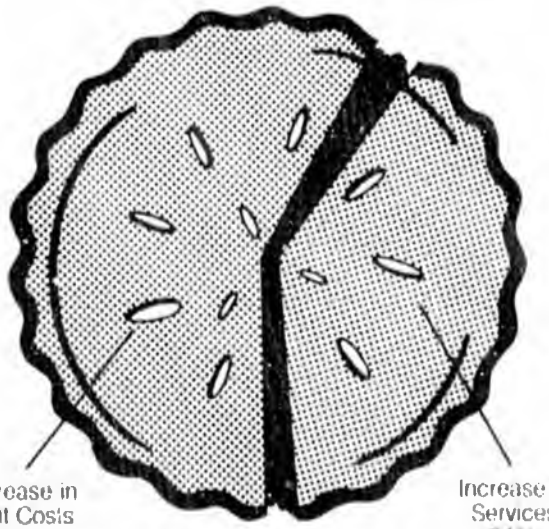
external forces that have brought us to this point. We will trace the recent history of voluntary cost containment efforts and hospital cost regulation to provide the information needed to make decisions about the quality, cost and availability of health care in the 1980's. We will make the following points:

1. Other than general inflation, improved quality and availability of care is the main reason for the increase in hospital costs.
2. Colorado hospitals have led the effort to contain health care costs long before the rush to regulation.
3. The responsibility and accountability of hospitals to their communities for the quality, cost and availability of health care must remain with the local representatives on Boards of Trustees.
4. The Colorado Hospital Commission failed, practically and philosophically.
5. Nationwide, the hospital industry's own "Voluntary Effort" to contain health care costs is working.

Where it all started. The first hospitals were charitable institutions where people went to die. Care was simple and mortality high. Health professionals, as we know them today, did not exist. The average "hospital" stay lasted several weeks and cost less than $5 per day.

By the early 1900's scientifically-educated physicians and trained nurses were providing increasingly effective care, and some insurance companies were writing policies that covered hospital care. Most people, when they could afford to, were still paying their own hospital bills.

The Causes of Hospital Expense Increases



Total Hospital Expenses = Unit Costs × Growth

- Labor Costs
- Prices of Goods Hospitals Purchase
- Capital Expenditures
- Expanded Regulations
- Quality Changes
- Population Growth
- Aging Population
- Technology
- Expansion of Coverage
  - Government Programs
  - Private Insurance
- Growth of Real Income
- Specialization

External factors, ranging from inflation to increased demand for services, have greatly contributed to the increase in hospital expenses.

In the 1930's hospital reimbursement plans were introduced, providing hospitalization coverage for many patients who would have otherwise been unable to afford hospital care. After World War II, medical science gave us wonder drugs, new equipment and advanced surgical methods. Better quality medicine cost more, but insurance paid for more hospital care. With more people demanding hospital care, and with more effective treatments available, "reimbursement" from "third-party-payors" became more complex.

Under contracts with Blue Cross, hospitals were reimbursed based on **costs,** while other insurance carriers and private patients paid **charges.** Because insurors guaranteed prompt, full payment, hospitals allowed them discounts. Thus began a system of different levels of payment for the same service. Cost-based reimbursement system provided no incentive for holding down costs since hospitals and physicians were paid retrospectively for whatever they spent.

In fact, these cost-based payment mechanisms were used in Medicare and Medicaid programs to encourage growth and spending as a means of promoting wider availability and improved quality of health care.

In 50 years the effectiveness of medical treatment grew, the availability of services grew, the demand for health care grew and so did costs. Everything grew and everyone called it progress.

Why costs went up. With the advent of the government insurance programs, Medicare and Medicaid, in the mid-1960's, the rise in health care costs began to exceed general inflation. The causes can be grouped into four broad categories:

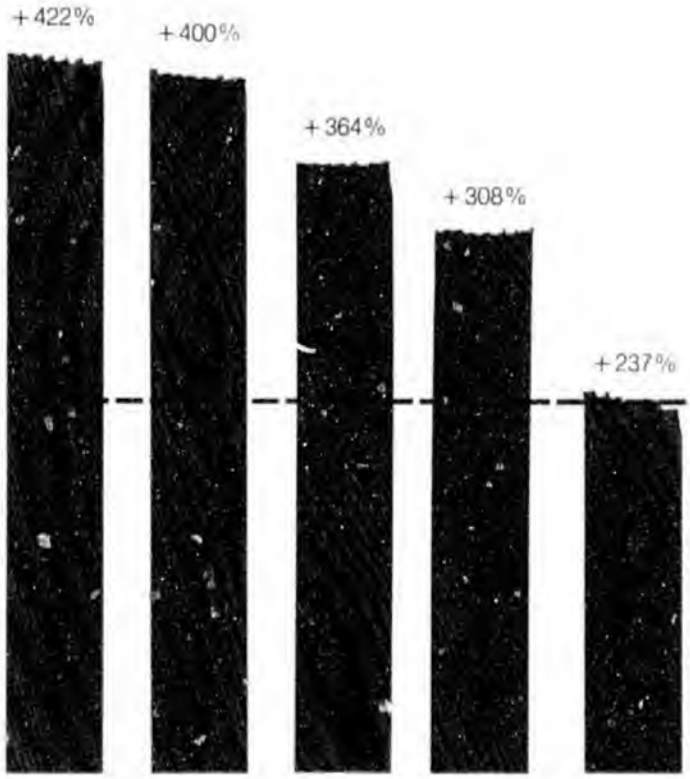
- ☐ Increased demand for services
- ☐ General inflation
- ☐ Government regulation
- ☐ More effective care

Demand created an intensive period of growth for the whole health industry. One third of the total increase in hospital costs is due to increased demand for services. In 1955, America's hospitals admitted 21 million patients — in 1975, 36 million. In the same period outpatient visits increased from 126 million to 255 million annually. Under Hill-Burton financing, the federal government encouraged communities to build or renovate 60 hospitals in Colorado. More people, with greater access to health care and more comprehensive insurance coverage, demanded more hospital services.

Simple **inflation** accounts for more than 50% of the increases in hospital costs. Supplies, services and staff cost more each year. Malpractice insurance rates have risen 450% over the last 5 years. Salaries and benefits (60% of total hospital expenditures) have increased rapidly to catch up with other industries.



Regulation, bureaucracy and "red tape" have added significantly to the cost of health care. In the last 15 years, Medicare, Medicaid, EEOC, NLRB, OSHA and Fair Labor Practices contributed to rising expenses. A New York study identified 164 agencies regulating hospitals. Compliance with these regulations costs $40 per patient day. The list on page 10 shows the agencies and regulations that affect hospitals in Colorado. Last year HEW alone issued almost 600 new or proposed health-related regulations. At the same time the Colorado Hospital Commission was requiring hospitals to submit up to 100 pages of budget information.



Hospital care is more effective, more available and of higher quality than ten years ago, yet the cost of the average hospital stay has not increased nearly as much as the cost of government

Rising hospital costs also reflect more **effective care** resulting from new treatments and technology. Because these improvements cure diseases, save lives and speed recovery, hospital care today cannot be realistically compared to 50, 25 or even 10 years ago. Intensive care units save 100,000 lives a year. The heart attack recovery rate has gone from under 50% in 1946 to over 85% today. Twenty-five years ago x-ray therapy, chemotherapy, hemodialysis and many orthopedic and

surgical procedures did not even exist. Health care costs more today than it did in 1940, but during that same period, life expectancy rose from age 63 to 72½ years.

In the 1960's the Great Society could afford guns, butter and men on the moon. Health care quality and availability increased substantially and no one counted costs. In the 1970's, the nation's outlook shifted to conservation, accountability and allocation of scarce resources. The last ten years have given us tremendous medical advances and the highest quality of health care in the world.

What happened in Colorado.

Early in the 1970's, Colorado hospitals became increasingly involved in cost containment measures. Hospital management introduced more effective systems and developed a wide range of cooperative programs, such as group purchasing, combined data processing and other shared services. Colorado hospitals also became more involved in the legislative process, developing the 1973 prospective reimbursement legislation. This law created a pilot project which successfully demonstrated the cost savings incentives of a prospective payment system and provided a basis for developing a uniform accounting and reporting system. In 1975 and 1976 the Colorado legislature considered hospital rate review systems, but ultimately rejected them. Colorado hospitals actively opposed these early measures because they were poorly drafted and certain to undermine the quality and availability of health care.

By 1977, several hospital cost containment bills had been proposed nationally. However, Colorado hospitals were already working with former State Representative Frank Traylor (R-Jefferson Co.) to draft a bill for Colorado that would address issues without sacrificing local control over the quality and availability of care. These efforts resulted in HB 1582, which a majority of Colorado hospitals supported. The act provided for three commissioners to prospectively review



hospital budgets, to approve the level of charges for each institution, and to provide for more equitable payment by all third-party-payors. HB 1582 was signed into law in July, 1977, and the Colorado Hospital Commission began its work in October.

The optimism of both hospitals and legislators was ultimately proved wrong. Within one year it became clear to many legislators that the Commission had become a perfect example of ill-advised, bureaucracy-ridden rules and regulations. Frustration with this system finally prompted legislators to seek repeal of the Commission. The legislation (SB-38) was introduced in January, 1979, by Colorado Senate President Fred Anderson (R-Loveland), one of the original sponsors of HB 1582.

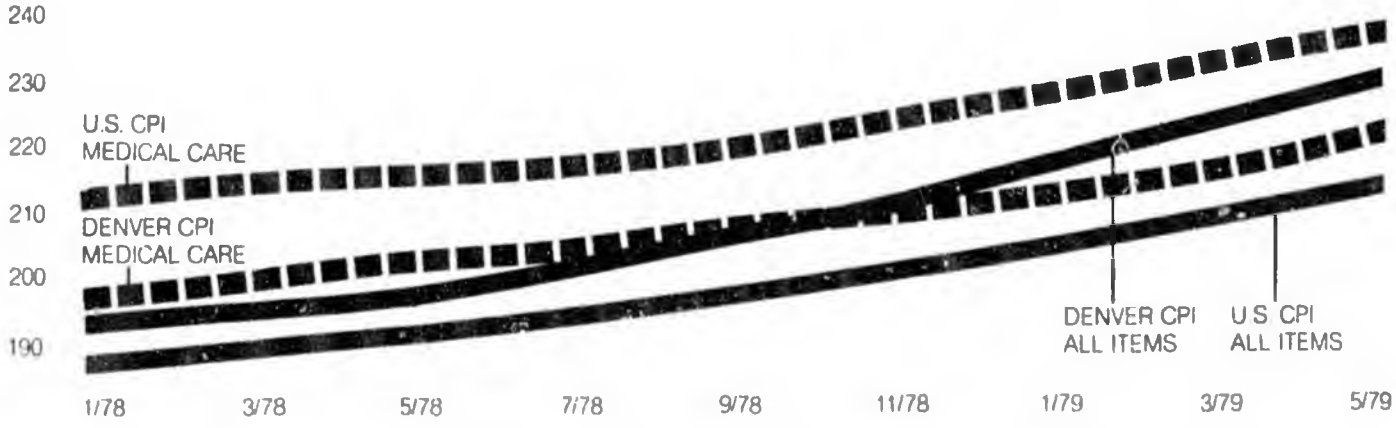
Hospitals did not initiate the effort to repeal the Commission. Over a full year they had met with the commissioners frequently to suggest constructive changes to make the system work. When these efforts finally proved fruitless, hospitals supported the effort to repeal. Third-party-payors, the Governor's office and several consumer groups opposed the repeal measure. The Senate passed SB-38 quickly by a 2/3 majority. At the request of the Governor, the House added amendments postponing the repeal date to March, 1980,and giving the Governor discretionary power to remove the commissioners. The amended version of SB-38 was passed and signed by the Governor on May 18, 1979, repealing the statute that had created the Colorado Hospital Commission, effective March 1, 1980.

Why the hospital commission failed.

The primary problem with the Colorado Hospital Commission was bureaucracy. From the very beginning, the Commission was counter-productive. It got off to a slow, disorganized start, fell behind and never caught up. It created frustrations by adopting an adversary stance and compounded it with legalistic procedures and arbitrary decisions.

- On the key issue of financial requirements for hospitals, the Commission seemed to act contrary to the intent of the legislation. The rules developed by the Commission allowed for no growth and development funds for hospitals to modernize and replace equipment in the future. Because of Commission actions, some hospitals had to use financial reserves for current operations.
- The Commission's budget review process concentrated on forms — over 40 pages of them. The forms, taken directly from the Maryland rate review system, were complicated, often not applicable, sometimes misleading and occasionally illegible. In some instances the Commission required accounting contrary to generally accepted practice in the hospital industry.
- Rule-making sessions often altered the intent of the law, especially on the issue of payment differentials for third-party-payors. The law decreed that they must be "quantified" to be allowed. No quantification took place.
- The Commission hearings were adversarial and this negative environment discouraged the resolution of substantive issues.
- The Commission created so much paperwork that both hospitals and the Commission staff staggered under the weight.
- After two years of operation, the Commission still had not defined what constituted compliance, nor had it put

U.S./DENVER MEDICAL CARE COSTS



Since January, 1978, the medical care component of the CPI is up 11.9% nationally and 11.5% in Denver. The gap has remained roughly the same, indicating no measurable impact by the Colorado Hospital Commission. The overall Denver CPI increased substantially compared to the rest of the nation.

into place the uniform accounting system the law required.

- Overall, the Commission did little to reduce expenditures, especially when the direct and indirect costs of compliance are calculated.

In the Commission's Report to the Governor, three different methods are used for measuring effectiveness. The three justifications show savings of $28 million, $18 million or $9 million, depending on the method of computation. Detailed examination of the $28 million, the $18 million and the $9 million figures reveals basic fallacies in the arguments and supporting data.

The data available on actual hospital costs shows that Colorado continues to parallel the national trend. The graph on page 3 shows the comparison between Colorado and the rest of the nation for total hospital expenses. The graph above shows the comparison between medical care costs in Denver and the rest of the nation, measured by the Consumer Price Index. Costs began leveling off before the Commission came into being and have shown no measurable deviation from the national (non-regulated) trend since the Commission completed its first cycle of budget reviews.

$28 MILLION?

The Commission uses CPI figures to claim that $28 million was saved as the rate of increase of the Denver CPI medical care cost component dropped below the overall Denver CPI. The graph above shows that medical costs in Colorado have followed the national trend, while the overall Denver CPI has escalated considerably.

$18 MILLION?

The Commission uses rate of increase data from several sources to claim $18 million in savings as the difference between

the level of approved budgets in Colorado and the target of the national Voluntary Effort. Aside from having the wrong data and attempting to compare apples and avocados, review of the actual expenses (shown in graph on page 3) shows no deviation from the national trend.

$9.8 MILLION?

The Commission cites $9.8 million removed from budget submissions as savings, but over $6.3 million of that was in requests for growth and development. The rules on these other financial requirements have since been changed to effectively eliminate the $6.3 million "saved."

No substantial evidence exists to show that the Commission saved any money. Comparisons between Colorado and non-regulated states indicate conformance to the national trend.

The Colorado Hospital Commission failed. On the practical level, it was not worth the paperwork, the bureaucracy and the estimated $1.8 million cost of compliance. Philosophically, it removed the responsibility and accountability from the locally appointed/elected Boards of Trustees, who should be making the community decisions on the quality, cost and availability of health care.

Where do we go from here: local board responsibility.

Among the nine states that have regulated hospital costs, Colorado is the first to repeal a hospital rate review system. This happened two years after the Commission had been voted in with the support of Colorado hospitals. Other states, federal bureaucrats and congressional leaders are watching to see what happens next.

Now that the Legislature has passed SB-38 repealing the Colorado Hospital Commission, Colorado has an opportunity to show that local control, accountability and responsible management can work. Hospital Boards have the authority and the will to make a voluntary approach to cost containment work without undermining the quality and availability of health care in their communities. Certainly local Trustees, elected or appointed from the community, can better judge what the local hospital should provide than governmental bureaucrats in distant capitols.

To assist local hospital Boards, Colorado hospitals are now implementing **InitiatiVE,** a program to monitor, analyze and report health care costs. This system will provide comprehensive management information to individual hospital Boards, and comparative data on similar-sized hospitals, regionally and nationally. Aggregate data on all participating hospitals in Colorado will be compiled quarterly through the Colorado Hospital Association. In coordination with the Colorado Voluntary Effort, this statewide data with national and regional comparisons will provide the public with the facts on health care costs in Colorado. A sample of this quarterly report is on page 10.

Regulatory and bureaucratic efforts to contain hospital costs have failed. The voluntary approach is working nationwide. A reporting system for hospitals that can assist local Boards of Trustees as a management tool and provide the public with aggregate data is the best way to contain costs while preserving local control over the quality and availability of health care in Colorado.

Colorado hospitals fully support the intent of SB-38 as passed by the legislature and signed by the Governor.

Regulation in Colorado: A partial list

Federal Legislation

National Health Planning and Development Act
Public Health Services Act
    Health Manpower Shortage Areas
Health Manpower Training Act
Nurse Training Act
Hill-Burton Act
Medicare
Medicaid
Social Security Amendments of 1972
Equal Employment Opportunity Act
Unemployment Compensation
Workmen's Compensation
Fair Labor Standards Act
Occupational Safety and Health Act
Equal Credit Opportunity Act
Uniform Anatomical Gift Act
Sherman Anti-Trust Act
Federal Record Keeping Requirements

Colorado Legislation

Colorado Certificate of Public Necessity
Colorado Hospital Budgetary Review
Health Facility Licensure Requirements
    Colorado Health Facility Standards
Health Professional Licensure Requirements
Colorado Occupational Safety and Health Act
State Wage Orders
Colorado Medical Records Access
Colorado Patient Grievance Mechanism

Federal Agencies

Department of Health, Education and Welfare
    Social Security Administration
    Health Care Financing Administration
    Public Health Service
        Emergency Medical Services
        Division of Alcohol, Drug Abuse and Mental Health
        Food and Drug Administration
        Division of Health Resources
    Civil Rights
Equal Employment Opportunity Office
Department of Labor
Department of Justice
    Immigration and Naturalization Service
Drug Enforcement Administration
Atomic Energy Commission
Environmental Protection Agency
Department of Interior
    Bureau of Indian Affairs
Consumer Product Safety Commission
Department of Transportation
    Highway Safety Administration
Internal Revenue Service
Federal Communications Commission
Federal Trade Commission
Occupational Safety and Health Administration
Veterans Administration
Treasury Department
    Bureau of Alcohol, Tobacco and Firearms

Colorado Agencies

Department of Social Services
Department of Local Affairs
Department of Labor and Employment
Civil Rights Commission
Colorado Health Care Financing Authority
Department of Regulatory Agencies
    Colorado Hospital Commission
    Insurance Commission
    Board of Medical Examiners
    Board of Pharmacy
    Practical Nurse Board
    Board of Nursing
    Board of Physical Therapy
Department of Health
    Health Facilities Review Council
    Board of Health
    State Health Coordinating Council
    Emergency Medical Services
    Alcohol and Drug Abuse
    Medical Care Regulation and Development
        Licensing & Certification
        State Health Planning and Development Agency

Local Government

Health Departments
Zoning Commissions
Land Use Commission
Building Codes
Fire and Safety Codes

SAMPLE: InitiatiVE Report

	Sample Quarter '79
Cost Per Stay (Adj.)	1400.89
Cost Per Patient Day (Adj.)	232.66
Gross Revenue Per Adj. Patient Day	246.80
Medical & Surgical Nursing Units — % Occupancy	63.2
— Average Length of Stay	6.4
— Nursing Paid Hours Per Patient Day	7.27
— % RN s in Nursing Service	45.1
Total Hospital Paid Hours Per Adj. Patient Day	24.63
— Salary Per Adj. Patient Day	142.76
— Non-Salary Expense Per Adj. Patient Day	88.55
— Housekeeping Hours Per 1,000 Sq. Ft.	38.64
Laundry Hours Per 100 Lbs	3.75
Days of Net Revenue in Accounts Receivable	66.61
Total Number of Beds	12,380
Hospitals Reporting	89

COLORADO MEDIAN		MOUNTAIN STATES MEDIAN			U.S. MEDIAN		
Comparative Quarter '78	% Change	Sample Quarter '79	Comparative Quarter '78	% Change	Sample Quarter '79	Comparative Quarter '78	% Change
1264.81	10.8	1429.22	1274.19	12.2	1465.95	1311.63	11.8
197.63	17.7	230.52	205.51	12.7	195.46	172.58	13.3
216.85	13.8	244.54	216.99	12.7	208.04	183.97	13.1
63.4	—	59.7	60.8	-1.8	71.3	70.4	1.2
6.4	—	6.2	6.2	—	7.5	7.6	-1.3
7.50	-3.0	8.05	8.00	.6	7.25	7.24	—
42.0	7.4	39.7	37.3	6.4	35.1	34.1	2.9
24.75	—	24.87	24.44	—	21.89	21.91	—
121.28	17.1	140.29	123.92	13.2	113.49	101.18	12.2
75.59	17.1	88.43	80.16	10.3	80.90	70.33	15.0
35.03	10.3	39.53	37.00	6.8	41.08	40.65	1.1
3.92	-4.3	3.80	3.91	-2.8	3.25	3.35	-3.0
68.15	-2.2	77.62	81.86	-5.2	67.01	69.27	-3.3
12,242	1.1	51,520	50,739	1.5	696,850	671,910	3.6
88		397	391		3196	3196	

Quasi-Public/Voluntary Agencies

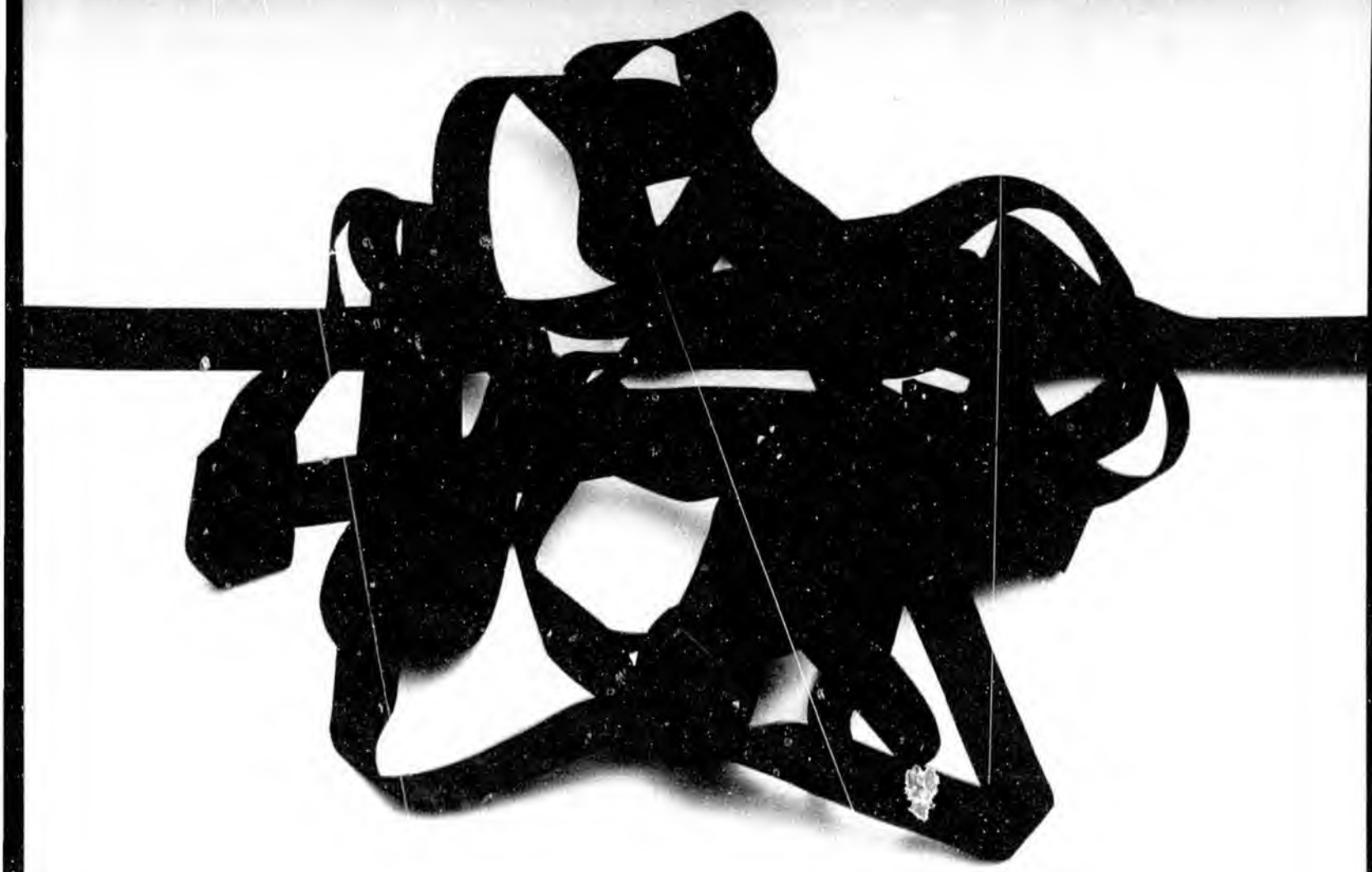
Joint Commission on Accreditation of Hospitals (JCAH)
American Osteopathic Association (accreditation)
Colorado Foundation for Medical Care
Professional Standards Review Organization
American Institute of Certified Public Accountants
Financial Accounting Standards Board
Cancer Registry of American College of Surgeons
Health Systems Agencies I, II, and III

Sources for Statistical Data

Consumer Price Index (U.S. Dept. of Labor)
American Hospital Association National Panel Survey
Colorado Hospital Association
AHA/CHA Survey Sample
National Voluntary Effort to Contain Health Care Costs
Hospital Financial Management Association

Background Reading on Hospital Rate Regulation

1. Maurice Moore, "Deregulation in Colorado: A Special Report," Review, (August 1979), 14-23.
2. Alain C. Enthoven, Ph.D., "Health Care Costs: Why Regulation Fails, Why Competition Works, How to Get There From Here," National Journal (May 26, 1979), 885-889.
3. Robert Austin Milch, M.D., "An Overview of the Economics of Health Care," World, (Autumn 1976), 30-35.
4. "Policy Brief Number 1, State Regulation of Hospital Expenses," American Hospital Association Office of Policy Studies (April 12, 1979), 1-9.
5. David Stockman, M.C., "The Administration's Case For 'Hospital Cost Containment': A Critical Analysis," Washington Memo, (May 16, 1979), 1-77.



Member Hospitals in the Following Cities:

Akron
Alamosa
Aspen
Aurora
Boulder
Brighton
Brush
Burlington
Canon City
Cheyenne Wells
Colo. Springs
Cortez
Craig
Del Norte
Delta
Denver Area
Durango
Eads
Englewood
Estes Park
Fairplay
Florence
Fort Collins
Fort Lyon
Fort Morgan
Fruita
Glenwood Springs
Grand Junction
Greeley
Gunnison
Haxtun
Holyoke
Hugo
Julesburg
Kremmling
La Jara
La Junta
Lakewood
Lamar
Las Animas
Leadville
Longmont
Loveland
Meeker
Monte Vista
Montrose
Pueblo
Rangley
Rifle
Rocky Ford
Salida
Springfield
Steamboat Springs
Sterling
Trinidad
USAF Academy
Vail
Walsenburg
Walsh
Wheat Ridge
Wray
Yuma

CHA **COLORADO HOSPITAL ASSN.** 2140 South Holly, Denver, Colorado 80222 (303) 758-1630

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

POUCH H 01 – JUNEAU 99811

April 25, 1980

Document# 90-80

The Honorable Glenn Hackney
Chairman, Senate HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

In the course of testimony on Senate Bill 312 - State Aid for Service Programs for the Benefit of Older Alaskans - the Committee requested that the Department provide a priority listing for additional state service dollars. The Committee asked that the list be based on broad categories of services in order to allow the proposed Older Alaskans Commission latitude in defining the specific services to be covered.

The Office on Aging in our Department prepared the enclosed priority listing and is available to provide further clarification, if needed. The contact person who coordinated the preparation of the project is Danny Plotnick, who can be reached at 465-4903.

Thank you for allowing us the opportunity to comment on the matter.

Sincerely,

Deborah E. Behr

Deborah E. Behr
Special Assistant to
the Commissioner

Enclosure
cc: Senator Frank Ferguson
Senator Mike Colletta
Senator Bettye Fahrenkamp
Senator Arliss Sturgulewski
Senator Pat Rodey
Jim Kelly
DHSS, Office on Aging

06-F38LH

OFFICE ON AGING PRIORITIES FOR ADDITIONAL SERVICE DOLLARS

- April, 1980 -

Priority	Category of Service	Examples
1	Services to sustain more older persons in the least restrictive home environments	Increased availability of homemaker and home health services; adult day care; home repair
2	Services to fill gaps in health care	Purchase of hearing aids, eyeglasses, dentures; supplementary health screening and maintenance
3	Cost-effective alternatives to traditional nutrition service delivery methods	Bush meal services; shopping services; native and ethnic foods services; special diet services
4	Services to provide economic stability	Additional senior employment job slots; cottage industries
5	Services to increase accessibility to other services	More transportation; expanded and improved information and referral services; more outreach; bush transportation
6	Services to upgrade the knowledge and skills of service deliverers to enable them to provide services more effectively	Service provider staff, board/council, volunteer training; circuit rider training
7	Services to provide social stimulation and combat isolation	More recreational and leisure-time services; visitor services; continuing education
8	Services to help older Alaskans receive public benefits to which they are entitled and resolve legal problems	Legal assistance; public benefits counseling
9	Services to extend lifetime productivity and promote feelings of usefulness	Volunteer programs, such as foster grandparents; continuing education
10	Counseling support	Personal counseling; tax counseling; employment counseling

STATE OF ALASKA

Interdepartmental Route Slip

TO: Mail Station	Department
3100	Legislature

Attention: Senator Ferguson

- ☐ Approval
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Remarks: Cap. Bldg. — Rm 123

FROM: Mail Station	Department
01000	DNSS

By: L A Rodriguez — Date: 4/25/80

02-002(Rev. 2/80)

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

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STATE OF ALASKA

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Attention: Senator Taylor Kamp	

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- ☐ Return as Requested
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- ☐ Necessary Action
- ☑ For Your Information

Remarks:

Assembly Bldg.
Room 200

FROM: Mail Station	Department
0600	DHSS
By: L.A. Rodriguez	Date: 4/25/80

02-002(Rev. 2/80)

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

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STATE OF ALASKA

Interdepartmental Route Slip

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Attention	
Senator Colletta	

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Rm 111

FROM: Mail Station	Department
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By	**Date**
L N Rodriguez	4/25/80

02-002(Rev. 2/80)

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER POUCH H 01 – JUNEAU 99811

April 25, 1980

Document# 90-80

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STATE OF ALASKA

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TO: Mail Station	Department
3100	Legislature
Attention	
Senator Sturgulewski	

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- ☑ For Your Information

Remarks:

Assembly Bldg
Room 100

FROM: Mail Station	Department
0600	DNSS
By	Date
LA Rodriguez	4/25/80

02-002(Rev. 2/80)

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

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DAN HUMPHRY - CPA - SEATTLE
West Vir. / S. Carolina has set up program
for these two states
Fractions patients are as much care as
more severely disabled Co operating patients,
Rate setting Commission or other entity.

Chris Beardsley
Oppose - at this time

Provider & Reimbursement Co.

Chris Beardsley left this memo for you. SB 322

3-19-80
3:05 P.M.

Senator Hackney:

The Alaska State Hospital Assoc. met this MORNING AND PASSED A motion relating to suggested language you could use for a Committee Substitute for SB 322 (re. to prospective rate setting for medicaid/medicare eligible patients). It was unanimously endorsed by all members including the long term care people.

A typed up version of this language will be submitted to you as soon as we can get it to you (probably within a couple of weeks).

A skeleton outline of the language includes:

① A 2½ year study Commission

② Commission membership qualifications will be outlined.

③ although it may not be noted, the intent ~~would~~ probably would be to have the Commission be appointed by the Governor.

④ A suggested funding amount will be indicated (for per diems, transportation, making up of a report and hiring a consultant), however, we would appreciate your guidance and suggestions as to whether the amount is too little or too much.

Thank you for your help & guidance, and should you have any questions, please call me or Al Cannon.

Chris Beardsley

DRAFT

IN THE LEGISLATURE OF THE STATE OF ALASKA ELEVENTH LEGISLATURE - SECOND SESSION.

For an Act entitled: "An Act relating to nursing home care for elderly persons."

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

* Section ___. AS 47.25.301

Sec. 47.25.301. PURPOSE. It is declared as a matter of public concern that elderly persons in this state receive necessary quality nursing home care that they need. Certain elderly persons on fixed or low-incomes have been denied access to care because of the inability to pay.

Sec. 47.25.302. ELIGIBLE PERSONS. All residents of the state who are 65 years or older and determined to be needy based on regulations adopted by the department are eligible to receive assistance under this chapter. Eligibility shall be reviewed by the department as frequently as considered necessary.

Sec. 47.25.303. ~~MEDICAL~~ NURSING HOME CARE ASSISTANCE PAYMENTS. The payment and the length of time for which a ~~medical~~ NURSING HOME CARE assistance payment is granted are left to the discretion of the commissioner and may vary from a small sum to an amount not exceeding the existing rate paid under 47.07.010-.080. The commissioner may require the patient and the family to contribute to the cost of care.

~~Sec. 47.25.304. MEDICAL SERVICES TO BE PROVIDED. Medical services to be offered to eligible persons include skilled and intermediate~~

Sec. 47.25.304. MEDICAL SERVICES TO BE PROVIDED. Medical services to be offered to eligible persons include skilled and intermediate nursing home care ONLY.

Sec. 47.25.305. REIMBURSEMENT OF PROVIDERS. According to the provisions of this chapter, the department of health and social services shall reimburse providers of medical care for allowable unpaid costs of skilled or intermediate nursing home care.

VENDOR PAYMENTS

Sec. 47.25.306. CALCULATION OF THE PATIENT'S SHARE. (a) The department shall ~~adjust~~ establish, by regulation, a formula to determine the

patient's share of ~~institutional~~ nursing home care expenses, based on the applicant's annual gross income, number of dependents, amount of assets, and forthcoming third-party payments.

(b) 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 noncommerical vehicle;

(3) tools, equipment, vehicles and other assets required in a trade of 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;

(10) 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.

Sec. 47.25.307. OBTAINING ASSISTANCE BY FRAUD. A person is guilty of a violation of AS 47.25.120 - 47.25.300 if he (1) by a statement, representation, or impersonation which he knows is false or by another fraudulent device, obtains or attempts to obtain or aids or abets another to obtain (A) assistance to which he is not entitled, (B) greater assistance than he is entitled to, or (C) payment of a forfeited ~~grant or~~ allowance; (2) aids and abets in buying or otherwise disposing of the property of the recipient of assistance for the

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purpose of avoiding liability for the assistance granted; or (3) gives false or incorrect information, knowing it to be false or incorrect, as part of the procedure to obtain assistance, even if he does not actually obtain or use the assistance.

Sec. 47.25.308. PENALTY FOR VIOLATION. A person who violates a provision of AS 47.25.120 - 47.25.300 is guilty of a misdemeanor, and upon conviction is punishable by a fine of not more than $1,000, or by imprisonment for not more than one year, or by both.

Sec. 47.25.309. DEFINITIONS. In this chapter (1) "applicant" means a person ~~to has suffered a catastrophic illness~~ IS IN NEED OF NURSING HOME CARE and is applying for assistance in this chapter or is the subject of an application for assistance under this chapter;

(2) "commissioner" menas the commissioner of the department of health and social services;

(3) "department" means the department of health and social services;

(4) "family" means two or more persons related by blood or marriage or adoption living as one economic unit;

(5) "liquid assets" means assests which can be readily converted to cash;

(6) "nonliquid assets" means all assets which are not liquid assets;

(7) "permanent place of abode" means a dwelling, or a dwelling unit in a multiple dwelling, including lots and out-buildings or an appropriate portion of these, which are necessary to convenient use of the dwelling unit;

(8) "provider" means a licensed hospital, skilled nursing home, or intermediate care facility, ~~providing skilled or intermediate care needs which has provided services not excluded by AS 47.08.050 to an applicant;~~

(9) "third-party payments" means payments of medical expenses related ~~to a catastrophic illness~~ by sources other than the nursing home care

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the applicant or the ~~committee~~ chapter, 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 State Department of Health, Education, and Welfare, and awards in legal actions.

DRAFT

3-7-80

SB322 Prospective Reimbursement

The hospitals don't want this bill --- Nursing homes do.

Rod Betit explained line 13 mentioned in position paper. Hospitals & etc. use
The words intermediate and skilled- by adding "skilled we spell it out for them.
Good IDEA He further mentioned that you had stated you might favor a CS and eliminate hospitals???????Max Kersbergen, executive director of Alaska State Hospital Assn. along with members thereof will be in Juneau March 17th,18th and 19th. They have left their afternoons open should you schedule this bill on any of days mention ed..

Let me know that I can advise them.

Last meeting we had on this Bill was Jan.28th at which time we also had SB 320, SB321 and the minutes reveal that YOU said quote "We are treating these three bills more or less in the same package. Actually the first two are, I think it's safe to say, and either/or type of situation. Either we take one concept or the other. One being that the Sate of Alaska pays and the other being that the federal government pays half the money. I think that that's something we are going to have to work out philosophically as to whether we think it's worth the $500,000 or whatever to get the federal government involved.."

Our agenda reveals SB 320 and SB321 scheduled for March 17th. Do you wan't to add SB322 inasmuch as Alaska State Hospital Association will be here. March 17th is a Monday, the 19th is a Wednesday and these members will still be here in Juneau sooooo you have your choice as to whether you desire to have 3 bills of this type on one day or hold SB322 until Wed. the 19th.

INTRODUCTION OF BILLS (Senate)(cont'd)

Medicaid Reimbursable Payments

SENATE BILL NO. 322, by the Rules Committee by request of the Legislative Council (for the Interim Committee on Services for the Elderly. Repeals and re-enacts AS 47.07.070 regarding medicaid reimbursable payments to providers of health care. States payments to institutions for medicaid-eligible persons shall be made on the basis of a "prospective determination of fair rates for the reasonable costs of services rendered...." Provides Act effective July 1, 1980.

Introduced January 15 and referred to HE&SS and Finance.

ALASKA STATE HOSPITAL ASSOCIATION INC.

5401 CORDOVA STREET
PHONE: 277-1633

ANCHORAGE, ALASKA 99503

mary - note-file SB322 (R)

February 26, 1980

Senator Glenn Hackney
Chairman - Health, Education, and
Social Services Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

I am writing to indicate an opportunity for the Alaska State Hospital Association members to provide direct testimony on S.B. 322, during the spring meeting scheduled in Juneau on March 17-19. We have left our afternoons open for legislative availability, therefore, if your committee has questions or wished to have direct provider input we would gladly make any necessary arrangements.

You already have our position paper, however, we would offer still further testimony if you feel it would be meaningful.

Sincerely,

Max Kersbergen
Executive Director

CARE

P.O. Box 3-488
2200 E. 42ND AVE. • ANCHORAGE, ALASKA 99501

January 28, 1980

The Senator Glen Hackney
Chairman- Health, Education, and
Social Services Committee
Alaska State Legislature
Pouch U
Juneau, Alaska 99811

Re: Testimony for Committee Hearings
January 28, 1980
Senate Bills 320, 321, & 322

Dear Senator Hackney:

SB 320 and SB 321

The "medically needy" of the State of Alaska are in great need of the relieff that these two bills would provide by broadening income standards. We see, on a frequent basis, dignity being destroyed and families broken as individuals slightly over-income attempt to cope with the increasing costs of catastrophic illness. Legislation providing for the financial gaps in health care has long been needed. We commend the Interim Committee on Services on the Elderly for identifying this as a priority need.

SB 322

We wish to express our strong support for the concept of payment to certain institutions and agencies for Medicaid-eligible persons on the basis of prospectively determined rates. We believe that a "prospective rate" system in the State of Alaska would greatly enhance the quality of care available for a cost-effective dollar. The consequences of this bill are far reaching and of a major importance to the future of health care in this state. Detailed comments on this proposed legislation will be provided to you in the near future. I regret that this is not available to you at this time, but we do want to provide you with accurate and careful consideration on the details of this bill, while at this time expressing our firm conviction that "prospective rates" can be an appropriate solution to a crucial problem.

Respectfully yours,

HEALTH CARE SERVICES - ALASKA, INC.

Donna M. Stephens

Donna M. Stephens, Administrator
Careage House & Nakoyia Health Care Centers

Dick Wilson

Dick Wilson, Administrator
Careage North Health Care Center

DMS:DW:mlc

DRAFT

POSITION PAPER
ON
SENATE BILL 322
HOUSE BILL 612

"An Act authorizing payment for services provided by certain institutions and agencies to Medicaid-eligible persons on the basis of prospectively determined rates; and providing for an effective date."

Senate Bill 322 and House Bill 612 would require that Medicaid reimbursement for services provided by hospitals, long term care facilities, and home health agencies be based on a prospective determination of reimbursement.

Under the present State and Federal statutory language, such reimbursement is permissive.

The Department of Health and Social Services supports the concept of prospective determination of reimbursement. Major benefits of such a program are:

could be either prospective/retro

1.) Standardization of Health facilities Reporting and Budgeting.

2.) Centralization of hospital operational data.

pro-prospective

3.) Reimbursement based on budgeted costs instead of historical cost settlements.

4.) Concurrent communication between the Department and health facilities manager.

5.) Billing and Payment simplification based on pre-negotiated reimbursement.

While Senate Bill 322 or House Bill 612 would authorize, if passed, a prospective reimbursement system, however, it does not provide for the implementation of a Unform Reporting Budgeting System which is paramont to the development of an efficient prospective reimbursement system.

After a historical review of prospective reimbursement programs, in other states, it was determined that propective reimbursement requires basic provider education, technically qualified experienced staffing, and a systematic approach to operations.

Historical review also shows that it takes approximately two-three years to develop an effective uniform data base which provides for informed decisions in determining reimbursement.

In accordance with our agreement with the Senate Health Education Social Services committee hearing on January 28, 1980, the following alternative proposal to Senate Bill 322 has been developed.

The development of these alternatives have been in consultation with the Alaska State Hospital Association and Long Term Care Division, Health Service, Incorporated, a Proprietary Nursing Home Corporation in Alaska, and the Department of Health and Social Services.

Alternative #1: Tableing of both bills and the passage following resolution:

BE IT RESOLVED BY THE SENATE:

WHEREAS; The current systems for the payment of services provided by health facilities have become cumbersome, and unnecessarily complicated, and

WHEREAS; The cost of providing care has increased due to the administrative support involved in maintaining these systems, and

WHEREAS; The State costs for monitoring and administrating these cumbersome and complicated systems has increased, and

WHEREAS; The Alaska Legislature, State of Alaska, and the Health Care Industry wishes to limit escalating costs for non-patient related services, and

WHEREAS; A State and Federally approved system for Hea th Facility Uniform Reporting and Budgeting (S.U.R) would provide a solution, and

WHEREAS; a uniform system of prospective rate negotiation and reimbursement would assist in reducing non-patient service costs; therefore

BE IT RESOLVED that the Alaska Legislature provide funding for the establishment of an Alaska System for Health Facilities Uniform Reporting and Budgeting using the National Manual on Systems for Uniform Reporting as a guide, and

FURTHER RESOLVED that this system, once developed be accepted by the Federal government and State of Alaska as the system for all health facilities in the State of Alaska; and

FURTHER RESOLVED that the Alaska Legislature establish and fund a committee composed of representatives from the State Department of Health and Social Services, U.S. Department of Health and Welfare, and Alaska State Hospital Association, and Long Term Care Division to develop proposed legislation which would establish a uniform system for prospective rate negotiation and reimbursement in the State of Alaska, and

Fairbanks Memorial Hospital

1650 Cowles St.
FAIRBANKS, ALASKA 99701

OPERATED BY
LUTHERAN HOSPITALS AND HOMES SOCIETY
FARGO, NORTH DAKOTA 58102

February 1, 1980

Senator Glen Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator:

Recently I received a copy of Senate Bill 322 which is an act authorizing payment for services provided by certain institutions and agencies to Medicaid eligible persons on the basis of prospectively determined rates and providing for an effective date.

As I am sure you are aware, hopsitals in the State of Alaska are currently being reimbursed on a cost basis as it relates to the Medicaid program. Some hospitals feel that the costs which Medicaid recognizes does not include the full cost of services. Since this mechanism is set up through the Federal Medicaid/Medicare regulations, the state has very little ability to change these.

As my understanding goes, the purpose of a prospective rate determination is for the distinct advantage of having hospitals lower their length of stay and/or occupancy rate. Fairbanks currently has a length of stay of less than four days while the national average is approximately 7.5. In addition, Fairbanks Memorial Hospital currently boasts a bed per thousand ratio of approximately 2.3, whereas the national average is 4.5. These are two main reasons why Senate Bill 322 should not be passed. In addition, the bill is very unclear as to who will determine a "fair rate or reasonable costs of services rendered". It is my impression that what Medicaid is attempting to do is to pay the hospitals less than their actual costs which they are receiving at the present time. In addition, it would be interesting to know the definition of reasonable costs of services which is located in paragraph 070 of the proposed legislation.

We at Fairbanks Memorial Hospital strongly oppose Senate Bill 322 for the reasons listed above and many reasons for which are not outlined here due to lengthy explanations which would be required to explain the prospective reimbursement system.

On another matter we at Fairbanks Memorial Hospital are having severe nursing shortage problems, and since we are the only hospital in the area we have severe staffing problems especially when several of our nursing service personnel are picked for jury duty. We would be interested to see if you, as a legislator, could get the statute amended to exclude registered nurses in addition to teachers, etc. We feel that this is not unreasonable since these professionals play a very key part in the functioning of an acute care hospital.

Sincerely,

Tom Mingen
Administrator

TM/mw

ST. ANN'S NURSING HOME
415 Sixth Street, Juneau, Alaska 99801 (907) 586-3883

February 19, 1980 Jill

The Honorable Senator Hackney
Senate Chambers
State Capital Building
Juneau, Alaska 99801

RE: Senate Bill No. 322
Prospective Rate-Setting

Dear Senator Hackney:

Thank you for providing St. Ann's Nursing Home this opportunity to express its views on Senate Bill No. 322 relating to prospectively determined rates of reimbursement for care provided to Medicaid-eligible patients.

We readily understand the concern of the legislature concerning ever escalating costs to the taxpayer, and the very urgent need to put a lid on purchases of whatever kind. However, we are also concerned that prospectively determined rate-setting will, of itself, add to the cost push of this inflationary cycle. The Department of Health and Social Services has, in their position paper, given testimony to the need for development of an effective data base to provide information for informed decisions in determining reimbursement, and they show that it takes two to three years to achieve this readiness to start!

In our view, the Senate Bill No. 322 has significant short-comings. It says payment shall be made on the basis of a prospectively determined fair rate for reasonable costs, but fails to say who will determine what the fair rate is. It includes payment for patient care, without defining which of our patients' every-day needs are included in this designation of patient care. It leaves the whole field of determining the details of legislation open, presumably for some regulatory body to determine either with or without consultation of the providers that will be regulated. With such open-ended legilsation, I would hope to see appeal processes spelled out in great detail.

As we at St. Ann's understand the proposal for Prospective Rate-Setting, all costs of patient-care, including the ancillary charges for Physiotherapy and Occupational Therapy, as well as drugs and supplies would be included in the rate

assigned as fair reimbursement. Since the above services are totally unpredictable, there is a clear danger that we would be forced to budget our costs aggressively in order to be sure that we could break even. This would clearly cause a precipitous jump in the cost to the state of doing Medicaid business. The alternative would be to specifically exempt such unpredictable costs and retrospectively reimburse at year-end, a situation that would completely negate the purpose of this bill.

Another possibility does exist, one that any concerned citizen would have to reject out-of-hand, and that is the possibility of reducing the level of care given to the patients by such a margin as to maintain the current cost level. Clearly, no provider is willing to take such measures, and we are convinced the legislature would condemn this method of cost containment.

It is our understanding that an alternative has been proposed that would involve only the free-standing nursing homes. This nursing home does not support that stand. St. Ann's Nursing Home has been in business just two and a quarter years, is still growing, and hopes to attain eighty percent census late this year. It can be seen that prospective costing would be a serious impediment to our doing business, in that we have not yet acquired sufficient data base to forcast with any great deal of accuracy.

We do understand that such a method of budgeting would have immediate advantages to the proprietory sector of the nursing home business. In the proprietory sector, it would be a distinct advantage to be able to show a predictable profit in case of negotiations to borrow funds, or to sell, or even to market stock or securities. Therefore, we offer as yet another alternative, the possibility that the proprietory sector of the Skilled and Intermediate Care Nursing Home industry be subject to prospective rate-setting for a developmental period.

Sincerely,
ST. ANN'S NURSING HOME

Jack W. Buck
Administrator

JWB:ar

Options for State Only Medical Assistance Program
for Medically Needy

DRAFT

I. Who should be eligible for the program?

a. All medically needy (including intact families, single adults, etc.)

b. Select groups:

1. Elderly (need to define cut-off age - 55, 60, 65).

2. Blind.

3. Disabled (need to define degree of disability).

4. Families with children.

A. AFDC-related (at least one parent away from home).

B. All families.

5. Single adults

A. Employable (work requirements?).

B. Unemployable.

II. To what income level should people spend down to?

a. Same as General Relief-Medical.

1. $_____ - single.

$_____ - couple.

2. Higher level.

III. What kinds and amounts of resources allowed?

a. General Relief-Medical level.

b. Higher or lower level.

c. Special consideration.

1. Home.

IV. What services to cover?

a. Same as General Relief-Medical.

b. Same as General Relief-Medical plus residential care or other home care (adult - foster care; adult - day care).

c. Select services:

DRAFT

1. Hospital.

2. Physician services.

3. Nursing home.

4. Drugs.

5. In-patient psychiatric services.

6. Mental health clinic.

7. Eyeglasses and optometric exams.

8. Hearing ~~aids~~ aids and evaluation.

9. Residential care.

10. In-home services (home health; adult-foster care; adult-day care).

11. Out-patient surgical center.

12. Medically necessary transportation.

V. Legal Mechanism:

~~a. Modify Catastrophic Illness Statute (payment after the services).~~

a. Modify Catastrophic Illness statute (payment after the services).

b. Modify General Relief-Medical statutes.

c. Separate new programs administered by Public Assistance.

VI. Funding.

a. Open-ended appropriation (supplementals will be honored).

b. Fixed sum "full need" appropriation (supplemental will not be honored).

c. Pilot project or limited funded statewide project.

ALASKA STATE HOSPITAL ASSOCIATION INC.

5401 CORDOVA STREET
PHONE: 277-1633

ANCHORAGE, ALASKA 99503

February 19, 1980

Senator Glenn Hackney
Chairman - Health, Education, and
Social Services Committee
Alaska State Legislature
Pouch U
Juneau, Alaska 99811

Re: Testimony for Committee Hearings
February 1980
Senate Bill 322

Dear Senator Hackney:

Speaking for our association, I wish to elaborate on our position related to S.B. 322/H.B. 612 concerning "prospective reimbursement for hospitals, nursing facilities, intermediate care facilities, etc." Due to the briefness of the bill as it now stands, we cannot effectively comment other than to state that an effective date of July 1, 1980, we feel, is overly optimistic. Other states who presently have prospective reimbursement have implemented their system after several months of preparation, and we recognize the need for similar time in Alaska.

Identification should be clearly made that the primary interest in a prospective reimbursement program in Alaska at this time is most closely aligned with some free-standing nursing facilities rather than hospitals. Health Care Services of Alaska Inc., a proprietary nursing home corporation, has spearheaded the movement because it would address a number of problems they are now faced with under the retrospective system. Due to the nature of long-term care reimbursement (a per diem rate) it more readily identifies with a prospective settlement. It is our recommendation that if a prospective reimbursement program is necessary at this time in Alaska, consideration be given to limiting the program to free-standing nursing homes who wish to participate as a pilot for other health care providers.

The purpose for which such legislation was initiated should be clearly spelled out and a follow-up program to evaluate its effectiveness should be developed at its inception. I have enclosed a report from the State of Colorado showing where a similar program has just been deregulated due to a lack of effectiveness.

Association endorsement for an inclusive prospective reimbursement system for both hospitals and long-term care institutions requires some assurances to the following:

1. That a reporting and budgeting system be established which would provide for uniformity in establishing the reimbursement for Medicare/Medicaid patients throughout the state, taking into consideration geographic and other unique variables.

2. That adequate time prior to implementation be allowed to develop the software, education and appeal processes for an effective program.

3. That the costs associatiated with the change-over in programs not be assessed the institutions participating or their private patients.

4. That allowable reimbursement include all of the necessary costs of operation including: bad debts; charity (mandated by federal law for Hill-Burton hospitals'; debt service costs; adequate depreciation and an equity factor allowing for new technology and expansion.

5. That the present Medicare/Medicaid reimbursement program be replaced by the prospective system so as not to add an additional billing requirement.

6. That the determination of rates, i.e. the "rate authority", would be truly a representative body, including providers.

7. That the initial and ongoing cost of the regulatory body not be borne by the providers.

8. That an appeal process be established at the very outset of the program to deal with inequities which may surface and could be substantiated.

9. That the program be monitored by the legislature to determine if the regulatory body is carrying out the intent of the legislation.

10. That the regulations for this program be developed through cooperative efforts between representatives who are providers, working in conjunction with the regulatory agencies.

11. That special consideration be given to institutions providing both acute and long-term care in determining their budgeting and reporting requirements.

12. That reporting requirements be based on a recognized standard in the industry and be as simplified as possible.

Major concerns rest with the fact that many of our hospitals are operating with a limited census, with approximately 85% of their budget accounted for in wages and fixed overhead. Smaller facilities may not have the manpower or financial resources to comply with an immediate prospective program.

A final concern relates to the lack of success in other states in making significant improvement in containing costs through this mechanism. We have been more successful than many who already have a rate commission and prospective budget approval.

If we can be of further service to your committee, please contact our office at your convenience.

Sincerely,

Max Kersbergen
Executive Director

MK/ic

Enclosure

POSITION PAPER/Department of Health & Social Services

ADDENDUM TO
POSITION PAPER
ON
SENATE BILL 322
(Identical to House Bill 612)

"An act authorizing payment for services provided by certain institutions and agencies to Medicaid-eligible persons on the basis of prospectively determined rates; and providing for an effective date."

Senate Bill 322 would require that Medicaid reimbursement for services provided by hospitals, long term care facilities, and home health agencies be based on a prospective method of reimbursement by July 1, 1980.

Under the present State and Federal statutory language, such reimbursement is allowed.

Overview

The current systems and methods of reimbursing health facilities for services to Medicare and Medicaid beneficiaries is retrospective in nature. That is, health facilities are paid for their services based on a cost report submitted after the fact at the end of each facilities fiscal year. The Medicare intermediary (Blue Cross) and the Medicaid intermediary (State Department of Health and Social Services) review these year end cost reports and pay the facilities the lessor of allowable costs or charges. During each year the intermediaries pay the health facilities an interim rate based on the prior year's cost report.

This system of reimbursement was established with the advent of Medicare in the 1960's. It has been revised and added to, over the years so that today it has become very cumbersome, complicated and duplicative. Nationally, the "retrospective" system is considered one of the major causes of the escalation in health care costs as the system lacks incentives to control expenditures. The current system is static and inflexible. Decisions are often made by accountants, based on "generally acceptable accounting principles", rather than on the merits of each individual situation.

In response to this situation, twenty-seven to thirty-four States have instituted a "prospective" system of reimbursement. These prospective systems have taken many forms, each state's structure a little different. However, the philosophic purposes seem to be common "To encourage economy and efficiency to establish a uniform system of reporting and determination of a health facilities future reimbursement."

POSITION PAPER/Department of Health & Social Services

Department's Position

The Department of Health and Social Services supports the concept of prospective reimbursement. Major benefits of such a program would be:

1.) Standardization of Health Facilities Reporting and Budgeting.

2.) Uniform Collection of hospital operating data for the purpose of determining reasonable rates.

3.) Reimbursement based on current budgeted costs instead of historical cost settlements.

4.) Routine communication between the Department and health facilities managers.

While Senate Bill 322 would authorize, if passed, a prospective reimbursement system, it does not require the implementation of a Uniform Reporting and Budgeting System which is critical to the development of an efficient prospective reimbursement model.

After a historical review of prospective reimbursement programs in other states, it was determined that installation of a prospective system requires basic provider education, technically qualified and experienced cost accounting staff, and a phased approach to implementation.

Based on our analysis of other state's experience with prospective reimbursement, the department recommends a phased approach to the development of a prospective reimbursement system be considered as follows:

1.) The Legislature authorize and fund the development of a State and Federal approved system of health facilities uniform reporting and budgeting. In meetings with the Alaska State Hospital Association, it has been clear that the hospitals and long term care facilities in the State agree that this is a necessary pre-requisite prior to implementing a prospective reimbursement system.

A Uniform Reporting and Budgeting system should be implemented as a first priority. This system should be patterened after the nationally recognized System for Hospital Reporting (SUHR) and the American Health Care Associations, Chart of Accounts. It is

POSITION PAPER/Department of Health & Social Services

envisioned that this system would be developed with the intention of consolidating in the State of Alaska, all State and Federal Budget and Reporting requirements, ie: Medicare, Medicaid, Alaska Native Health, General Relief Medical, etc.

2.) That a task force be formed composed of representatives of the United States Department of Health, Education and Welfare, Alaska Department of Health and Social Services, and two representatives of the Alaska State Hospital Association. That this task force be charged with publishing a report recommending legislative actions; proposed regulations to support the recommended legislative action and that these recommendations be published prior to the January 1981 legislative session.

A fiscal note and estimated time line for this approach is attached. If this suggested phased approach were used a prospective reimbursement system could be operational by July 1, 1981.

If the legislature simply passes legislation beginning a prospective system effective July 1980, the Department would be in a position of "pushing" a system that has not received adequate health facility education, would impose yet another budgeting and reporting system on health facilities without their support, and would require holding public hearings over a very compressed period of time. This method of implementing a prospective system could result in as much or more time being required to implement a working system as will be required through the Department's suggested method.

The Department supports Senate Bill 322 in concept but would prefer a more phased method of implementing a prospective rate setting system.

Recommended by: Rod Betit March 12, 1980
Rod Betit, Director
Division of Public Assistance

Approved by: Helen D. Beirne 3/12/80
Helen D. Beirne, Commisioner
Department of Health & Social Services

POSITION PAPER/Department of Health & Social Services

POSITION PAPER
ON
SENATE BILL 322

"An Act authorizing payment for services provided by certain institutions and agencies to Medicaid-eligible persons on the basis of prospectively determined rates; and providing for an effective date."

Senate Bill 322 would require that Medicaid reimbursement for services provided by hospitals, long term care facilities, and home health agencies be based on a prospective determination of rates based on reasonable cost. Under present statutory language, such reimbursement is permissive.

Line 13 of the bill should be amended to add "skilled" between "hospital," and "nursing."

The Department of Health and Social Services supports the concept of a prospective method of determining reasonable rates of reimbursement. A prospective system would provide for an up-front negotiation between the State and the provider before services are provided rather than an after-the-fact review as exists under the present retroactive reimbursement system. Providers, the Department, and the Legislature would know in advance what budgetary limitations exist, how much would be spent, and for what services. Barring major emergency or extreme economic change, cost-settling practices should be eliminated for these categories of service.

While this bill would begin to address cost containment in the area of hospitalization and long term care, additional administrative costs would be incurred due to the requirement for contract development and negotiations. Various approaches may be used to implement a prospective reimbursement system. The Department is drafting a detailed explanation of those options and will have additional information on cost, program, and administrative impact.

The Department supports S.B. 322 in concept but must oppose its passage as the Governor's Budget Review Committee has not had an opportunity to approve the additional funding in administrative costs which would be required.

Recommended by: Rod Betit 1/25/80

Rod Betit, Director
Division of Public Assistance (DATE)

Approved by: [signature] 1/25/80

Helen D. Beirne, Commissioner
Department of Health and Social Services (DATE)

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. SENATE BILL 322
Title "Prospective Reimbursement for Health Facilities"
Requested by Senate HEWW Committee Date 1/25/80

II. FISCAL DETAIL
Agency Affected Department of Health and Social Sevices
Program Category Affected Medical Assistance
BRU, Program, or Subprogram(s) Affected Public Assistance Administration
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES	9,485	56,910	28,455			
200 TRAVEL		20,064				
300 CONTRACTUAL		70,000				
400 COMMODITIES		3,000	1,000			
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	9,485	149,974	29,455			

FUNDING (Thousands of Dollars)

GENERAL FUND	4,743	74,987	14,728			
FEDERAL FUNDS	4,742	74,987	14,728			
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY	2	2	2			

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

This fiscal note assumes legislation authorization for this program by April, 1980.

The fiscal note provides for beginning activity in late FY 80, a full year operation in FY 81 and a 1/2 year transition to existing audit staff in FY 82.

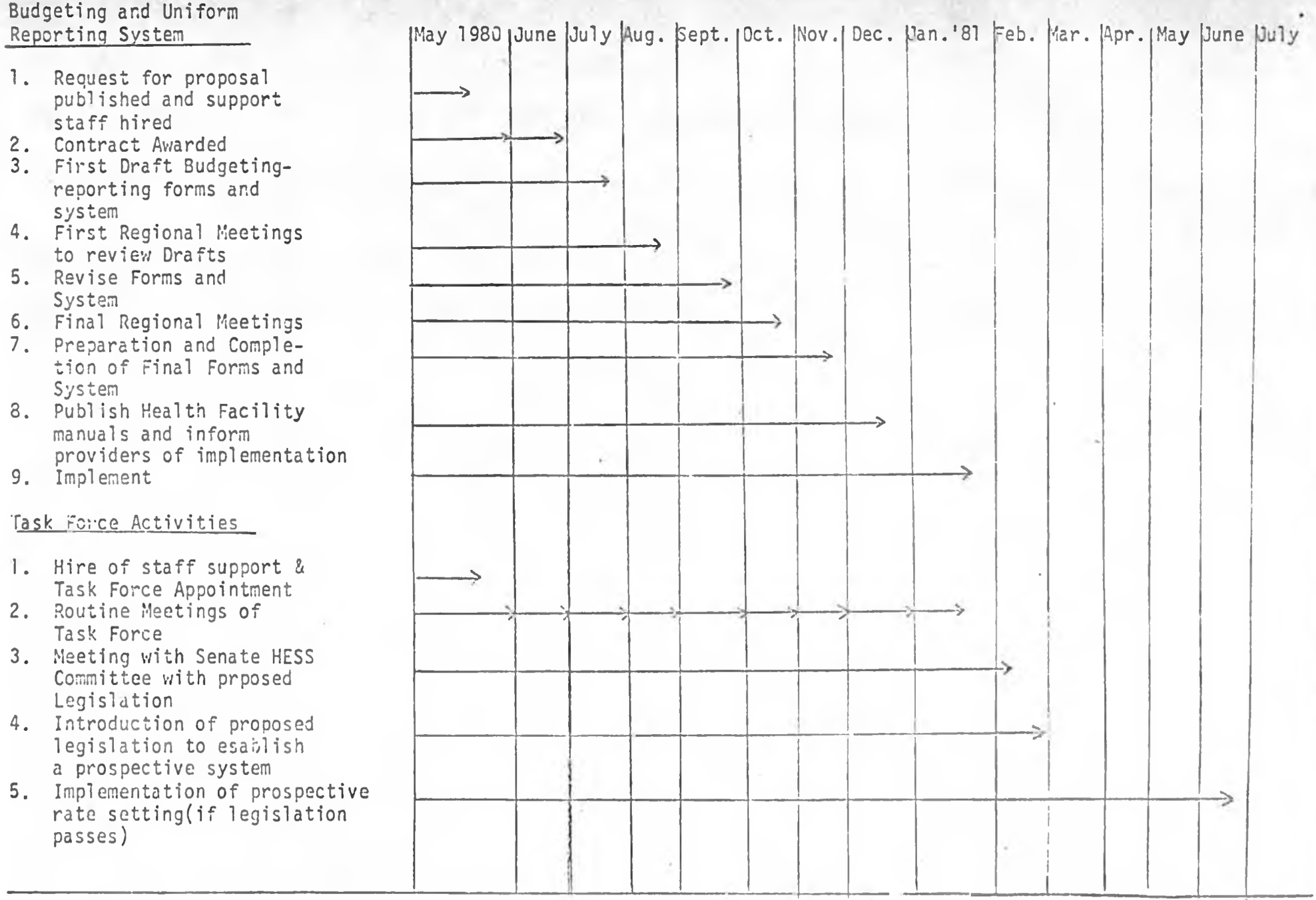
Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

Prepared by: Rod Betit Date: 3/12/80
Division/Office: Public Assistance PH: 465-3355
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: Date: 3/12/80

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

Time Schedule for Completion of Uniform Reporting and Proposed Prospective Rate Legislation



1.) One auditor to assist current state audit staff in development of State's portion of Uniform Budgeting & Reporting, as well as to staff task force in the development of the task froce report.

SR 18= 2517x 2 months x.25% = 6,292
2517x 12 months x .25% 37,755
2517x 6 months x .25% 18,887
$ 62,924

2.) One clerk typist to support the auditor and assist in task force minutes, document distribution etc.

SR 8= 1,277 x 2 months x .25%= 1,193
1,277 x 12 months x .25%= 19,155
1,277 x 6 months x .25%= 9,578
$31,926

Travel and Perdiem

1.) Task Force Operations
Eight Meetings of Task Force
in Anchorage (Six persons)
a.) Travel
8 x 6 x $300= 14,400

b.) Perdiem
6 x $59 x 3 days x 8 meetings= 5,664

TOTAL $ 20,064

Contractual

1.) Contract with firm specialized in prospective rate setting system, contract to include two regional meetings with health facilities to review proposed budget-reporting forms and system

$70,000

Commodities

1.) Postage and Printing costs
for correspondence and reports 4,000

Introduced: 1/15/80
Referred: Health, Education & Social Services and Finance

BY THE RULES COMMITTEE BY REQUEST OF THE LEGISLATIVE COUNCIL (for the Interim Committee on Services for the Elderly)

IN THE SENATE

SENATE BILL NO. 322

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act authorizing payment for services provided by certain institutions and agencies to Medicaid-eligible persons on the basis of prospectively determined rates; and providing for an effective date."

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

* Section 1. AS 47.07.070 is repealed and re-enacted to read:

Sec. 47.07.070. PAYMENT TO INSTITUTIONAL PROVIDERS. Payment for services provided by hospitals, nursing facilities, intermediate care facilities, inpatient psychiatric facilities, and home health agencies shall be made to the providers of services for Medicaid-eligible persons on the basis of a prospective determination of fair rates for the reasonable costs of services rendered, including

(1) patient care;

(2) charity and credit losses in accordance with regulations of the United States Department of Health and Human Services;

(3) maintenance, improvement and expansion of buildings and equipment;

(4) debt service for amortization of principal and interest payments.

* Sec. 2. AS 47.07.080(1) is repealed.

* Sec. 3. This Act takes effect July 1, 1980.

SB
323

COMMITTEE REPORT

SENATE

1/15/80

FURTHER: Finance

Date: 2/11/80

Mr. President:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had SB 323 making a special appropriation to the Dept. of Health and Social Services for homemaker health aide services; effective date

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[✓] do pass with attached amendments(s)

[ ] same title

[ ] replace with CS for _____ [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Coletta

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Glenn Hackney
CHAIRMAN

Do Pass

S 60 (Rev. 12/78)

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

To: _____ SENATE BILL No. 323

HOUSE BILL No. _____

PAGE: 1 LINE: 7

line 7: change "homemaker" to "homemaker/home"

SB 323

Introduced 1-15-80
Logged - 1-15-80
Referred Finance
Comm. Meeting 1-30-80 - ~~1-31-80~~ 2-11-80 - Passed with amendment.
" Action

Passed with amendment.

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF SOCIAL SERVICES

POUCH H-05
JUNEAU, ALASKA 99811

REPORT REGARDING SENATE BILL NO. 323

HOMEMAKER HOME HEALTH AIDE SERVICES

Regardless of whether or not there is a single statewide contract or regional/local contracts, the administrative costs as well as the unit cost for a contractor will increase with the addition of home health aide services. The additional unit cost will be approximately $5/unit in an urban area. The additional cost per unit results from the need for:

additional 35 hours of training for home health aides;
licensed nursing supervision of home health aides;
increased supervisory visits and travel;
increase in salary for home health aides.

The present homemaker contractor, Easter Seal Society, receives $9.34 per unit. The contractor anticipates the unit cost for homemaker services to increase to between $12-15/unit for FY 81 since the current unit cost is not adequate. The increase will enable the contractor to have full time regional supervisors and adequate supervisory travel. An additional supervisor is needed in Anchorage. In addition, workmen's compensation costs are approximately $3,500 more than their original estimate.

Currently at $9.34/unit with the FY 80 funding level of $1150.0 there are 123,126 units of service available.

If the unit cost of homemaker services increased to $12/unit at a funding level of $2500.0 there would be 208,333 units of homemaker service available, an increase of 85,207 units or 69% over FY 80.

If home health aide services were added to homemaker service at a unit cost of $12, the additional $5/unit for home health aide service would result in a $17/unit cost for combined homemaker-home health aide services. At a funding level of $2,500.0 there would be 147,058 units of service available, an increase of 23,932 units of service or 19% over FY 80.

The following table shows what the increase in units of service would be at various funding levels.

UNITS OF HOMEMAKER-HOME HEALTH AIDE SERVICE

		# of Units	% of Increase Over Current Year
($17/unit) Funding Levels	$2,500,000	147,058	19%
	$3,000,000	176,470	43%
	$3,500,000	205,882	67%
	$4,000,000	235,294	91%

The current rate of $9.34/unit includes homemaker wages as well as administrative costs which were figured at 30% of the $1150.0. The contractor's administrative costs include:

Travel
Supervisor's salaries
¼ time executive director's salary
Program director's salary
Bookkeeper's salary
Secretary's salary
Fringe benefits 18% (workmen's compensation, F.S.C., employer's FICA, and Blue Cross coverage for full-time employees)

The increased workmen's compensation costs, additional supervisory travel, full-time nursing supervision, and additional training will increase the administrative costs. For comparative purposes, the administrative costs for Alaska Homemaker-Home Health, Inc. were 51%.

During the first year of implementation of a homemaker-home health aide program a great deal of developmental work will need to be done including:

development of program standards based on the standards of the National Council of Homemaker-Home Health Aide Services;
development of a training program based on national standards;
educating medical providers and potential clients regarding home health aide services;
hiring full time nursing supervisors;
developing an adequate supervisory system to meet the needs of rural areas;
developing a unified referral system;
developing a unified case recording system;
developing protocols and agreements with medical providers;
developing a case monitoring system.

Given the number of developmental tasks and the fact that at the present time it is difficult to determine what the actual need and demand for home health aide services are, during the first year a single statewide contractor is preferred. Once a program is developed and fully operational it would be easier to then move to have regional contracts.

It should be noted that with regional or local contracts the administrative costs would increase since each contractor would need to have administrative staff and depending on the area of the state travel costs may be higher, as well as wages. At the present time it is also difficult to determine on a regional basis what the need is for home health aide services. In addition, the more contracts let, the higher the overall administrative costs will be.

The Division would, as a result, prefer to let a single statewide contract for FY 81. In developing the request for proposals, the Division would appreciate the assistance of members of the Interim Committee on Services for the Elderly to ensure input regarding the expectations of the contractor and specific requirements to meet regional needs. In urban areas, for example, it may be practical to have both homemakers and homemaker-home health aides, whereas in rural areas it would be more practical to have homemaker-home health aides.

During the first year, once some of the developmental tasks have been accomplished, various models of decentralization/regionalization can be developed so that quality services with local/regional control can be delivered in a cost effective manner. With input from potential regional/local providers, as well as the Interim Committee, a smooth transition plan could be developed. During FY 81 visits will be made to the various regions and communities of the State to provide information regarding the program and to encourage prospective contractors.

The Division, while favoring regionalization and decentralization, would like to ensure that a quality homemaker-home health aide service program is developed which addresses both urban and rural needs and which includes adequate training and supervision to ensure that clients receive quality service.

The Division supports allowing physicians or certified home health care agencies to make direct referrals to the contractor for home health aide services. Anyone, of course, who wanted homemaker-home health aide services and was able to pay for the service could go directly to the contractor for service as is now possible with homemaker service.

HOME HEALTH AIDE SERVICES

The following information is to provide the reader with an understanding of home health aide services.

Objectives of Home Health Aide Services:

1. Providing physical and emotional relief for a family member who has been caring for the patient.

2. Maintaining the patient at home, if that is the best plan for the patient and conforms with the medical overall plan for the patient/family.
3. Hastening rehabilitation and independence through concentrated service.
4. Stabilizing a situation until the family can make a better plan.
5. Enabling a family member to continue employment.
6. Reducing the length of frequency of nursing visits.
7. Making a patient more comfortable during terminal illness.
8. Perform functions which could be carried out by a family member if one were available.

Examples of Home Health Aide Services:

Under the supervision of the professional nurse gives health related personal care to the convalescent, disabled or chronically ill patient.

The professional nurse, by virture of her license to practice, is legally responsible for the non-professional worker she supervises.

Care for the patient's hair including shampoo
Change patient's bed linen
Rub patient's back
Help the patient with a bed bath
Help the patient wash hands and face
Care for fingernails
Care for patient's feet-skin and nails
Offer and remove bedpan and/or urinal
Turn the patient
Help the patient with oral hygiene
Help the patient with transfer activities
Encourage the patient's participation in active exercises
Monitor, with supervision, certain drugs and treatments
Perform dressing changes.

Examples of Homemaker Service:

Homemakers provide housekeeping and personal care services which are not health related and do not require the supervision of a health professional.

Home Management

a. light general cleaning

   1. Vacuuming
   2. Making beds
   3. Washing reachable windows

b. washing dishes

c. chopping wood

d. shoveling snow

e. keeping kitchen and bathrooms clean and orderly

f. Marketing for food supplies and other simple errands

g. planning and preparing nutritious, varied meals, fitting them into the cultural and economic standards of the family

h. serving meals

i. preparation of infant formulas and special diets

j. light washing, ironing, and mending of personal clothing and linens

k. listing of needed supplies

l. assisting members of the family, both young and adult, to learn household routines and skills

m. transportation.

Personal Care

a. Ambulation - walking the client

   1. Purpose must be to get someplace - NOT for exercise

   2. NO gait problems associated with specific health problems, e.g., stroke

b. Transfers - lifting/moving the client

   1. homemaker must be trained

   2. standby assistance only - no major lifting

c. Bathing

   1. standby assistance into bathtub/shower only

   2. may bathe in bed

   3. no acute medical or skin problems, no major lifting

d. Grooming

1. may wash hair - no giving of permanents

2. no cutting of toenails

3. may shave

4. no cleaning of ears

5. may clean dentures, brush teeth for oral hygiene

6. may cut fingernails if no nail problems.

Responsibilities of the Nursing Supervisor in Home Health Aide Program

1. Responsible for home health aide care given to all patients in her district.

2. Assesses need for home health aide service. All personal care to be performed by home health aides should have been first given by the nurse.

3. Interprets home health service to family.

4. Accompanies the home health aide on her first visit to the patient's home introduces home health aide to family. Demonstrates personal care to be given. Discusses and plans with home health aide for housekeeping and meal planning and preparation to be done.

5. Conferences on a scheduled basis with home health aide at least once a month.

6. Evaluates use of service, need for continuing service, plans for termination of service.

7. Visit at least once per month. At first it may be necessary to visit more frequently, every day or every week may be indicated in unusual or difficult situations. The need for each specific patient and home health aide will determine frequency of visits by the nursing supervisor.

8. Notify patient if home health aide is unable to visit on assigned day. Does patient's personal care, if necessary, especially if home health aide misses more than one assigned day.

NOTE: A means of adjusting this for rural areas will have to be developed.

Federal Funding

Home health aide services, when they are provided by a home health agency, are covered by Medicaid and Medicare. The eligiblity requirements of these programs are restrictive and, as a result, many people in need of home health care are not eligible to receive services under these programs. Homemaker-home health aide services can be provided under Title XX. Personal care services can be provided under Title XIX for eligible individuals. It would require an amendment to AS 47.07.030 which lists categories of services covered under Medicaid. It would also require the appropriation of additional funds.

Current Services Available

At the present time home-health aide services are available in Anchorage through the Anchorage Home Health Agency. Home health aide services are provided as a part of their home health care program which includes skilled nursing services, rehabilitative services (physical therapy, speech therapy and occupational therapy) and home health aide services. Home health aide services began in June, 1978. The cost per unit for home health care is $108.67. Their FY 80 budget is $400,000. Approximately 13%, or $52,000, is for home health aide services at a unit cost of $15.00. The number of units is 3466.

National Council on Homemaker-Home Health Aide Services

The Division has contacted the National Council for materials to assist the Division in the planning of homemaker-home health aide services. Upon receipt of these materials we will be able to more adequately address more specific questions.

Report Prepared By:

Elizabeth Muktarian
Social Services Program Coordinator
Division of Social Services

Approved By: Art Holmberg DATE: 1/8/80

Art Holmberg, Director
Division of Social Services

CARE

P.O. Box 3-4188
2200 E. 42ND AVE. • ANCHORAGE, ALASKA 99501

January 30, 1980

The Senator Glenn Hackney
Chairman - Health, Education, and
Social Services Committee
Alaska State Legislature
Pouch U
Juneau, Alaska 99811

Re: Testimony for Committee
Hearings - January 30, 1980
Senate Bills 323, and 325

Dear Senator Hackney:

SB 323

Homemaker Home Health aides are greatly needed through out the State of Alaska to complete the continuim of care in the health care system, allowing more persons to remain in their own homes and communities as long as possible. Although some studies show that supporting persons with chronic illness in the home can be as expensive as institutionalization, we must also recognize that as long as home support is feasibly possible, the quality of life for the individual is usually greatly enhanced. The cost-concept ratio must certainly be explored as we in the State of Alaska develop a philosophy of care for our ill, elderly, and handicapped citizens. Please remember that national statistics show that only 5% of those over 65 ever require long term institutionalization. As the percentage of persons in our population over 65 grows, we must have support services such as Homemaker Health Aide systems in place and functioning. Now is the time to act.

This bill also brings to mind several questions that, in our opinion, should be addressed:

1) What provisions should be made to ensure in the administration of this appropriation that supervision of the health component will be made?

2) What specifically is a Homemaker Health Aide Service and how does it differ both in funding and concept from the currently existing Home Health agencies and Easter Seal Homemaker's functions?

3) Is $2,500,000 an appropriate amount for the appropriation and how will it be distributed through out the State?

SB 325

Again, we wish to express our support of the concept of the State providing assistance to the elderly to increase the quality of life by mechanisms that allow our elders to live independently as long as possible. Our Social Workers have found that more senior citizen housing such as is available in Anchorage at the Chugach View Apartments, in Chugiak at the Chugiak Senior Citizen's Center, and in Fairbanks at the Golden Towers would be of great assistance in our discharge planning efforts. We also have identified a need for subsidized housing for the handicapped individual under 60 and would like to see this bill amended to take those persons into consideration.

There are currently many models through out the nation for "Senior Citizen Housing" from totally independent apartments or condominiums in one structure to units with common eating areas and meals provided along with recreational opportunities and health supervision. We, therefore, also recommend that the bill be amended to indicate the legislature's intent of what exactly "Senior Citizen Housing" means.

Senate bills 323 and 325 compliment each other. For your information, we have attached one concept of the continuim need in long term care.

If we can be of further assistance in providing information, please do not hesitate to contact us.

Sincerely,

HEALTH CARE SERVICES - ALASKA, INC.

Donna M. Stephens

Donna M. Stephens, Administrator
Careage House & Nakoyia Health Care Centers

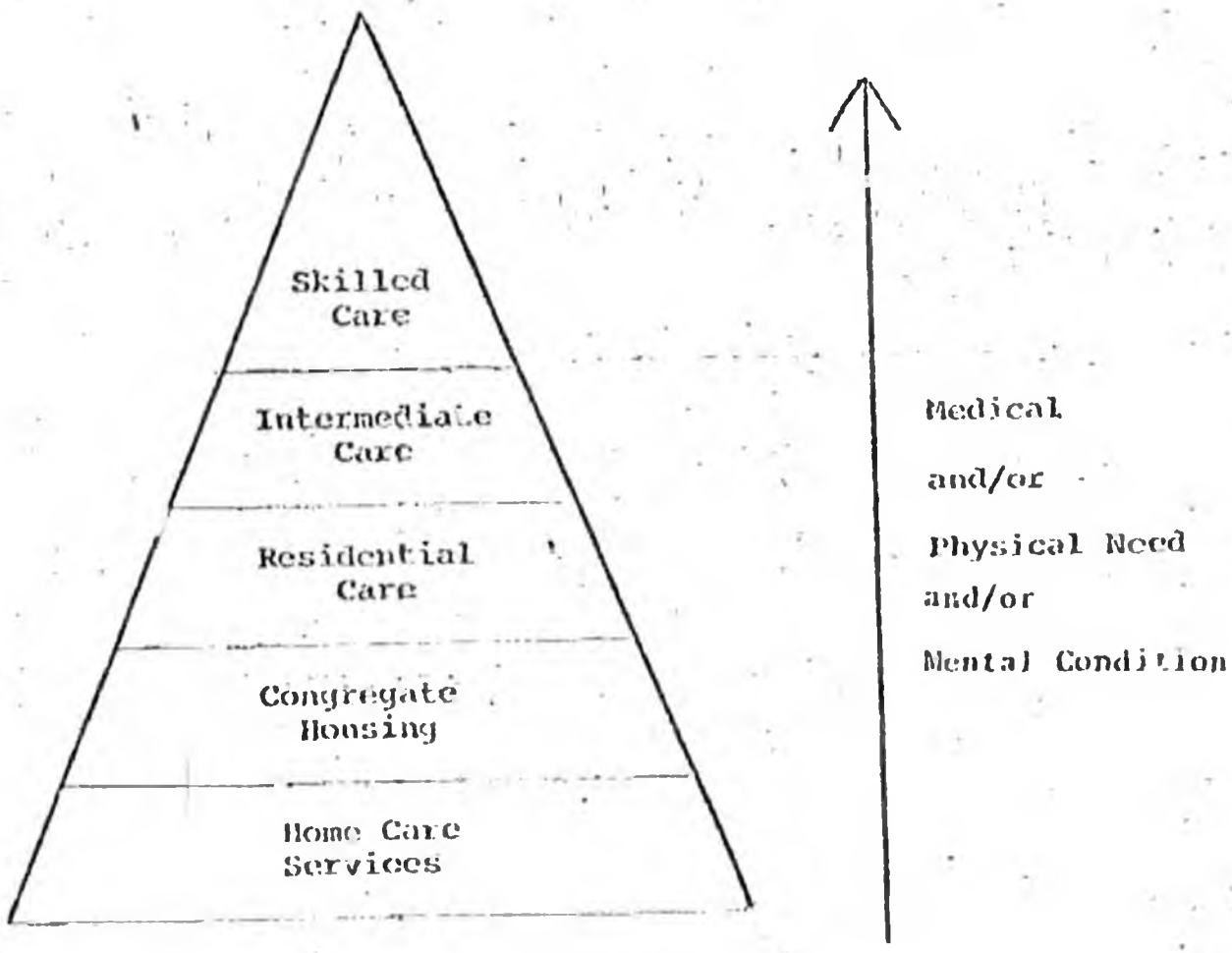
Dick Wilson

Dick Wilson, Administrator
Careage North Health Care Center

DMS:DW:mlc
Attach.

FIGURE 1.

THE LONG TERM CARE CONTINUUM



POSITION PAPER/Department of Health & Social Services

POSITION PAPER

2,500,000
1,150
1350

SENATE BILL NO. 323
(Identical to H.B. 616)

"An Act making a special appropriation to the Department of Health and Social Services for homemaker health aide services; and providing for an effective date."

The Department of Health and Social Services supports in concept the addition of home health aide services under the Division of Social Services. In the FY 81 budget the Governor has included an additional $303.5 over the FY 80 funding level of $1150.0 for homemaker services. The Department can support additional services up to that level of funding.

Home health aides provide personal care services such as bathing, assistance with transfer activities, assistance with ambulation, and assistance with passive exercises. These services alone would have an impact on reducing unnecessary institutionalization of disabled and chronically ill Alaskans. The impact would be more substantial if home health aide services were a component of a comprehensive home health care program ranging from skilled nursing to homemaker-home health aide services.

Currently the availability of home health services in Alaska is limited. The Division of Public Health has a limited amount of money available for skilled nursing home health services in Juneau and Fairbanks. Payment for home health care is also available under Medicare (Title XVIII) and Medicaid (Title XIX). The home health care available under these federal programs include home health aide services and are limited to medicaid and medicare eligible individuals. The eligibility requirements of these programs are restrictive and, as a result, many people in need of home health care are not able to receive needed services. They may be ineligible due to age, income or a disability which does not fall within the federal requirements.

If the Department developed either a homemaker-home health aide service or a comprehensive home health care program, this program would include the present homemakers who, after additional training, would be capable of providing health aide services under supervision of medical/nursing professionals. In order to implement a new program, much developmental work would need to be accomplished during Fiscal Year 1981. The contractor would need to set up a safe home health delivery service which includes, on a continuing basis, training and professional supervision. The addition of a home health component would result in a higher unit cost during the development phase and increase ongoing administrative costs.

Clarification is needed regarding interim committee intent with respect to eligibility for home health services. Currently, homemaker service is provided to all Alaskans based on need and service availability, regardless of age or income, under the Division of Social Services' child protection and adult protection programs.

POSITION PAPER/Department of Health & Social Services

Clarification is also needed regarding any interim committee intent with respect to contract limitations, i.e., whether or not regional contracts are mandatory. This information will assist the Department in preparing a request for proposals and in determining the allowable administrative costs for contractors. The Department recommends that this not be a requirement for FY 81.

Although the Bill authorizes a $2500.0 appropriation, the Department's understanding is that the interim committee intent is for an additional $1046.5 over the Governor's FY 81 budget request for homemaker services. The Governor's FY 81 budget request contains $1453.5 for homemaker service in the Division of Social Services.

The Department would like clarification regarding interim committee intent with respect to the use of additional funds. It is anticipated that the unit cost of homemaker services will increase in FY 81.

The Department views the addition of home health care services as a means of further assisting Alaskan citizens to receive the services they need in the least restrictive setting possible, as well as reducing the cost of unnecessary institutionalization.

RECOMMENDED BY: Art Holmberg DATE: 1-28-80

Art Holmberg, Director
Division of Social Services

APPROVED BY: Helen D. Beirne DATE: 1-28-80

Helen D. Beirne, Commissioner
Department of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill No. 323

Title special appropriation to DHSS/DSS for homemaker home health aide services

Requested by Senate HESS Date January 25, 1980

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services

Program Category Affected Social Services

BRU, Program, or Subprogram(s) Affected Social Services

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES	0	0	58.5	64.9	70.7	77.1
200 TRAVEL	0	0	6.6	7.3	8.1	9.0
300 CONTRACTUAL	0	0	3.4	3.7	4.0	4.4
400 COMMODITIES	0	0	.8	.9	1.0	1.1
500 EQUIPMENT	0	0	2.5	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
	0	0	0	0	0	0
TOTAL	0	0	71.8	76.8	83.8	91.6

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	71.8	76.8	83.8	91.6
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	2	2	2	2
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

A. Assumption

1. Both positions budgeted for 12 months.

2. A 9% inflation rate for line items 100, 300 and 400.
A 10.8% inflation rate for line item 200.

IV. DATE January 25, 1980 PREPARED BY Art Holmberg

AGENCY Division of Social Services

PHONE 465-3170

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

Reviewed by Michael Delong
Division of Mgt. Budget
DHSS 1/25/80

33-001 (Rev. 12/78)

TITLE: "An Act making a special appropriation to the Department of Health and Social Services and Social Services for homemaker health aide services; and providing for an effective date."

III. ANALYSIS (Continuation)

Coordinator for the homemaker-home health aide service would be responsible for:

-the development and maintenance of program policy
-coordination of homemaker-home health aide service with other services and programs
-establishing and maintaining standard of service
-technical assistance
-preparation of program requirements, contract preparation, contract monitoring and program evaluation
-collection analysis and interpretation of statistical data.

At the present time the responsibility for the management of the homemaker contract is being shared by several staff. The addition of a home health aide component would result in the need for a single central office position to establish standards of service, work with the contractor to develop a uniform referral system, record keeping system and establish monitoring guidelines.

Clerk Typist III

The additional work resulting from the new program component would double the present authorization level thus resulting in twice the paper flow, therefore, a clerk typist is needed.

Program Summary

1. New Positions

Range 18 - 6 mos @ $2,465 =		$14,790
6 mos @ $2,640 =		$15,840
		$30,630
fringe benefits @ 25.5% =		$ 7,810
		$38,440
Clerk Typist III - Range 8		
6 mos @ $1,277 =		$ 7,662
6 mos @ $1,393 =		$ 8,358
		$16,020
fringe benefits @ 25.5% =		$ 4,085
		$20,105
TOTAL		$58,545

2. Other Expenses

Travel - for fiscal and program monitoring

2 Trips to Bethel	468 x 2 =	$936
Anchorage	255 x 2 =	$510
Fairbanks	301 x 2 =	$602
Nome	443 x 2 =	$886
Ketchikan	140 x 2 =	$252
		$3214
Plus $2,216 for travel to villages for spot reviews		$2216
		$5430
Per Diem 3 days per trip for 2 trips to 5 regions plus 1 day to six villages		$6,630

Senate Bill No. 323 FISCAL NOTE Continuation

TITLE: "An Act making a special appropriation to the Department of Health and Social Services and Social Services for homemaker health aide services; and providing for an effective date."

III. ANALYSIS (Continuation)

Space Leased 200 Sq. Ft. @ $1.42 for 2 positions. 282 x 122 = $3,384

Commodities 400 per yr. per position + 9% inflation.

FY 81 Only

Equipment - 2 desks
2 chairs
1 typewriter
1 bookcase

A BILL RELATING TO IN-HOME SERVICES

SB 323 (2)

I. PREAMBLE:

It is the right of every individual to live his life in circumstances which enable him to make the fullest use of his capacities. This right is protected when the society in which he lives provides those safeguards which ensure his basic economic security in a decent environment, and the services which are necessary to promote his physical, mental and emotional health. These services are only effective when they are available in a comprehensive system which includes all of the skills and facilities essential to the promotion and maintenance of optimum health.

In-home services are a major component in this system. They ensure appropriate utilization of all other components in the system; they utilize the home and the family as a valuable resource; they prevent the unnecessary displacement of persons which occurs when services are lacking; they guarantee the right of the individual to remain in the place of his choice. In the absence of in-home services, no system may be considered either comprehensive or effective. They must, therefore, be an integral part of this system and top state priority must be given to the development of a rational system of comprehensive in-home services for the whole population.

The state policy must provide:

* that in-home services which are comprehensive will be available, accessible and acceptable to every member of the population who needs them;

* that they will be available without restrictions as to diagnosis, race, religion, ethnic origin, age or sex;

* that they will be based on the needs of the consumer rather than the provider;

* that they will be provided without financial barriers;

* that they will be provided in circumstances which guarantee high quality;

* that they will be provided without barriers between health and social services, but as a coordinated blend which promotes and supports optimum health in the broadest sense;

* that they will be based upon a philosophy which recognizes the right of the individual to participate with professionals in making decisions about the place, type,

and extent of care and services he needs and receives.

II. DEFINITIONS:

(1) The term "in-home services" is meant to describe an array of services which can be brought into the home, singly or in combination, and which can be adapted to meet the needs of persons in all age groups, in all diagnostic categories, and in all economic and psychosocial situations when such services can be used therapeutically, or to prevent or arrest illness and disability, to supplement limited function and to protect and support those whose capacities for optimum development, function and participation in family and community life are threatened.

In-home services include, but are not limited to, the following:

* skilled nursing services as ordered by a physician;

* physical, occupational and speech therapy as ordered by a physician;

* personal care services as recommended by a physician or registered nurse;

* homemaker-home health aide as recommended by a professional person;

* chore services, friendly visits, escort services, shopping assistance, telephone reassurance, home repairs and maintenance, and nutrition services.

III. RECOMMENDATIONS:

(1) The FY 81 budget for Homemakers Services under the Department of Health and Social Services be increased from the current $1.15 million to $2.5 million with the following intent:

* the department shall double the amount of hours available for client service;

* the department shall contact with one organization to provide administration of the grant with provision for subcontracts to regional or local providers;

* the department shall provide for full-time (40 hrs/week) supervisors at an increased salary;

* the department shall allow local providers the option of homemaker-home health aide service according to standards set by the National Council of Homemaker-Home Health Aide Services, Inc.

* the department shall provide funds enough for a minimum of 40 hours of

training for homemakers, and 60 hours of training for homemaker-home health aides.

(2) The Department of Health and Social Services be instructed to take the necessary steps to include "personal care services" as an available coverage option under Medicaid.

(3) The State of Alaska be instructed to take the necessary steps to require that voluntary and commercial insurance plans include coverage of comprehensive in-home services.

SB 323

NATIONAL COUNCIL
for Homemaker-Home Health Aide Services, Inc.

A non-profit national standard-setting organization

67 Irving Place, New York, N.Y. 10003 (212) 674-4990

MIDPOINT REPORT

Advocacy Project

MIDPOINT REPORT

ADVOCACY PROJECT

National Council
for
Homemaker-Home Health Aide Services, Inc.

MARCH 1, 1979

Introduction

The National Council for Homemaker-Home Health Aide Services, Inc. was awarded a three year grant from the Administration on Aging early in 1977 to refine an "advocacy model" for application at the state level. The advocacy model operates by marshalling a state's and community's resources via technical assistance from the National Council to develop comprehensive, integrated, and coordinated in-home services, using volunteer leadership in concert with professionals. Volunteers and professionals act as advocates for further steps. This model will be disseminated throughout the country for states to use in establishing in-home services of good quality.

The advocacy approach to service development is demonstrated each year in one community in each of two states in one D/HEW region. A National Advocacy Advisory Committee, which provides the guidance of this project, recommends the selection of each year's region and states. They arrive at this decision after Project staff visit several regions and states to meet with department representatives of aging, health, social services, and health planning. The National Advocacy Advisory Committee is made up of representatives of governmental departments related to home care, national consumer groups, citizen organizations, and direct service providers. In all, six states and three regions will be involved in the Administration on Aging demonstration over the three year period. Additional regions, states, and communities will be involved through funds made available by Exxon, United States Steel, and American Telephone & Telegraph corporations. A diversity of statewide models is being developed with technical assistance from the National Council and will be disseminated to states throughout the country. Accomplishing this will advance the nation towards the goal of having homemaker-home health aide and other home care services of good quality widely available for the functionally dependent elderly, families, and the ill and handicapped of all ages.

There are several steps in the development of the advocacy model in each state and region, and these occur over varying periods of time, depending on local conditions. In general, however, the following steps may be taken as representative of the model development for all states and regions.

Steps in Model Development

Lead Agency is Chosen

Project staff work closely with a lead state agency, an assigned in-home services staff person and a core committee of state staff related to aging, health, social services, and health planning. They help form a state advisory committee on home care which brings the public and private sectors together with the executive and legislative branches of government. Together they select a demonstration community and develop a strategy for the statewide development of home care services, using a community as a model.

Community is Selected

This community is selected in each state to demonstrate to state and regional staff how to develop and expand a homemaker-home health aide service system. The service developed thus integrates health and social services and is coordinated with other services in a continuum of in-home care for all age groups in the community.

Advocacy Team is Formed

A three member advocacy team is formed for each "advocacy" community. They act to stimulate interest in in-home services in their community. The team is lead by a volunteer, a citizen-at-large. This advocate is assisted by a professional and another volunteer or professional. They work with state and community advisory committees and with regional, state, and National Council staff to develop and coordinate homemaker-home health aide service activities. After selection the teams attend a special National Council sponsored advocacy orientation and statewide seminar on these services. The National Council arranges for $5,000 in start-up funds provided by the Exxon Corporation for each community funded under the Administration on Aging grant, and gives guidance in the development of the proposals for the use of these funds.

Technical Assistance Given by the National Council

The technical assistance provided by the National Council to the D/HEW "advocacy" regions, states, and communities consists of a series of training sessions on the development and management of in-home care services. The assistance also includes on-site, telephone, and mail consultation, and copies of written and audiovisual materials. Each year the lead regional agency convenes a one day meeting of regional, and state staff representing aging, health, social services, and health planning from all states in the region. The National Council provides information on the basics of quality in-home services, issues facing the field, and use of the advocacy model. This meeting lays the groundwork for the expansion of home care services in the region.

Management Institute is Held

A five day management institute is held by the end of the second six months for new administrators of home care services from the states within the region. Through its regional activities, the National Council has an impact on the development of home care in all the states within the region. Training sessions draw on expertise from other states within the region, providing lateral technical assistance which is well received by both state and local participants.

Summary

Developing and expanding home care services that are comprehensive and coordinated is a slow process. Careful groundwork must be laid, new relationships developed and traditional mistrust overcome on all levels. Project staff often act as facilitators in this process, bringing together various departments and agencies around the same table to talk and to learn together. As neutral parties, staff members help them pool knowledge and reach consensus on needed action.

Such is the typical progression of activities in a region, state, and community selected for creation of an advocacy model. What follows is a report on the progress of activities in the regions selected through February 1979. The first two of these were Region IV* and VII**. In addition, is information on other states and communities with whom Project staff have worked with funding from corporate sources. These reports are cast in a common capsule format, and each contains information on:

-- the Need articulated by the region, state, or community;

-- a review of Changes brought about through intervention of the advocacy model;

-- the Status of meeting that need in each region, state, or community; and

-- a catalog of the Agents of those changes.

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* Kentucky, Mississippi, Tennessee, Georgia, Florida, North Carolina, South Carolina, and Alabama

** Missouri, Nebraska, Iowa, and Kansas

Region IV

Site visits were made by Project staff to Regions III, IV, V, VI, and VIII; and to the states of Wisconsin, Indiana, Arkansas, Kentucky, and Mississippi. After careful review, Region IV and the states of Kentucky and Mississippi were selected for special attention the first year. With the help of the regional director of aging, Project staff then held an orientation meeting on home care in Atlanta. It was attended by 45 professionals from the fields of aging, social services, health, and health planning departments in the region. Discussion focused on trends and issues in home care and on strategies to overcome barriers to the development of comprehensive home care. In addition, the participants identified needs for additional local and state funds, for coordination of state and local home care services, the importance of integrating the funding of homemaker-home health aide service, the need for standardization of eligibility criteria for service, and the importance of decreasing the hostility of hospitals and nursing homes toward the idea of home care.

A management institute was held at the University of Georgia, organized by Project staff. Thirty-five new administrators of home care services attended the meeting; state Title XX directors identified and selected participants with help from health and aging administration staff.

Further, the Regional Director of the Administration on Aging has initiated discussion with health systems agencies on the integration of home care in their planning; and has assigned one of his own staff members the task of developing interagency agreements on integration of home care services in their own planning efforts. Such integration was presented as part of the national effort toward initiating cost-cutting innovative procedures.

A model statewide training program for homemakers, supervisors and case managers was set up in Georgia, using Title XX training funds. Georgia hopes soon to bring their homemaker program into the Accreditation Program of the National Council. This homemaker program has expanded from 60 homemaker-home health aides in 27 counties in 1975 to 193 in 106 counties in 1979; by 1980, all of the counties in the state will be covered.

Accelerating this growth trend will be the special attention paid to Birmingham, Alabama. This site has been selected by the National Council's Advocacy Project staff as the one in which the attempt to help expand and coordinate homemaker-home health aide services will be made, using grant funds received from the United States Steel Foundation.

As a result of the efforts reported above, some concrete consequences of intervention by the Advocacy Project have been reported out at seminars held by the National Council in Mississippi and Kentucky. These include more effective proposal writing, more effective use by agencies of multiple funding sources, greater expansion rates for integrated programs of services, and more attention paid to the details involved in the contracting for services. Technical help provided by National Council staff has thus been effectively used to enhance the impact of homemaker-home health aide services on regionwide planning of home care as part of a coordinated series of support activities for individuals and families in need.

Kentucky

Need: To use what is learned in the demonstration community to facilitate statewide development of in-home services through Operation Independence; to identify all sources of available in-home services funds, and to develop a plan for allocating in-home service dollars; to develop definitions and guidelines for the purchase of services; and to plan for data collection.

Changes:

- Project Independence, a state funded project providing an array of in-home services as an alternative to institutional care whenever possible, has been extended to two additional area planning and development districts, both of which have requested National Council technical assistance.

- The adoption of regulations for the licensure of homemaker and other in-home services was delayed pending adoption of state guidelines.

- The Secretary for Human Resources appointed a technical advisory group to develop regulations; members include a representation from the Purchase area and Ms. Fanny Dorsey, a member of the Federal Council on Aging.

- Representatives of the state citizens advisory committees chose the expansion of in-home services as their number one priority.

Status: It is hoped that state support will be increased for the integration of homemaker and home health aide, especially because of the support of the new Secretary for Human Resources. He is considering institutionalizing Project Independence statewide. The in-home services task force is ranking in-home services by categories such as aging, children and the developmentally disabled. Preliminary talks are under way for the development of a statewide approach to homemaker-home health aide and supervisory training.

Agents: The Secretary for Human Resources created an in-home service task force drawn from related state agencies and citizen statewide advisory committees.

COMMUNITY: Purchase Area

Need: To locate multiple funding sources that will maintain and expand home care as Project Independence funds are reduced to the district; and to integrate the homemaker and home health aide tasks by contract with county health departments.

Changes:

- The medical screening team has helped gain support of local physicians for home care.

- A conference on the array of in-home services helped to educate the community and state in-home services task force.

- Fifty-two workers from West Kentucky Allied Services and the Bureau of Social Services, along with their supervisors, were trained as homemaker-home health aides. This has resulted in improved case assessments, plans of care, and more effective, efficient, and cost-effective work in the homes.

- Bureau of Social Service workers have increased requests for health assessments.

- A nurse from a home health agency is supervising West Kentucky Allied Services homemaker-home health aides in one county -- one step toward integration.

Status: Negotiations are underway between county health departments to contract with West Kentucky Allied Services so that Medicare and Medicaid, rather than Project Independence, funds cover the personal care tasks of the aides in eligible cases. This approach, plus tapping other third-party funding sources, is particularly crucial since Project Independence funds will be cut back further next year as this program is spread across the state.

Agents: The advocacy team in the Purchase district was led by a prominent local resident and assisted by a nurse. The latter is a member of the medical screening team for the West Kentucky Allied Services homemaker program and the public relations director of the planning district. These persons helped expand a subcommittee of the planning district's aging committee. West Kentucky Allied Services, the agency which delivers in-home services for this Project Independence community, was chosen to develop an aide training program.

Mississippi

Need: To expand homemaker-home health aide service statewide; develop interagency agreements between health, social services, and aging departments; and encourage the integration of homemaker and home health aide tasks on the community level.

Changes:

- Home care has become a high priority in state and area agency on aging plans.
- A Management training team has been formed for aging programs in AAA's; all attended Project training sessions.
- CETA homemakers are working throughout the state under the Welfare Department's Helping Hands program.
- An Appalachian Regional Commission grant was awarded to Choctaw County to initiate in-home services for aging.

Status: Interagency agreements have been delayed because of top staff changes in the Welfare Department. Fiscal restraints have led to an increased emphasis on volunteer in-home service programs such as friendly visitors. It is hoped the Title XX office will increase the number of Title XX contracts with non-profit agencies and develop state standards for such contracts. There has been a growth in the number of Medicare-only home health agencies throughout the state.

Agents: A state advisory committee composed of citizens appointed by the governor and with the leadership of the Mississippi Council on Aging initiated project work. Representatives from Title XX, Medicaid, Medicare, the Mississippi Council on Aging, and Project staff oriented this committee to in-home services in Mississippi.

COMMUNITY: Lee County

Need: To expand in all counties in the Trace AAA quality, well coordinated, and efficient homemaker-home health aide services with health and social services integrated using multiple funding sources, beginning in Lee County.

Changes:

- Title III, Appalachian Regional Commission, and United Way funds have been used to expand service.
- A Title XX contract was renegotiated.
- Contract discussions are almost completed with two certified home health agencies for Medicare to cover home health aide tasks.

Status: The funding base of the agency needs to be expanded further. This can be accomplisned when the regional planning district, which is separate from the AAA, is persuaded of the value of increasing programs for the aging, particularly in-home services.

Agents: The advocacy team, led by a recently retired executive and assisted by the AAA planner and a black community leader, formed the community committee. This committee includes, in addition to related human service agencies, the local newspaper publisher and representatives from the medical center, extension service, AARP, board of supervisors, and community development. Methodist Senior Services, part of a non-profit retirement complex, was selected as the auspice for the homemaker-home health aide program.

Region VII

Region VII was selected for Advocacy efforts for the second year after review of a number of locations.

Two states were selected in Region VII: Missour' and Nebraska. Within these states, two communities were also selected: the Meramec Area and Morrill County.

The Advocacy effort in Region VII was enhanced by the initiative taken by the Director of the region's Administration on Aging to develop a continuum of care of older people. It was obvious that homemaker-home health aide services, a key element in this continuum, needed expansion in this underserved area.

To aide in this effort, the National Council has brought in technical assistance laterally; that is, from neighboring Plains states. This was in addition to technical assistance from the Project staff.

The regional AoA staff helped by arranging for a progress report by staff of the Nebraska and Missouri programs, and by National Council staff, at the Mid-America Congress on Aging, held in Kansas City on February 21-23. This liaison has been maintained. The area's AoA staff keep other regional offices informed of project activities, attend meetings like the Nebraska state seminar, and plan visits to one of the demonstration communities. In this way, it is felt, they can increase the capacity of the regional office to provide leadership for the development of home care services.

Missouri

Need: To provide technical assistance in coordinating funding to allow for integration of funding sources; to identify and obtain new funding sources including a state appropriation; to expand services in rural areas; and to develop state standards.

Changes:

- Information on funding and legislation was provided to the Missouri State Health Commission at its request.

- National Council reviewed the Division of Family Services' standards for in-home services at its request.

- The 1978 Silver Haired Legislature has set the appropriation of state funds for home care as high priority.

- Publicity on the state thrust for home care has appeared in a number of statewide health and social service newsletters.

Status: The concept of the integration of the homemaker and home health aide tasks, seen as a priority item of the state health department, needs to be accepted in local health departments throughout the state. Homemaker service is purchased primarily at a flat rate throughout the state. This rate does not meet expenses and may be increased. Twenty-five percent of these Title XX contracts are with proprietary agencies. Home health aide coverage in some rural areas looks better on paper than in practice and needs to be expanded.

Agents: The state agencies on aging and home health have taken the leadership statewide with close involvement of Title XX personnel. The Office on Aging is the lead state agency, using the state home health consultant "loaned" from the health department. The state advisory committee includes, in addition to related state agencies, representatives from the St. Louis Alliance for Home Health Services, Upjohn, Visiting Nurse Association of Greater St. Louis, a retired Blue Cross executive, HSAs, and Catholic Charities of Kansas City and St. Joseph.

COMMUNITY: Meramec Area

Need: To expand and coordinate home care services as part of a continuum of care, integrating health and social services, with close cooperation of the home health agency, homemaker agency, and Senior Companion Program as part of an arr y of in-home services.

Changes:

- A community committee, chaired by the Advocate, met and agreed to formulate an action plan to:

  . add a social worker to enhance the home health agency, hospital discharge planning, nursing home services, and case management of the homemaker agency;

- increase the maximum number of Title XX purchase of service hours from 40 to 60 per client as a demonstration;

- develop central intake using trained RSVP workers with professional back-up;

- explore contractual arrangements between the home health and homemaker agencies with expanded training for selected homemakers as homemaker-home health aides;

- expand community education to overcome present misunderstandings about in-home services and to gain support for expansion and coordination through talks, the media, and word of mouth;

- expand the community committee with representatives from local volunteer health organizations, fire and sheriff departments, and churches and schools.

Status: It may be difficult to hire a Master's level social worker in this rural area. It is hoped that a recent graduate from the University of Missouri School of Social Work might be located. The state advisory committee will be helpful in obtaining permission to experiment by adding case management capability to the Senior Services Council and by increasing the number of hours. The state representative from the American Cancer Society on the state advisory committee was helpful in suggesting additional community committee representatives.

Agents: The advocacy team is headed by a community leader whose late husband chaired the Governor's Council on Aging. He had been instrumental in obtaining funding to begin home care services in this multicounty area in south central Missouri. She is assisted by the President of Missouri's Homemaker Council and a registered nurse from the Phelps County Health Department. The committee, with strong representation from the country health departments, is soon to be expanded to assure more citizen and consumer interests.

Nebraska

Need: To advocate for the expansion of in-home services as part of Nebraska's continuum of care initiative, identifying gaps and effecting changes in rules and regulations on statutes, and facilitating funding and greater coordination; to develop measurable standards; to provide public information; and to develop a statewide approach to homemaker-homehealth aide training.

Changes:

- Project staff spoke at the quarterly meeting of the Nebraska Home Health Care Association at its invitation, discussing homemaker services as part of a community home care system and the necessity for multiple funding sources, especially in rural areas.

- Project staff provided technical assistance to Holdrege in Phelps County to help plan the development of a homemaker-home health aide service. Both a nonprofit retirement center which includes an intermediate care facility and the local hospital have expressed interest in delivering the service.

Status: The National Council is eager to demonstrate the value of training for homemakers and chore workers, and of placing them on staff with appropriate benefits and wages. The role of intermediate care and skilled nursing facilities (ICF and SNF's) in the delivery of home care needs to be defined (particularly in light of Nebraska's goal to reduce the number of nursing beds) and the reluctance of physicians to use home care needs to be overcome.

Agents: The Nebraska Commission on Aging assigned a staff member (the coordinator of research, planning, and evaluation) who has taken the leadership to form and expand a state advisory committee. The home health association, nursing home and hospital associations, AMA Auxiliary, Commission on the Status of Women, and the University of Nebraska Medical Center representatives will all be invited to serve on this committee and/or on subcommittees.

COMMUNITY: Morrill County

Need: To develop a homemaker-home health aide service that meets the needs of all age groups and is available to all economic groups, then to expand to additional counties in the Panhandle and serve as a model for the rest of the state.

Changes:

- Community organization work is well underway with plans to contract with a nearby hospital-based certified home health agency.

- The superintendent of schools has offered the use of school space for training of homemaker-home health aides. He has also offered to add the concept of home care to health education classes in the upper grades and to be a vehicle for publicizing the work of the advocacy team and community committee.

Status: The county welfare department, soon to have new leadership; the area agency on aging, which was instrumental in bringing the project to Morrill County; and the certified home health agency in nearby Scottsbluff -- all will be involved more closely as the community plans its activities. A staff member from the regional public welfare office with Medicaid responsibility has been very supportive to Project work, as have the director of the HSA subarea and staff of the local ICF. Project staff will provide technical assistance to them in locating both public and voluntary sources of funds and set up a community-based nonprofit agency.

Agents: The advocacy team is lead by a community leader active on the hospital board and assisted by another community leader and an employee of the local ICF. The community committee in this western Panhandle county of 5000 has drawn support from the hospital, several ministers, the health systems agency, and the superintendent of schools.

OTHER ACTIVITIES

As indicated above, the Advocacy Project staff has continued the activities initiated under the Clark Foundation grant efforts to find and develop opportunities for community based advocacy models. It has also continued to seek corporate funding for targets of special opportunity in communities of special concern to the funding corporations.

These activities are useful on two grounds. The first is that even the earliest localities in which the Advocacy Project staff intervened are given the benefit of the latest experience and newest wisdom the Project has accumulated in its work across the nation; in a similar way, all of the Advocacy communities and states are kept equally well informed as the staff cycles its visits as opportunity arises to do so. The second is that localities are identified with special properties that add to the special knowledge needed to deal with nonstandard problems and organizational difficulties, or variants on other experience in urban settings; this latter has been the case, for example, in Pittsburgh.

The distillation of experience and expertise is also disseminated through newly prepared audiovisual materials, the development of curricula for training, the creation of a "how-to" manual for advocacy, development of a new brochure for consumers of services, encouraging newspaper accounts of Project work, promotion of the Project's Program Development and Consultation Unit, and holding of national management institutes. In the following, we outline these activities.

Region III

The National Council has been able to provide technical assistance to Region III because it is providing technical assistance to Pittsburgh and Delaware through corporate funding sources. The Director of the Administration on Aging in Region III has emphasized the need for planning for long term care in concert with HSAs and Title XX agencies for the frail elderly. The Advocacy Project Director was invited to outline the role of homemaker-home health aide service in long term care at an Administration on Aging meeting. She followed an analysis by Dr. Steve Brody of the University of Pennsylvania School of Medicine of Region III HSAs' plans related both to long term health and other health needs of the elderly.

American Telephone & Telegraph Corporation funding is making possible the Advocacy Project's technical assistance to the "community" of the State of Delaware during 1979. The local advocacy team, still in formation, is headed by a community leader who has been closely involved with the YWCA and United Way. Assisted by a state staff member from Social Services for Families and Adults, she is seeking a citizen leader from one of the two southern counties to round out the team. The development and expansion of integrated homemaker-home health aide services, coordinated with other in-home services, and the adoption of state standards for homemaker-home health aide services, are objectives in Delaware.

United States Steel Foundation funding will enable the Advocacy Project to provide technical assistance to Pittsburgh/Allegheny County, which has a high concentration of United States Steel employees. The threatened closing of a Pittsburgh long term care hospital and the ensuing debate brought the issue of home care to the fore in this city. A 60-member task force on long term care for the elderly with a subcommittee on in-home services has been formed with a charge to develop a plan within six months. The Project role will dovetail with this initiative to develop and expand a coordinated system of home care and integrated homemaker-home health service. The Project work here is enhanced by the sponsorship of the Health & Welfare Planning Council. A countywide homemaker-home health aide training program initiative may be explored in this urban setting.

Region IX

Sun City in Arizona has been selected as an American Telephone & Telegraph Corporation funded community. It will serve as a model for the development of home care of good quality for retirment communities both in Arizona and throughout the nation. Boswell Hospital will expand its home care program to include homemaker-home health aide service to this community of over 40,000 older people. Sun City West is under construction with a projected population of over 80,000 people over 50. Project staff met with state and AAA staff and with state legislative leaders to discuss the development and expansion of home care services of good quality in the state. The possibility of a training contract with the Arizona Aging Department is under active exploration.

Following a presentation on homemaker-home health aide service at a quarterly meeting of the National Indian Council on Aging, the Navajo Indian Services to the Aging has requested the National Council's technical assistance to develop their homemaker-home health aide service and to locate funding sources.

"Clark" Communities Update

The National Council's Advocacy Project was initially funded for two years by The Edna McConnell Clark Foundation, beginning in 1975. Eight communities developed 14 programs, including a statewide program, and were helped to develop homemaker-home health aide services. These experiences were invaluable in refining the local community advocacy model and demonstrated the necessity for advocacy on the state level which strengthens local service development. Project staff continue to keep in touch with many of these communities.

Considerable progress has been made in the last three and a half years. The "Clark" phase experiences were invaluable in refining the local community advocacy model subsequently adapted for statewide use. Project staff provided technical assistance to these communities and conducted seminars in most of the states in which the Clark communities were located. These activities strengthened local actions and encouraged sharing with other communities and state staff the communities' experiences. A statewide approach has been made possible in some of these states, involving both provider agencies and state staff.

The Home Services Project, a project of a senior center in Sunnyside, Queens, New York City, was the impetus toward involvement of the Community Council of Greater New York and the New York City Department of Aging in the investigation and improvement of the home attendant program in New York City. Volunteers in the senior center have been trained to check on home care clients between the nurse's and social worker's supervisory visits. Efforts are underway at the state and city levels to structure this program more safely including having the attendants become employees of an agency.

Directors of the Anderson County/Tennessee, the Tulsa/Oklahoma and Linn-Benton/Oregon programs are active in the development of state standards for homemaker-home health aide services. The latter two programs have now come through the National Council's Approval Program successfully and are in conformity with basic national standards.

The amount of homemaker-home health aide service and the expansion of service areas has increased considerably in the "Clark" communities. Expansion has come through new funding sources which broaden the base of support, and through the integration of the health and social service funding sources by contracts with health and social service departments. New funding sources include local county funding, community development, Title III, Title XX, CETA and state funds, and local fund raising such as Bingo games events for clients not eligible for public funds. Explorations are underway in several communities to expand service for hospice and cancer care patients. In Oregon, service is now available in 29 of 36 counties -- up from 11 counties in 1975, thanks to increased state funding. Project Independence, which received technical assistance from Advocacy Project staff, has been a model for the country. The homemaker program in Tulsa has grown so much it was necessary to bring in a director experienced in more sophisticated management techniques.

Ohio's Commission, with Project help, instituted a statewide training program for homemaker-home health aides working under its Aide to Independent Living Program. The State Vocational Education System conducts the training. The curriculum of the advocacy agency in Delaware was the model. The Sunnyside training program, which was initiated through the New York City Board of Education, is the model for a citywide proposal for training aides in vocational schools throughout the City.

Several participants in the National Council training sessions have moved on to other positions in the home care field, spreading their expertise to agencies in other parts of the country.

Other Project Activities

New written and audiovisual materials, and new curricular for training, are being developed and refined. A training module on aide supervision and case management is near completion and will be tested and evaluated this year. A "how-to" guide for advocates is in draft form and is being tested by second year advocacy teams and states. Someone I Can Trust..., a consumer's guide to quality care in homemaker-home health aide services has been published.

Recent articles about the Project have appeared in the National Association of Counties newspaper and in Geriatric and Residential Care, a monthly newsletter. These resulted in many inquiries for information about the Advocacy Project and for requests for help in the development of home care services.

National Council staff provided information to Lou Cottin (a national syndicated columnist who writes on aging) about homemaker-home health aide services and standards and the Advocacy Project for his book, Elders in Rebellion, to be published in the fall.

Inquiries about the National Council's Program and Consultation Unit continue to come in. Negotiations have been completed with four area agencies on aging in Michigan to provide training for supervisors of homemaker-home health aides.

Project staff conducted a National Management Institute for Administrators of Homemaker-Home Health Aide Services at Mills College in Oakland, California. Tuition was charged for this five day management institute which was structured to meet the management and service delivery needs of both new and experienced administrators. Registration was limited to 70 participants, 35 in each group. The program covered such areas as planning, organizing and directing work; techniques of organizational change; financial management; proposal writing; time management; expansion through new uses of services; service evaluation; data collection use and interpretation; marketing; effective communication; wage and salary administration; and public policy and legislation. Continuing education units (CEU's) were granted by the University of California at San Jose. Thirty hours of continuing education for nurses were also negotiated for Institute attendance.

OBSERVATIONS AT MIDPOINT

We are now at the midpoint of the Administration on Aging's three year grant to the National Council to fund an Advocacy Project for homemaker-home health aide services throughout the nation. We have accumulated a fair amount of experience during the first year and a half of work with Regions IV and VII. This experience plus that gained in the several years of work in communities before the Administration's grant leads to some observations that can be made that others may find helpful. Some of these are candidates for formal recommendations to be made at the termination of the Administration's grant.

First, we are convinced that it is an appropriate role for aging offices on regional, state, and community levels to act as catalyst in convening staff of health and social services and discussing home care and long term care for the aging. We caution that comprehensive home care services should be the goal, since home care development is needed also for groups other than the aged. In fact, should area agencies on aging become direct deliverers of homemaker-home health aide services, they should draw upon several funding sources and assure comprehensiveness and availability to other age groups. This is particularly important in rural areas and in small towns, where it simply is not cost effective to erect services for one group alone. The thrust toward comprehensive care can also blunt the perception of some that aging offices tend to be age-divisive in their strong advocacy of services for older people.

Second, we are convinced that it is an appropriate role for regional offices to convene state level meetings with the purpose of developing standards for services; most states want to develop home care services of good quality and will accept help in achieving this goal. The regional office can then arrange for technical assistance, both from the National Council and from other states. The National Council is considered "nonthreatening" because it is nongovernmental and it relates to both health and social services.

Third, we have learned through experience that it takes both exposure and learning for community health and social service agencies to understand their need for each other in providing comprehensive services; each tends to perceive home care through its own eyes, to the detriment of the other. When the idea that: one person can be trained generically to perform both environmental and personal care tasks; mechanisms can be developed for nursing and social worker supervision when appropriate; and the need for skilled nursing care does not decrease when home health aide tasks are contracted out -- when these ideas are communicated clearly, the integration of homemaker-home health aide services comes about. The experience in the Purchase area has shown that with appropriate training and supervision, more home care service can be delivered for the same amount of money. This message must also be carried to consumer groups and taxpayers, though it is granted that it is a complex and difficult message to convey simply. Yet, it is indisputable that improved training and supervison, plus the coordination and integration of services, can lead to the delivery of safe, effective, yet cost effective home care services. Indeed, the need for advocacy of this message is imperative at every level, from the consumer to the regional and national levels. The National Council seeks to convey this message through its Advocacy Project, and thus can help to mobilize in-home services to meet this vital and growing need of the nation.

Fourth, we have become increasingly confident that it is cost effective for states and communities to request technical assistance from the National Council, rather than to create home care systems unaware of what has worked and not worked elsewhere. In the Advocacy Project, we have dealt with a wide variety of communities, states, and regions. We are aware of and sensitive to the questions of turf, of levels of awareness, of pitfalls, of coordinating and articulating mechanisms and procedures that work. Moreover, we are able to tailor this information to the particular public and particular situation in a given locality. Taken together, these advantages tend to enhance the likelihood that viable and enduring home care systems can be created and sustain themselves within reasonable periods of time.

Fifth, we have become aware of the fact that, supplementing these manifest functions and advantages of the Advocacy Project, we are serving an important but little recognized latent function -- namely, the creation of a way of thinking about homemaker-home health aide services, about the creation of such services from the parts of the health systems now extant, about the creation of standards and the implications of their application in practice. Since we carry a consistent message to many parts of the country, with consistent standards of performance, we are helping to create a national climate or posture toward uniform quality levels in the delivery of homemaker-home health aide services. In a sense, we are the carriers of a de facto, rather than a de jure, application of standards of service. Moreover, we carry these uniform definitions and practice standards with a fine sense of adaptation necessary to match local conditions and situations. In the long run, it may be found that this is one of our most important functions.

Sixth, and finally, by testing the realities faced by individuals and groups in the communities, states, and regions in which we work, we are able to interpret the national needs in ways not accessible easily to fixed field offices and stationary staff. This "pollinating" function serves two purposes. The first is to bring the message of common difficulties in delivering services on the local level to central staff, not only at the National Council, but to governmental and other national agencies. The second is our increasing awareness of the need for documentation to fill in gaps in the literature. We have touched upon (in "Other Activities") our involvement in the creation of literature of the field. We continue to be alert to the need for further literature -- in training aides, in helping administrators cope with organizational difficulties, in informing the several publics that agencies serve.

In conclusion, it is our hope that the reader will have gathered some sense of the excitement we feel at the scope, depth, and variety of problems and solutions we have tested for the provision of homemaker-home health aide services throughout the nation. In the coming decades, the importance of such services in keeping the costs of national health maintenance care in line, in improving the quality of life of our citizens, and in extending a humane and knowing hand to those most in need of it -- all with benefit from the most careful yet enthusiastic dedication to the extension of these services. We are glad to have the chance to share in this adventure in concert with our colleagues in the federal, state, community, and local levels across the nation.

# # #

(2J)

Municipality of Anchorage

825 "L" STREET
ANCHORAGE, ALASKA 99501
(907) 264-4111

GEORGE M. SULLIVAN, MAYOR

DEPARTMENT OF HEALTH AND ENVIRONMENTAL PROTECTION

SB 323

HOUSEMAKER

October 30, 1979

State Committee on Services
to the Elderly
Pouch V
Juneau, Alaska 99811

Dear Committee Members:

As per my conversation with Jim Kelly in Anchorage October 17, I will outline what I see as the home care needs of Alaskan senior citizens. The Anchorage Home Health Agency is at present the only certified Home Health Agency in the State of Alaska. As a section of the Municipal Health Department, Home Health serves the entire Municipality of Anchorage. The Agency carries a case load of 30-40 patients monthly with approximately 50% of the patients being Medicare recipents and an additional 12-15% Medicaid recipents.

Under federal guidelines for Medicare reimbursement, a Home Health patient must be homebound, require skilled care, and the care must be directed by a licensed physician. In Alaska, Medicaid regulations used these same guidelines for authorizing Home Health care.

In considering the possibility and advisability of combining Homemaker and Home Health Aide Services in Alaska, I would like to first address the existing gaps in services provided at present.

The Homemaker Services in Alaska, as you know, are provided statewide by Easter Seal Society. To my knowledge, Home Health Aide Services are available only in the Municipality of Anchorage through the Home Health Agency. There are distinct differences between the services provided by these two providers, the most noteable being that the Homemakers do not give personal care and Home Health Aides do. Also, while a Home Health Aide might provide some homemaking tasks, these are very limited in scope and through existing Titles 18 and 19 regulations can be only for the person receiving skilled care and cannot add significantly to the time spent in the home.

The gaps that exist, then, in Anchorage are: 1) a person receiving only Homemakers Services receives no assistance with

personal care. 2) Home Health Aide Services may be given only in conjunction with skilled care, meaning that when the need for skilled services ends so must aide services end, even when the need for those personal care services still exists.

The Anchorage Home Health Agency and the Easter Seal Society coordinate services in Anchorage, often seeing the same client or referring clients to each other as our assessments indicate a possible need for service. At present, Anchorage Home Health Agency contracts with the Alaska Nurses Registry for Home Health Aide Services. If Homemakers and Home Health aides were combined into a single service we would be willing to consider contracting with the provider of the combined services for Home Health aides, as we could view this as a potential advantage to our patients. This could mean that persons requiring both services could conceiveably receive them from the same person, thereby decreasing the numbers of people whom the patient would have in their home and providing continuity of care.

State funding or "personal care services"

Under existing regulations, however, the scope of services given through a Home Health Agency could not be increased, meaning that the actual service of available to the patient with Titles 18 and 19 funding would remain unchanged.

Should Homemakers and Home Health aides become a combined service in Alaska, it would be important that there be adequate supervision of both services, but particularly Home Health Aide Service which is frequently given to frail people who have multiple health problems and need continued medical follow-up even when skilled care is not indicated. During this past week I have attended the Ninth Annual Conference of the National Association of Home Health Agencies. During that conference I heard many issues addressed that related to those matters of importance to your committee. Leonard Schaeffer of Health Care Financing Administration spoke at the conference of the narrow scope of the existing law and its failure to meet the social and demographic changes occuring in the country. There are changes being proposed in that law at the federal level. HR3990, currently in committee, would relax some of the Title 18 requirements for provision of home care, specifically removing prior hospitalization requirements as well as eliminating other limits imposed by the existing law.

Many states provide for greater Home Health coverage under Title 19 then is allowed under Title 18. An example is the provision of services in the home beyond the acute phase of illness, thereby providing some maintenance services in the home. Under current regulations in Alaska home care can be only intermittent skilled care to homebound individuals under the direction of the physician. Example of patients who could be better served at home are terminally ill and chronic lung patients, requiring maintenance care (chronic care) to prevent increased need for more costly services. Home care has been documented as being less costly then institutional care and the revision of existing regulations in Alaska could provide for more comprehensive home

care programs for our senior citizens, thereby more readily keeping them in their homes and out of the more costly institutions.

Finally, I would propose the provision of grants to new agencies in Alaska, providing monies to encourage the development of Home Health Agencies in the state and making it possible for those communities considering such a move to afford expert consultation on complex matters such as those regulations governing the provision of care under Titles 18 and 19. The potential for maintaining people in their home is great given adequate funding and adequate supervision of those people giving the care. I have described some of the gaps that I see existing in the current available services. Also I have discussed one or two proposals for improving this service to senior citizens. If there is anything further that I can do to assist in this matter, I would be glad to do so.

Sincerely,

Janice Wills

Janice Wills
Home Health Agency Supervisor

JW/cl

THE EASTER SEAL SOCIETY FOR ALASKA CRIPPLED CHILDREN AND ADULTS

EASTER SEAL INFORMATION AND REFERRAL SERVICE
P O BOX 2432
ANCHORAGE ALASKA 99510
274 1641

STATE SOCIETY OFFICE
P O BOX 2432 99510
726 E STREET 99501
ANCHORAGE ALASKA
277-1324

SB323

EASTER SEAL SOCIETY/HOMEMAKER PROJECT: Progress Report, August 1, 1979

The program now has functioning Regional Homemaker Supervisors in all six regions. (List attached).

This first month has been devoted primarily to establishing an accurate list of clients and homemakers and working closely with the Division of Social Services to insure that all clients are receiving the services requested. The Regional Supervisors have already begun to travel to the villages to do this.

Nancy Farrington, Project Director, expressed her pleasure at all the help forthcoming from all of the DSS Regional offices and the DSS Central office.

August 7-9 all Regional Homemaker Supervisors will be in Anchorage for a training session. Subjects to be covered are recruitment, supervision, interagency coordination, and training, for a few.

Easter Seal/Homemakers will now begin directing its efforts towards upgrading services, training, and setting up advisory committees as well as providing service.

Nancy Farrington, RN
Project Director

THE EASTER SEAL SOCIETY FOR ALASKA CRIPPLED CHILDREN AND ADULTS

EASTER SEAL INFORMATION AND
REFERRAL SERVICE
P O BOX 2432
ANCHORAGE ALASKA 99510
274-1641

STATE SOCIETY OFFICE
P O BOX 2432 99510
726 E STREET 99501
ANCHORAGE, ALASKA
277-1324

EASTER SEAL SOCIETY/HOMEMAKER PROJECT

PROJECT DIRECTOR
Nancy Farrington, RN
PO Box 2432
Anchorage, Ak 99510
277-2451

CENTRAL OFFICE
1345 West 9th
Anchorage, Ak 99501
277-2451

PROJECT BOOKKEEPER
Shirley Sturgis
PO Box 2432
Anchorage, Ak 99510
277-2451

SECRETARY/RECEPTIONIST
Wyleen Baldwin
PO Box 2432
Anchorage, Ak 99510
277-2451

REGIONAL HOMEMAKER SUPERVISORS

REGION 1 - WESTERN REGION
Mary Crew
PO Box 25
Bethel, Ak 99559
543-2518 3/4/

REGION 2 - SOUTH CENTRAL REGION
Joann Price, RN
PO Box 2432
Anchorage, Ak 99510
277-2451

REGION 3 - NORTHERN REGION
Nora Young
1020 Barnette
Fairbanks, Ak 99701
452-6208

REGION 4 - NORTHWESTERN REGION
Carolyn Michels
PO Box 299
Nome, Ak 99762
443-2772

REGION 5 - SOUTHEAST REGION
Mary Bayliss
167 South Franklin
Juneau, Ak 99801
586-6265

REGION 6 - SOUTHERN REGION
Arlene Jones
PO Box 3147
Ketchikan, Ak 99901
c/o 255-6611 (DSS)

SB 323 HOMEMAKER-HOME HEALTH AIDE SERVICES

Every community in Alaska should have available a homemaker-home health aide service program. The homemaker-home health aides should be trained and supervised by professional personnel and work as part of a team with doctors, social workers, nurses, nutritionists, therapists, and home economists.

Homemaker-home health aides not only provide personal care of the aging, but they strengthen and extend the service of the nurse who instructs in such care as oil massages and exercise; the dietitian who oversees a special diet; or the social worker who helps with mental, emotional and social disturbances.

If our goal is to train one aide per hundred of the aging, that would mean 200 professionally trained and supervised aides just for the aging. (This is a national norm.)

This service respects the rights of Older Alaskans to remain in their own homes in times of crisis dut to illness, disability, or social problems. Its goal is to help the client to learn to help him/her self as much as possible, to achieve or retain independent functioning and self-sufficiency.

Older persons find it difficult or even traumatic to be removed from their own homes and communities, from their familiar surroundings, their families and friends.

They may be inclined to lose touch with reality.

In 1974-75, there were 242 persons aged 60 to 113 being served in Alaska by trained homemeaker-home health aides. This number did not include service by home helpers who were not professionally trained. The number of persons 60 and over has increased since then.

With the continuing increase in the population of Older Alaskas, it is urgent that the funding for this service and for training be increased.

I recommend the passage of this bill; also, that the service be decentralized in order to adapt it to the special needs of the various regions.

Dove M. Kull, M.S.W., A.C.S.W.
Member of the State Commission on
Services to the Elderly

January 30, 1980

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

SENATE BILL NO. 323
(Identical to H.B. 616)

"An Act making a special appropriation to the Department of Health and Social Services for homemaker health aide services; and providing for an effective date."

The Department of Health and Social Services supports in concept the addition of home health aide services under the Division of Social Services. In the FY 81 budget the Governor has included an additional $303.5 over the FY 80 funding level of $1150.0 for homemaker services. The Department can support additional services up to that level of funding.

Home health aides provide personal care services such as bathing, assistance with transfer activities, assistance with ambulation, and assistance with passive exercises. These services alone would have an impact on reducing unnecessary institutionalization of disabled and chronically ill Alaskans. The impact would be more substantial if home health aide services were a component of a comprehensive home health care program ranging from skilled nursing to homemaker-home health aide services.

Currently the availability of home health services in Alaska is limited. The Division of Public Health has a limited amount of money available for skilled nursing home health services in Juneau and Fairbanks. Payment for home health care is also available under Medicare (Title XVIII) and Medicaid (Title XIX). The home health care available under these federal programs include home health aide services and are limited to medicaid and medicare eligible individuals. The eligibility requirements of these programs are restrictive and, as a result, many people in need of home health care are not able to receive needed services. They may be ineligible due to age, income or a disability which does not fall within the federal requirements.

If the Department developed either a homemaker-home health aide service or a comprehensive home health care program, this program would include the present homemakers who, after additional training, would be capable of providing health aide services under supervision of medical/nursing professionals. In order to implement a new program, much developmental work would need to be accomplished during Fiscal Year 1981. The contractor would need to set up a safe home health delivery service which includes, on a continuing basis, training and professional supervision. The addition of a home health component would result in a higher unit cost during the development phase and increase ongoing administrative costs.

Clarification is needed regarding interim committee intent with respect to eligibility for home health services. Currently, homemaker service is provided to all Alaskans based on need and service availability, regardless of age or income, under the Division of Social Services' child protection and adult protection programs.

POSITION PAPER/Department of Health & Social Services

Clarification is also needed regarding any interim committee intent with respect to contract limitations, i.e., whether or not regional contracts are mandatory. This information will assist the Department in preparing a request for proposals and in determining the allowable administrative costs for contractors. The Department recommends that this not be a requirement for FY 81.

Although the Bill authorizes a $2500.0 appropriation, the Department's understanding is that the interim committee intent is for an additional $1046.5 over the Governor's FY 81 budget request for homemaker services. The Governor's FY 81 budget request contains $1453.5 for homemaker service in the Division of Social Services.

The Department would like clarification regarding interim committee intent with respect to the use of additional funds. It is anticipated that the unit cost of homemaker services will increase in FY 81.

The Department views the addition of home health care services as a means of further assisting Alaskan citizens to receive the services they need in the least restrictive setting possible, as well as reducing the cost of unnecessary institutionalization.

RECOMMENDED BY: Art Holmberg DATE: 1-28-80

Art Holmberg, Director
Division of Social Services

APPROVED BY: Helen D. Beirne DATE: 1-28-80

Helen D. Beirne, Commissioner
Department of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill No. 323

Title special appropriation to DHSS/DSS for homemaker home health aide services

Requested by Senate HESS Date January 25, 1980

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services

Program Category Affected Social Services

BRU, Program, or Subprogram(s) Affected Social Services

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES	0	0	58.5	64.9	70.7	77.1
200	TRAVEL	0	0	6.6	7.3	8.1	9.0
300	CONTRACTUAL	0	0	3.4	3.7	4.0	4.4
400	COMMODITIES	0	0	.8	.9	1.0	1.1
500	EQUIPMENT	0	0	2.5	0	0	0
600	LAND & STRUCTURES	0	0	0	0	0	0
700	GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
		0	0	0	0	0	0
	TOTAL	0	0	71.8	76.8	83.8	91.6

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	71.8	76.8	83.8	91.6
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	2	2	2	2
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

A. Assumption

1. Both positions budgeted for 12 months.

2. A 9% inflation rate for line items 100, 300 and 400.
A 10.8% inflation rate for line item 200.

IV. DATE January 25, 1980 PREPARED BY Art Holmberg

AGENCY Division of Social Services

PHONE 465-3170

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

Reviewed by Michael Oreloo
Division of Mgt & Budget
DHSS 1/25/80

33-001 (Rev. 12/78)

Senate Bill No. 323 FISCAL NOTE Continuation

TITLE: "An Act making a special appropriation to the Department of Health and Social Services and Social Services for homemaker health aide services; and providing for an effective date."

III. ANALYSIS (Continuation)

Coordinator for the homemaker-home health aide service would be responsible for:

-the development and maintenance of program policy
-coordination of homemaker-home health aide service with other services and programs
-establishing and maintaining standard of service
-technical assistance
-preparation of program requirements, contract preparation, contract monitoring and program evaluation
-collection analysis and interpretation of statistical data.

At the present time the responsibility for the management of the homemaker contract is being shared by several staff. The addition of a home health aide component would result in the need for a single central office position to establish standards of service, work with the contractor to develop a uniform referral system, record keeping system and establish monitoring guidelines.

Clerk Typist III

The additional work resulting from the new program component would double the present authorization level thus resulting in twice the paper flow, therefore, a clerk typist is needed.

Program Summary

1. New Positions

Range 18 - 6 mos @ $2,465 =		$14,790
6 mos @ $2,640 =		$15,840
		$30,630
fringe benefits @ 25.5% =		$ 7,810
		$38,440
Clerk Typist III - Range 8		
6 mos @ $1,277 =		$ 7,662
6 mos @ $1,393 =		$ 8,358
		$16,020
fringe benefits @ 25.5% =		$ 4,085
		$20,105
TOTAL		$58,545

2. Other Expenses

Travel - for fiscal and program monitoring

2 Trips to Bethel	468 x 2 =	$936
Anchorage	255 x 2 =	$510
Fairbanks	301 x 2 =	$602
Nome	443 x 2 =	$886
Ketchikan	140 x 2 =	$252
		$3214
Plus $2,216 for travel to villages for spot reviews		$2216
		$5430
Per Diem 3 days per trip for 2 trips to 5 regions plus 1 day to six villages		$6,630

Senate Bill No. 323 FISCAL NOTE Continuation

TITLE: "An Act making a special appropriation to the Department of Health and Social Services and Social Services for homemaker health aide services; and providing for an effective date."

III. ANALYSIS (Continuation)

Space Leased 200 Sq. Ft. @ $1.42 for 2 positions. 282 x 122 = $3,384

Commodities 400 per yr. per position + 9% inflation.

FY 81 Only

Equipment - 2 desks
2 chairs
1 typewriter
1 bookcase

Introduced: 1/15/80
Referred: Health, Education & Social Services and Finance

Funding Information
General Fund $2,500,000
Other Funds -0-
$2,500,000

BY THE RULES COMMITTEE BY REQUEST OF THE LEGISLATIVE COUNCIL (for the Interim Committee On Services for the Elderly)

IN THE SENATE

SENATE BILL NO. 323

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act making a special appropriation to the Department of Health and Social Services for homemaker/home health aide services; and providing for an effective date."

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

* Section 1. The sum of $2,500,000 is appropriated from the general fund to the Department of Health and Social Services, division of social services, for homemaker health aide services for the fiscal year ending June 30, 1981.

* Sec. 2. This Act takes effect July 1, 1980.

Dr Isaacson ch.

What was the amendment?

Sen Ben Ahlo

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

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(Identical to H.B. 616)

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RECOMMENDED BY: Art Holmberg DATE: 1-28-80
Art Holmberg, Director
Division of Social Services

APPROVED BY: Helen D. Beirne DATE: 1-28-80
Helen D. Beirne, Commissioner
Department of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

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600	LAND & STRUCTURES	0	0	0	0	0	0
700	GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
		0	0	0	0	0	0
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FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	2	2	2	2
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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IV. DATE January 25, 1980 PREPARED BY Art Holmberg

AGENCY Division of Social Services

PHONE 465-3170

Original: Legislative Finance

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

Reviewed by Michael Oreiro
Division of Mgt & Budget
DHSS 1/25/80

33-001 (Rev. 12/78)

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-preparation of program requirements, contract preparation, contract monitoring and program evaluation
-collection analysis and interpretation of statistical data.

At the present time the responsibility for the management of the homemaker contract is being shared by several staff. The addition of a home health aide component would result in the need for a single central office position to establish standards of service, work with the contractor to develop a uniform referral system, record keeping system and establish monitoring guidelines.

Clerk Typist III

The additional work resulting from the new program component would double the present authorization level thus resulting in twice the paper flow, therefore, a clerk typist is needed.

Program Summary

1. New Positions

Range 18 - 6 mos @ $2,465 =		$14,790
6 mos @ $2,640 =		$15,840
		$30,630
fringe benefits @ 25.5% =		$ 7,810
		$38,440
Clerk Typist III - Range 8		
6 mos @ $1,277 =		$ 7,662
6 mos @ $1,393 =		$ 8,358
		$16,020
fringe benefits @ 25.5% =		$ 4,085
		$20,105
	TOTAL	$58,545

2. Other Expenses

Travel - for fiscal and program monitoring

2 Trips to Bethel	468 x 2 =	$936
Anchorage	255 x 2 =	$510
Fairbanks	301 x 2 =	$602
Nome	443 x 2 =	$886
Ketchikan	140 x 2 =	$252
		$3214
Plus $2,216 for travel to villages for spot reviews		$2216
		$5430
Per Diem 3 days per trip for 2 trips to 5 regions plus 1 day to six villages		$6,630

Senate Bill No. 323 FISCAL NOTE Continuation

TITLE: "An Act making a special appropriation to the Department of Health and Social Services and Social Services for homemaker health aide services; and providing for an effective date."

III. ANALYSIS (Continuation)

Space Leased 200 Sq. Ft. @ $1.42 for 2 positions. 282 x 122 = $3,384

Commodities 400 per yr. per position + 9% inflation.

FY 81 Only

Equipment - 2 desks
2 chairs
1 typewriter
1 bookcase

SB

325

COMMITTEE REPORT

SENATE

1/15/80

FURTHER: Finance

Date: 1/30/80

Mr. President:

The committee on HEALTH, EDUCATION & SOCIAL SERVICES has had SB 325 providing for the issuance of general obligation bonds in the amount of $15,000,000 for the purpose of paying the cost of construction and development of senior citizen housing; effective date

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[✓] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

SB 325

Introduced 1-15-80
Logged 1-15-80
Referred Finance
Comm. meeting 1-30-80
" action - Do Pass - taken Senate Secy. S. 304 M. 2-1-80

Alaska STATE HOUSING AUTHORITY

February 4, 1980

Mr. Paul Conger
Administrative Assistant
Senate Health, Education and
Social Services Committee
Pouch V
Juneau, Alaska 99811

Re: Inquiries Concerning Senate Bill 325

Dear Mr. Conger:

In accordance with our conversation of last Wednesday when I was in Juneau, I attempted to call you on Thursday. However, I was unable to make contact with you. Since I was out of Anchorage Friday, this is my first opportunity to contact you.

I expressed in our conversation concerning SB 325 a concern regarding how the $15 million appropriation that is proposed for use in the construction and development of elderly housing can be used. The first question that comes to mind is whether there shall be any obligation to repay the money appropriated under SB 325. While the bill, on its face, appears to be a straight appropriations bill, questions regarding the requirement that the recipient agency of the funds eventually repay the money to the general fund have arisen.

Secondly, it is our experience and our position that one of the most effective uses for the money is that it be used as "seed money" for attracting money available under federal programs, or that it be used in the form of direct grants or loans in order to pick up a commonly experienced "short fall" between the monies available for development and construction under federal programs and the actual cost of development and construction in the State of Alaska. Under this "seed money" mode of utilization, the Alaska State Housing Authority (ASHA) estimates that one state dollar can attract approximately three to five federal dollars that might not otherwise be useable in the State of Alaska. Thus, ASHA would envision a program whereby loans and grants to the regional housing authorities may be an appropriate method of utilizing these funds to most advantageously attract federal elderly housing dollars to the state and address the needs of both the rural and urban communities.

Another question that may need to be answered is whether the funds can be used in order to preserve failing elderly housing projects. For

TELEPHONE (907)279-7643 BOX 80 ANCHORAGE, ALASKA 99510

example, if an elderly housing project is a financial failure due to unforeseen cost overruns--e.g. through contractors claims, unforeseen increases in interest rates or increased costs due to unforeseen or concealed soils or other conditions--can the bond funds be utilized to "bail the project out". The preservation of a failing project does not necessarily fall squarely within the language of the bill requiring that the money be used for "construction and development" of elderly housing. However, in the event that a public housing project of this nature is failing, it would seem to be a prudent use of the monies to preserve the project that is failing rather than to allow the project to fail and simply build another one with the "construction and development" funds.

Last, since ASHA is not a line agency of the state, but rather a "public corporate authority", and since it has been unusual for ASHA to be the recipient of an appropriation of this type since the early 1970's, the question has arisen as to whether the entire corpus of the appropriated bond funds can be immediately drawn down by ASHA to be included in an investment program that would allow ASHA to not only preserve the corpus of the fund to the greatest extent possible by increasing it through prudent investment policies, but would also allow ASHA to cover the costs of administering the program, to the greatest extent possible, from investment earning proceeds rather than from the corpus of the appropriation.

I greatly appreciate the opportunity to make these comments and inquiries regarding SB 325. If ASHA can be of any assistance in providing further information concerning our elderly housing programs or our ideas on how these funds can most effectively be utilized, please contact me at your convenience.

Sincerely,

ALASKA STATE HOUSING AUTHORITY

Harry F. Goldmar
Executive Director

HFG:mrm

cc: Jim Kelly, Administrative Assistant
to the Interim Committee on Services to the Elderly

Roger Lang, Chairman of the Board

The Honorable Charles Webber, Commissioner of Commerce and
Economic Development

SB 325 SENIOR HOUSING

In many of the homes of Older Alaskans, there is a woman living alone. The life of the older woman is centered in her home, her cabin, her apartment. The house itself is important to her. Eight years ago, one of seven households of Older Alaskans did not have running water, flush toilets, bathing facilities, or heat in every room. Health, mental health, and safe hosuing are necessities for the aging.

The majority of Older Alaskans prefer independent or semi-independent (with residential environment factors built in) housing to an institution. Many older persons who are living in institutions isolate themselves in their own rooms to avoid the distressing emotional impact of sitting around the nurses station, or in the recreation room along with patients extremely mentally retarded or mentally ill.

The mentally alert Older Person wants independent living as in a congregate facility. 87% of persons over 65 are fully ambulatory.

I recommend the passage of SB 325.

According to our grand old congressman from Florida, Claude Pepper, every dollar spent on congregate senior housing, results in a 50¢ saving in federal nursing home expenditures.

Dove M. Kull, M.S.W., A.C.S.W.
Member of State Commission on
Services to the Elderly

Alaska STATE HOUSING AUTHORITY

March 6, 1980

Mr. Jim Kelly
Administrative Assistant
Committee on Services for the Elderly
Pouch V
Juneau, Alaska 99811

Re: Senate Bill 325

Dear Jim:

In regard to our conversation of a few weeks ago concerning Senate Bill 325, please find enclosed the information you requested. This information includes the housing assistance plan (HAP) for the Municipality of Anchorage as well as the type of survey instrument that we used to supplement the information provided by HUD to establish a needs evaluation for senior citizen housing in the Seward and Cordova areas.

You also inquired whether the State of Alaska had lost conventional housing funds from the United States Department of Housing and Urban Development as a result of the fact that the amounts of money available are inadequate to perform construction in the State of Alaska. My impression based upon prior conversations with HUD officials indicated a positive response to that question. However, upon further and more specific questioning of HUD officials they have indicated that the State has not lost any conventional funding because of the short fall inherent in the HUD funding methods for conventional housing. However, it is very clear based upon my conversations with HUD that many projects were saved by the availability of State dollars to supplement the inadequate HUD funds.

If I can be of any further assistance in this matter, please contact me at your convenience.

Sincerely,

ALASKA STATE HOUSING AUTHORITY

Harry F. Goldbar
Executive Director

HFG:mrm

cc: Mary Isaacs, Administrative Assistant
Health, Education and Social Services

TELEPHONE (907) 279-7643 BOX 80 ANCHORAGE, ALASKA 99510

POSITION PAPER/Department of Health & Social Services

POSITION PAPER
ON
SENATE BILL NO. 325
(Identical to House Bill #617)

"An Act providing for the issuance of general obligation bonds in the amount of $15,000,000 for the purpose of paying the cost of construction and development of senior citizen housing; and providing for an effective date."

The Department of Health and Social Services, Office on Aging supports the concept included in Senate Bill 325.

Our Office of Aging has found that there is a the need for senior housing. Seniors living on fixed income, from Old Age Assistance or a retirement program, cannot always afford to pay the current high cost of housing in many areas of Alaska. For example, a senior receiving the maximum monthly benefit under Old Age Assistance is eligible for $413 a month. That $413 must cover the costs of housing, fuel, food, transportation, clothing, and other necessities. Seniors report difficulties in making ends meet under such situation. Low cost housing program could serve to supplement their income.

Also, it may be appropriate for some of the housing dollars to be earmarked for residential care housing units as these could serve as an alternative to institutionalization in a nursing home. This could serve to provide care to seniors in the least restrictive setting possible and at a much lower cost.

Recommended by: M Dan Plotnick 1/30/80
M.D. Plotnick, Coordinator (DATE)
Office on Aging

Approved by: Helen D. Beirne 1/30/80
Helen D. Beirne, Commissioner (DATE)
Department of Health and Social Services

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill #617

Title Issuance of GOB-$15,000,000-cost of construction & development of senior housing.

Requested by Senate HESS Date 1/30/80

II. FISCAL DETAIL

Agency Affected Department of Health and Social Sevices

Program Category Affected Social Services for Aged

BRU, Program, or Subprogram(s) Affected Office on Aging

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100	PERSONAL SERVICES	-0-	-0-	-0-	-0-	-0-	-0-
200	TRAVEL	-0-	-0-	-0-	-0-	-0-	-0-
300	CONTRACTUAL	-0-	-0-	-0-	-0-	-0-	-0-
400	COMMODITIES	-0-	-0-	-0-	-0-	-0-	-0-
500	EQUIPMENT	-0-	-0-	-0-	-0-	-0-	-0-
600	LAND & STRUCTURES	-0-	-0-	-0-	-0-	-0-	-0-
700	GRANTS, CLAIMS, ETC.	-0-	-0-	-0-	-0-	-0-	-0-
	TOTAL	-0-	-0-	-0-	-0-	-0	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify Fund Source)	-0-	-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)

M.D. Plotnick

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

Prepared by: M.D. Plotnick Date: 1/30/80
Division/Office: Aging PH: 465-4904
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt. [signature] Date: 1/30/80

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

of ALASKA MEMORANDUM

SB325

TO:
Jim Kelly
Admin. Assistant
State Committee on Services
to the Elderly

DATE: July 6, 1979

FILE NO:

TELEPHONE NO:

SUBJECT: Chapter 122 Bond Facilities as of July 2, 1979 Senior Citizens Centers

FROM:
Janice Gates
Special Assistant
to the Commissioner
Department of Health & Social Services

Status of Chapter 122 Bond Facilities as of July 2, 1979

Senior Citizen Centers

1. ANCHORAGE MULTI-PURPOSE SENIOR CENTER ($800,000)

Letters of interest have been received from the Anchorage Municipality's Senior Citizens Advisory Commission and from the Salvation Army. Departmental representatives have met on two occasions with the Municipality's Senior Citizens Advisory Commission to discuss procedures for application of the funds and the conceptual design of an Anchorage facility. The most recent meeting was held on June 21, 1979, and was attended by all pertinent agencies interested in programs for the aging in the Anchorage area.

An Attorney General's Opinion stating that bond funds are to be disbursed through a governmental entity to assure public ownership, has been shared with both groups. The Municipality has the option of operating the facility itself or contracting with an appropriate sponsor. The Municipality is recognized as the lead agency in planning for the facility, and coordination with other local groups and the State is good.

2. HOMER SENIOR CITIZEN CENTER ($433,500)

Conceptual plans from the City of Homer have been received by the Department. The City of Homer anticipates entering into an agreement with the State in October, 1979, and selecting an architect in November. A construction contract is scheduled for award around May of 1980 with construction to be completed by October, 1980. Consideration is being given to the possibility of the City of Homer and the Homer Senior Citizen's entering into an agreement with a non-profit social organization for the management of the facility.

3. NOME SENIOR CITIZEN CENTER ($872,400)

Departmental staff has discussed the project with personnel from the Nome Community Center, being advised that a newly remodeled Senior Center with a capacity of 40 is presently available. The facility is owned by the Methodist Church and leased to the Senior Center. A new Community Center in Nome was also completed this

Spring. Community Center personnel question the need for another facility and the ability of the community to support it. No intent for utilization of the bond funds has been received.

4. BETHEL SENIOR CITIZEN CENTER ($1,565,000)

Several telephone conversations have been held with City of Bethel staff related to the planning of a Senior Center. The community has organized an Inter-Agency Committee consisting of representatives of the Public Heath Service, the Division of Public Health, the Yukon-Kuskokwim Health Corporation, the Division of Social Services, the AVCP Housing Authority and private citizens. Preliminary plans are expected in a month or so. Some consideration is being given a residential plus day-care center. Public Health Service support is being solicited and PHS statistics are being consulted to determine the need for such services. Another option being considered is the construction of a senior center in Bethel with senior "support headquarters" in larger villages in the region. The Department expects to receive a request for $2500 of bond funds for consultants' travel from Anchorage to Bethel and for village representatives from the villages to Bethel for planning purposes.

5. DILLINGHAM SENIOR CITIZEN CENTER ($565,000)

Telephone conversations and correspondence relating to th Senior Center have been transacted between Department staff and stff of the Bristol Bay Area Health Corporation. The City of Dillingham has cited land for such a Center as one of its land needs under 14(c, village selection. Both the City of Bethel and the BBAHC are considering the possibility of combining a Center with a University of Alaska Extension Center to be constructed in Dillingham. Another option being considered is to combine the $1 million authorized for a "nursing home" in Dillingham in a 1974 bond issue with the Chapter 122 funds to construct a residential facility/senior center complex. The Department sought an Attorney General's Opinion regarding the propriety of such utilization and has informed the community that such alternative applications of the funds are indeed appropriate. The Bristol Bay Area Health Corporation is the lead agency for this project to date and is working with community representatives to design a plan to meet Dillingham's needs.

6. TANANA

Although Tanana did not receive an allocation of Chapter 122 bonds funds, the Attorney General's Opinion mentioned above (see #5) affects that community as well. Chapter 132 SLA 1974 allocated $1 million

for a "nursing home" in Tanana. The bond issue is unsold to date due to the lack of application for the funds authorized. The Tanana Chiefs Health Authority has developed a comprehensive plan to turn the Tanana Public Health Service Hospital into a comprehensive alternative care complex serving all ages and villages in the surrounding region. The legal opinion referenced above appears to support the direction in which the community wishes to go. The bond monies may be utilized to acquire, construct and equip a facility based less on a medical model and more on a residential and/or social model. Departmental staff will meet with representatives of the Tanana Chiefs and Public Health Service personnel on July 12 to further consider the comprehensive alternative care plan in Tanana.

Note: All recipients of Senior Citizen Center bond funds were sent the attached list of services available through a Senior Center.

cc: OSHPD
Aging
A.Korhonen
H.D. Beirne

LAWS OF ALASKA

1978

Source

FCCS HCS CSSB 622

Chapter No.

122

AN ACT

Providing for the issuance of general obligation bonds in the amount of $25,000,000 for the purpose of paying the cost of capital improvements for health facilities, senior citizen centers and pioneers' homes; and providing for an effective date.

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

* Section 1. For the purpose of paying the cost of capital improvements for health facilities, senior citizen centers, and pioneers' homes, general obligation bonds of the state in the principal amount of not more than $25,000,000 shall be issued and sold. The full faith, credit and resources of the state are pledged to the payment of the principal of and interest and redemption premium, if any, on these bonds. These bonds shall be issued under the provisions of AS 37.15 as those provisions read at the time of issuance.

* Sec. 2. If the issuance of these bonds is authorized by the qualified voters of the state, a special fund of the state to be known as the "1978 Health Facilities, Senior Citizen Centers and Pioneers' Home Construction Fund" shall be established, to which shall be credited the proceeds of the sale of the bonds described in sec. 1 of this Act except for the accrued interest and premiums. The amount of $12,500,000 is appropriated from the "1978 Health Facilities, Senior Citizen Centers and Pioneers' Homes Construction Fund" to the Department of Health and Social Services to be allocated as follows:

	Project	Location	Amount
(1)	Community hospital	Sitka	$5,600,000
(2)	Harborview Hospital fire prevention system	Valdez	305,000
(3)	Alaska Psychiatric Institute fire prevention system	Anchorage	206,100
(4)	Health facility	Hooper Bay	100,000
(5)	Health facility	Nenana	200,000
(6)	Health facility	McGrath	100,000

17)	Health facility	Shungnak	100,000
18)	Health facility	Kivalina	100,000
19)	Health facility	Kobuk	100,000
20)	Health facility	Buckland	100,000
21)	Health facility	Ambler	100,000
22)	Health facility	Unalakleet	200,000
23)	Health facility	Kaktovik	150,000
24)	Health facility	Gambell	100,000
25)	Health facility	Savoonga	100,000
26)	Health facility	Pedro Bay	15,000
27)	Health facility	Platinum	20,000
28)	Health facility	Togiak	20,000
29)	Health facility	Ekwok	20,000
30)	Health facility	Portage Creek	20,000
31)	Health facility	King Salmon	35,000
32)	Health facility	Nondalton	20,000
33)	Health facility	Goodnews Bay	20,000
34)	Nursing home	Juneau	283,000
35)	Multipurpose senior citizen center	Anchorage	800,000
36)	Care center	Kenai Peninsula	250,000
37)	Senior citizen center	Homer	433,500
38)	Senior citizen center	Nome	972,400
39)	Senior citizen center	Bethel	1,565,000
40)	Senior citizen center	Dillingham	565,000

* Sec. 3. The amount of $12,500,000 is appropriated from the 1978 Health Facilities, Senior Citizen Centers and Pioneers' Homes Construction Fund" to the Department of Administration to be allocated as follows:

	Project	Location	Amount
(1)	Pioneers' Home addition	Anchorage	$7,500,000
(2)	Pioneers' Home	Ketchikan	5,000,000

* Sec. 4. If the issuance of these bonds is authorized by the qualified voters of the state, the amount of $87,500 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 this Act and to pay expenses incident to the sale and issuance of the bonds authorized in this Act. The amounts expended from the appropriation authorized by this section shall be reimbursed to the general fund from the proceeds of the sale of the bonds authorized by this Act.

* Sec. 5. The amount withdrawn from the public facility planning fund for the purpose of advance planning for the improvements financed under this Act shall be reimbursed to the fund from the proceeds of the sale of bonds authorized by this Act.

* Sec. 6. The question whether the bonds authorized in this Act are to be issued shall be submitted to the qualified voters of the state at the next general election and shall read substantially as follows:

Proposition

State General Obligation Health Facilities and Senior Citizen Centers and Pioneers' Homes Construction Bonds $25,000,000

Shall the State of Alaska issue its general obligation bonds in the principal amount of not more than $25,000,000 for the purpose of paying the cost of capital improvements for health facilities, senior citizen centers and pioneers' homes?

Bonds Yes [ ]

Bonds No [ ]

* Sec. 7. This Act takes effect immediately in accordance with AS 01.10.070(c).

Approved by the Governor. July 8, 1978
Actual Effective Date: July 9, 1978

SB

326

SB 326 S. HESS 79-60 Act authorizing state aid for service programs for the benefit of school children & providing for an effective date."
By: Rules Comm. by request

Introduced 1-15-80
Logged - 1-15-80
Referrals: Finance
Comm. hearing 4-14-80 - held - due to time
" action

GLENN THIS same as HB 6111 A.

The amendment is on page 5 lines 8-9 - after K - added L and M which is educational services and employment services

Rec'd - requested ~~not~~ required EN - position paper Rodeyn's office

1 - HSS notified
1 - Rodey's office "

POSITION PAPER/Department of Health & Social Services

SB 326

POSITION PAPER
ON
HOUSE BILL NO. 611
(Identical to Senate Bill 326)

"An Act authorizing state aid for service programs for the benefit of older Alaskans."

House Bill 611 creates a state aid program for providing services to benefit older Alaskans. The program would be administered by the Older Alaskans Commission, (created by House Bill 618). House Bill 611 would provide for grants for pilot projects and community service programs. Each sponsor receiving a grant would be required to provide cash or in-kind match, as a condition of receiving state grant funds. The amount of the sponsor contribution would be based on the community's ability to pay, which is determined by property values and the population planned to be served by the grants. The cost of the grants provided for in H.B. 610 is $1 million dollars in state general funds in FY 81.

The Department of Health and Social Services recognizes that there are many programs and services needed by seniors that are currently not routinely provided by any public or private source. House Bill 610 would help bridge the gap by provided funds for pilot project to experiment on innovative and potential cost-saving ways to provide services to seniors and by providing funds for expanded community service grants.

Potential Discussion Areas

1. With no requirement that the Commission consider geographical diversity of grant awards, it may be possible for the entire appropriation to go to a single area of the state, rather than be distributed equally throughout Alaska.

2. The Department of Health and Social Services prepares extensive needs assessments and state plans, especially in the areas of health and facility construction. It may be useful to include a requirement that the Commission utilize existing state plans and needs assessments in its evaluation of the merits of proposed projects.

3. The multitude of programs eligible for grants may provide a scattergun approach to service needs of seniors, rather than a clearly defined comprehensive look to solve a specific problem. For example, the needs for residential care in the state are great and could easily absorb the entire $1 million dollars appropriation. It may be useful for the bill to include a list of priorities to assist the Commission in its deliberations. Such as, in the first year, a priority might be funding projects that have potential of long run cost effectiveness and provide for increased self-sufficiency of seniors.

POSITION PAPER/Department of Health & Social Services

4. We can foresee that such an extensive grant program that covers a multitude of services will attract alot of interest from many parties. This would require the Commission to process and evaluate many grant applications. These extensive grant reviews and evaluation processes could serve to bog down the Commission. Since it plans to meet only six (6) times a year, necessary coordination of programs and providing advice to state departments may be potentially neglected, as a result.

The Department of Health and Social Services supports the concepts embodied in House Bill 611. We would also like to refer the Committee to the Department's position paper on H.B. 618 - the creation of the Older Alaskans Commission - and reconfirm our position that we do not believe it appropriate for the Commission to handle day-to-day management functions such as those anticipated by House Bill 610 and House Bill 611.

Approved by: Helen D. Beirne 2-26-80

Helen D. Beirne, Commissioner
Department of Health and Social Services

(DATE)

ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill No. 611 / Senate Bill No. 326

Title Authorizing state aid for service prog. for benefit of older Alaskans.

Requested by _____ Date _____

II. FISCAL DETAIL

Agency Affected Department of Health and Social Sevices

Program Category Affected Social and Economic Assistance to the Aged.

BRU, Program, or Subprogram(s) Affected Office on Aging

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES	-0-	-0-	-0-	-0-	-0-	-0-
200 TRAVEL	-0-	-0-	-0-	-0-	-0-	-0-
300 CONTRACTUAL	-0-	-0-	-0-	-0-	-0-	-0-
400 COMMODITIES	-0-	-0-	-0-	-0-	-0-	-0-
500 EQUIPMENT	-0-	-0-	-0-	-0-	-0-	-0-
600 LAND & STRUCTURES	-0-	-0-	-0-	-0-	-0-	-0-
700 GRANTS, CLAIMS, ETC.	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify Fund Source)	-0-	-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)

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

Prepared by: M.D. Plotnick Date: 2/27/80
Division/Office: on Aging PH: 465-4
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: [signature] Da

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

Senior Citizen Service Prog.

SENATE BILL NO. 326, by the Rules Committee by request of the Legislative Council (for the Interim Committee on Services for the Elderly). Adds Chapter 67 to AS 47, "Service Programs for Older Alaskans." Establishes the Older Alaskans Service Programs Account in the Dept. of Administration. At least 60% of amount appropriated each year shall be allocated by Older Alaskans Commission as community program grants to sponsors of service programs. The balance to be allocated to pilot projects. Commission shall adopt standards. Sponsors are required to contribute an amount based on set formula. Sponsors of service programs may be municipalities or non-profit Alaskan corporation Effective on effective date of a version of the "Older Alaskans Commission

1) deinstitutiliz in

2)

3)

4)

Comm. will provide list of focus priorities

SB326

Page 1--- WHEN Older Alaskan Commission approved 60% of amt. appropriated by legislature will be used for community programs grants to sponsors of "Older Alaskans Service programs.

Page 3 --- Explains contribution percentage based on population in municipality or community.

SB

328

COMMITTEE REPORT

SENATE

FURTHER: Finance

1/15/80

Date: 4-9-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 328 establishing an Older Alaskans Commission

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[✓] replace with CS for _____ [✓] same title [ ] new title

and recommends _____

[✓] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Glen Hackney
CHAIRMAN

NO REC

S 60 (Rev. 12/78)

SB 328
By Labor Comm. by request

"An Act establishing the Alaska Comm. & providing for apprentice labor."

Introduced 1-15-80
Logged 1-15-80
Referred Finance
Comm. Meeting 2-11-80 - held - 3-11-80 - held for C.S. - 4-9-80 Passed out Comm.
" Action

Schedule for 4-9-80
Letter of intent went with CSSB 328

Call Virginia Blanchard 276-3075
- notify Red Arrow Sam 586-3896
113 W 5th St.

SENATE AMENDMENT #1

BY Rodey

To: _____ SENATE BILL No. 328

To: _____ HOUSE BILL No. _____

PAGE: 2 LINE: 10

Insert: employment services,

OK ✓

SENATE AMENDMENT

#2

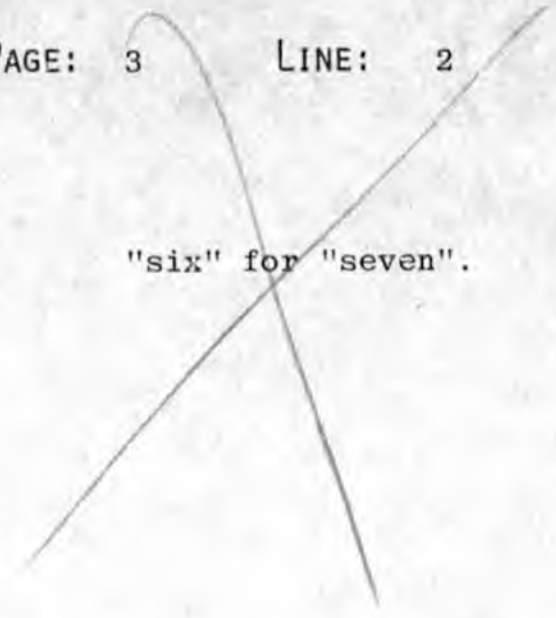
BY Rodey

To: _____ SENATE BILL No. 328

To: _____ HOUSE BILL No. _____

PAGE: 3 LINE: 2

Replace: "six" for "seven".



S 70

SENATE AMENDMENT #3

By Rodey

To: SENATE BILL No. 328

To: HOUSE BILL No. _____

PAGE: 3 LINE: 5

Replace with:

(b) After requesting from senior citizens organizations the names of persons who are qualified for and interested in serving on the commission, the governor shall appoint the members of the commission under (a)(5) of this section. Appointments shall be made by the governor to assure representation of low-income persons and minorities, and rpresentation from rural and urban areas of the state, and to secure state-wide geographical representation on the commission. At least five of the persons appointed by the governor shall be 60 years of age or older. At least two of these persons shall be 65 years of age or older.

OK ✓

SENATE AMENDMENT #4

By Rodey

To: _____ SENATE BILL No. 328

To: _____ HOUSE BILL No. _____

PAGE: 4 LINE: 17

Delete: "community-based" and replace with "community-oriented".

SENATE AMENDMENT #5

BY Rodev

To: _____ SENATE BILL No. 328

To: _____ HOUSE BILL No. _____

PAGE: 5 LINE: 29

Delete and replace with:

*Sec. 4. TRANSFER OF PROGRAM RESPONSIBILITIES. The programs and personnel of the office on aging in the Department of Health and Social Services and the Governor's Advisory Committee on Aging are transferred to the Older Alaskans Commission in the Department of Administration.

OK

SENATE AMENDMENT #6

BY Rodey

To: _____ SENATE BILL No. 328

To: _____ HOUSE BILL No. _____

PAGE: 6 LINE: 15

Delete and replace with:

*Sec. 6. CONTINUING RESPONSIBILITY OF THE DEPARTMENT OF ADMINISTRATION. This Act does not affect the responsibility of the Department of Administration for the Alaska longevity bonus program (AS 47.45) or the Alaska Pioneers' Homes (AS 44.21.100 - 44.21.130).

*Sec. 7. EFFECTIVE DATE. This Act takes effect July 1, 1980.

check w/ AG

Jerry:
How does this affect the Chatterbox Senior Center?

Keys fiscal responsibility and budget out of Hans Rudd Sponsor wants this to be part of bill

Discussion Paper: OLDER ALASKANS COMMISSION

PROPOSAL: To establish an Older Alaskans Commission under the Office of the Governor.

* The commission would assume responsibility for all programs, functions and services of the Office on Aging and the Governor's Advisory Committee on Aging.

* Powers would include:
1) formulate a comprehensive state plan and annually analyze and evaluate services for older Alaskans;
2) make recommendations to the governor and the legislature;
3) aid in the development of local commissions; and
4) employ an executive director.

* To accomplish its duties, the commission would be able to do a number of things, the most important of which are:
1) review, evaluate and comment upon state programs concerned with the problems and needs of older Alaskans; and
2) set standards for levels of services for older Alaskans for programs administered by the commission.

* The commission would have 11 members: commissioners of Administration, Health & Social Services, and Community & Regional Affairs; the chairman of the Pioneers' Homes Advisory Board; and seven citizens, six of whom must be over the age of 60 and two of whom must be over the age of 65. Appointments would have to assure representation for low-income persons, minorities, urban, rural and geographic areas.

* The enabling legislation would also include a state policy in regard to older Alaskans.

BACKGROUND:

* This commission is being proposed by the State Committee on Services to the Elderly, a joint legislators/citizens committee established by the legislature during the 1979 interim. The committee's charge was to "consider the problems and make recommendations regarding improved delivery of benefits and services to elderly Alaskans."

* The assumptions upon which the committee acted are as follows:
1) the state presently provides more than 25 different services and benefits to senior citizens, administered by at least 11 different agencies;
2) the state presently spends over $50 million in General Fund monies for the benefit of approximately 20,000 Alaskans over the age of 60;
3) older Alaskans now facing the disabilities and financial limitations of their retirement years deserve the best the state can provide them; and
4) older Alaskans could perhaps be more conveniently, economically and effectively served by consolidating and coordinating the administration of these various state services and expenditures.

RATIONALE:

* Prior to the development of this proposal, the committee held four public hearings three meetings and two teleconferences. The committee had 96% attendence at the public hearings which drew 238 persons. (See summaries of public hearings for specific comments relating to the commission.)

* The committee has intentionally and continuously involved persons from the affected departments from the beginning of the developmental process, including Administration, Health & Social Services, Community & Regional Affairs, DOT/PF and the Office of the Governor.

SB 328

* The Older Alaskans Commission is intended to be the "single agency" responsible for policy development, planning and coordination of all state-operated services and benefits programs unique to citizens over the age of 60. To be effective in performing its duties - which reach across several departments - the committee believes the commission should be located under the Office of the Governor. To do otherwise would be to invite in-fighting between departments. Is it possible that the commissioner of one department would be happy to "take orders" from the commissioner of another department? The membership of the commission, and its placement, is designed to put everyone on an equal footing.

* Establishment of the commission would enable all departments involved to better coordinate and deliver services and benefits without causing any drastic shifts within the different administrative units. The only change in the staus quo would be the transfer of the Office on Aging from the Department of Health & Social Services to the commission under the Office of the Governor. The committee believes this is necessary for the following reasons:

1) To keep the commission and the Office on Aging separate would be duplicative since many of the functions of both would be identical. The idea is to reduce duplication and fragmentation of effort, not increase it. Older Alaskans want and need a "single agency" to whom to turn for information and assistance. The commission would be the focal pt.

2) Including the Office on Aging's programs within the commission, under the Office of the Governor, would effectively remove any stigma of "welfare" which is presently associated with any and all programs within the Department of Health & Social Services.

3) The Department of Health & Social Services has not compiled a good record on programs for the aging. The Office on Aging is consistently given low budget priority, little direct support from the department, and interaction with the advisory committee has been effectively non-existent. If the department had been innovative with the Office on Aging, there would have been no need for our interim committee, much less the commission.

4) With the proposed abolition of the Governor's Advisory Committee on Aging, the commission would, because of the federal requirements of the Older Americans Act, have to have a special relationship with the Office on Aging anyway. In the past, the GACA has had responsibility for determining where and how the Older Americans Act monies are spent; this proposal would continue that practice of allowing citizen participation in the decision-making while enhancing the members' ability to do an effective job.

5) Under this proposal, the commissioner of Health & Social Services would have even greater involvement - as a member of the commission - with the functions of the Office on Aging than ever before.

6) Review of other states' statutes reveals that in those states which have some version of a Commission on Aging (Tennessee, Nebraska, Ohio, Alabama, Iowa, Indiana, Hawaii, California, West Virginia and Georgia), the majority of them are also designated as the state agency on aging.

7) In 1975 a bill similar to the one here proposed was before the legislature (SB 196). That bill would have created a Commission on Aging under the Office of the Governor. At that time, the position of the Department of Health & Social Services, according to the April 10, 1975 position paper signed by Commissioner Francis Williamson was:

> "This office recognizes the needs and desires to attempt to provide for the inclusion into a single new chapter within Alaska statutory law of a comprehensive and coordinated program pertaining to aging... positioning of the Commission on Aging in the Governor's Office will give this Commission visibility that the present Office on Aging lacks... Proposed Amendment 1: change title (from An Act creating the Commission on Aging) to 'Creating the Commission on Aging to replace the Office on Aging and transferring that Office to the Office of the Governor.' Rationale: This would remove the necessity of having two bodies...as the powers and duties of the Commission.., duplicate almost exclusively the work being performed presently by the staff of the Office on Aging."

SB 314

Section 3: STATE ASSISTANCE FOR MULTI-PURPOSE SENIOR CENTERS

* AS 47.60.065 would allow for the commission to make grants available to local sponsors of centers not to exceed one-half of the estimated annual costs for utilities, custodial services, and routine maintenance and repair.

Section 4: SERVICE PROGRAMS FOR OLDER ALASKANS

* AS 47.65.010 would establish this account under the commission subject to annual appropriation by the legislature. This is money for senior programs.

* AS 47.65.020 would set up a mechanism for appropriating that money to local programs. Intended to effect real local control, this section requires that not less than 60 percent of the above-mentioned account (comprised of federal Older Americans Act monies as well as state General Fund monies) would be distributed to community programs on the basis of a formula-funding centered on persons served. Includes an increment for area differentials. If the account is insufficiently funded to meet 100 percent of the formula, then what money is available is distributed pro rata among eligible sponsors.

* AS 47.65.030 would set up a mechanism to distribute the remainder of the account as pilot projects grants. These would be discretionary to the commission, as opposed to the above which is more categorical in nature. The commission would determine who gets what, and would set the standards and administer the grants.

* AS 47.65.040 would require local match for program monies as a function of the size and wealth of the community sponsoring the grant. Communities with a greater tax base would pay a higher match than those with a lesser tax base; ranges from a maximum of 30 percent to a minimum of one percent. The match formula is identical to one passed into law last year in the Cultural Facilities program.

* AS 47.65.050 lists the requirements of a program sponsor in order to be eligible:

- fiscal accountability;
- demonstration of the actual cost of service;
- audit trail;
- accountability to commission standards.

FACT SHEET: "An act establishing an Older Alaskans Commission, and relating to programs of benefit to persons 60 years of age and older; and providing for an effective date."

SB328

(1)

Section 1: FINDINGS AND PURPOSE

* Establishes by law a state policy regarding older Alaskans (persons over age 60).

* Section 1 (a) 1-9 is fashioned after the policy statement of the Older Americans Act.

* Section 1 (b) 1-4 describes the purpose of this legislation: to provide

- more and better programs for older Alaskans;
- special attention to programs for older Alaskans;
- improved delivery of services for older Alaskans;
- monitoring of programs for older Alaskans by older Alaskans.

Section 2: OLDER ALASKANS COMMISSION

* AS 44.19.970 establishes the commission in the Office of the Governor as an 11-member policy development, planning and coordinating body. The membership consists of:

- commissioners of Administration, Community & Regional Affairs, and Health & Social Services;
- chairman of the Pioneers' Homes Advisory Board;
- seven citizens-at-large, a majority of whom must be over 60, two of whom must be over 65.

* The citizens-at-large are appointed by the governor for four year terms; no member may serve more than two terms.

* AS 44.19.972 establishes that the commission shall meet at least six times/year.

* AS 44.19.974 establishes that members receive no pay, only per diem.

* AS 44.19.976 lists the powers and duties of the commission. Essentially a policy planning, development and coordinating body, it would be the single state agency overseeing all state aging programs. Specifically, it would:

-formulate a comprehensive state plan annually for the benefit of the governor and the legislature;
- conduct an annual conference;
- make budgeting recommendations to the governor and the legislature;
- assist local programs;
- assist in the development of local commissions;
- hire its own executive director;
- review, evaluate and comment on all state aging programs;
- be the focal point for inquiries regarding aging and older Alaskans;
- administer the Older Americans Act programs;
- administer state assistance for multi-purpose senior centers; and
- administer grants for community programs.

Original sponsor: Rules/Legislative Council

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

CS FOR SENATE BILL NO. 328

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act establishing an Older Alaskans Commission; and providing for an effective date."

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

* Section 1. FINDINGS AND PURPOSE. (a) The legislature finds that the changing pace of modern life, economic inflation, the infirmities of advancing years, and alterations in the traditions and values of family life have combined to place many older Alaskans in an unenviable position of poverty and dependency that endangers their health, well-being and safety. In keeping with the inherent dignity and respect due the individual in our society, older Alaskans are entitled to secure equal opportunity to the full enjoyment of

(1) an adequate income in accordance with a decent standard of living;

(2) sound physical and mental health, without regard to economic status or condition;

(3) suitable housing, selected, designed and located with reference to the special needs and concerns of older Alaskans at reasonable cost;

(4) full restorative health services for those older Alaskans in need of institutional care;

(5) opportunity for employment without discrimination;

(6) pursuit of meaningful activity within a wide range of civic, cultural and recreational opportunities;

(7) appropriate in-home care and readily available community social assistance;

(8) independence and the fullest exercise of individual initiative on the part of older Alaskans in the planning and management of their lives.

(b) It is the purpose of this legislation to assure that the years remaining to people over the age of 60 are years of good health, honor, and dignity by

(1) providing necessary social services, health services, employment services, and educational opportunities to older Alaskans;

(2) giving special attention to the needs of older Alaskans in the planning and delivery of state and local programs;

(3) improving the delivery of all public services essential to the lives of older Alaskans; and

(4) requiring that the planning and provision of programs of benefit to older Alaskans will be undertaken with the participation, knowledge, advice, and comments of people served.

* Sec. 2. AS 44.21 is amended by adding new sections to read:

ARTICLE 4. OLDER ALASKANS COMMISSION.

Sec. 44.21.200. OLDER ALASKANS COMMISSION. (a) There is established in the Department of Administration the Older Alaskans Commission. The members of the commission include

(1) the commissioner of the Department of Administration, or his designee;

(2) the commissioner of the Department of Community and Regional Affairs, or his designee;

(3) the commissioner of the Department of Health and Social Services, or his designee;

(4) the chairman of the Pioneers' Homes Advisory Board appointed under AS 44.21.100 - 44.21.130; and

(5) seven Alaskans selected on the basis of their knowledge and demonstrated interest in the concerns of older Alaskans, appointed

by the governor in accordance with (b) of this section.

(b) After requesting from senior citizen organizations the names of persons who are qualified for and interested in serving on the commission, the governor shall appoint the members of the commission under (a)(5) of this section. Appointments shall be made by the governor to assure representation of low-income persons and minorities, and representation from rural and urban areas of the state, and to secure statewide geographical representation on the commission. At least five of the persons appointed by the governor shall be 60 years of age or older. At least two of these persons shall be 65 years of age or older.

(c) The persons appointed under (a)(5) of this section serve overlapping four-year terms. A member may be reappointed, but no member appointed under (a)(5) of this section may serve more than two consecutive terms or eight consecutive years, whichever is longer.

(d) If a person appointed under (a)(5) of this section fails to attend three consecutive meetings of the commission, a majority of the members of the commission may request the governor to terminate the membership of the member and to fill the vacancy.

(e) A vacancy in the membership of persons appointed under (a)(5) of this section shall be filled by appointment by the governor. The person appointed shall serve for the unexpired portion of the term.

Sec. 44.21.210. MEETINGS. (a) The commission shall meet at the call of the chairman, at the request of a majority of the members, or at a regularly scheduled time as determined by a majority of the members. The commission shall meet at least six times each year.

(b) A majority of the members of the commission constitutes a quorum for conducting business and exercising the powers of the commission.

(c) The commission shall elect one of its members as chairman, and

may select other officers it considers necessary.

Sec. 44.21.220. COMPENSATION. Members of the commission receive no compensation for their services, but are entitled to per diem and travel allowances authorized by law for other boards and commissions.

Sec. 44.21.230. POWERS AND DUTIES. (a) The commission shall

(1) formulate a comprehensive statewide plan which identifies the concerns and needs of older Alaskans and, with reference to the plan adopted, prepare and submit to the governor and legislature an annual analysis and evaluation of the services which are provided to older Alaskans;

(2) make recommendations to the appropriate state agencies and to the legislature with respect to legislation, regulations, and appropriations made for programs or services which benefit older Alaskans;

(3) encourage the development of municipal commissions serving older Alaskans and community-oriented programs and services for the benefit of older Alaskans;

(4) employ an executive director who serves at the pleasure of the commission;

(5) administer federal programs relating to older Alaskans requiring state action which are not specifically assigned to a state agency;

(6) request and receive reports and audits from state agencies and local institutions concerned with the conditions and needs of older Alaskans.

(b) To accomplish its duties, the commission may

(1) review, evaluate and comment upon state programs concerned with the problems and the needs of older Alaskans;

(2) collect facts and statistics, and make studies of condi-

tions and problems pertaining to the employment, health, financial security, social welfare, and other concerns which bear upon the well-being of older Alaskans;

(3) provide information about public programs which would be of interest or benefit to older Alaskans;

(4) appoint special committees, including persons who are not members of the commission, to complete necessary studies;

(5) promote community education efforts regarding the problems and concerns of older Alaskans;

(6) apply for and accept grants, contributions, and appropriations, including making application for and accepting federal funds provided under the Older Americans Act, P.L. 89-93, as amended;

(7) consult and cooperate with persons, organizations, and groups interested in or concerned with programs of assistance to older Alaskans;

(8) advocate improved programs of benefit to older Alaskans; and

(9) set standards for levels of services for older Alaskans for programs administered by the commission.

Sec. 44.21.240. DEFINITIONS. In AS 44.21.200 - 44.21.240, "commission" means the Older Alaskans Commission.

* Sec. 3. AS 44.66.010(a) is amended by adding a new paragraph to read:

(8) Older Alaskans Commission (AS 44.21.200) -- June 30, 1984.

* Sec. 4. TRANSFER OF PROGRAM RESPONSIBILITIES. The programs and personnel of the office on aging in the Department of Health and Social Services and the Governor's Advisory Committee on Aging are transferred to the Older Alaskans Commission in the Department of Administration.

* Sec. 5. INITIAL MEMBERSHIP AND MEETING OF COMMISSION. (a) Of the

seven public members first appointed by the governor to the Older Alaskans Commission under AS 44.21.200(a)(5),

(1) two shall serve a term of two years;

(2) three shall serve a term of three years;

(3) two shall serve a term of four years.

(b) In making appointments of the initial public members of the Older Alaskans Commission under AS 44.21.200(a)(5), the governor shall designate an expiration date of the terms of members first appointed in accordance with (a) of this section.

(c) The governor shall determine the date and place of the initial meeting of the Older Alaskans Commission.

* Sec. 6. CONTINUING RESPONSIBILITY OF THE DEPARTMENT OF ADMINISTRATION. This Act does not affect the responsibility of the Department of Administration for the Alaska longevity bonus program (AS 47.45) or the Alaska Pioneers' Homes (AS 44.21.100 - 44.21.130).

* Sec. 7. EFFECTIVE DATE. This Act takes effect July 1, 1980.

Introduced: 1/15/80
Referred: Health, Education & Social Services and Finance

BY THE RULES COMMITTEE BY REQUEST OF THE LEGISLATIVE COUNCIL (for the Interim Committee on Services for the Elderly)

IN THE SENATE

SENATE BILL NO. 328

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act establishing an Older Alaskans Commission; and providing for an effective date."

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

* Section 1. FINDINGS AND PURPOSE. (a) The legislature finds that the changing pace of modern life, economic inflation, the infirmities of advancing years, and alterations in the traditions and values of family life have combined to place many older Alaskans in an unenviable position of poverty and dependency that endangers their health, well-being and safety. In keeping with the inherent dignity and respect due the individual in our society, older Alaskans are entitled to secure equal opportunity to the full enjoyment of

(1) an adequate income in accordance with a decent standard of living;

(2) sound physical and mental health, without regard to economic status or condition;

(3) suitable housing, selected, designed and located with reference to the special needs and concerns of older Alaskans at reasonable cost;

[(4) full restorative health services for those older Alaskans in need of institutional care;]

(5) opportunity for employment without discrimination; [based on an individual's age]

(6) pursuit of meaningful activity within a wide range of civic, cultural and recreational opportunities;

(7) [efficient, coordinated] APPROPRIATE in-home care and readily available

community social assistance;

(8) the benefit of knowledge gained from research which can sustain and improve the health and happiness of older Alaskans; and

(9) independence and the fullest exercise of individual initiative on the part of older Alaskans in the planning and management of their lives.

(b) It is the purpose of this legislation to assure that the years remaining to people over the age of 60 are years of good health, honor, and dignity by

(1) providing a full range of social services, health services, and educational opportunities to older Alaskans;

(2) giving special attention to the needs of older Alaskans in the planning and delivery of state and local programs;

(3) improving the delivery of all public services essential to the lives of older Alaskans; and

(4) requiring that the planning and provision of programs of benefit to older Alaskans will be undertaken with the participation, knowledge, advice, and comments of people served.

* Sec. 2. AS 44.21 is amended by adding new sections to read:

ARTICLE 4. OLDER ALASKANS COMMISSION.

Sec. 44.21.200. OLDER ALASKANS COMMISSION. (a) There is established in the Department of Administration the Older Alaskans Commission. The members of the commission include

(1) the commissioner of the Department of Administration, or his designee;

(2) the commissioner of the Department of Community and Regional Affairs, or his designee;

(3) the commissioner of the Department of Health and Social Services, or his designee;

(4) the chairman of the Pioneers' Homes Advisory Board

appointed under AS 44.21.100 - 44.21.130; and

(5) seven Alaskans selected on the basis of their knowledge and demonstrated interest in the concerns of older Alaskans, appointed by the governor in accordance with (b) of this section.

(b) At least six of the persons appointed under (a)(5) of this section shall be 60 years of age or older. Not less than two of these persons shall be 65 years of age or older. Appointments shall be made by the governor to assure representation of low-income persons and minorities, and GEOGRAPHICAL representation from rural and urban areas of the state, and to secure statewide [geographical] representation on the commission.

(c) The persons appointed under (a)(5) of this section serve overlapping four-year terms. A member may be reappointed, but no member appointed under (a)(5) of this section may serve more than two consecutive terms or eight consecutive years, whichever is longer.

(d) If a person appointed under (a)(5) of this section fails to attend three consecutive meetings of the commission, a majority of the members of the commission [shall] MAY request the governor to terminate the membership of the member and to fill the vacancy.

(e) A vacancy in the membership of persons appointed under (a)(5) of this section shall be filled by appointment by the governor. The person appointed shall serve for the unexpired portion of the term.

Sec. 44.21.210. MEETINGS. (a) The commission shall meet at the call of the chairman, at the request of a majority of the members, or at a regularly scheduled time as determined by a majority of the members. The commission shall meet at least six times each year.

(b) [The members of the commission who serve under AS 44.21.-200(a)(1) - (3) may not vote on matters before the commission.] A majority of the members of the commission [who serve under AS 44.21.-200(a)(4) and (5)] constitutes a quorum for conducting business and

exercising the powers of the commission.

(c) The commission shall elect one of its members as chairman, and may select other officers it considers necessary.

Sec. 44.21.220. COMPENSATION. Members of the commission receive no compensation for their services, but are entitled to per diem and travel allowances authorized by law for other boards and commissions.

Sec. 44.21.230. POWERS AND DUTIES. (a) The commission shall

(1) formulate a comprehensive statewide plan which identifies the concerns and needs of older Alaskans and, with reference to the plan adopted, prepare and submit to the governor and legislature an annual analysis and evaluation of the services which are provided to older Alaskans;

(2) make recommendations to the [governor] and legislature with respect to legislation, regulations, and appropriations made for programs or services which benefit older Alaskans;

(3) encourage [and aid] the development of municipal commissions serving older Alaskans and [community-based] programs and services for the benefit of older Alaskans;

(4) employ an executive director who serves at the pleasure of the commission;

(5) administer federal programs relating to older Alaskans requiring state action which are not specifically assigned to a state agency;

[(6) help older Alaskans lead dignified, independent and useful lives;] and

(7) request and receive reports and audits from state agencies and local institutions concerned with the conditions and needs of older Alaskans.

(b) To accomplish its duties, the commission may

(1) review, evaluate and comment upon state programs concerned with the problems and the needs of older Alaskans;

(2) collect facts and statistics, and make studies of conditions and problems pertaining to the employment, health, financial security, social welfare, and other concerns which bear upon the well-being of older Alaskans;

(3) provide information about public programs which would be of interest or benefit to older Alaskans;

(4) appoint special committees, including persons who are not members of the commission, to complete necessary studies;

(5) promote community education efforts regarding the problems and concerns of older Alaskans;

(6) apply for and accept grants, contributions, and appropriations, including making application for and accepting federal funds provided under the Older Americans Act, P.L. 89-93, as amended;

(7) contract for necessary services;

(8) consult and cooperate with persons, organizations, and groups interested in or concerned with programs of assistance to older Alaskans;

(9) advocate improved programs of benefit to older Alaskans; and

(10) set standards for levels of services for older Alaskans for programs administered by the commission.

Sec. 44.21.240. DEFINITIONS. In AS 44.21.200 - 44.21.240, "commission" means the Older Alaskans Commission.

* Sec. 3. AS 44.66.010(a) is amended by adding a new paragraph to read:

(8) Older Alaskans Commission (AS 44.21.200) -- June 30, 1984.

Replace with Body #6

** Sec. 4. ASSUMPTION OF PROGRAM RESPONSIBILITIES. The Older Alaskans

STATE OF ALASI

Inter-Department Rou

TO:
MAIL STATION NUMBER 3100

DEPARTMENT Alaska State Legisla

ATTENTION Senator Glenn Hackney

☐ 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:

Rm 105 Assembly

Budget

FROM:
MAIL STATION NUMBER 0208

DEPARTMENT Admin/Admin. Services

BY Judy Crondahl DATE 3/5

02-002 (REV.10/73)

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE
(REVISED)

I. REQUEST

Bill/Resolution No. Senate Bill 328/House Bill 618

Title Establishing an Older Alaskans Commission

Requested by Senator Hackney Date 2/28/80

II. FISCAL DETAIL

Agency Affected Administration and Health & Social Services

Program Category Affected Social and Economic Assistance for the Aged

BRU, Program, or Subprogram(s) Affected

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100	PERSONAL SERVICES		851.2	946.9	1041.6	1145.7	1260.3
200	TRAVEL		133.8	147.2	161.9	178.1	195.9
300	CONTRACTUAL		169.3	186.2	204.9	225.3	247.9
400	COMMODITIES		9.8	10.8	11.9	13.1	14.4
500	EQUIPMENT		16.3	2.0	2.0	2.0	2.0
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.		5292.9	5822.2	6404.4	7044.9	7749.3
	MISC. (Reserve for salary increases)		9.6	0	0	0	0
	TOTAL		6482.9	7115.3	7826.7	8609.1	9469.8

FUNDING (Thousands of Dollars)

GENERAL FUND		817.2	1449.6	2161.0	2943.4	3804.1
FEDERAL FUNDS		5665.7	5665.7	5665.7	5665.7	5665.7
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		24	24	24	24	24
PART TIME						
TEMPORARY						

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

The Older Alaskans Commission, which would be established by these bills, would provide statewide coordination for all efforts to provide services to the elderly of Alaska. As written, these bills would bring the Office on Aging into the Department of Administration as an agency directly operated by the Older Alaskans Commission. The Office on Aging is presently a part of the Department of Health and Social Services.

In order to accomplish the duties prescribed under Section 44.21.230, five new positions will be required:

Executive Director	(R24)
Clerk Typist III	(R 8)
Accounting Clerk III	(R10)
Research Analyst III	(R18)
Planner IV	(R19)

IV. DATE 3/5/80 PREPARED BY George T. Michael

AGENCY Administration

PHONE 465-4401

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named) Senator Rodey

Office of the Governor (Keith Specking)

33-001 (Rev. 12/79)

The need for two of the requested positions has been questioned. The Department of Administration would like to reiterate that to take over the existing Office on Aging plus additional responsibilities mandated in this bill, all positions in this fiscal note will be required. The two positions for which the need has been questioned are the Planner and the Accounting Clerk. The Planner will be needed because the additional appropriation for grants will permit grantees to apply for grants in areas for which grants are not presently awarded. This will greatly increase the number of grant applications. In addition there is a need for statewide coordination of all programs which affect the aged. The accounting clerk position will be needed to provide support now given to the Office on Aging by centralized support staff in the Department of Health and Social Services. The Division of Administrative Services in the Department of Administration cannot provide centralized fiscal and personnel services to a program the size of the Office on Aging without the addition of at least one position.

The position of Executive Director has been requested at the level of Range 24 as these positions are generally classified at either Range 24 or 26.

The Governor's Advisory Board on Aging, consisting of 7 members, would be abolished and replaced by the Commission. Travel costs are based on meeting at least 6 times per year, rather than 4 times per year now done by the Governor's Advisory Board on Aging. Therefore, travel and per diem expense is included in above costing for the 11 member commission, plus the Executive Director and 2 meetings for the Planner.

Inflation is computed at 10% per year for years beyond FY 81. Inflation is included in all categories, including grants, except for one time purchases of equipment items. Items of equipment for years beyond FY 81 are for replacement of worn out office furnishings only.

Because the amount of Federal receipts cannot be accurately projected for future years, we have assumed that they will remain constant.

	POSITION TITLE			RANGE/STEP	BARG. UNIT.	LOCATION		APPROV.	DISAPP.
1	Executive Director			24A	S	Juneau	GOV		
2	TYPE OF POSITION: PFT	STAFF MONTHS: 12	RP No.	PCN No.	PRIORITY: 1	FORM 12 PAGE/LINE	LEG.		

	TYPE OF EXPENDITURE		AMOUNT
	1	2	3
4	PERSONAL SERVICES: SALARY	40,228	
5	BENEFITS	6,095	
6	FICA	1,975	
7	HEALTH INS.	1,524	
8	TOTAL PERSONAL SERVICES		49,822
9	TRAVEL		3,500
10	CONTRACTUAL		4,200
11	COMMODITIES		500
12	EQUIPMENT		1,500
13	OTHER		
14	TOTAL COST		59,522

	CODE	FUNDING SOURCE	
15		FED RCPTS.	
16		GF MATCH	
17		GEN. FUND	59,522
18		I-A RCPTS.	
19		PGM RCPTS	
20		OTHER	
21	CONTINUATION		
22	ADDITION	X	

FOR B&M USE ONLY

4A KEY NUMBER _____ COLUMN NO. _____

JUSTIFICATION:

S.B. 328/H.B. 618 calls for an executive director to be employed by the Older Alaskans Commission, serving at the pleasure of the commission. The executive director will head the agency which has overall responsibility for coordination of all services to the elderly of Alaska, including but not limited to the following: 1) Review, evaluate and comment upon state programs; 2) Collect facts and statistics, and make studies of conditions and problems pertaining to the employment, health, financial security, social welfare and other concerns which bear upon the well being of older Alaskans; 3) Provide information about public programs which are of interest or benefit to older Alaskans; 4) Appoint special committees, including persons who are not members of the commission, to complete necessary studies; 5) Promote community education efforts; 6) Apply for and accept grants, contributions and appropriations, including federal funds; 7) Contract for necessary services; 8) Consult and cooperate with persons, organizations, and groups interested in or concerned with programs of assistance to older Alaskans; 9) Set standards for levels of services for older Alaskans.

AGENCY Administration PROGRAM AREA Social & Economic Assistance for the Aged

BRU Older Alaskans Commission

COMPONENT _____

13 REQUEST FOR NEW POSITION

REVISED DATE _____

FY 81

	POSITION TITLE				RANGE/STEP	BARG. UNIT.	LOCATION		APPROV.	DISAPP.
1	Planner IV				19A	G	Juneau	GOV.		
2	TYPE OF POSITION: PFT	STAFF MONTHS: 12	RP No.	PCN No.	PRIORITY: 2		FORM 12 PAGE/LINE	LEG.		

3	TYPE OF EXPENDITURE	1	2	AMOUNT 3
4	PERSONAL SERVICES: SALARY		28,260	
5	BENEFITS		4,281	
6	FICA		1,879	
7	HEALTH INS.		1,524	
8	TOTAL PERSONAL SERVICES			35,944
9	TRAVEL			2,000
10	CONTRACTUAL			2,500
11	COMMODITIES			500
12	EQUIPMENT			1,000
13	OTHER			
14	TOTAL COST			41,944

	CODE	FUNDING SOURCE	
15		FED RCPTS	
16		GF MATCH	
17		GEN FUND	41,944
18		I-A RCPTS	
19		PGM RCPTS	
20		OTHER	
21	CONTINUATION		
22	ADDITION	XX	

FOR B&M USE ONLY

4A KEY NUMBER _____ COLUMN NO. _____

JUSTIFICATION:

This position is needed to oversee and plan for the orderly review and evaluation of State programs concerned with the problems and needs of older Alaskans, and for making recommendations for improvement in these programs. This position is also instrumental in formulating a State plan, which may increase federal participation in funding services to the elderly. The position will supervise a Research Analyst III in collecting and analyzing facts and statistics which bear upon the well being of older Alaskans.

AGENCY Administration PROGRAM AREA Social & Economic Assistance for the Aged

BRU Older Alaskans Commission

COMPONENT _____

FY 81

13 REQUEST FOR NEW POSITION.

REVISED DATE _____

	POSITION TITLE			RANGE/STEP	BARG. UNIT	LOCATION		APPROV.	DISAPP.
1	Research Analyst III			18A	G	Juneau	GOV.		
	TYPE OF POSITION	STAFF MONTHS	RP No. / PCN No.	PRIORITY		FORM 12 PAGE/LINE			
2	PFT	12		3			LEG.		

3	TYPE OF EXPENDITURE	1	2	AMOUNT 3
4	PERSONAL SERVICES: SALARY		26,232	
5	BENEFITS		3,974	
6	FICA		1,744	
7	HEALTH INS.		1,524	
8	TOTAL PERSONAL SERVICES			33,474
9	TRAVEL			-0-
10	CONTRACTUAL			2,000
11	COMMODITIES			500
12	EQUIPMENT			1,000
13	OTHER			
14	TOTAL COST			36,974

	CODE	FUNDING SOURCE	
15		FED RCPTS.	
16		GF MATCH	
17		GEN FUND	36,974
18		I-A RCPTS.	
19		PGM RCPTS	
20		OTHER	
21	CONTINUATION		
22	ADDITION	XX	

FOR B&M USE ONLY

4A KEY NUMBER _____ COLUMN NO. _____

JUSTIFICATION:

This position is needed to compile facts and statistics, and make studies of conditions and problems pertaining to the employment, health, financial security, social welfare, and other concerns which bear upon the well being of older Alaskans. Gathering and analysis of pertinent data is essential to the proper evaluation and informed recommendations about programs affecting older Alaskans.

AGENCY Administration PROGRAM AREA Social & Economic Assistance for the Aged

BRU Older Alaskans Commission

COMPONENT _____

13 REQUEST FOR NEW POSITION.

FY 81

REVISED DATE _____

	POSITION TITLE			RANGE/STEP	BARG. UNIT.	LOCATION		APPROV.	DISAPP.
1	Clerk Typist III			8A	G	Juneau	GOV		
2	TYPE OF POSITION: PFT	STAFF MONTHS: 12	RP No.	PCN No.	PRIORITY: 4	FORM 12 PAGE/LINE	LEG.		

3	TYPE OF EXPENDITURE		AMOUNT
	1	2	3
4	PERSONAL SERVICES: SALARY	13,296	
5	BENEFITS	2,014	
6	FICA	884	
7	HEALTH INS.	1,524	
8	TOTAL PERSONAL SERVICES		17,718
9	TRAVEL		-0-
10	CONTRACTUAL		1,100
11	COMMODITIES		500
12	EQUIPMENT		2,000
13	OTHER		
14	TOTAL COST		21,318

	CODE	FUNDING SOURCE	
15		FED RCPTS	
16		GF MATCH	
17		GEN. FUND	21,318
18		I-A RCPTS	
19		PGM RCPTS	
20		OTHER	
21	CONTINUATION		
22	ADDITION	XX	

FOR B&M USE ONLY

4A KEY NUMBER _____ COLUMN NO. _____

JUSTIFICATION:

This position will serve as support to the Executive Director and the 11 member Commission. Duties include acting as secretary receptionist, typing, filing, copying, processing travel and per diem claims, recording of Commission meetings, making travel and meeting arrangements, etc.

AGENCY Administration PROGRAM AREA Social & Economic Assistance for the Aged

BRU Older Alaskans Commission

COMPONENT _____

13 REQUEST FOR NEW POSITION.

REVISED DATE _____

FY 81

	POSITION TITLE				RANGE/STEP	BARG. UNIT.	LOCATION		APPROV.	DISAPP.
1	Accounting Clerk III				10A	G	Juneau	GOV.		
2	TYPE OF POSITION: PFT	STAFF MONTHS: 12	RP No.	PCN No.	PRIORITY: 5		FORM 12 PAGE/LINE	LEG.		

3	TYPE OF EXPENDITURE	1	2	AMOUNT 3
4	PERSONAL SERVICES: SALARY		15,048	
5	BENEFITS		2,280	
6	FICA		1,001	
7	HEALTH INS.		1,524	
8	TOTAL PERSONAL SERVICES			19,853
9	TRAVEL			-0-
10	CONTRACTUAL			1,200
11	COMMODITIES			500
12	EQUIPMENT			1,000
13	OTHER			
14	TOTAL COST			22,553

	CODE	FUNDING SOURCE	
15		FED RCPTS.	
16		GF MATCH	
17		GEN FUND	22,553
18		I-A RCPTS.	
19		PGM RCPTS	
20		OTHER	
21	CONTINUATION		
22	ADDITION	XX	

FOR B&M USE ONLY

4A KEY NUMBER _____ COLUMN NO. _____

JUSTIFICATION:

This position is needed due to the additional administrative workload which will be brought on the Department of Administration in its role of coordinating services to the elderly. $1,000,000 in additional grant funds will be administered by the Older Alaskans Commission under S.B. 327/H.B. 610, and sufficient fiscal staff does not exist in either the Office on Aging or the Department of Administration to administer these additional funds.

AGENCY Administration PROGRAM AREA Social & Economic Assistance for the Aged

BRU Older Alaskans Commission

COMPONENT _____

13 REQUEST FOR NEW POSITION

Page 5 of 5

REVISED DATE _____

FY 81

STATE OF ALASKA

Inter-Department Route Slip

Rec'd 2:55 P.M

TO:
MAIL STATION NUMBER 3100

DEPARTMENT Alaska State Legislature

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: Senator Hackney
Assembly Bldg

Rm 105

3787
3788

FROM:
MAIL STATION NUMBER 0208

DEPARTMENT Admin/Admin. Services

BY Judy Crondahl DATE 2/11

02-002 (REV.10/73)

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. S.B. 328/ H.B. 618
Title An Act Establishing an Older Alaskans Commission
Requested by Rules Committee Date 1/15 and 24/80

II. FISCAL DETAIL
Agency Affected Administration and Health and Social Services
Program Category Affected Social and Economic Assistance for the Aged
Budget Request Unit(s) Affected

EXPENDITURES (Thousands of Dollars)

		FY80	FY81	FY 82	FY83	FY84	FY 85
100	PERSONAL SERVICES		851.2	946.9	1,041.6	1,145.7	1,260.3
200	TRAVEL		133.8	147.2	161.9	178.1	195.9
300	CONTRACTUAL		169.3	186.2	204.9	225.3	247.9
400	COMMODITIES		9.8	10.8	11.9	13.1	14.4
500	EQUIPMENT		16.3	2.0	2.0	2.0	2.0
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.		6,292.9	6,922.2	7,614.4	8,375.9	9,213.4
			9.6	0	0	0	0
	TOTAL		7,482.9	8,215.3	9,036.7	9,940.1	10,933.9

FUNDING (Thousands of Dollars)

GENERAL FUND		1,817.2	2,549.6	3,371.0	4,274.4	5,268.2
FEDERAL FUNDS		5,665.7	5,665.7	5,665.7	5,665.7	5,665.7
OTHER (Specify)						

POSITIONS

FULL TIME		24	24	24	24	24
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)
The Older Alaskans Commission, which would be established by these bills, would provide statewide coordination for all efforts to provide services to the elderly of Alaska. As written, these bills would bring the Office on Aging into the Department of Administration a an agency directly operated by the Older Alaskans Commission. The Office on Aging is presently a part of the Department of Health and Social Services.

In order to accomplish the duties prescribed under Section 44.21.230, five new positions will be required:

Executive Director	(R24)
Clerk Typist III	(R8)
Accounting Clerk III	(R10)
Research Analyst III	(R18)
Planner IV	(R19)

IV. DATE 2/8/80 PREPARED BY George I. Michael
AGENCY Administration
PHONE 465-4401

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

33-001 (Rev. 10/78)

Also, included in the above computation of costs is $1,000,000 in grant funds which is proposed for the Older Alaskans Commission by S.B. 327/H.B. 610. It is assumed that these additional grant funds will be handled by the present Office on Aging staff, except for the additional Accounting Clerk which is included above.

The Governor's Advisory Board on Aging would be abolished and replaced by the Commission. Therefore, travel and per diem expense is included in above costing for the 11 member commission, plus the Executive Director and 2 meetings for the Planner.

Inflation is computed at 10% per year for years beyond FY 81. Inflation is included in all categories, including grants, except for one time purchases of equipment items. Items of equipment for years beyond FY 81 are for replacement of worn out office furnishings only.

FY81

Older Alaskans Commission

Office on Aging (19 positions) $6,282,600

State $616,900

Fed. 5,665,700

Additional staff: Salary and benefits (ben. @ 33%) $156,811

Executive Director (R24A)	$ 49,822
Clerk-Typist III (R8A)	17,718
Accounting Clerk III (R10)	19,853
Research Analyst III (R18)	33,474
Planner IV (R19)	35,944
Total S & B	$ 156,811

Travel & per diem: $23,500

Executive Director	$3,500
Planner	2,000
Commission (11 members)	18,000
(additional cost above Travel for Aging Board)	$23,500

Contractual Services: $ 11,000

Telephones	$4,500
Postage & mailing	600
Advertising	750
Subscriptions	150
Copier	3,000
Printing & duplicating	2,000

Commodities (office supplies)	$2,500
Equipment – desks, chairs, bookcases, filing cabinets, work tables, miscellaneous to outfit the five new positions	$6,500
Additional grants (SB 327/HB 610)	$1,000,000
Total	$7,482,911

	POSITION TITLE			RANGE/STEP	BARG. UNIT	LOCATION		APPROV.	DISAPP.
1	Executive Director			24A	S	Juneau	GOV		
2	TYPE OF POSITION: PFT	STAFF MONTHS: 12	RP No.	PCN No.	PRIORITY: 1	FORM 12 PAGE/LINE	LEG.		

	TYPE OF EXPENDITURE	1	2	AMOUNT 3
4	PERSONAL SERVICES: SALARY		40,228	
5	BENEFITS		6,095	
6	FICA		1,975	
7	HEALTH INS.		1,524	
8	TOTAL PERSONAL SERVICES			49,822
9	TRAVEL			3,500
10	CONTRACTUAL			4,200
11	COMMODITIES			500
12	EQUIPMENT			1,500
13	OTHER			
14	TOTAL COST			59,522

	CODE	FUNDING SOURCE	
15		FED RCPTS.	
16		GF MATCH	
17		GEN FUND	59,522
18		I-A RCPTS.	
19		PGM RCPTS	
20		OTHER	
21	CONTINUATION		
22	ADDITION	X	

FOR B&M USE ONLY

4A KEY NUMBER _____ COLUMN NO. _____

JUSTIFICATION:

S.B. 328/H.B. 618 calls for an executive director to be employed by the Older Alaskans Commission, serving at the pleasure of the commission. The executive director will head the agency which has overall responsibility for coordination of all services to the elderly of Alaska, including but not limited to the following: 1) Review, evaluate and comment upon state programs; 2) Collect facts and statistics, and make studies of conditions and problems pertaining to the employment, health, financial security, social welfare and other concerns which bear upon the well being of older Alaskans; 3) Provide information about public programs which are of interest or benefit to older Alaskans; 4) Appoint special committees, including persons who are not members of the commission, to complete necessary studies; 5) Promote community education efforts; 6) Apply for and accept grants, contributions and appropriations, including federal funds; 7) Contract for necessary services; 8) Consult and cooperate with persons, organizations, and groups interested in or concerned with programs of assistance to older Alaskans; 9) Set standards for levels of services for older Alaskans.

AGENCY Administration PROGRAM AREA Social & Economic Assistance for the Aged

BRU Older Alaskans Commission

COMPONENT _____

13 REQUEST FOR NEW POSITION

FY 81

REVISED DATE _____

02-1013 (Rev. 7/79)

	POSITION TITLE				RANGE/STEP	BARG. UNIT	LOCATION		APPROV.	DISAPP.
1	Planner IV				19A	G	Juneau	GOV.		
2	TYPE OF POSITION: PFT	STAFF MONTHS: 12	RP No.	PCN No.	PRIORITY: 2		FORM 12 PAGE/LINE	LEG.		

3	TYPE OF EXPENDITURE	1	2	AMOUNT 3
4	PERSONAL SERVICES: SALARY		28,260	
5	BENEFITS		4,281	
6	FICA		1,879	
7	HEALTH INS.		1,524	
8	TOTAL PERSONAL SERVICES			35,944
9	TRAVEL			2,000
10	CONTRACTUAL			2,500
11	COMMODITIES			500
12	EQUIPMENT			1,000
13	OTHER			
14	TOTAL COST			41,944

	CODE	FUNDING SOURCE	
15		FED RCPTS.	
16		GF MATCH.	
17		GEN. FUND	41,944
18		I-A RCPTS.	
19		PGM RCPTS	
20		OTHER	
21	CONTINUATION		
22	ADDITION	XX	

FOR B&M USE ONLY

4A. KEY NUMBER _____ COLUMN NO. _____

JUSTIFICATION:

This position is needed to oversee and plan for the orderly review and evaluation of State programs concerned with the problems and needs of older Alaskans, and for making recommendations for improvement in these programs. This position is also instrumental in formulating a State plan, which may increase federal participation in funding services to the elderly. The position will supervise a Research Analyst III in collecting and analyzing facts and statistics which bear upon the well being of older Alaskans.

AGENCY Administration PROGRAM AREA Social & Economic Assistance for the Aged

BRU Older Alaskans Commission

COMPONENT _____

13 REQUEST FOR NEW POSITION.

FY 81

REVISED DATE _____

	POSITION TITLE			RANGE/STEP	BARG. UNIT	LOCATION		APPROV.	DISAPP.
1	Research Analyst III			18A	G	Juneau	GOV.		
	TYPE OF POSITION	STAFF MONTHS	RP No.	PCN No.	PRIORITY	FORM 12 PAGE/LINE			
2	PFT	12			3		LEG.		

3	TYPE OF EXPENDITURE	1	2	AMOUNT 3
4	PERSONAL SERVICES: SALARY		26,232	
5	BENEFITS		3,974	
6	FICA		1,744	
7	HEALTH INS.		1,524	
8	TOTAL PERSONAL SERVICES			33,474
9	TRAVEL			-0-
10	CONTRACTUAL			2,000
11	COMMODITIES			500
12	EQUIPMENT			1,000
13	OTHER			
14	TOTAL COST			36,974

	CODE	FUNDING SOURCE	
15		FED RCPTS.	
16		GF MATCH	
17		GEN FUND	36,974
18		I-A RCPTS	
19		PGM RCPTS	
20		OTHER	
21	CONTINUATION		
22	ADDITION	XX	

FOR B&M USE ONLY

4A KEY NUMBER _____ COLUMN NO. _____

JUSTIFICATION:

This position is needed to compile facts and statistics, and make studies of conditions and problems pertaining to the employment, health, financial security, social welfare, and other concerns which bear upon the well being of older Alaskans. Gathering and analysis of pertinent data is essential to the proper evaluation and informed recommendations about programs affecting older Alaskans.

AGENCY Administration PROGRAM AREA Social & Economic Assistance for the Aged

BRU Older Alaskans Commission

COMPONENT _____

13 REQUEST FOR NEW POSITION.

FY 81

REVISED DATE _____

02-1013(Rev. 2/29)

	POSITION TITLE			RANGE/STEP	BARG. UNIT.	LOCATION		APPROV.	DISAPP.
1	Clerk Typist III			8A	G	Juneau	GOV.		
2	TYPE OF POSITION: PFT	STAFF MONTHS: 12	RP No.	PCN No.	PRIORITY: 4	FORM 12 PAGE/LINE	LEG.		

3	TYPE OF EXPENDITURE		AMOUNT
	1	2	3
4	PERSONAL SERVICES: SALARY	13,296	
5	BENEFITS	2,014	
6	FICA	884	
7	HEALTH INS.	1,524	
8	TOTAL PERSONAL SERVICES		17,718
9	TRAVEL		-0-
10	CONTRACTUAL		1,100
11	COMMODITIES		500
12	EQUIPMENT		2,000
13	OTHER		
14	TOTAL COST		21,318

	CODE	FUNDING SOURCE	
15		FED RCPTS.	
16		GF MATCH	
17		GEN FUND	21,318
18		I-A RCPTS.	
19		PGM RCPTS	
20		OTHER	
21	CONTINUATION		
22	ADDITION	XX	

FOR B&M USE ONLY

4A KEY NUMBER _____ COLUMN NO. _____

JUSTIFICATION:

This position will serve as support to the Executive Director and the 11 member Commission. Duties include acting as secretary receptionist, typing, filing, copying, processing travel and per diem claims, recording of Commission meetings, making travel and meeting arrangements, etc.

AGENCY Administration PROGRAM AREA Social & Economic Assistance for the Aged

BRU Older Alaskans Commission

COMPONENT _____

13 REQUEST FOR NEW POSITION.

REVISED DATE _____

FY 81

	POSITION TITLE			RANGE/STEP	BARG. UNIT.	LOCATION		APPROV	DISAPP.
1	Accounting Clerk III			10A	G	Juneau	GOV		
	TYPE OF POSITION	STAFF MONTHS	RP No. / PCN No.	PRIORITY		FORM 12 PAGE/LINE			
2	PFT	12		5			LEG.		

	TYPE OF EXPENDITURE	1	2	AMOUNT 3
4	PERSONAL SERVICES: SALARY		15,048	
5	BENEFITS		2,280	
6	FICA		1,001	
7	HEALTH INS.		1,524	
8	TOTAL PERSONAL SERVICES			19,853
9	TRAVEL			-0-
10	CONTRACTUAL			1,200
11	COMMODITIES			500
12	EQUIPMENT			1,000
13	OTHER			
14	TOTAL COST			22,553

	CODE	FUNDING SOURCE	
15		FED RCPTS.	
16		GF MATCH	
17		GEN. FUND	22,553
18		I-A RCPTS.	
19		PGM RCPTS	
20		OTHER	
21	CONTINUATION		
22	ADDITION	XX	

FOR B&M USE ONLY

4A KEY NUMBER _____ COLUMN NO. _____

JUSTIFICATION:

This position is needed due to the additional administrative workload which will be brought on the Department of Administration in its role of coordinating services to the elderly. $1,000,000 in additional grant funds will be administered by the Older Alaskans Commission under S.B. 327/H.B. 610, and sufficient fiscal staff does not exist in either the Office on Aging or the Department of Administration to administer these additional funds.

AGENCY Administration PROGRAM AREA Social & Economic Assistance for the Aged

BRU Older Alaskans Commission

COMPONENT _____

13 REQUEST FOR NEW POSITION

FY 81

REVISED DATE _____

02-1017 (Rev 2/79)

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. SB 328
Title An Act establishing an Older Alaskans Commission
Requested by Senator Hackney Date 2/4/80

II. FISCAL DETAIL
Agency Affected Community & Regional Affairs
Program Category Affected Development
Budget Request Unit(s) Affected Commissioner's Office

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND		-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

All per diem, travel, and support costs for the Older Alaskans Commission will be budgeted by the Department of Administration

IV. DATE 2/6/80 PREPARED BY Lynn A. Wegener
AGENCY Community & Regional Affairs
PHONE 465-4709

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

33-001 (Rev. 10/78)

SB

342

SB342
By the Rules Comm. By Request of the Gov.

"An Act providing for the issuance of SESS. 19 80
~~Capital Expenditure Bonds~~ in the amt of
$25,520,000 for defraying the cost of capital
~~improvements~~ for water & sewer systems.

Introduced - 1-18-80
Logged - 1-18-80
Referred - Finance

1-21-80 - Ret'd & Senate Sess
Sen Hackney moved reference and
it now goes to C & R.

SB
343

COMMITTEE REPORT

SENATE

FURTHER: Finance

1/18/80

Date: 2-5-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CS SB 343

providing for issuance of general obligation bonds in amount of $20,500,000 for capital improvements for University of Alaska facilities

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING DO PASS

MEMBERS HAVING OTHER RECOMMENDATIONS:

CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

Introduced 1-18-80
Logged 1-18-80
Referral - Finance
Comm. Meeting - 2-20-80 - held - ~~3-5-80~~ 2/29/80 taken to Legal Services for c/s.
" Action 3/5/80 - proceed out of committee 3 no recs - x do pass Fahrenkamp Hockenberry.
taken to Senate Secy 4:15 P.M. 3-5-80 Callett Stenglewicz Ferguson

Retyped SB Bartos -
Tim Burgess's
Juris office will type amend.
Dr. Sherman Carter of U of A Kalso
will be here - he is person
responsible for fiscal notes
at U of AK.

Attachment 1B

PRIORITY LIST FOR CAPITAL PROJECTS

FY 81

PRIORITY NUMBER	UNIT	PROJECT TITLE	CR CODE	FUNDING GO (000)	FUNDING GO CUMULATIVE	FUNDING DA (000)	FUNDING DA CUMULATIVE
1	All	Instructional Equipment (14 listings)	B-3	2,844	4,044		
2	UA/Fairbanks	Seward Marine Education Center	A-1	2,000	6,044		
3	All	Handicap Barrier Removal (7 Listings)	B-2	<		525	525
4	Statewide Admin.	Campus Development Plan	A-1	<		395	920
5	All	General Building Upgrade (8 listings)	B-1	950	6,994		
6	All	Roads, Streets, Parking (10 listings)	A-5	<		2,565	3,485
~~7~~	~~UA/Anchorage~~	~~Classroom Building~~	~~A-1~~	~~12,000~~	~~18,994~~		
8	Rural Education	Galena Learning Center	A-1	750	19,744		
~~9~~	~~UA/Fairbanks~~	~~Repair Elvey Building~~	~~B-1~~	~~120~~	~~19,864~~		
10	UA/Juneau	University Center Phase I	A-1	6,000	29,864		
11	UA/Juneau	Land Acquisition	A-6	150	30,014		
12	UA/Fairbanks	Central Receiving	A-1	1,300	31,314		
13	CC-Prince Wm.Sound	Classroom/Office/Library	A-1	1,500	32,814		
14	UA/Fairbanks	Utilities Modification	A-5	800	33,614		
15	CC-Sitka	Sewer Connection	A-5	75	33,689		
16	UA/Anchorage	Engineering Equipment	A-3	<		300	3,785
~~17~~	~~CC-Anchorage~~	~~Applied Science Building~~	~~A-1~~	~~5,000~~	~~38,689~~		
18	Statewide Admin.	On Line Computer System	A-3	470	39,159		

PRIORITY LIST FOR CAPITAL PROJECTS

FY 81

PRIORITY NUMBER	UNIT	PROJECT TITLE	CR CODE	FUNDING GO (000)	FUNDING GO CUMULATIVE	FUNDING UA (000)	FUNDING UA CUMULATIVE
19	UA/Fairbanks	Utilities Monitoring Buildings	A-1	←		200	3,985
20	UA/Fairbanks	Physical Plant - Various	B-4	←		500	4,485
~~21~~	~~UA/Tanana Valley~~	~~Admin. Equipment~~	~~B-3~~			~~38~~	~~4,523~~
22	CC-Anchorage	Purchase ABE Building	A-1	220	19,179		
23	Statewide Admin.	University/Legis. Teleconf. Link	A-3	←		52	4,575
24	UA/Anchorage	Department of Art Equipment	A-3	←		220	4,795
25	UA/Anchorage	Bookstore to serve UAA/ACC	A-1	5,200	44,579		
26	UA/Fairbanks	YAK Estate Changes	B-1	600	45,179		
~~27~~	~~Statewide Admin.~~	~~Administration Building~~	~~A-1~~	~~4,500~~	~~49,679~~		
28	Rural Education	Voc-Tech Equipment	A-3	←		50	4,845
29	CC-Kenai Peninsula	Classroom/Shop Bldg. IV	A-1	5,600	55,279		
30	CC-Chukchi (Kotzebue)	Vocational Bldg./Equipment	A-1	750	56,029		
~~31~~	~~UA/Fairbanks~~	~~Arctic Health Incinerator~~	~~B-4~~			~~100~~	~~4,945~~
32	UA/Juneau	Pratt/Ely Property	A-3	600	56,629		
~~33~~	~~UA/Fairbanks~~	~~Phase II Rasmuson Library~~	~~A-1~~	~~12,000~~	~~68,629~~		
~~34~~	~~UA/Fairbanks~~	~~Conference Center~~	~~A-1~~	~~2,500~~	~~71,129~~		

Projects list set for regents' nod

By DAN JOLING
Staff Writer

University of Alaska President Jay Barton will seek Board of Regent approval next week for a revised capital improvement budget of $34 million, a listing already submitted to the state Senate.

On the list of items designated for UA-Fairbanks is $2 million for a marine center in Seward, $1.3 million for a receiving center and $800,000 for utilities modification.

The list also includes a $600,000 request for upgrading the Yak Estates housing complex and $774,000 for instructional equipment at Tanana Valley Community College.

Following legislative approval of a university general obligation bond package, the request will go before voters on the November ballot.

A preliminary list of projects worth $71.1 million was submitted by the regents to Gov. Jay Hammond, who chopped the list to $20 million.

But Sen. Glenn Hackney, chairman of the senate Health, Education and Social Services Committee, requested Feb. 20 that Barton prepare another list with improvements totaling $34 million.

Barton submitted the list about a week later, and now it is in the Senate Finance Committee as SB 343. The list is expected to be approved by the regents at their meeting March 20-21 in Juneau.

The request asks that $6.2 million be designated for UAF, $6.7 million for Anchorage and $7.1 million for Juneau. It also asks $917,000 for three statewide projects and $13.6 million for the 12 community colleges and the cooperative extension service.

The Marine Center in Seward, taking up almost a third of the funds directed for UAF, would be for both research and community use, under the jurisdiction of the Fairbanks campus.

The $1.3 million central receiving facility, a warehouse to store equipment and bulk purchases, would be built as an extension of UAF's physical plant.

The physical plant itself will be in line for $500,000 of preventive maintenance and improvements if the budget is approved. Another $800,000 would be spent on improving utilities, and $200,000 for a utilities monitoring system, coordinating utilities in UAF buildings by computer to improve energy efficiency.

The $600,000 designated for Yak Estates would be used for remodeling. The controversial 96-unit energy inefficient apartment complex has been a source of vigorous discussion at recent regents meetings, with at least one board member recommending the units be boarded up. Administrators hope instead to attract more tenants and minimize losses on long-term debt.

Low-interest federal funds of about $496,000 are also being sought for Yak Estates to make the apartments more energy efficient.

The overall request to the Legislature calls for $2.5 million in road, streets and parking improvements, of which $500,000 would be used in Fairbanks.

Across the state the budget calls for $2.8 million for instructional equipment, including $353,000 for UAF and $774,000 for TVCC.

The three state-wide projects listed include $470,000 for a computer system, $395,000 for a campus development plan and $52,000 for a teleconference link to the Legislature. The computer system would allow all branches of the university to hook into the central computer in Fairbanks. Campus development plan funds would be used to study physical and academic needs of the university.

The requests ask for $525,000 for handicap barrier removal at seven campuses: Anchorage, Juneau, Anchorage Community College, Ketchikan Community College, Kuskokwim Community College in Bethel, Mat-Su Community College in Palmer and Northwest Community College in Nome.

The biggest chunk of the community college request would go for a classroom-shop building at the Kenai Penninsula Community College in Soldotna.

Another $1.5 million would be designated for classroom, office and library space for Prince William Sound Community College in Valdez.

UNIVERSITY OF ALASKA
FY 81 CAPITAL BUDGET REQUEST

University Level Summary

M.A.U.	G.O. Bonds	Direct Appropriations
BOR/Statewide Administration	$ 4970.0	$ 447.0
UA/Fairbanks	19820.0	1350.0
UA/Anchorage	17721.0	1120.0
UA/Juneau	10980.0	250.0
C.C., Ext., Rural Education	17638.0	1828.0
TOTAL	71129.0	4995.0

Community Colleges - next page
BROKEN DOWN (LOCATIONS)

Statewide Budget Development
October 24, 1979

UNIVERSITY OF ALASKA
FY 81 CAPITAL BUDGET REQUEST

Community Colleges, Extension, Rural Education

Budget Request Unit Level Summary

B.R.U.	G.O. Bonds	Direct Appropriations
CC-Anchorage	$ 6520.0	$ 400.0
CC-Kenai Peninsula	5900.0	---
CC-Ketchikan	180.0	295.0
CC-Kodiak	150.0	110.0
CC-Chukchi	810.0	30.0
CC-Kuskokwim	40.0	115.0
CC-Mat Su	128.0	465.0
CC-Northwest	230.0	125.0
CC-Prince William Sound	1500.0	---
CC-Sitka	255.0	200.0
CC-Tanana Valley	1100.0	38.0
Rural Education	750.0	50.0
Cooperative Extension Service	75.0	---
TOTAL	$ 17638.0	$ 1828.0

Statewide Budget Development
October 24, 1979

SHORT FORM PAGE	BUDGET COMPONENT	FY80 SUP	REQUEST	GOVERNOR	GOVERNOR - REQUEST COMPARISON	
	UNIVERSITY OF ALASKA					
	EQUIPMENT REPLACE & ADDITIONS					
	UNIV. CENTER-FAIRBANKS		500.0		-500.0	-100.0%
	UNIV. CENTER-ANCHORAGE		421.0		-421.0	-100.0%
	UNIV. CENTER-JUNEAU		230.0		-230.0	-100.0%
	CC-ANCHORAGE		700.0		-700.0	-100.0%
	CC-CHUKCHI		60.0		-60.0	-100.0%
	CC-KENAI		300.0		-300.0	-100.0%
	CC-KETCHIKAN		150.0		-150.0	-100.0%
	CC-KODIAK		80.0		-80.0	-100.0%
	CC-KUSKOKWIM		30.0		-30.0	-100.0%
	CC-MAT-SU		78.0		-78.0	-100.0%
	CC-NORTHWEST		160.0		-160.0	-100.0%
	CC-PRINCE WM. SOUND		150.0		-150.0	-100.0%
	CC-SITKA		170.0		-170.0	-100.0%
	CC-TANANA VALLEY		1100.0		-1100.0	-100.0%
	CC-CES		75.0		-75.0	-100.0%
	ENGINEERING EQUIP-UAA		300.0		-300.0	-100.0%
	UTIL MONITOR/BLDG SECUR-UAF		200.0		-200.0	-100.0%
	PHYSICAL PLANT-VARIOUS-UAF		500.0		-500.0	-100.0%
	ADMIN OFFICES EQUIPMENT-TVCC		38.0		-38.0	-100.0%
	UNIV/LEGIS TELECONFERENCE LINK		52.0		-52.0	-100.0%
	DEPT OF ART EQUIPMENT-UAA		220.0		-220.0	-100.0%
	VOC TECH EQUIPMENT-RURAL CNT		50.0		-50.0	-100.0%
	GOV-LUMP SUM ALLOCATION			1200.0	1200.0	100.0%
	*** PROGRAM TOTAL ***		5564.0	1200.0	-4364.0	-78.3%
	ROADS, STREETS AND PARKING					
	UNIV. CENTER-FAIRBANKS		500.0		-500.0	-100.0%
	UNIV. CENTER-ANCHORAGE		500.0		-500.0	-100.0%
	UNIV. CENTER-JUNEAU		150.0		-150.0	-100.0%
	CC-ANCHORAGE		250.0		-250.0	-100.0%
	CC-CHUKCHI		30.0		-30.0	-100.0%
	CC-KETCHIKAN		175.0		-175.0	-100.0%
	CC-KODIAK		110.0		-110.0	-100.0%
	CC-KUSKOKWIM		100.0		-100.0	-100.0%
	CC-MAT-SU		450.0		-450.0	-100.0%
	CC-NORTHWEST		100.0		-100.0	-100.0%
	CC-SITKA		200.0		-200.0	-100.0%
	*** PROGRAM TOTAL ***		2565.0		-2565.0	-100.0%
	HANDICAP BARRIER REMOVAL					
	UNIV. CENTER-ANCHORAGE		100.0	100.0		
	UNIV. CENTER-JUNEAU		100.0	100.0		
	CC-ANCHORAGE		150.0	150.0		
	CC-KETCHIKAN		120.0	120.0		
	CC-KUSKOKWIM		15.0	15.0		
	CC-MAT-SU		15.0	15.0		
	CC-NORTHWEST		25.0	25.0		
	*** PROGRAM TOTAL ***		525.0	525.0		
	BUILDING REPAIR & RENOV.					

Moore Business Forms, Inc.

1453

SHORT FORM PAGE	BUDGET COMPONENT	FY80 SUP	REQUEST	GOVERNOR	GOVERNOR - REQUEST COMPARISON	
	INCINERATOR-LAB & GEN USE		150.0		-150.0	-100.0%
	OTHER					
	CAMPUS DEVELOP PLAN-PHYSICAL		395.0		-395.0	-100.0%
	ADJACENT LAND ACQUIS-JUNEAU		150.0		-150.0	-100.0%
	*** PROGRAM TOTAL ***		545.0		-545.0	-100.0%
	G.O. BOND REQUEST-FUND REV.					
	REPAIR ELEVEY BLDG.-GEOPHYS		120.0	120.0		
	G.O. BOND REQUEST					
	GENERAL BUILDING UPGRADE-STATE		950.0	950.0		
	ON-LINE COMPUTER SYS-EXPAN		470.0		-470.0	-100.0%
	ADMIN BUILDING-STATE STAFF		4500.0		-4500.0	-100.0%
	CENTRAL RECEIVING-UAF		1300.0		-1300.0	-100.0%
	UTILITIES MODIFICATION-UAF		800.0	800.0		
	YAK ESTATE RENOVATIONS-UAF		600.0	600.0		
	PHASE II RASMUSON LIBRARY-UAF		12000.0		-12000.0	-100.0%
	UAF CONFERENCE CENTER-ADULT		2500.0		-2500.0	-100.0%
	SEWARD-MARINE EDUC CENTER		2000.0		-2000.0	-100.0%
	ARTS CLASSROOM BUILDING-UAA		12000.0	12000.0		
	BOOKSTORE UAA/ACC		5200.0		-5200.0	-100.0%
	UNIV CENTER PHASE I-JUNEAU		10000.0		-10000.0	-100.0%
	PRATT/ELY PROPERTY RENOVATION		600.0		-600.0	-100.0%
	GALENA LEARNING CENTER		750.0		-750.0	-100.0%
	CLASSROOM/OFFICE/LIBRARY-PWS		1500.0		-1500.0	-100.0%
	COMMUNITY SEWER CONNEC-SITKA		75.0	75.0		
	APPLIED SCIENCE BLDG-ACC		5000.0		-5000.0	-100.0%
	PURCHASE ABE BLDG-ACC		220.0		-220.0	-100.0%
	CLASSROOM/SHOP BLDG IV-KENAI		5600.0	5600.0		
	VOCATIONAL BLDG/EQUIP-CHUKCHI		750.0		-750.0	-100.0%
	*** PROGRAM TOTAL ***		66815.0	20025.0	-46790.0	-70.0%
	*** AGENCY TOTAL ***		76284.0	21870.0	-54414.0	-71.2%
	********** TOTAL EXPENDITURES		76284.0	21870.0	-54414.0	-71.2%
	********** FUNDING					
	GENERAL FUND		9199.0	1845.0	-7354.0	-79.8%
	OTHER FUNDS		67085.0	20025.0	-47060.0	-70.0%

Our copy

Passed 3-5-80

Dennis Denmark

Original sponsor: Rules/Governor

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

CS FOR SENATE BILL NO. 343

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act providing for the issuance of general obligation bonds in the amount of $34,616,000 for the purpose of paying the cost of capital improvements for University of Alaska facilities; and providing for an effective date."

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

* Section 1. For the purpose of paying the cost of capital improvements for University of Alaska facilities, general obligation bonds of the state in the principal amount of not more than $34,616,000 shall be issued and sold. The full faith, credit and resources of the state are pledged to the payment of the principal of and interest and redemption premium, if any, on these bonds. These bonds shall be issued under the provisions of AS 37.15 as those provisions read at the time of issuance.

* Sec. 2. If the issuance of these bonds is authorized by the qualified voters of the state, a special fund of the state to be known as the "1980 University of Alaska Facilities Construction Fund" shall be established, to which shall be credited the proceeds of the sale of the bonds described in sec. 1 of this Act except for the accrued interest and premiums. The amount of $34,616,000 is appropriated from the "1980 University of Alaska Facilities Construction Fund" to the University of Alaska. The proceeds of these bonds shall be allocated in accordance with the following projects and estimates:

Project	Amount
STATEWIDE ADMINISTRATION:	
(1) campus development plan	$ 395,000

(2) on-line computer system	470,000
(3) university/legislative teleconference link	52,000
UNIVERSITY OF ALASKA, FAIRBANKS:	
(4) instructional equipment	353,000
(5) Seward Marine Center	2,000,000
(6) roads, streets and parking	500,000
(7) central receiving facility	1,300,000
(8) utilities modification	800,000
(9) utilities monitoring system	200,000
(10) physical plant and improvements	500,000
(11) Yak Estates improvements	600,000
UNIVERSITY OF ALASKA, ANCHORAGE:	
(12) instructional equipment	296,000
(13) handicap barrier removal	100,000
(14) building improvements	100,000
(15) roads, streets and parking	500,000
(16) engineering equipment	300,000
(17) art department equipment	220,000
(18) construct bookstore to serve university and community college campuses	5,200,000
UNIVERSITY OF ALASKA, JUNEAU:	
(19) instructional equipment	162,000
(20) handicap barrier removal	100,000
(21) roads, streets and parking	150,000
(22) construct University Center, phase I	6,000,000
(23) land acquisition	150,000
(24) Pratt/Ely property improvements	600,000
COMMUNITY COLLEGES, RURAL EDUCATION, AND EXTENSION CENTERS:	

	Project	Community College	Amount
(25)	instructional equipment	Anchorage	$ 492,000
(26)	handicap barrier removal	Anchorage	150,000
(27)	building improvements	Anchorage	600,000
(28)	roads, streets and parking	Anchorage	250,000
(29)	purchase adult basic education program building	Anchorage	220,000
(30)	instructional equipment	Chukchi	43,000
(31)	roads, streets and parking	Chukchi	30,000
(32)	vocational building and equipment	Chukchi	750,000
(33)	instructional equipment	Kenai Peninsula	210,000
(34)	construct classroom/ shop building	Kenai Peninsula	5,600,000
(35)	instructional equipment	Ketchikan	105,000
(36)	handicap barrier removal	Ketchikan	120,000
(37)	building improvements	Ketchikan	30,000
(38)	roads, streets and parking	Ketchikan	175,000
(39)	instructional equipment	Kodiak	54,000
(40)	building improvements	Kodiak	75,000
(41)	roads, streets and parking	Kodiak	110,000
(42)	instructional equipment	Kuskokwim	17,000
(43)	handicap barrier removal	Kuskokwim	15,000
(44)	building improvements	Kuskokwim	15,000
(45)	roads, streets and parking	Kuskokwim	100,000
(46)	instructional equipment	Matanuska-Susitna	54,000
(47)	handicap barrier removal	Matanuska-Susitna	15,000
(48)	building improvements	Matanuska-Susitna	[illegible]
(49)	roads, streets and parking	Matanuska-Susitna	[illegible]

(50)	instructional equipment	Northwest	114,000
(51)	handicap barrier removal	Northwest	25,000
(52)	building improvements	Northwest	70,000
(53)	roads, streets and parking	Northwest	100,000
(54)	construct classroom/office/ library building	Prince William Sound	1,500,000
(55)	instructional equipment	Sitka	119,000
(56)	building improvements	Sitka	10,000
(57)	roads, streets and parking	Sitka	200,000
(58)	sewer connection to community system	Sitka	75,000
(59)	instructional equipment	Tanana Valley	774,000
	Project	Location	Amount
(60)	construct learning center	Galena	750,000
(61)	vocational-technical equipment for rural education extension	statewide	50,000
(62)	instructional equipment for cooperative education service	statewide	51,000

* Sec. 3. If the issuance of these bonds is authorized by the qualified voters of the state, the amount of $122,000 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 this Act and to pay expenses incident to the sale and issuance of the bonds authorized in this Act. The amounts expended from the appropriation authorized by this section shall be reimbursed to the general fund from the proceeds of the sale of the bonds authorized by this Act.

* Sec. 4. The amount withdrawn from the public facility planning fund for

the purpose of advance planning for the improvements financed under this Act shall be reimbursed to the fund from the proceeds of the sale of bonds authorized by this Act.

* Sec. 5. The question whether the bonds authorized in this Act are to be issued shall be submitted to the qualified voters of the state at the next general election and shall read substantially as follows:

Proposition

State General Obligation University of Alaska Facilities Construction Bonds $34,616,000

Shall the State of Alaska issue its general obligation bonds in the principal amount of not more than $34,616,000 for the purpose of paying the cost of capital improvements for University of Alaska facilities?

Bonds Yes [ ]

Bonds No [ ]

* Sec. 6. This Act takes effect immediately in accordance with AS 01.10.070(c).

UNIVERSITY OF ALASKA
FY81 Capital Budget Request
General Obligation Bond Funding

Board of Regents/Statewide Administration	$ 917.0
University of Alaska/Fairbanks	6,253.0
University of Alaska/Anchorage	6,716.0
University of Alaska/Juneau	7,162.0
Community Colleges, Rural Education & Extension	13,568.0
Total	$34,616.0

Budget Request Units	Amounts	Subtotal By Unit
Board of Regents/Statewide Administration		
Campus Development Plan	395.0	
On Line Computer System	470.0	
University/Legislative Teleconference Link	52.0	917.0
University of Alaska/Fairbanks		
Instructional Equipment	353.0	
Seward Marine Center	2,000.0	
Roads, Streets & Parking	500.0	
Central Receiving Facility	1,300.0	
Utilities Modification	800.0	
Utilities Monitoring System	200.0	
Physical Plant & Improvements	500.0	
Yak Estates Improvements	600.0	6,253.0
University of Alaska/Anchorage		
Instructional Equipment	296.0	
Handicap Barrier Removal	100.0	
General Building Upgrade	100.0	
Roads, Streets & Parking	500.0	
Engineering Equipment	300.0	
Department of Art Equipment	220.0	
Bookstore to Serve UAA/ACC	5,200.0	6,716.0
University of Alaska/Juneau		
Instructional Equipment	162.0	
Handicap Barrier Removal	100.0	
Roads, Streets & Parking	150.0	
University Center, Phase I	6,000.0	
Land Acquisition	150.0	
Pratt/Ely Property Improvements	600.0	7,162.0

UNIVERSITY OF ALASKA

Budget Request Units	Amounts	Subtotal By Unit
CCREE		
Anchorage Community College		
Instructional Equipment	492.0	
Handicap Barrier Removal	150.0	
General Building Upgrade	600.0	
Roads, Streets & Parking	250.0	
Purchase ABE Building	220.0	1,712.0
Chukchi Community College		
Instructional Equipment	43.0	
Roads, Streets & Parking	30.0	
Vocational Building, Equipment	750.0	823.0
Kenai Peninsula Community College		
Instructional Equipment	210.0	
Classroom/Shop Building IV	5,600.0	5,810.0
Ketchikan Community College		
Instructional Equipment	105.0	
Handicap Barrier Removal	120.0	
General Building Upgrade	30.0	
Roads, Streets & Parking	175.0	430.0
Kodiak Community College		
Instructional Equipment	54.0	
General Building Upgrade	75.0	
Roads, Streets & Parking	110.0	239.0
Kuskokwim Community College		
Instructional Equipment	17.0	
Handicap Barrier Removal	15.0	
General Building Upgrade	15.0	
Roads, Streets & Parking	100.0	147.0
Matanuska-Susitna Community College		
Instructional Equipment	54.0	
Handicap Barrier Removal	15.0	
General Building Upgrade	50.0	
Roads, Streets & Parking	450.0	569.0
Northwest Community College		
Instructional Equipment	114.0	
Handicap Barrier Removal	25.0	
General Building Upgrade	70.0	
Roads, Streets & Parking	100.0	309.0
Prince William Sound Community College		
Classroom/Office/Library	1,500.0	1,500.0

Budget Request Units	Amounts	Subtotal By Unit
Sitka Community College		
Instructional Equipment	119.0	
General Building Upgrade	10.0	
Roads, Streets & Parking	200.0	
Sewer Connection	75.0	404.0
Tanana Valley Community College		
Instructional Equipment	774.0	774.0
Rural Education Extension		
Galena Learning Center	750.0	
VoTech Equipment	50.0	800.0
Cooperative Extension Service		
Instructional Equipment	51.0	51.0
Subtotal CCREE		13,568.0
Total U of A		34,616.0

UNIVERSITY OF ALASKA
FY81 Capital Budget Request
General Obligation Bond Funding

Board of Regents/Statewide Administration	$ 917.0
University of Alaska/Fairbanks	5,753.0
University of Alaska/Anchorage	6,716.0
University of Alaska/Juneau	6,562.0
Community Colleges, Rural Education & Extension	13,568.0
Total	$33,516.0

Budget Request Units	Amounts	Subtotal By Unit
Board of Regents/Statewide Administration		
Campus Development Plan	395.0	
On Line Computer System	470.0	
University/Legislative Teleconference Link	52.0	917.0
University of Alaska/Fairbanks		
Instructional Equipment	353.0	
Seward Marine Center	2,000.0	
Roads, Streets & Parking	500.0	
Central Receiving Facility	1,300.0	
Utilities Modification	800.0	
Utilities Monitoring System	200.0	
Yak Estates Improvements	600.0	5,753.0
University of Alaska/Anchorage		
Instructional Equipment	296.0	
Handicap Barrier Removal	100.0	
General Building Upgrade	100.0	
Roads, Streets & Parking	500.0	
Engineering Equipment	300.0	
Department of Art Equipment	220.0	
Bookstore to Serve UAA/ACC	5,200.0	6,716.0
University of Alaska/Juneau		
Instructional Equipment	162.0	
Handicap Barrier Removal	100.0	
Roads, Streets & Parking	150.0	
University Center. Phase I	6,000.0	
Land Acquisition	150.0	6,562.0

Vice President For Finance

UNIVERSITY OF ALASKA
Statewide System of Higher Education
Fairbanks, Alaska 99701

February 15, 1980

Senator Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

This letter is to provide information which I understand that one of your assistants, Mary Isaac, requested in relation to Senate Bill # 343.

One question which I understand that she had was the position of the board of regents with respect to that legislation. The board of regents submitted a request, in priority order, for capital projects to be funded by direct appropriation and by general obligation bonds. The governor has recommended funding of certain items from that listing. The board of regents has not changed its initial request. Related matters are explained in the first attachment, which is material that I earlier sent to Representative Brian Rogers on 31 January.

I understand that Mary also asked for information on outstanding bond funds for construction to include information on where projects funded by 1978 general obligation bonds are located. This information, and related information, is presented in the second attachment, which is material I sent to Representative Brian Rogers on 29 October.

President Jay Barton and I are scheduled to be in Juneau for hearings on 19 and 20 February. Therefore, if you wish, we can discuss the capital budget needs of the university at that time.

Thank you very much for the help which you give to the University of Alaska.

Sincerely,

Sherman Carter

SFC:lei

Attachment

cc: President Jay Barton w/o attachment

Vice President For Finance

Fourth attachment

UNIVERSITY OF ALASKA
Statewide System of Higher Education
Fairbanks, Alaska 99701

January 21, 1980

TO: Chancellor Cutler
Chancellor Harrison
Chancellor Paradise
Chancellor O'Rourke

FROM: Sherman Carter
Vice President for Finance

RE: FY81 Budget Request

The Governor's Budget Message to the legislature has indicated full support of the University of Alaska FY81 Operating Budget request. Thus the Governor's recommendation for the University of Alaska operating budget expenditure level for FY81 is at the same level as approved by the Board of Regents.

However, the Governor's recommendation for the University of Alaska Capital Budget is not as encouraging. We notified the Governor's Office of concern expressed by the Chancellors. The following represents the Governor's decision on the capital budget.

Approved General Fund Projects, FY81:	
Instructional Equipment - All Units	$ 1200.0
Repair Elvey Building - UAF	120.0

Approved G.O. Bond Projects, FY81:	
Handicap Barrier Removal - All Units	525.0
General Building Upgrade - All Units	950.0
Utilities Modification - UAF	800.0
Yak Estates Changes - UAF	600.0
Arts Classroom - UAA	12000.0
Sitka Sewer Connection	75.0
Kenai Classroom	5600.0

UA's request for instructional equipment of $4044.0 was reduced to $1200.0 by the Governor's Office. Individual major administrative units' recommended amount for the instructional equipment, divided proportionately, is 29.67% of the Board of Regents requested amount for each of the major administrative units. Funding for Handicap Barrier Removal and General Building Upgrade has been recommended for the units as approved by the Board of Regents.

Over

Fifth attachment

UNIVERSITY OF ALASKA

January 22, 1980

MEMORANDUM

To: Sherman Carter
Vice President for Finance

From: Howard A. Cutler
Chancellor

Subj: FY81 Budget Request

Ref: Your memo dated Jan. 21, 1980

Thank you for your memorandum regarding the Governor's Budget Message to the Legislature on the capital budget. I am distressed that the Governor ignored the Regents first priority, the Seward Educational Center. This can mean the loss of the land adjacent to the Marine Research Station and, hence, the long-range future of our fishing program in Seward.

If you have any instructions as to how I can cooperate, such as rallying some people from the city of Seward, please let me know.

We are very grateful for what you are doing in behalf of this important project.

HAC:lfk

Vice President For Finance

Second Attachment

UNIVERSITY OF ALASKA
Statewide System of Higher Education
Fairbanks, Alaska 99701

October 29, 1979

Representative Brian Rogers
P. O. Box K
College Branch
Fairbanks, Alaska 99708

Dear Representative Rogers:

This is the report on the status of pending University of Alaska capital projects which you and Representative Russ Meekins requested last Thursday, and which I said that I would send to you today.

The first attachment summarizes the status of expenditures for the university's capital projects. The university draws money from the state as necessary to pay for such projects. The state holds funds' balances. The university's audited financial statements indicate that on June 30, 1979, the university's unexpended plant funds receivable from the state amounted to $37,256,378.

The second attachment shows specific information which you and Representative Meekins requested, namely (a) a listing of individual projects, (b) funding sources, (c) the current status of each project, (d) estimated completion dates for projects, (e) problems and related information. Requests for more information about any specific project may be referred to Mr. Greg Kasprzak, Director of Facilities Planning and Construction for the University of Alaska or to me.

The third attachment is correspondence illustrating problems we have had in making expenditures for such things as library construction in Nenana and a facility in Point Barrow.

You asked if there were any of these projects on which the board of regents did not plan to proceed. My understanding is that the board plans to go ahead with all the projects which the legislature funded. Some of the projects however have been held up because of academic program decisions. These cases are noted on the second attachment. For example, academic program decisions have changed plans as to how most effectively to use the $2.3 million for a building for TVCC.

The Univer ity of Alaska is doing everything properly possible to expedite the completion of all authorized capital projects. Projects currently authorized will essentially be completed in 1981 although small amounts of money in some cases will remain to be used for such things as rectifying certain problems in connection with the buildings. We will proceed as quickly as possible to close out accounts for each building, lapsing unexpended funds to the state.

Sincerely,

Sherman Carter
Vice President for Finance

SFC:nba

Attachments

cc: Rep. Russ Meekins, Jr.
Rep. H. Pappy Moss
President Jay Barton
Mr. Dave Scott
Mr. Greg Kasprzak

PRIORITY LIST FOR CAPITAL PROJECTS

FY 81

PRIORITY NUMBER	UNIT	PROJECT TITLE	CR CODE	FUNDING GO (000)	FUNDING CUMULATIVE	FUNDING DA (000)	FUNDING CUMULATIVE
19	UA/Fairbanks	Utilities Monitoring Buildings	A-1			200	3,985
20	UA/Fairbanks	Physical Plant - Various	B-4			500	4,485
21	CC-Tanana Valley	Admin. Equipment	B-3			38	4,523
22	CC-Anchorage	Purchase ABE Building	A-1	220	39,379		
23	Statewide Admin.	University/Legis. Teleconf. Link	A-3			52	4,575
24	UA/Anchorage	Department of Art Equipment	A-3			220	4,795
25	UA/Anchorage	Bookstore to serve UAA/ACC	A-1	5,200	44,579		
26	UA/Fairbanks	YAK Estate Changes	B-1	600	45,179		
27	Statewide Admin.	Administration Building	A-1	4,500	49,679		
28	Rural Education	Voc-Tech Equipment	A-3			50	4,845
29	CC-Kenai Peninsula	Classroom/Shop Bldg. IV	A-1	5,600	55,279		
30	CC-Chukchi (Kotzebue)	Vocational Bldg./Equipment	A-1	750	56,029		
31	UA/Fairbanks	Arctic Health Incinerator	B-4			150	4,995
32	UA/Juneau	Pratt/Ely Property	A-3	600	56,629		
33	UA/Fairbanks	Phase II Rasmuson Library	A-1	12,000	68,629		
34	UA/Fairbanks	Conference Center	A-1	2,500	71,129		

FY81 Capital Projects - Possible Conversion from G.O. Bonds to Direct Appropriation.

The University of Alaska would be in a better position to recommend coversion from G.O. Bonds to Direct Appropriation if it had knowledge of what projects are being approved by the legislature. However, since that is not possible at this time, the following projects currently being requested under G.O. Bonds could be considered for Direct Appropriation, if the legislature so desires.

Priority Number	Unit	Project Title	Amount
1	All	Instructional Equipment	$4044.0
2	UA/Fairbanks	Seward Marine Educ. Ctr.	2000.0
5	All	General Building Upgrade	950.0
8	Rural Ed	Galena Learning Center	750.0
9	UA/Fairbanks	Repair Elvey Building	120.0
11	UA/Juneau	Land Acquisition	150.0
13	CC-Prince Wm.Sd.	Classroom/Office/Library	1500.0
14	UA/Fairbanks	Utilities Modification	800.0
15	CC-Sitka	Sewer Connection	75.0
18	SW Admin.	On Line Computer System	470.0
22	CC-Anchorage	Purchase ABE Building	220.0
26	UA/Fairbanks	YAK Estate Changes	600.0
30	CC-Chukchi	Vocational Bldg./Equipment	750.0
32	UA/Juneau	Pratt/Ely Property	600.0

First Attachment

UNIVERSITY OF ALASKA
Statewide System of Higher Education
Fairbanks, Alaska 99701

January 31, 1980

Representative Brian Rogers
House of Representatives
Pouch V
Juneau, AK 99811

Dear Brian:

This letter is to coordinate with you and to bring you up-to-date regarding the capital budget request for the University of Alaska for FY81.

The total request submitted by the board of regents is summarized on the first attachment by major administrative unit. Individual projects are listed in priority order on the second attachment. As those papers indicate, the request totaled $76.1 million.

When your sub-committee held hearings on the university's budget requests, as you remember, numerous other possible additions were discussed. Also discussed was the possibility of moving some of the items which the university had requested be funded by general obligation bonds into funding provided from the general fund.

After the hearings, the university administration reviewed the entire capital request to see which items seemed to be the most logical choices to be moved from funding by bonds to the general fund. A listing of such projects is shown on the third attachment.

The action which the governor took on the university's capital request is summarized on the fourth attachment. The items proposed for funding by general obligation bonds as listed on that attachment are covered by Senate Bill # 343. They total $20,550.0.

The fifth attachment is a copy of a paper written by Chancellor Howard Cutler regarding the proposed Seward Marine Education Center. It is listed as priority # 2 of the university's capital request (shown in the second attachment). However, no funding was proposed for that facility by the governor.

The univeristy would have preferred that the governor support projects requested by the university in priority order, and we do not know exactly why he didn't. We appreciate his support of the projects listed, but the university's priority # 1 (instructional equipment) and priority # 2 (the Seward Marine Education Center) are much more important to the university than items of

lower priority which are included within the governor's proposals for funding. We do not want to cause any trouble over this, but I am simply telling you the truth.

Brian, again, on behalf of President Jay Barton, please let me thank you for all that you do to help the university. We do not want to request that you do too many things for the university, in view of the pressures and problems which I know that you must face. However, we are extremely anxious to cooperate with you 100%, to give you the information that you need, and to be of service to you in any way that we properly can.

In summary, this letter is not necessarily a request for any further action on your part to help the university but is merely to ensure that you are fully informed with respect to the capital budget request situation of the University of Alaska.

Sincerely,

Sherman Carter

SFC:lei

Attachments

cc: President Jay Barton

University of Alaska
Summary of Status of State Funded Construction Projects
October 26, 1979

Source of Funding	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	
1979 Direct Appropriation	2,614.5	239.5	2,325.5	49.5	*
1978 Direct Appropriation	5,607.7	1,873.7	3,734.0	Ø	*
1978 Direct Appropriation to Dept. of Transportation	1,500.0	167.3	1,332.7	Ø	*
1978 General Obligation Bond	29,081.0	1,815.2	14,928.2	12,337.6	*
1977 Direct Appropriation	9,224.5	7,541.3	1,683.4	Ø	*
1977 CBU Direct Appropriation	500.0	478.3	Ø	21.7	*
1976 Direct Appropriation	610.0	193.6	416.5		*
1975 Direct Appropriation	1,379.6	1,379.6	Ø		
1974 General Obligation Bond	39,523.0	36,669.4	1,407.2	1,446.9	*
1974 Direct Appropriation	450.0	449.2	.8		
1973 Direct Appropriation	355.0	351.7	3.3		
1972 General Obligation Bond	18,000.0	17,970.8	29.2		
1970 General Obligation Bond	29,700.0	29,679.4	20.6		

* Detail projects listing attached

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	(CY) Est. Compl. Date	Status
HOF Lab Equip, chem. ACC	112.2	Ø	112.2	Ø	1980	Funding to be expended thru out the FY by the users.
HOF Lab Equip, bio. ACC	121.1	Ø	121.1	Ø	1980	"
Land acquisition - ski jump	25.0	Ø	25.0			"
Intercollegiate Athletics Equip, ACC	27.0	Ø	27.0	Ø	1980	"
Library Books, Anch	725.0	Ø	725.0	Ø	1980	"
HOF Equip, anthro. ACC	49.3	Ø	49.3	Ø	1980	"
School of Nursing Equip, ACC	88.3	Ø	88.3	Ø	1980	"
Admissions & Records Equip, ACC	9.3	Ø	9.3	Ø	1980	"
College of Arts & Sci, ACC	148.8	Ø	148.8	Ø	1980	"
School of Business Equip, ACC	30.1	Ø	30.1	Ø	1980	"
School of Ed. Equip, ACC	11.4	Ø	11.4	Ø	1980	"
Security Ambulance Replacement, UAF	31.3	Ø	31.3	Ø	1979	"
AEIDC Study on Fish & Game	110.0	Ø	110.0	Ø	1980	"
Fire Station Pumper Vehicle - UAF	3.9	Ø	3.9	Ø	1980	"
Museum Equipment - UAF	50.2	Ø	50.2	Ø	1980	"
KUAC Equipment - UAF	5.7	Ø	5.7	Ø	1980	"
School of Mineral Industry - UAF	24.6	Ø	24.6	Ø	1980	"

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	(CY) Est. Compl. Date	Status
Lab Ventilation - UAF	6.0	ø	6.0	ø	1980	Design to begin in-house; correction by Physical Plant
Upgrade Ski Trails - UAF	12.0	ø	12.0	ø	1980	Pending user committee direction
Constitution Hall Exterior-UAF	49.5	ø	ø	49.5	1981	Program to be developed Spring '80
Symphony Orchestra	5.0	ø	5.0	ø		Funding to be expended thruout the FY by the users.
Library Rare Alaskan Books UAF	10.0	.1	9.9	ø	1980	"
Ice Hockey Rink Seat Covers - UAF	30.0	ø	30.0	ø	1980	Under construction - used in conjunction with ice rink '78 DA
Arctic Chamber Orch. - UAF	20.0	ø	20.0	ø	1980	Funding to be expended thruout the FY by the users.
Animal Waste Disposal UAF	120.0	ø	120.0	ø	1980	Program to be developed by the end of 1979
Feed, Mill Bldg. & Pellet - UAF	80.0	ø	80.0	ø	1980	Funding to be expended thruout the FY by the users.
AEIDC Walrus & Bowhead Study	300.0	239.3	60.7	ø	1980	"
Security Intercom System UAF	1.5	ø	1.5	ø	1980	"
Science Conf. Bldg. ACC	12.0	.1	11.9	ø	1980	"
Research Equip, UAF	100.0	ø	100.0	ø	1980	"
Housing Smoke detectors UAF	3.6	ø	3.6	ø	1980	"

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	(CY) Est. Compl. Date	Status
Graphic Offset replace, UAF	40.0	Ø	40.0	Ø	1979	Funding to be expended thruout the FY by the users.
Wood Center Furniture replacement, UAF	21.7	Ø	21.7	Ø	1979	"
Library Books, UAF	15.0	Ø	15.0	Ø	1980	"
Equipment, Kotz	10.0	Ø	10.0	Ø	1980	"
Library Books, NWCC	27.5	Ø	27.5	Ø	1980	"
Prince Wm. Sound Const.	150.0	Ø	150.0	Ø	1980	"
Kuskokwim Library Books	27.5	Ø	27.5	Ø	1980	"
	2,614.5	239.5	2,325.5	49.5		

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	(CY) Est. Compl. Date	Status
Library Books - Anch	500.0	379.9	120.1	Ø	1979	Funding to be expended thru out the FY by the user.
Kenai C. C. Petro.	80.7	71.6	9.1	Ø	1979	"
Media Services - Anch	150.0	73.9	76.1	Ø	1979	"
Sewage Facility - Palmer	80.0	73.8	6.2	Ø	1979	Const. 90% complete.
Storage of Haz. Chemicals Palmer	50.0	49.2	.8	Ø	1979	Const. complete.
Bill Ray Center Pk. Lot Improvement - Juneau	100.0	97.4	2.6	Ø	1979	Const. complete - landscaping remains.
Access Rd. Pk. Lot - Sitka	175.0	172.2	2.8	Ø	1979	Const. complete.
Arch. Barriers Study Statewide	75.0	19.7	55.3	Ø	1980	Study complete.
WAMI Rural Medicine	20.0	.2	19.8	Ø		WAMI to conduct feasibility study.
Patty Bldg. Ice Rink Completion - UAF	1,400.0	326.0	1,074.0	Ø	1979	Under const. - 50% complete.
Library Books - UAF	100.0	96.5	3.5	Ø	1979	Funding to be expended thru out the FY by the user.
Fbks. Library Equip.	52.0	7.7	44.3	Ø	1979	"
Shuttle Bus - Fbks.	35.0	2.5	32.5	Ø	1979	"
Storage of Haz. Chem. UAF	30.0	29.5	.5	Ø	1979	80% complete.
Roof Replacement Chapman UAF	45.0	Ø	45.0	Ø	1980	Scheduled for summer of '80.

1978 Direct Appropriation Projects

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	(CY) Est. Compl. Date	Status
Renovate AES Bldg. UAF	70.0	44.3	25.7	Ø	1979	Under construction.
Remodel Rare Book area	100.0	100.0	Ø	Ø	1979	Under const. 95% complete.
Parking & site improvements Anchorage	1,000.0	44.3	955.7	Ø	1979	Construction contract awarded 7-30-79
Performing Arts Center Anchorage	795.0	45.0	750.0	Ø	1980	Stage rigging const. 10% complete - lighting 100% complete - scene shop/seating under design.
PE Bldg. Completion Anchorage	750.0	240.0	510.0	Ø	1979	Const. 60% complete.
	5,607.7	1,873.7	3,734.0	Ø		

1978 Direct Appropriation to Department of Transportation

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	(CY) Est. Compl. Date	Status
Seward Marine Station	600.0	115.0	485.0	Ø	1980	Design underway - issuance of corp. of eng. permit pending - planned bid 10-79
Seward Marine Station Erosion control	575.0	35.4	539.6	Ø	1980	Phase I complete -Ph. I under design with above (600.0 '78 OA)-Bid 9-79
Seward Marine Station Lab completion	325.0	16.9	308.1	Ø	1980	Design complete - construction contract awarded 8-24-79
	1,500.0	167.3	1,332.7	Ø		

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	C/Y Est. Compl. Date	Status
TVCC Building, Fairbanks	2,300.0	14.3	ø	2,285.7		Holding for BOR approval of program Sept '79
Classroom/Extension Center - Kotzebue	750.0	12.7	0	737.3	1981	Program Phase underway
Land Acquisition, Kotzebue	100.0	35.1	64.9	ø	1980	Appraisals complete - final negotiations pending
Storage Facility, UAF	300.0	1.8	ø	298.2	1981	To be bid 9-79
Water Treatment Improvements, UAF	1,000.0	8.6	991.4	ø	1980	Under Design - bid date set for 2-80
Removal of Architectural Barriers, UAF	300.0	1.3	298.7		1982	Study complete - bid date set for 1-80
Library, Kotz.	100.0	ø	ø	100.0	1981	Design to commence Fal '79 - bid date set for 2-80
NWCC - Nome	1,875.0	123.0	1,752.0	ø	1980	Contract awarded - construction underway
Land Acquisition Nome	100.0	55.0	45.0	ø	1980	Approximately 50% complete
Classrms, A. Yukon	750.0	ø	750.0	ø	1980	Educational program to BOR 9-79
Classrms, Delta	750.0	0	750.0	ø	1980	Educational program to BOR 9-79
Library, Nenana	100.0	.4	99.6	ø	1980	see attached letters
Physical Science Lab., Barrow	275.0	.1	ø	274.9		Possible joint occupancy with Borough
Removal Arch. Barriers, Anch.	100.0	1.2	98.8	ø	1980	under design - const to begin summer 1980

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	C/Y Est. Compl. Date	Status
Classrm, office	5,000.0	50.4	Ø	4,949.6	1981	under design - bid date set for 1-80
Barg. Unit Faculty Offices - Anch	700.0	9.1	690.9	Ø	1980	under design - bid date set for 9-79
Fire Hazard removal, Anch	320.0	3.2	316.8	Ø	1980	Phase I-under const. compl. date 9-79 Phase II-bid 10-79-compl.1-80
Aircraft/airframe bldg. - Anch.	3,600.0	5.2	Ø	3,594.8	1981	Negotiating site for BOR approval bid date set for spring 1980
Maintn whse bldg., Kenai	235.0	6.5	228.5	Ø	1979	combined w/campus imprv '77 to complete maint/ whse bldg.
Renovate Phase I bldg. , Kenai	70.0	.7	69.3	Ø	1980	programming complete. under design -bid 12-79
adds lib/elect lak Kenai	775.0	20.5	754.5	Ø	1980	programming complete. under design -bid 12-79
Classrooms, Kodiak	750.0	5.5	744.5	Ø	1980	Programming complete design underway
Library, Kodiak	525.0	1.2	523.8	Ø	1980	Programming complete design underway
Extension Center Dillingham	750.0	.4	749.6	Ø	1980	Site negotiations, and programming underway
Mat-Su Palmer	1,136.0	14.2	1,121.8	Ø	1980	under design-bid 11-79
Classroom addition Kuskokwim -Bethel	445.0	128.1	316.9	Ø	1980	Constr. contract awarde
Career Tech Bldg. Kuskokwim-Bethel	1,430.0	1.4	1,428.6	ø	1980	Constr 1% complete
Upgrade utilities Juneau	800.0	17.0	783.0	0	1980	Engineering underway bid date late 1979

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	C/Y Est. Compl. Date	Status
Library access & improvements Juneau	100.0	2.7	97.3	Ø	1980	Preliminary design comp
Classrooms Juneau	750.0	26.8	723.2	Ø	1980	Preliminary design comp bid 8-79
Tech Lab. Bldg.	800.0	420.7	379.3	Ø	1980	Projects have been combined site purchased @ $1027.0
Career Ed. Bldg. Juneau	1,220.0	625.6	594.4	Ø	1980	Programming underway - design phase will follo
Removal of Arch Burriers Ketch	100.0	2.9	Ø	97.1		Preliminary design phas underway
Science Lab Completion-Ketch	75.0	Ø	75.0	Ø	1979	Design underway - misc. small projects under construction
Career Ed. Ctr. Completion-Ketch.	200.0	6.9	193.1	Ø	1980	Design underway - misc. small projects under construction
Education Fquip. Kenai	157.0	83.1	73.9	Ø	1980	Various users to expend balance
Educational Equip. Kenai	28.0	2.1	25.9	Ø	1980	Funding to be expended throughout the FY by the users
Educational Equip. Mat-Su	51.0	.9	50.1	Ø	1980	"
Educational Equip. Sitka	12.0	8.6	3.4	Ø	1980	"
Educational Equip. Fairbanks	252.0	118.0	134.0	0	1980	"
	29,081.0	1,815.2	14,928.2	12,337.6		

(uncompleted projects only)

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	C/Y Est. Compl. Date	Status
Fisheries Building Equipment - Juneau	374.0	215.1	158.9	Ø	1980	Saltwater collection system design underway
Sprinkler System Kenai C.C.	100.0	20.9	79.1	Ø	1980	Design in 1978 exceeded budget-currently being redesigned - bid 12-79
Career Bldg. Remodeling	250.0	248.1	1.9	Ø	1980	Balance to be used with '78 GOB to complete renovation work
Ziegler Bldg. Improvement Ketchikan	99.0	93.3	5.7	Ø	1979	Balance and control re work in progress
Seafood Processing Lab Equipment - Kodiak	100.0	2.0	98.0	Ø		User Committee working on program
Sewer System - Kus.C.C.	137.5	64.8	72.7	Ø		Under construction - 5% complete
UA Museum, UAF	6,000.0	4,906.6	1,093.4	Ø	1979	Contractor's estimate for completion is November 1979
Library Books & Equipment - Juneau	15.0	12.7	2.3	Ø	1979	Funding to be expended throughout the FY by the users.
Student Center Completion, Anchorage	1,001.0	903.7	97.3	0	1979	Completed except for Art in Public Places and signage
Library books & Supplies and Equipment NWCC	10.0	10.1	Ø	Ø	1979	User to cover over-expenditure

1977 Direct Appropriation Projects
(uncompleted projects only)

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	C/Y Est. Compl. Date	Status
Campus Improvements - Kenai C.C.	80.0	70.7	9.3	0	1979	Construction completed
Rare Books - UAF	10.0	10.1	Ø	Ø	1979	User to cover over-expenditure
Health Occupations Facilities - Anchorage	875.0	810.2	64.8	Ø	1979	Complete except for Art in Public Places and signage
	9,051.5	7,368.3	1,683.4	Ø		
Completed Projects	173.0	173.0				
	9,224.5	7,541.3				

1977 CBU Direct Appropriation

(uncompleted projects only)

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	(CY) Est. Compl. Date	Status
Juneau, Auke Lake Fac. off.	22.8	15.9	ø	6.9	--	Awaiting determination of need for additional office space for BUM
Fisheries Resource Ctr. Fac. off.	7.0	ø	ø	7.0	--	Awaiting determination of need for additional office space for BUM
U.W.C.C. fac. off.	3.6	3.0	ø	.6	--	Awaiting determination of need for additional office space for BUM
TVCC fac. off. CBU	5.0	2.5	ø	2.5	--	Awaiting determination of need for additional office space for BUM
Kuskokwim fac. off. CBU	40.0	38.3	ø	1.7	--	Awaiting determination of need for additional office space for BUM
Anchorage C.C. CBU	325.2	322.2	ø	3.0	--	Awaiting determination of need for additional office space for BUM
	403.6	381.9	ø	21.7		
Completed Projects	96.4	96.4				
	500.0	478.3				

1976 Direct Appropriation Projects
(uncompleted projects only)

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	(CY) Est. Compl. Date	Status
Anchorage Consortium Library	50.0	2.4	47.6	Ø	1979	Funding to be expended thru out the FY by the users.
Handicapped Barrier Removal UAA	150.0	31.0	119.0	Ø	1980	Study complete - const. contract awarded 8-79
Rasmuson Library Books UAF	10.0	10.1	Ø	Ø	1979	User to fund overexpenditure/project complete.
Safety Use Improvements UAF	300.0	50.2	249.8	Ø	1980	Misc. projects in progress.
Anchorage Consortium Media UAA	50.0	49.9	.1	Ø	1979	Funding to be expended thru out the FY by the users.
	560.0	143.6	416.5	Ø		
Completed Projects	50.0	50.0				
	610.0	193.6				

1974 General Obligation Bond Projects
(Uncompleted Projects Only)

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	C/Y Est. Compl. Date	Status
Health Occupations Facility - UAA	4,500.0	4,499.9	.1	Ø	1979	Complete - balance to be expended in '79 with '77 PEF completion
Physical Education Facility -UAA	10,434.0	10,350.0	84.0	Ø	1979	Balance to be expended in '79 with '78 PEF completion
ACC Roof Replacement	180.0	178.6	1.4	Ø	1979	Minor improvements underway -99% Compl.
Anchorage Utilities system	500.0	499.7	.3	Ø	1978	complete
Anchorage Utilities Monitoring	200.0	81.0	119.0	Ø	1979	design complete-equipment on site-installation to be bid 9-79
Providence Widening Anchorage	270.0	2.3	Ø	267.7	1981	Awaiting Anch. Municipality road improvement program-constr. expected in 81
Scoter Circle Improvements - Anchorage	500.0	420.9	79.1	Ø	1979	Project 93% complete - final constr phase awarded 8-79
Mallard Lane Improvements - Anchorage	800.0	713.7	86.3	Ø	1980	Working with engineer and adjac property owners for constr.
Seward Marine Station	2,000.0	1,989.9	10.1	Ø	1979	Construction contract awarded 8-79 for roofing replacement to complete project
Kenai C.C.	1,000.0	998.3	1.7	Ø	1979	complete
Kodiak Fisheries Lab/ Classrooms	800.0	800.0	Ø	Ø	1979	complete
Mat-Su. C.C.	600.0	598.9	1.1	Ø	1976	complete

1974 General Obligation Bond Projects
(Uncompleted Projects Only)

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	C/Y Est. Compl. Date	Status
Kodiak Ag. Station	400.0	40.6	Ø	359.4		Red meat research in ne gotiations with local meat producers
Homer Ag. Station	400.0	285.4	114.6	Ø	1980	Water system developmen in process to be bid 9-79
Bethel C.C.	800.0	792.8	7.2	Ø	1979	complete
Mat-Su Library Books	25.0	6.1	18.9	Ø	1979	Users to order material
Bethel Library Books	25.0	20.2	4.8	Ø	1979	Users to order material
Kodiak Library Books	25.0	24.9	.1	Ø	1979	Users to order material
Kenai Library Books	25.0	24.0	1.0	Ø	1979	Users to order material
Anchoarage Land Acquisition	100.0	.7	Ø	99.3		
Auke Lake Shop Addition	900.0	899.6	.4	Ø	1979	complete
Juneau Downtown	1,000.0	1,000.5	Ø	Ø	1977	complete-anticipate to cover overage w/occupa-tions Bldg. UAJ '74 GOB balance
Sitka C.C.	700.0	699.3	.7	Ø	1976	complete-balance to be expended on landscaping W/78DA
Juneau Land Acquisitions	400.0	351.9	48.1	Ø	1980	Further acquisitions pending
Fisheries & Resources Bldg. - Juneau	1,750.0	1,688.8	61.2	Ø	1980	Corrections pending litigation settlements
Physical Plant Mod & Whse Addition UAF	150.0	93.0	57.0	Ø	1980	Recently received repor on Plant safety- in schematic design phase bid 1-80

1974 General Obligation Bond Projects
(Uncompleted Projects Only)

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	(CY) Est. Compl. Date	Status
Wood Center Addition UAF	750.0	29.5	Ø	720.5	1981	Program Change- user committee to develop new program
Museum Improvements UAF	400.0	323.3	76.7	Ø	1979	Combined with 6,000.0 '77 DA for Phase I of UA Museum
Fine Arts Complex Completion UAF	250.0	250.0	Ø	Ø	1980	Security system for music instruments under way
East Roads & Misc. Roads, UAF	350.0	342.6	7.4	Ø	1980	Survey underway to complete project striping to be redone
Kotzebue Extension Center	650.0	601.5	48.5	Ø	1980	Misc projects underway major work completed 77
Patty Bldg. Addition UAF	3,100.0	3,094.7	5.3	Ø	1979	Balance used to complet ice rink
Remodeling/Improvements Duckering UAF	300.0	241.6	58.4	Ø	1979	Industrial Safety upgrade out for bid 8-79 to complete project
Remodeling/Improvements Bunnell UAF	500.0	463.1	36.9	Ø	1979	Minor projects underway
Remodeling/Improvements Chapman UAF	250.0	246.3	3.7	Ø	1979	Minor projects underway
Nome Site Improvements	80.0	79.2	.8	Ø	1979	complete
Sewer Lift Station UAF	75.0	70.8	4.2	Ø	1980	Construction contract complete-total project 93% complete
Well & Discharge Lines UAF	200.0	133.6	66.4	Ø	1980	Constr. contract comp. well to be bid 9-79

1974 General Obligation Bond Projects
(Uncompleted Projects Only)

Project Title and Location	Amount Authorized	Cumulative Expenditures Thru 8/31/79	Projected Expenditures Thru 6/30/80	Projected Completion Beyond 6/30/80	C/Y Est. Compl. Date	Status
Roof Replacements UAF	90.0	81.6	8.4	Ø	1979	Construction in progress- total project 93% complete
Lab Equipment Various UAF	400.0	399.8	.2	Ø	1979	complete
Gruening Bldg. Completion UAF	225.0	200.7	24.3	Ø	1980	Miscellaneous projects pending landscaping underway
Library Books Fairbanks	200.0	197.9	2.1	Ø	1979	Users to order material
Utilities Monitoring	200.0	57.3	142.7	Ø	1980	Design complete-equipment on site-installation to be bid 9-79
Fire Alarm System UAF	250.0	25.9	224.1	Ø	1980	Engineering studies and contract preparation in process.
	36,754.0	33,900.4	1,407.2	1,446.9		
Completed Projects	2,769.0	2,769.0				
	39,523.0	36,669.4				

UNIVERSITY

OF

ALASKA

FY 1981 CAPITAL IMPROVEMENT REQUEST

October 11, 1979

AGENCY SUBMISSION UNIVERSITY OF ALASKA						GOVERNOR'S RECOMMENDATION Please Do Not Write In This Area			
AGENCY PRIORITY	OBJ. NO(S)	PROJECT TYPE	PROJECT TITLE AND LOCATION	AGENCY FUNDING YEAR FY 81	FUNDING SOURCE	GOVERNOR'S FUNDING YEAR	GOVERNOR'S FUNDING YEAR	GOVERNOR'S FUNDING YEAR	GOV'S PRIORITY
1		E	Instructional Equipment ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____	 4,044.0 4,044.0	FED. RCPTS. GEN FUND G.O. BONDS TOTAL				
2		C	Seward Marine Education Center ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = _____	 2,000.0 2,000.0	FED. RCPTS. GEN. FUND G.O. BONDS TOTAL				
3		O	Handicap Barrier Removal ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____	 525.0 525.0	FED. RCPTS. GEN FUND G.O. BONDS TOTAL				
4		P	Campus Development Plan ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____	 395.0 395.0	FED. RCPTS. GEN. FUND G.O. BONDS TOTAL				
5		I	General Building Upgrade ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____	 950.0 950.0	FED. RCPTS. GEN. FUND G.O. BONDS TOTAL				

PROPOSED FUNDING YEAR _____

CATEGORY Education AGENCY University of Alaska PROGRAM Higher Education

PROJECT TYPE CODES
C Bldg. Construction L Land
I Other Improvement P Professional Svcs.
E Equipment O Other

34 PROPOSED SIX—YEAR CAPITAL PROGRAM

REVISED DATE 10/11/79

01-1034 (7/79)

AGENCY SUBMISSION UNIVERSITY OF ALASKA						GOVERNOR'S RECOMMENDATION Please Do Not Write In This Area			
AGENCY PRIORITY	OBJ. NO(S)	PROJECT TYPE	PROJECT TITLE AND LOCATION	AGENCY FUNDING YEAR FY 81	FUNDING SOURCE	GOVERNOR'S FUNDING YEAR	GOVERNOR'S FUNDING YEAR	GOVERNOR'S FUNDING YEAR	GOV'S PRIORITY
6		I	Roads, Streets, Parking ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____	2,565.0 2,565.0	FED. RCPTS. GEN FUND G.O. BONDS TOTAL				
7		C	Classroom Building ULTIMATE ANNUAL OPERATING COST= _____ EXPECTED YEAR= _____	12,000.0 12,000.0	FED. RCPTS. GEN. FUND G.O. BONDS TOTAL				
8		C	Galena Learning Center ULTIMATE ANNUAL OPERATING COST= _____ EXPECTED YEAR=FY _____	750.0 750.0	FED. RCPTS. GEN FUND G.O. BONDS TOTAL				
9		I	Repair Elvey Building ULTIMATE ANNUAL OPERATING COST= _____ EXPECTED YEAR=FY _____	120.0 120.0	FED. RCPTS. GEN. FUND G.O. BONDS TOTAL				
10		C	University Center Phase I ULTIMATE ANNUAL OPERATING COST= _____ EXPECTED YEAR=FY _____	10,000.0 10,000.0	FED. RCPTS. GEN. FUND G.O. BONDS TOTAL				

CATEGORY Education AGENCY University of Alaska PROGRAM Higher Education PROPOSED FUNDING YEAR _____

PROJECT TYPE CODES
C Bldg. Construction L Land
I Other Improvement P Professional Svcs.
E Equipment O Other

34 PROPOSED SIX—YEAR CAPITAL PROGRAM

REVISED DATE 10/11/79

01-1034 (7/79)

AGENCY SUBMISSION UNIVERSITY OF ALASKA						GOVERNOR'S RECOMMENDATION Please Do Not Write In This Area			
AGENCY PRIORITY	OBJ. NO(S)	PROJECT TYPE	PROJECT TITLE AND LOCATION	AGENCY FUNDING YEAR FY 81	FUNDING SOURCE	GOVERNOR'S FUNDING YEAR_____	GOVERNOR'S FUNDING YEAR_____	GOVERNOR'S FUNDING YEAR_____	GOV'S PRIORITY
11		L	Land Acquisition ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____		FED. RCPTS.				
					GEN FUND				
				150.0	G.O. BONDS				
				150.0	TOTAL				
12		C	Central Receiving ULTIMATE ANNUAL OPERATING COST= _____ EXPECTED YEAR= _____		FED. RCPTS.				
					GEN. FUND				
				1,300.0	G.O. BONDS				
				1,300.0	TOTAL				
13		C	Classroom/Office/Library ULTIMATE ANNUAL OPERATING COST= _____ EXPECTED YEAR - FY _____		FED. RCPTS.				
					GEN FUND				
				1,500.0	G.O. BONDS				
				1,500.0	TOTAL				
14		I	Utilities Modification ULTIMATE ANNUAL OPERATING COST= _____ EXPECTED YEAR = FY _____		FED. RCPTS.				
					GEN. FUND				
				800.0	G.O. BONDS				
				800.0	TOTAL				
15		I	Sewer Connection ULTIMATE ANNUAL OPERATING COST= _____ EXPECTED YEAR = FY _____		FED. RCPTS.				
					GEN. FUND				
				75.0	G.O. BONDS				
				75.0	TOTAL				

PROPOSED FUNDING YEAR _____

CATEGORY Education AGENCY University of Alaska PROGRAM Higher Education

PROJECT TYPE CODES

C	Bldg. Construction	L	Land
I	Other Improvement	P	Professional Svcs.
E	Equipment	O	Other

34 PROPOSED SIX—YEAR CAPITAL PROGRAM

REVISED DATE 10/11/79

01-1034 (7/79)

AGENCY SUBMISSION — UNIVERSITY OF ALASKA						GOVERNOR'S RECOMMENDATION Please Do Not Write In This Area			
AGENCY PRIORITY	OBJ. NO(S)	PROJECT TYPE	PROJECT TITLE AND LOCATION	AGENCY FUNDING YEAR FY 81	FUNDING SOURCE	GOVERNOR'S FUNDING YEAR	GOVERNOR'S FUNDING YEAR	GOVERNOR'S FUNDING YEAR	GOV'S PRIORITY
16		E	Engineering Equipment ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____		FED. RCPTS.				
				300.0	GEN FUND				
					G.O. BONDS				
				300.0	TOTAL				
17		C	Applied Science Building ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = _____		FED. RCPTS.				
					GEN. FUND				
				5,000.0	G.O. BONDS				
				5,000.0	TOTAL				
18		E	On Line Computer System ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____		FED. RCPTS.				
					GEN FUND				
				470.0	G.O. BONDS				
				470.0	TOTAL				
19		C	Utilities Monitoring Buildings ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____		FED. RCPTS.				
				200.0	GEN. FUND				
					G.O. BONDS				
				200.0	TOTAL				
20		I	Physical Plant - Various ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____		FED. RCPTS.				
				500.0	GEN. FUND				
					G.O. BONDS				
				500.0	TOTAL				

PROPOSED FUNDING YEAR _____

CATEGORY Education AGENCY University of Alaska PROGRAM Higher Education

PROJECT TYPE CODES

C Bldg. Construction	L Land
I Other Improvement	P Professional Svcs.
E Equipment	O Other

34 PROPOSED SIX—YEAR CAPITAL PROGRAM

REVISED DATE 10/11/79

01-1034 (7/79)

AGENCY SUBMISSION UNIVERSITY OF ALASKA						GOVERNOR'S RECOMMENDATION Please Do Not Write In This Area			
AGENCY PRIORITY	OBJ. NO(S)	PROJECT TYPE	PROJECT TITLE AND LOCATION	AGENCY FUNDING YEAR FY 81	FUNDING SOURCE	GOVERNOR'S FUNDING YEAR____	GOVERNOR'S FUNDING YEAR____	GOVERNOR'S FUNDING YEAR____	GOV'S PRIORITY
21		E	Admin. Equipment ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____		FED. RCPTS.				
				38.0	GEN FUND				
					G.O. BONDS				
				38.0	TOTAL				
22		O	Purchase ABE Building ULTIMATE ANNUAL OPERATING COST= _____ EXPECTED YEAR= _____		FED. RCPTS.				
					GEN. FUND				
				220.0	G.O. BONDS				
				220.0	TOTAL				
23		E	University/Legis. Teleconf. Link ULTIMATE ANNUAL OPERATING COST= _____ EXPECTED YEAR=FY _____		FED. RCPTS.				
				52.0	GEN FUND				
					G.O. BONDS				
				52.0	TOTAL				
24		E	Department of Art Equipment ULTIMATE ANNUAL OPERATING COST= _____ EXPECTED YEAR=FY _____		FED. RCPTS.				
				220.0	GEN. FUND				
					G.O. BONDS				
				220.0	TOTAL				
25		C	Bookstore to serve UAA/ACC ULTIMATE ANNUAL OPERATING COST= _____ EXPECTED YEAR=FY _____		FED. RCPTS.				
					GEN. FUND				
				5,200.0	G.O. BONDS				
				5,200.0	TOTAL				

PROPOSED FUNDING YEAR _____

CATEGORY Education AGENCY University of Alaska PROGRAM Higher Education

PROJECT TYPE CODES

C	Bldg. Construction	L	Land
I	Other Improvement	P	Professional Svcs.
E	Equipment	O	Other

34 PROPOSED SIX—YEAR CAPITAL PROGRAM

REVISED DATE 10/11/79

01-1034 (7/79)

AGENCY SUBMISSION UNIVERSITY OF ALASKA						GOVERNOR'S RECOMMENDATION Please Do Not Write In This Area			
AGENCY PRIORITY	OBJ. NO(S)	PROJECT TYPE	PROJECT TITLE AND LOCATION	AGENCY FUNDING YEAR FY 81	FUNDING SOURCE	GOVERNOR'S FUNDING YEAR	GOVERNOR'S FUNDING YEAR	GOVERNOR'S FUNDING YEAR	GOV'S PRIORITY
26		I	YAK Estate Changes		FED. RCPTS.				
					GEN FUND				
				600.0	G.O. BONDS				
			ULTIMATE ANNUAL OPERATING COST =						
			EXPECTED YEAR = FY	600.0	TOTAL				
27		C	Where? FBX. Administration Building		FED. RCPTS.				
					GEN. FUND				
				4,500.0	G.O. BONDS				
			ULTIMATE ANNUAL OPERATING COST =						
			EXPECTED YEAR =	4,500.0	TOTAL				
28		E	Voc-Tech Equipment		FED. RCPTS.				
				50.0	GEN FUND				
					G.O. BONDS				
			ULTIMATE ANNUAL OPERATING COST =						
			EXPECTED YEAR = FY	50.0	TOTAL				
29		C	.Classroom/Shop Building IV		FED. RCPTS.				
					GEN. FUND				
				5,600.0	G.O. BONDS				
			ULTIMATE ANNUAL OPERATING COST =						
			EXPECTED YEAR = FY	5,600.0	TOTAL				
30		C	Vocational Bldg./Equipment		FED. RCPTS.				
					GEN. FUND				
				750.0	G.O. BONDS				
			ULTIMATE ANNUAL OPERATING COST =						
			EXPECTED YEAR = FY	750.0	TOTAL				

PROPOSED FUNDING YEAR _____

CATEGORY Education AGENCY University of Alaska PROGRAM Higher Education

PROJECT TYPE CODES

C Bldg. Construction
I Other Improvement
E Equipment
L Land
P Professional Svcs.
O Other

34 PROPOSED SIX—YEAR CAPITAL PROGRAM

REVISED DATE 10/11/79

01-1034 (7/79)

AGENCY SUBMISSION UNIVERSITY OF ALASKA						GOVERNOR'S RECOMMENDATION Please Do Not Write In This Area			
AGENCY PRIORITY	OBJ. NO(S)	PROJECT TYPE	PROJECT TITLE AND LOCATION	AGENCY FUNDING YEAR FY 81	FUNDING SOURCE	GOVERNOR'S FUNDING YEAR	GOVERNOR'S FUNDING YEAR	GOVERNOR'S FUNDING YEAR	GOV'S PRIORITY
31		I	Arctic Health Incinerator ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____	 150.0 150.0	FED. RCPTS. GEN FUND G.O. BONDS TOTAL				
32		C	Pratt/Ely Property ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = _____	 600.0 600.0	FED. RCPTS. GEN. FUND G.O. BONDS TOTAL				
33		C	Phase II Rasmuson Library ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____	 12,000.0 12,000.0	FED. RCPTS. GEN FUND G.O. BONDS TOTAL				
34		C	Conference Center ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____	 2,500.0 2,500.0	FED. RCPTS. GEN. FUND G.O. BONDS TOTAL				
			FY 81 TOTAL ULTIMATE ANNUAL OPERATING COST = _____ EXPECTED YEAR = FY _____	 4,925.0 71,129.0 74,124.0	FED. RCPTS. GEN. FUND G.O. BONDS TOTAL				

PROPOSED FUNDING YEAR _____

CATEGORY Education AGENCY University of Alaska PROGRAM Higher Education

PROJECT TYPE CODES

C Bldg. Construction L Land
I Other Improvement P Professional Svcs.
E Equipment O Other

34 PROPOSED SIX—YEAR CAPITAL PROGRAM

REVISED DATE 10/11/79

01-1034 (7/79)

Representing:
ANCHORAGE
FAIRBANKS
JUNEAU



ALASKA STUDENT LOBBY

P.O. BOX 548
DOUGLAS, ALASKA 99824

February 20, 1980

Senator Glenn Hackney
The Alaska Senate
Juneau, Alaska 99811

Dear Senator,

The Alaska Student Lobby representing Students from Anchorage, Fairbanks, and Juneau support Senate Bill 343 providing for issuance of general obligation bonds in the amount of $20,550,000 for the purpose of paying the cost of capital improvements for the University of Alaska facilities.

We feel that this funding will greatly enhance the education capabilities of the University of Alaska. Many students will be directly effected by this funding, especially the handicapped. For these reasons and others we respectifully request that you support Senate Bill 343.

Thank you,

Rob Mourant
Facilitator
Alaska Student Lobby

rtm

Rec'd 4:30 P.M. 2-20-80

UNIVERSITY OF ALASKA

FY81 CAPITAL BUDGET REQUEST

1. Instructional Equipment. (Various Units)

   This is a six-year program which will maintain a continuous supply of instructional equipment for teaching purposes for the entire University. Most of the needs are determined or based on the existing program needs, the deterioration of the current equipment and projected needs.

2. Seward Marine Education Center. (UA/Fairbanks)

   This will be a new facility and will provide conference rooms, library spaces, office and reception areas for marine advisory agent, a public display area, aquarium, etc. This will be located in Seward. This facility will be built on the land that is currently owned by the City of Seward, which has extended the lease agreement with the University for the next two to three years, within which time this project can be implemented.

3. Handicapped Barrier Removal. (Various Units)

   This item is in response to the requirement of Section 504 which requires removal of handicapped barriers within the University buildings and campuses.

4. Campus Development Plan. (Statewide Administration)

   This project, if approved, would provide a resource to properly develop the expansion and growth of the physical aspects of the University. It would also afford coordination between the academic master plan, physical master plan and land management. It would provide basis and document from which the requests for capital projects in the future could be extracted and coordinated. It will provide a general plan document which is necessary not only for the development of the major campuses, but also the community college campuses as well as coordination of the entire University system.

5. General Building Upgrade and Replacement. (Various Units)

   This is a six-year program that will keep vigilence and maintenance over the buildings within the University system, providing continuously good quality space for educational needs, resulting in a lower maintenance cost.

6. Roads, Streets and Parking. (Various Units)

   This project is part of the six-year schedule within the capital projects program. It is intended to serve as a maintenance type of project to prevent deterioration of streets, roads and parking, and will therefore result in an economical way of maintaining the vehicular communication lines within the campus.

7. Classroom Building. (UA/Anchorage)

   Because of lack of large space the department is currently located in a variety of sites which is not conducive to proper educational development. Enrollment has increased to such a level that it is difficult to handle program needs in current facilities. Therefore, it is proposed that a new classroom building will provide for Departments of Music, Theatre and Art.

8. Galena Learning Center. (Rural Education)

This request will provide space facilities for the Rural Education needs. The student population and interests in technical education are growing, and at this point there is no facility to provide these kinds of programs in the rural areas of this state.

9. Repair Elvey Annex Roof. (UA/Fairbanks)

The existing roof is leaking water around the periphery of the building, resulting in a deterioration of the structure. Spaces below, like the electronics shops, are out of use due to seepage, especially during the winter months. This should be stopped, and the space returned to the user. It is estimated that about 20% of this space is unused during the major portion of the year.

10. University Center - Phase I. (UA/Juneau)

Included in this phase of the project would be a cultural center, student recreational center, administrative center, plus mechanical and other types of spaces necessary for the building's functions. It will house a number of interrelated programs, making an interaction between them much simpler and easier, resulting in a much more efficient operation. It is thought that one single complex approach has numerous advantages; there are economies related to a large building construction rather than numerous small ones. It is thought that the economies of maintenance are better in a single structure rather than numerous buildings located all over the area. It is expected that the program development and attraction of students would increase having a facility that is of a centralized type.

11. Land Acquisition. (UA/Juneau)

It is necessary to purchase property because of the potential need for the location of water supply tank, since this is the highest point on campus. The water would flow by gravity rather than be assisted by mechanical means.

12. Central Receiving. (UA/Fairbanks)

Currently, the Physical Plant is using about one-third of its space for unrelated storage and warehousing. This is an inefficient use of space, therefore it is proposed that a new central warehouse be constructed. A control warehouse would be much more efficient and will lower current operating costs by a significant amount.

13. Prince William Sound Community College.

Projects that are requested are only those listed before you. All listed projects are new. There are no facilities, at the moment, that the college owns. They are currently in a "borrowed space". The justification simply reads: "We have no buildings. We are an established community college; therefore it is appropriate for us to ask for new facilities as soon as possible."

14. Utilities Modification. (UA/Fairbanks)

This request will include water chiller for environmental science labs, a refrigeration system for Irving Building. water chiller for Elvey Building, heating and cooling systems in Elvey Building, steam system upgrading, ventilation and air handling for KUAC, etc.

15. Sewer Connection. (CC-Sitka)

This project is necessary to connect the college buildings to the Sitka community sewer system. Presently the septic tank system must be frequently cleaned. This is costly. It is felt that it would be more advantageous to connect into the city utility system.

16. Engineering Equipment. (UA/Anchorage)

This equipment is necessary to furnish engineering laboratories in the new building. This building is near completion, and the equipment that will be purchased will serve areas such as thermodynamics, electric power, fluid mechanics, electronic communication, etc. This will provide basic furnishing for the educational needs.

17. Applied Science Building. (UA/Anchorage)

This particular request is based on the consolidation of nursing programs. The programs that will be housed in this building are dental and health occupations, chemistry, biology and general type of classrooms. If approved, this will contribute highly to the education of applied science programs and professions within the Anchorage area.

18. On-Line Computer System. (Statewide Administration)

The funds requested for the UACN will be used to: (1) provide increased accessibility and improved service to the Network for all users throughout the University system; (2) provide improved computer hardware and software support for the Division of Community Colleges, Rural Education and Extension; (3) provide needed life support systems in the Anchorage Computer Center and a security system in the Fairbanks Computer Center.

19. Utilities Monitoring and Building Security. (UA/Fairbanks)

It is intended that a computerized system for monitoring of the utility usage and building security be provided for the Fairbanks campus.

20. Physical Plant - Various Programs. (UA/Fairbanks)

This project includes items such as swimming pool chlorinator, re-roofing of some of the buildings, domestic water cooling tower, carpet replacements, elevator safety devices, etc. All items are too numerous to be listed here. There are improvements that have to be made for which no money has been allocated up to this point.

21. Administrative Equipment. (CC-Tanana Valley)

FY81 requests are administrative equipment. This equipment is necessary for college functioning. The technological areas of the programs require more expensive equipment. Although initial investment costs are high, they do decrease over time.

22. Purchase ABE Facility. (CC-Anchorage)

Currently the college is leasing the space for this particular program. The Board of Regents have decided that it would be wiser to purchase the building rather than continue renting.

23. University/Legislature Teleconference Link. (Statewide Administration)

The purpose of this project is to provide a coordinated system of communication between all the campuses and facilitate the contact between the President and Chancellors and all the community colleges within the University system. It is anticipated that the development of the system will be staggered, and that in the long term the entire teleconferencing will be operational throughout the state.

24. Art Department Equipment. (UA/Anchorage)

Due to the lack of space and proper equipment in the art studios, the student body is decreasing - this action is intended to reverse this process. The equipment and the space improvements will be in areas such as ceramic studios, sculpture studios, printmaking studios, painting and drawing, art education, jewelry, photography, etc.

25. Bookstore - UAA/ACC

Currently, a provisional bookstore exists and it does provide a service on a limited basis to both of the units. However, the facility is limited in size and service. It is intended that the new facility will provide full services to both units within the Anchorage area.

26. Yak Estates Plumbing and Heating Conversions. (UA/Fairbanks)

The current state of plumbing in Yak Estates is rather poor. Also, the existing energy source for the heating system should be converted from electric to oil, because operating costs of the electrical heating system is extremely high. Oil conversion would result in significant savings. Capital investments need to be made on this project so that occupancy rates can be increased, so that the university can cover outstanding indebtedness on the project and so that it will not cause financial loss to the university.

27. Statewide Administration Building.

This is the only other statewide capital project anticipated at this time. The reasons for this project is that currently all the statewide administrative units are dispersed all over the Fairbanks campus. There is no identity to a statewide function. This building will afford a possibility to bring all those statewide units into one central location. It is also thought that by centralizing the activity of the statewide functions a better coordination will be attained between the departments responsible for the entire University system.

28. Vocational/Technical Equipment. (Rural Education)

This is a media services need to provide programs to the rural education which presently aren't available.

29. Classroom/Shop Building - Phase IV. (CC-Kenai Peninsula)

This request is made with the hope that since community demand on the college programs is so great and increase in the student enrollment is rapid, this building is proposed so that no delay occurs for the program to be accessible to the public. Spaces that will be included in this structure are: heavy duty electrical equipment shop, petroleum electronics, cooperative extension facilities, etc.

30. Vocational Building and Equipment. (CC-Chukchi)

Besides the "standard" programs described previously, the new project requested by Kotzebue is Item No. 2, Vocational Building and Equipment. This building is a staging area for the delivery of programs in the bush. There is a great student interest in these programs, and having a facility as proposed would be extremely helpful for the community college to expand its service in this area of the state.

31. Arctic Health Incenerator. (UA/Fairbanks)

This will be an incinerator for the disposal of waste from the health experimental labs and controlled by Physical Plant operations.

32. Pratt/Ely Property Renovation. (UA/Juneau)

This is a recently acquired property which has existing structures located there. The structures are rather run down and require extensive remodeling and repair. The remainder of the money from the project when it was purchased will be used for that purpose; however, the funds are insufficient and the additional money is requested for that purpose. It will provide new vocational programs in power technology, marine and fish technology, etc.

33. Phase II Rasmusson Library Addition. (UA/Fairbanks)

The library is overcrowded, making use of the facility difficult and time consuming. It is anticipated that addition to the existing space will occur at this time to allow the expansion of stack area, book collections, media and computer services, creating a centralized and functional facility.

34. Conference Center. (UA/Fairbanks)

This facility will serve the entire University. The development of this facility would not only provide a conference center for outside agencies, but also expand information about the University and provide facilities for adult education. It is anticipated that it will increase the student enrollment, as well as the income to the University. The facility would consist of classroom space, registration areas, food areas and offices for the conference staff as well as exhibition areas and meeting spaces.

SB

364

COMMITTEE REPORT

SENATE

FURTHER: Finance

1/24/80

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 364 making a special appropriation to the Legislative Council for a salmon quality control education program

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ _____Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____

_____

_____

_____
CHAIRMAN

S 60 (Rev. 12/78)

DO 2458

SB 364 "An Act ~~relating to the Legislative Council~~ 79-80
~~Office to the Legislative Council~~ etc

Introduced 1-24-80
Logged 1-24-80
Referred - Finance
Comm. Meeting 2-13-80
" Action passed - taken Senate Secy.

Bill Thompson to furnish F/N.
Recalled back - no F/N needed
per Bill Thompson.

JAY S. HAMMOND
GOVERNOR

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

February 4, 1980

Our office would like to see Fisheries Education a major component of the State's present educational system.

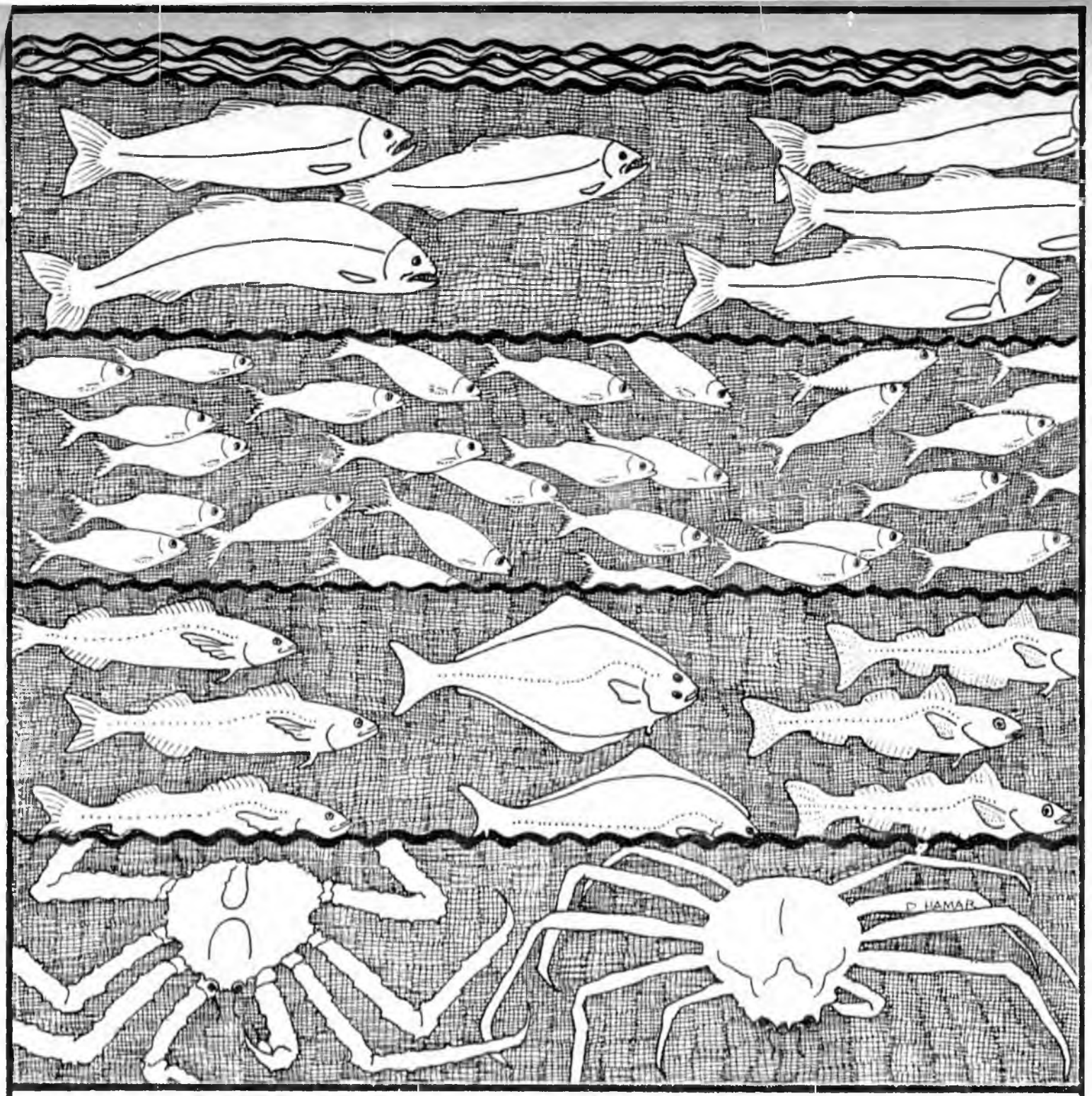
This report will give you a brief description of the current fisheries education programs in the State.

Sincerely,

Jim Edenso

Jim Edenso
Bottom Fish Coordinator

Enclosure



A Plan for the Organization of Vocational and Technical Fisheries Education for the State of Alaska

A Plan for the Organization of Vocational and Technical Fisheries Education for the State of Alaska

Submitted to:
The State of Alaska
Office of the Governor
Bottomfish Coordinator
and the
Alaska Department of Education
Juneau, Alaska
October 19, 1979

By:
Richard S. Lee, Ph.D.
Lee, Pennington and Associates
Rural Route 3, Box 3997-A
Juneau, Alaska 99801
907-586-3056

PREFACE:

This report provides a brief overview of some of the problems of fisheries education in the State of Alaska. A complete analysis with a set of fully developed scenarios is, due to constraints of time, beyond the scope of this project. This is a brief outline of a possible organizational and communication network with which the State may maximize the efficiency of current efforts and resources and direct additional future development. It should be emphasized that no current efforts should be abandoned, but should be more fully developed in a coordinated fashion.

The material used in this report came from many sources. Much of it is the result of the author's impressions during four years as an Education Specialist for the Alaska Marine Advisory Program and from conversations with many people vitally interested in Alaska fisheries education. A letter signed by Ms. Marilou Madden (Department of Education) at the outset of this project elicited a wide variety of responses which have proven to be of great value in compiling this document. Funding for this report was provided by the Office of the Governor, through the Department of Commerce and Economic Development and the Department of Education.

Particular credit is due to Jim Edenso, Bottomfish Coordinator, Office of the Governor; Tony Mecklenberg and Richard Reynolds (Department of Commerce and Economic Development); John Doyle and Hank Pennington (Marine Advisory Program); and Jerry Hiley (Department of Education) for their help.

I. INTRODUCTION

The fishing industry in Alaska is of prime importance. Since fisheries are renewable resources, they supercede the long-term value of even oil and gas, which will eventually be depleted. The advent of the 200 mile limit law helps to insure the future conservation and proper management of our fish stocks through the foreseeable future. At the present time, Alaska is dependent on traditional fisheries for a very few of the potentially marketable species. The white fish resources have traditionally been harvested and processed only by foreign interests. Many other resources are currently underutilized or not harvested at all. However, the state's fishermen and processors, as well as investors, are carefully examining the white fish resource and other domestically underutilized resource fisheries to insure Alaska's status as a major producer of the world's seafood.

One of the major factors hindering, or at least slowing, the development of Alaskan fisheries, is the lack of a statewide coordinated fisheries education and training program. The past and current efforts at education and training in this vital field have been either sporadic or redundant, and often marred by an inability to satisfy the needs of the fishing industry.

Past problems have been addressed primarily at the local level. The needs of the fisheries community (e.g., fishermen, processors, etc.) have been approached most consistently by the Alaska Sea Grant Program through its subsidiary, the Alaska Marine Advisory Program, with aid from other state-supported programs. Since funds, personnel and time are limited, these programs are severely over-extended at present. Several of the state's community colleges have made various attempts to develop vocational or technical fisheries programs. In terms of investment of funds and effort, the most notable has been the Kodiak Community College. Both Juneau-Douglas and Prince William Sound Community College are either actively pursuing fisheries programs or are attempting to organize them. Sheldon Jackson, a private two-year college which is located in Sitka, has developed a successful vocational aquaculture program and is looking toward possible expansion in other areas of fisheries education.

Various rural high schools in the state have attempted to establish vocational or technical programs in either fisheries or aquaculture, but their rate of success has been rather low. There are several reasons for the lack of success in these programs. A high rate of teacher turnover, lack of involvement by local fishing community members, and academic ability of students, are among the reasons for a low rate of success in these programs.

The University of Alaska, through Sea Grant and other University branches, is also involved with fisheries education. Other than the extension oriented Marine Advisory Program, the University's efforts are primarily aimed at the more esoteric aspects of management and basic or applied marine and fresh water research - topics that are outside the scope of this report.

II. REVIEW OF EXISTING EFFORTS

A. Alaska Sea Grant Program

The University of Alaska Marine Advisory Program, under joint funding from the National Office of Sea Grant and the Cooperative Extension Service, has historically been the leading agency in fisheries education within the state. Sea Grant's effectiveness is limited in meeting the statewide demands because of underfunding and understaffing. While the Marine Advisory program represents an excellent effort (certainly the best in the state to date), it is severely limited both geographically and topically. The vast areas of southwestern, western and arctic Alaska are represented by only one agent supported on a nine-month contract. It is also of interest that he is the only member of the program staff that is fluent or even conversant in both English and any of the native languages.

The inevitable result of this understaffing is difficulty in focusing on the development and maintenance of long-range programs. Much of the effort must be expended in answering immediate and often unforeseen problems. Those workshops and fisheries institutes that have been carefully planned over an adequate time period have usually been effective and relevant. The biggest drawback is that there has not been enough of them.

It does not appear that the problems associated with underfunding and understaffing will be solved in the near future. As an example, for several years one of the greatest needs in the state fisheries has been for a gear specialist; associated, ideally, with the Marine Advisory Program. Yet, funding for this position has been impossible to secure. One answer to this problem could be the development of much broader cooperation and coordination with all other fisheries education entities within the state which would insure a more effective approach.

The Sea Grant Program outside of the Marine Advisory efforts, is also involved with pertinent fisheries education. Their mission is to perform applied research on scientific problems that impinge on any aspects of marine resource utilization, including, but not limited to, fisheries.

An example, is the on-going research program of Drs. Nishiyama and Niebauer and their students relative to the problems of the Kodiak shrimp populations. The information produced by this study will have strong implications both in shrimp management and more effective methods of shrimp fishing.

Much of the Sea Grant effort (as well as most of the other University efforts) is aimed at the higher education level with little relevance to vocational education for the average fisherman. Education of this sort is outside the realm of upper division university course work. The role of the Alaska Sea Grant Program (ASGP) is more appropriately in the training of research and management personnel.

B. Community Colleges

1. Juneau-Douglas Community College: JDCC is deeply committed to a fisheries technology program. Their current curriculum includes the following courses: small boat construction and repair; repair and maintenance of gas and diesel engines; and an assortment of regular classes and clinics (short courses). Courses are offered in welding, which stress repair and fabrication using all common techniques (e.g., oxy-acetylene, arc). Hydraulics maintenance and repair are also offered, and self-help programs on such topics as navigation and marine electronics are planned. (M. Metty, Personal Communication).

   In preparation for future development of their fisheries education program, JDCC has purchased a shoreside facility, formerly known as the "Northern Commercial Property." Although plans for its use are still undefined, it seems clear that this property will house JDCC's entire marine and fisheries programs. It is ideally located with a ways and a small boat yard for repair and maintenance of smaller commercial fishing vessels. It will be the only such facility in Alaska that is tied to an educational institution and thus presents some ideal and unique educational opportunities. One other similar facility is planned for Alaska, the Alaska Skill Center at Seward on the southcentral coast, discussed elsewhere in this report.

   In planning for future fisheries education, JDCC has advertised two openings for "gear specialists": one in the area of white fish fisheries; and one to be more of a generalist. The effort is constructive, but the needs do not seem well articulated. More appropriate at this juncture would be the creation of a single position of "fisheries education coordinator", whose primary function would be to clearly plan both present and future curriculum and facility needs relevant to the fishing industry. The fisheries education coordinator could then work to build the program around the two positions advertised at this time.

2. Prince William Sound Community College: PWSCC's efforts are still at the proposal stage, although the course outline is certainly impressive and comprehensive. The course descriptions indicate a strong attempt toward the development of a technical fisheries program similar to that found at the Rhode Island School of Fisheries. Dr. John Devens, Campus President, has told me that students are already signed up for this program; however, other than a fisheries coordinator, faculty and facilities are not in place. The PWSCC effort requires extensive funding, with both federal and state support. Two factors are even more important than funding to insure the ultimate success of this program: (1) patient and long-term time allotment and (2) very careful selection of instructors for the program. Judging from the experience of the Rhode Island School of Fisheries, seven to ten years may be required to successfully establish and demonstrate the merits of a fisheries technical school. Without the exact combination of familiarity with the region fisheries and fishermen and the ability to communicate and teach on the part of every member of the faculty, the program cannot succeed.

3. Kodiak Community College: An ambitious program in fisheries technology was established at KCC in 1972. The program was expanded in 1974 to include a two-year course in seafood processing (Atkinson, 1974). Kodiak was envisioned by the University to be the ideal location for this program. There were indications of strong support for the concept throughout all phases of the industry, yet by 1978, the program was virtually dead. In my discussions with various representatives of the industry and the community college, the reasons for this appear to be: (1) the program was not structured to meet the needs of the industry in terms of format or content; (2) not enough time was allotted to bring the program to fruition; and (3) while the instructional staff was well qualified, in terms of their experience and academic ability, they were evidently unable to build a rapport with the various segments of the industry and to take direction from them in structuring the program. This last is of extreme importance, but it is also necessary to be able to go one step further and intuitively anticipate needs that the industry does not express.

   KCC has not lost its determination to take a strong lead in Alaskan fisheries education. A recent grant proposal has been submitted and funded to reimplement the program on a different level. The approach is to develop a multi-agency cooperative effort on an island-wide basis.

This will involve not only KCC, but also Kodiak High School's existing fisheries program, and all the region's village high schools. Much of the effort will be devoted to the development of modular material that can be used in or out of the classroom. Emphasis will not be restricted to the harvesting end of the fisheries but will also stress the many ancillary skills needed by today's modern fishermen to compete successfully in the business world. In conjunction with the University's Criminal Justice Center, a strong multi-level fisheries law component is being built-in. If the new Kodiak program lives up to its promise, it could serve as a model for all regional fisheries education development programs throughout the state.

4. Other Community Colleges: Kuskokwim Community College is in the process of organizing a land resources program, including fisheries and wildlife management, leading to an A.A. degree. The nucleus of their fisheries program will encompass the river fisheries of the river country of Western Alaska. Ketchikan Community College, Sitka Community College as well as others about the state, have expressed interest in various aspects of technical programs. Most offer some sort of marine technology programs, including small engine repair and maintenance as well as related courses.

5. Sheldon Jackson College: While Sheldon Jackson is a private college, and thus lies outside the domain of the community college system, it is practical to consider it within that province, for the purposes of this report. Since it is a two-year college, SJ's interest in fisheries are currently limited to salmon aquaculture, although both the staff and the administration have expressed interest in expanding into a much broader program, possibly including, training for the white fishery. (Charles Bovee, Personal Communication).

   In its speciality, SJ provides the only upper level academic aquacultural training within Alaska. It is a successful program, but limited in potential by a rather small and defined job market available to graduates from the program. SJ draws students from all over the state, as well as from the lower 48 states. Courses include not only the standard fish husbandry and fish biology offerings, but also a strong "hands-on" approach to the hatchery work, and courses in mechanical equipment operation and maintenance, emergency medical care, and fish pathology. (Mel Sieffert, Personal Communication).

Due to the restricted job market, it is impractical for other two-year programs in the State to try and duplicate the aquacultural curriculum offered by SJ, unless, for some unforeseen reason, their program was to be discontinued.

C. Secondary Schools:

Secondary schools have expressed strong interest in both fisheries and aquaculture programs, but with few exceptions, most attempts at these programs have met with limited success.

In looking at these programs, one can find several common denominators that contribute to the lack of success: lack of experienced teachers; high rate of teacher turnover; and lack of information resources. Inadequate funding and lack of community support are also cited as reasons. Complicating the situation are factors unique to rural Alaskan schools such as poor communication within and between interested districts and individual teachers. Too often mistakes made in one region are simply repeated by other districts because there is no forum of interested parties that can initiate an exchange of ideas, experience and information.

Yet the secondary school fisheries picture is not entirely bleak. Several schools have made strong, sustained and successful efforts. For example, Ketchikan and Kodiak have long been leaders in the field of fisheries. Kake, Ketchikan and Sand Point have established hatchery programs that show good potential.

These specialized programs at the secondary level often miss a valid point. Too often competency in writing, reading and computation is slighted in favor of special interest courses. If we are going to train young Alaskans to take over our resources and industries, we cannot afford to slight their ability to communicate and to develop mathematical skills. They must be competent in these areas before they can enter the specialities. This does not preclude the use of fisheries as a vehicle to approach the basics. Indeed, every rural teacher should be encouraged to use all the resources at hand to individualize his or her curriculum and materials to local relevancy.

Another problem that may contribute to the failure of fisheries programs at the secondary level lies in the selection of student participants. If they are not highly motivated toward the fishing industry, they will be unable to extract the maximum benefit from the program. Ultimately, the program is apt to become a holding pen for students who are merely passing time.

D. Alaska Skill Center:

The Alaska Skill Center in Seward is a unique institution in the state. Although it presently does not offer fisheries courses, parts of the curriculum (e.g., welding, diesel, mechanics) are strongly applicable to the fishing industry. Many of the courses are open entry/open exit and all have definite practical orientation.

ASC is currently looking at participation in the development of the shipyard at the mouth of the 4th of July Creek. If implemented, this facility will directly influence the Alaska fishing industry as a training facility for future boatwrights and repairmen. However, it will not, and cannot, meet all the vocational or technical education needs in this area for the state. There will always be a strong need for the dissemination of this knowledge at the village level. For many rural residents it is impractical or undesirable to travel to Seward for their education. At the recent Aleutian-Pribilof Bottomfish Conference at St. Paul (September 1979), this idea was expresssed by many of the Aleut representative attending the meeting.

E. State Government:

In addition to the University system and the State Department of Education, the state government is becoming increasingly interested in fisheries education.

In the past year, the State Department of Commerce and Economic Development and the Office of the Governor have sponsored projects of an educational nature, including several white fish harvesting demonstration projects, fishing trials, and jointly sponsored with the Marine Advisory Program a class on white fish processing. The latter was held last in Kodiak in April 1979, involving personnel from Scandivania and conveyed up-to-date information on all phases of white fish processing. A processor's training manual (in press) has resulted from this course.

In the FY '81 budget request recently submitted by DCED are two line item requests directly relevant to fisheries education. The first is entitled Bottomfish Production Trials/Demonstration and requests monies from the general fund to provide demonstration projects in cooperation with the Alaska Fisheries Development Foundation. The second budget request deals with three phases of fisheries education: (1) to establish a fisheries education coordination committee; (2) to implement the training of a "cadre of qualified resident instructors"; and (3) direct involvement in fisheries education at the community college level. This is exemplary of the support needed to provide the impetus for an organized fisheries education and training effort within Alaska, which in turn, will allow future generations of Alaskans to be masters of their own resources.

F. Alaska Fisheries Development Foundation has proposed a $90,000 budget for a training component in their planned ground fisheries demonstration project. In cooperation with the Marine Advisory Program, an on-board training program will be implemented. This program will be limited, by restricted bunk space on existing Alaska fishing vessels, and the rigors of utilization of new and unfamiliar fishing gear, economic constraints, etc. (AFDF, 1979). Yet even with all these restrictions, AFDF does offer a sound, if modest, start on this problem of training in this emerging field. The on-board efforts will be supplemented by workshops and media development and presentations in the primary fishing ports. This will include extensive news coverage and the development of specialized audio visual materials which may be used as a foundation for future training efforts.

III. ALASKAN FISHERIES EDUCATION NEEDS

The needs in Alaskan fisheries education can be viewed from several standpoints. Regional needs are quite diverse and these should be considered if one is establishing or bolstering fisheries in coastal or river-based fisheries. For example, the fishing communities of Southeastern Alaska and Kodiak can expect to harvest, process and market a much broader range of resources than the communities of the Arctic-Yukon-Kuskokwim regions. Yet certain common themes are prevalent throughout the state. One of these themes was best summed up by James Branson, Executive Director of the North Pacific Fisheries Management Council, during a recent conversation, "Our job would be many times simplified if the fishermen had, somewhere in their background, some strong knowledge about the resources." The state is embarking on a new bottomfish enterprise, one which is capturing the imagination of everyone from fishermen to bureaucrats. The question "what is a bottomfish?" remains very difficult for most to answer. The herring fishery is emerging as a very profitable operation in the Southern Bering Seacoast villages and other districts but many fishermen know little of the basic biology of the resource. Throughout the state, salmon has been the richest of the traditional fisheries. However, the life histories of the five species are poorly understood by the average fisherman. In all schools, at all levels, one of the greatest needs is basic resource information. This may be approached in the schools by abandoning the textbooks which are traditionally oriented toward terrestrial botany and zoology, and training with a local marine ecosystems approach. This involves much greater innovative effort on the part of the teacher, but would prove more effective in the long run. An excellent example of this sort of program is that instituted by Ms. Lucile Holden of Ketchikan High School about nine years ago, and with which she is still working.

Another statewide need which has been expressed in almost all communities which I have visited is fiscal management; for business management, financial planning, taxes. Other fiscal matters are becoming increasingly important to insure the greatest rewards for their efforts. In today's increasingly complex and inflationary society, this will become even more important.

With the emerging white fish fishery, Alaska fishermen must learn to use modern and complex equipment and deal with non-traditional (for Alaskans) resources. Machines such as the new Mustad Autoline system, on-board heading and gutting equipment, and new advanced methods of on-board refrigeration must be mastered in order for the bottomfish fisherman to compete successfully on the world market.

Boat repair and fabrication, diesel mechanics, electronics and navigation all are becoming increasingly important to Alaska's successful fishermen. For the small boat fishermen, the skipper needs to be familiar with all of those skills, while on larger vessels, crew members with specialized skills in these fields are important, and at shore-based support facilities (such as the proposed Alaska Skill Center or the Juneau-Douglas Community College Boatyards), individuals with these skills will be in demand.

In examining Alaskan fisheries education needs, it is helpful to look at two possible "systems" approaches: vocational education and technical education. Ultimately, both approach the same goal of strong fisheries education and training for future members of the industry.

Vocational fisheries education may be best addressed by the community college system, the Alaska Skill Center and Sheldon Jackson College through a network which will be described later in this report. It should be directed toward specific needs, with materials which are modular in concept and format and suitable for delivery to either small audiences throughout a given region or on board a vessel for crew use. The new Kodiak Community College program can provide an excellent model for such a delivery system. The viability of this concept may be thoroughly tested with this program before implementation in other regions.

Technical education, on the other hand, should provide a resident a two or four year program leading to degrees in some aspect of commercial fisheries. An example of such a program is found at the University of Rhode Island Department of Fisheries and Marine Technology.

The technical approach to Alaskan fisheries education is highly desirable for Alaska. It does not, however, answer our immediate needs, due to the length of time required to put a technical school of fisheries into place and nurture it to success. Captain G.A. Motte, Chairman of Rhode Island's Department of Fisheries and Marine Technology, spoke of problems they encountered in getting started; at the outset, there was opposition from the skippers to hiring a classroom trained crewperson. It was difficult to convince students that it was a valid expense of time, money and effort to spend two, three, or four years in the classroom when he or she could be at sea, earning a paycheck.

In the ten years that the department has been in existence, the attitudes gradually changed. Now skippers demand that their prospective crew members have attended the URI program, and the waiting list calls for more candidates than the school can accept. As a result, they are highly selective in accepting students, though it has taken ten years to reach their present status.

Alaska needs to have a technical school of this type and caliber. It will not, however, answer our immediate problems. Even if all our fisheries education efforts were focused on this approach, we could not meet the immediate needs of our people and industry. This is not to say that we should not work toward this goal, but rather we should start today with a well-organized and strongly funded vocational education network. Even with an excellent, well-accepted technical school in place, the vocational network will still be extremely important. Because of Alaska's size and diverse needs, there should be no redundancy in ultimately approaching fisheries education from both directions. Besides, even the finest technical school can only answer the needs of a limited segment of future Alaskan fishermen. There will always be a majority of people who cannot afford, for one reason or another, to attend such a school, as well as people who need only courses on particular discrete topics. These people may be best served on an out-reach basis through the community college or other vocational programs.

The College of Fisheries, Navigation, Marine Engineering and Electronics in St. John's Newfoundland may serve as a useful example for Alaskans to consider. Newfoundland, located on the east coast of the continent, has much in common with Alaska. Fishing is a major industry; the ports are frequently small and remote and communication problems between population centers are similar to those of rural Alaska. While there is a strong on-campus program at St. John's, each year since the school opened in 1964 a third or more of the enrollment has been through the extension program of travelling schools.

While the majority of course offerings detailed in their "List of Programs" are offered principally at the St. John's campus, most of the courses are of one and two weeks duration and are designed to upgrade skills of people who are already in the industry.

It was not possible for Lee, Pennington and Associates' personnel to visit the St. John's campus due to the school's summer break. However, it would be highly desirable for us, or someone interested in Alaska fisheries education delivery systems to do so.

IV. ORGANIZING ALASKAN FISHERIES EDUCATION EFFORTS

Does Alaska's fisheries education effort need organization? In my mind, the answer is yes. We have too often seen programs attempted, only to watch them fail. We have witnessed duplicative efforts leading to redundancy because of poor communications. We have regions and schools which are unable to profit from mistakes or successes of other entities simply because they don't have knowledge of them. We have heard repeated requests from rural residents for stronger programs in fisheries, but no one seems to know where to find assistance to set up fisheries education programs, or how to maintain them at functional and efficient levels.

Currently, there are two major entities vitally interested in promotion of fisheries education within the State of Alaska: The Alaska State Department of Education and the University of Alaska. Other agencies and associations have also expressed interest and need. The various native associations and corporations, the Alaska Native Foundation, Alaska Fisheries Development Foundation, various state departments (e.g., Department of Fish and Game, Department of Commerce and Economic Development) and others, all have strong contributions to make. However, it would be an inefficient expense of effort and capital for all these entities to plunge into this effort without some form of organized coordination.

Since the two major organizations (DOE and U of A) in fisheries education approach this topic from rather different, or at least rarely overlapping approaches, it would be logical for representatives of their governing boards (the State Board of Education and the Board of Regents, respectively; as well as a representative from the Post-Secondary Commission) to form an oversight board to oversee the policy formulation for fisheries education. They, however, are not necessarily in touch with the needs of the industry, or the rural fisherman, and they haven't the time to follow up policy or delivery. To fill this role, a coordinating council, whose members would be appointed by the oversite board should be directly responsible for implementation at the state level. Members of this council should include at least one representative from the community college system, the Governor's Office, the Alaska Native Foundation, the Department of Education, the University of Alaska Sea Grant/ Marine Advisory Programs, and other interested groups.

The council should have a person in the role of secretary, to carry out the council's directives. It is desirable to have this person housed either within the community college system or the central office of the Department of Education. A major role to be carried out will be interfacing with the fisheries coordinators at the various community colleges and other institutions. A flow chart of this organization is presented. (Table 1).

On the next level fisheries coordinators should be responsible for developing and disseminating materials, not only within their own institutions, but also through the rural secondary schools of their region. In the village, it will be the role of the principal teacher or his or her designee to further disseminate the materials to skippers and other interested people.

Perhaps the most critical part in this scheme lies at the village level. It will require a great deal of grass roots effort to establish strong and effective liaisons between the village fishermen and the rest of the program. An accurate needs assessment for each village served within a region, with priorities for answering those needs, is extremely delicate and very important. It is essential, if this program is to work, that it demonstrates its ability to meet local needs very early in the program, and continue to do so. The proposed Kodiak Community College fisheries program offers an excellent opportunity to demonstrate this ability on a regional scale before the entire program is implemented statewide.

Needs at the village level may be communicated through the principal teacher and the coordinators, to the coordinating council. Furthermore, in this fashion, an effective talent bank system may be set up to operate on a statewide basis.

This talent bank would consist of a roster of people with definite skills for use throughout the State, much in the fashion of the present DOE Talent Bank. Funding for the fisheries education talent bank should be handled in a similar manner to or as a part of the DOE talent bank system.

While this organizational scheme would encompass most situations, demonstration projects and fishing trials conducted by the State and Alaska Fisheries Development Foundation are special cases. The need for projects of this nature can be communicated through the channels outlined above, and the coordination council and the local educational agency may be of great assistance in staging them. However, it may be more expeditious and advantageous to have them funded directly.

I believe, however, that one requirement must be written into each and every demonstration project: they must be designed to develop a local information core. Too often the Alaska fishing industry has had to (and will, in the future, have to) rely on out-of-state or foreign expertise, particularly in the white fish industry. Recognizing that we must take our expertise from whatever available resources, we should also be training a cadre of people within our own industry to not only use new equipment and fishing techniques, but also to pass this information on to other Alaskan fishermen, processors, and marketers. It is unlikely that we will ever be totally independent of out-of-state expertise. Indeed, it would not be in our best interest to become totally dependent on local expertise. It would, however, make good economic and educational sense to reduce this dependency gradually.

There is another possible approach to the reduction of dependence upon foreign and out-of-state expertise. This lies in the strengthening of the existing Marine Advisory Program, especially in the area of gear specialists. As mentioned earlier in this report, MAP has attempted to add a gear specialist to its staff, but funding has been unavailable. Most of the State demonstration projects include various specialized gear uses. Therefore, it would be in the best interest of the State and its fishing industry to directly fund at least one, and preferably three gear specialists for statewide service within MAP. While three gear specialists may seem extravagant, consider the expense in constantly importing outside knowledge to the vast reaches of the Alaska coastline. Again, the development of these specialists could be effectively aided by close involvement of the MAP with the coordinating council.

It should be realized, however, that merely adding to the Marine Advisory staff will not be sufficient to provide the needed fisheries education effort. This step should be regarded as a supportive measure to help fill the gaps while a completed and functional statewide fisheries education network is being developed. Subsequently, there will still be a need to maintain that Marine Advisory expertise throughout the state to supplement the proposed educational delivery system.

It is our recommendation that this proposal be implemented on a regional basis since Kodiak Community College has been awarded a grant to initiate a Regional Community College - community fisheries program, we suggest that Kodiak is the logical site to act as a model for future efforts. After one year of operation, the program should be expanded and initiated in another region, utilizing and adopting materials and experience developed in Kodiak. Further expansion could be accomplished step-wise each successive year.

The first year operating costs, though, partly depend on already appropriated funds (see attached Kodiak Community College project budget Table 2). The added funds needed will cover initiation of the state network, and preliminary work on needs assessment of individual regions to be served by the plan at a later date. These expenses should cover the selection of the five-member oversight board (Board of Education, Board of Regents, Post-Secondary Commission), as well as their attendant travel expenses; the selection, travel and meeting costs of a state fisheries education coordinator; and finally the costs of initial needs assessment and preparation for implementing the program in the successive regions. Possible funding patterns are outlined in Table 3.

V. PROPOSED BUDGET

1st Year Operation

1.	Oversight Board Expenses	$ 3,000
2.	Selection and Operational Expenses-Coordinating Committee	5,000
3.	Travel Coordination Committee	6,000
4.	State F. E. Coordinator	
	a. Salary	36,000
	b. Secretary	20,000
	c. Fringe at 17.5%	9,800
	d. Travel	7,000
	e. Communication	5,000
5.	Subsequent Needs Assessment (to be contracted)	60,000
	Total First Year	$151,800

2nd Year Operation

1.	Oversight Board	3,000
2.	Coordinating Committee	10,000
3.	a. State F. F. Coordinator salary	38,000
	b. Support	21,000
	c. Fringe at 17.5%	11,000
	d. Travel	8,000
	e. Communication	5,000

4.	Subsequent Needs Assessment	60,000
5.	Curriculum Development (contract)	60,000
6.	Community College Coordinator Salary	38,000
7.	Support	15,000
8.	Fringe	9,000
9.	Travel and per diem for regional teachers	4,000
10.	Community College Coordinator travel	3,000
11.	Supplies	11,000
12.	Evaluation	16,000
13.	Communication	4,000
14.	Printing	5,000
	Total Second Year	$321,000

Beyond the second year the Kodiak Community College program must be refunded to continue it. As a rough prediction it will cost approximately $200,000 a year to maintain the program. Using that figure in conjunction with the state advisors first year cost to estimate the total overall costs of running this program on a coastal statewide basis at the following locations: Ketchikan, Juneau, Prince William Sound, Kodiak, Kenai, the Aleutian Region, Bethel, Nome, and Barrow, one arrives at an annual cost of $1,800,000.

There are, however, some problems with using this estimate. For example, there is currently no community college in the Aleutian Region. It has been suggested that a fisheries extension center be placed at Dutch Harbor to act in this capacity. Expenses of running this sort of program in the Aleutian Region may be perceptibly higher than in other regions, but this will also be offset by lower costs at other centers, such as Nome or Barrow where the commercial fisheries, while potentially very important, will probably always remain at a far lower intensity than those of the more southern centers.

VI. SUMMARY

The Alaskan fishing industry is of vital importance to the future of this state. It stands on the edge of great expansion into new fisheries, new processing techniques, new markets, and new regions of the state. No longer is it a local cottage industry, but, instead, is now a rapidly growing multimillion dollar investment in which all Alaskans share directly or indirectly.

To allow this industry to provide maximum benefit for all of our citizens, be they producers, processors, marketers, investors, or consumers, we must initiate a coordinated fisheries education program, designed to (1) reach every portion of the state concerned with fisheries; (2) produce readily usable educational materials for all segments of the fishing industry statewide; (3) tailor these materials to local relevance; (4) make use of all available means to transfer out-of-state expertise into our educational system.

To accomplish these ends, Lee, Pennington and Associates recommends the following:

1. Setting up an educational and communications network consisting of:

    a. An oversight board consisting of two members of the Board of Education, two from the Board of Regents, and one from the Post-Secondary Commission;
    b. A coordinating council consisting of representatives from the community college system and all pertinent public and private agencies; and
    c. Developing a statewide coordinated vocational fisheries program which would be regionally specialized and associated with the community colleges, university extension centers or other suitable regional entities.

2. The materials developed by this effort be modular in nature, and be suitable for non-classroom teaching.

3. The Kodiak Community College Program be used as a model for this effort, and that this program be fully supported financially.

4. Using the Kodiak experience and materials, a similar program be instituted and fully supported in at least one other coastal community college during the following year. Thereafter, one or two new programs should be added each year.

5. Those agencies responsible for funding these programs should realize that, in order to be successful, there must be a long term commitment of time, funds and energy.

6. The Marine Advisory Program be strengthened by the addition of one to three gear specialists for statewide service.

7. Ultimately, the State should consider supplementing their vocational fisheries by the development of Technical Fisheries Education College, similar to Rhode Island's School of Fisheries.

Alaska Fisheries
Education Organization
Flow Chart

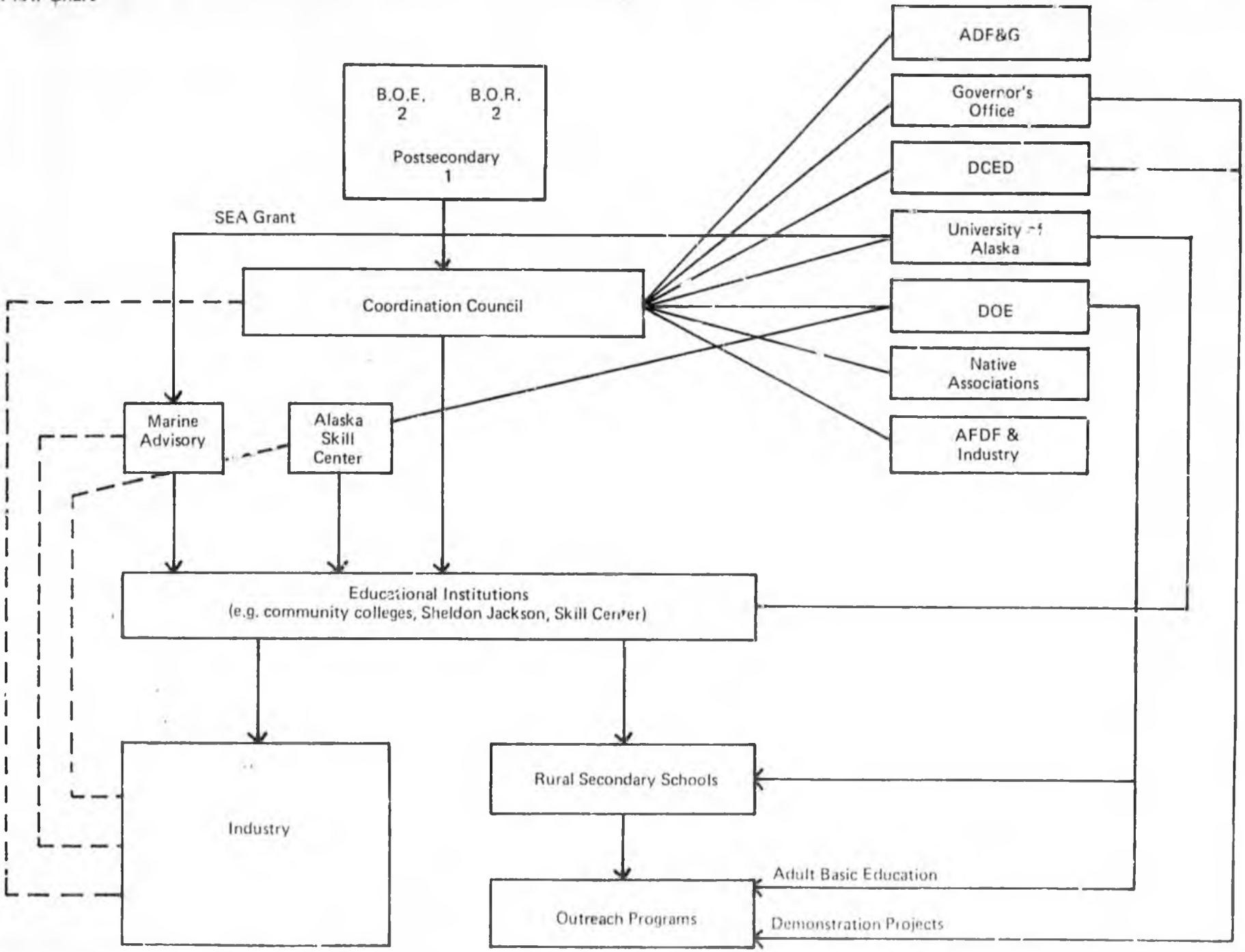
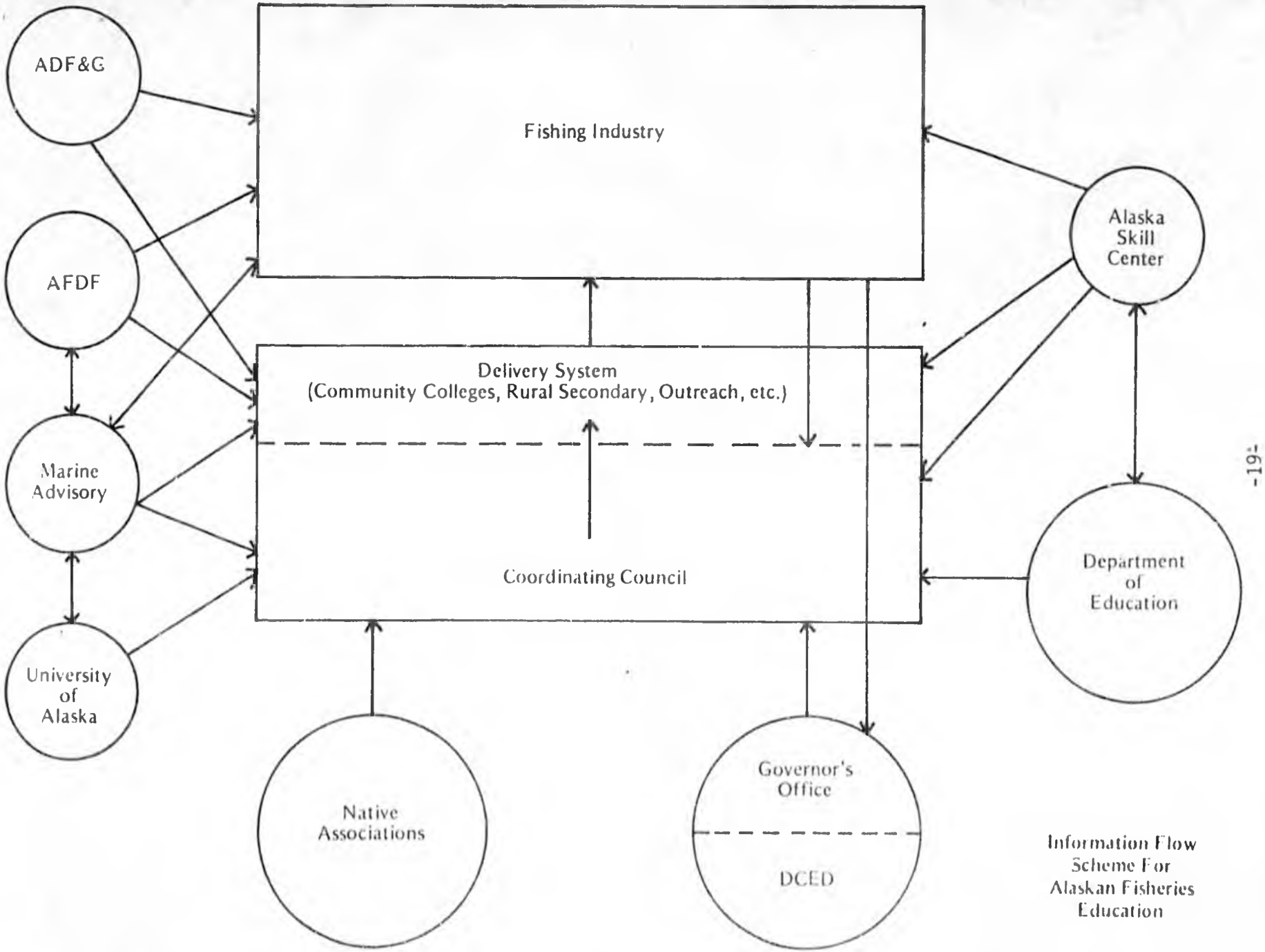


TABLE 2

KODIAK COMMUNITY COLLEGE FISHERIES PROGRAM BUDGET

State Budget Account Number	Account Title	Budget Amount Initial	Revised Date
310	Coordinator Salary - 18 months	$54,000.00	
330	Secretary Salary - 24 months	28,800.00	
350	Employee Benefits 17.5%	14,490.00	
400	Professional & Techincal Services		
	Project Initiator - 3 months	3,000.00	
	Technical Writers for Modules Curriculum Development	40,000.00	
	Contracted Service plus travel & per diem - NWRL & Criminal Justice Center		
	Substitutes for Teachers	1,350.00	
	Teachers Release Time (H.S.)	1,000.00	
426	Travel and Per Diem		
	6 villages on Kodiak Island Teachers Training	2,520.00	
	Coordinator Travel - Program Development & Implementation	2,700.00	
		1,500.00	
451	Supplies	5,000.00	
140	Communications	2,400.00	
	Project Evaluation	15,000.00	
	Printing Costs	5,000.00	
	Administrative Overhead 10%	17,376.00	
	TOTAL REQUESTED	$194,136.00	



Information Flow Scheme For Alaskan Fisheries Education

LITERATURE CITED

Alaska Fisheries Development Foundation, 1979. Implementation Plan for Technology and Economic Feasibility Analysis of Emerging Domestic Groundfish Fishery off Alaska. (Prepared with assistance of Domers & Moore).

Atkinson, Clinton, 1974. The Role of the University of Alaska in the Research and Development of Alaskan Fisheries. Part 1: A Program of Training and Education. University of Alaska.



December 1979

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REPORT O. THE ALASKA SENATE COMMITTEE ON QUALITY ASSURANCE IN THE SALMON FISHING INDUSTRY BY THE SUBCOMMITTEE ON EDUCATION

Background and Need

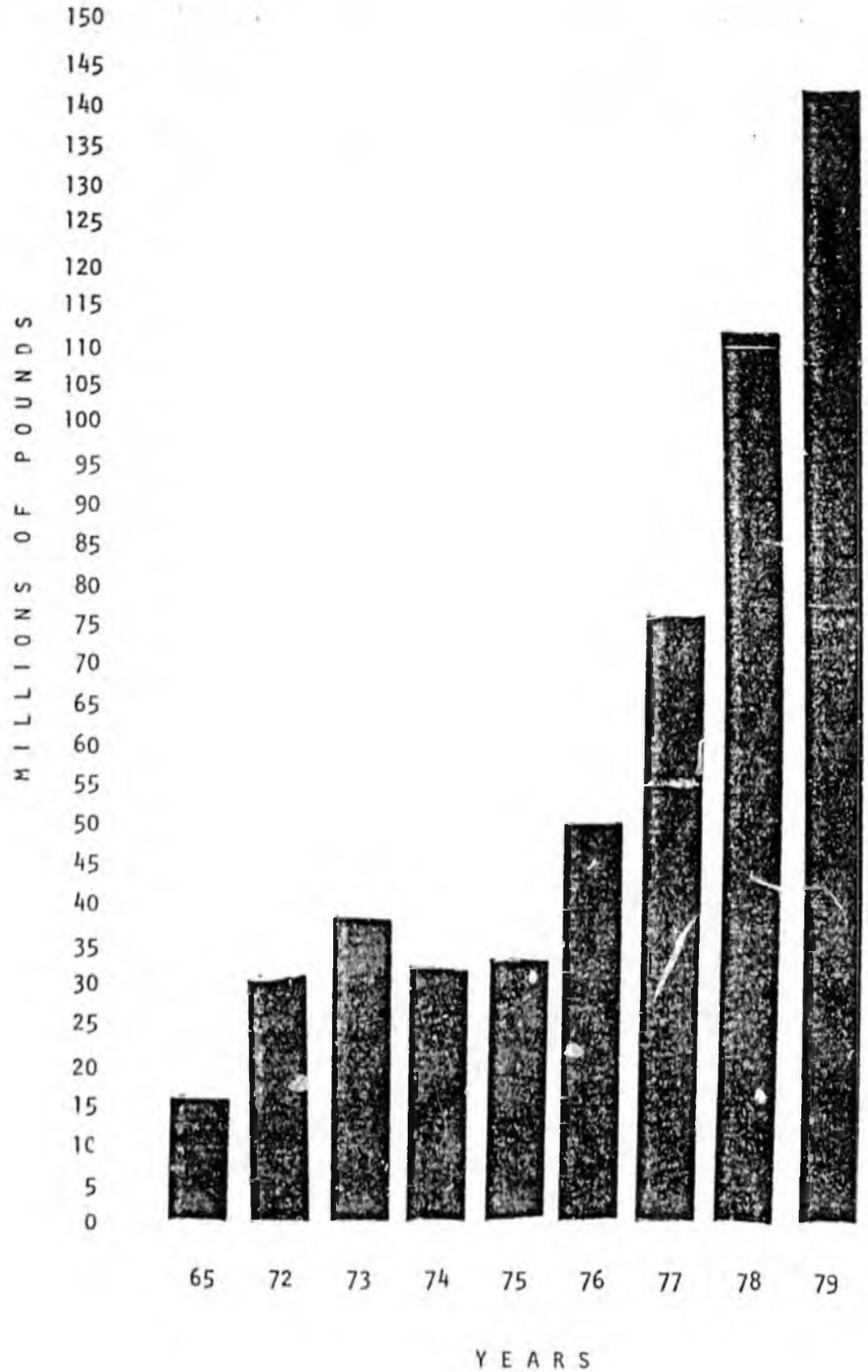
The Alaska salmon industry has undergone a major change in the last ten years. This change consisted of a shift from a primary emphasis on canned salmon to a heavy emphasis on fresh and frozen salmon processing (Fig. 1). This shift is as dramatic as, and is economically more significant than the development of the tanner crab fishery.

Traditionally, the fresh and frozen salmon markets were supplied by troll-caught salmon from Southeast Alaska and the Pacific Northwest. These were high-quality silver and king salmon, bled and dressed immediately after capture and iced within a short period of time. The supply was supplemented by gillnet-caught salmon, again principally silvers and kings.

As the market for fresh and frozen salmon expanded, it had to be filled with net-caught salmon. This move was accompanied by an increase in cold storage capacity in the Gulf of Alaska and air shipments from Bristol Bay and the AYK district.

During the last four years the growth has been dramatic (Fig. 1). In 1979 over 100 million pounds of salmon, including sockeye, chums and pinks that would previously have gone into the can, went to the frozen market. This is accomplished

ALASKA FROZEN SALMON PRODUCTION



by "high grading" at the plant, which has resulted in an overall lowering of quality in both the canned and frozen product.

Many of the fishermen and processors who are now producing for the fresh and frozen market formerly canned all of their product. Therefore, they are not familiar with the proper methods of handling fish to attain a high quality frozen product.

In Japan and Europe the devaluation of the U.S. dollar has put salmon within the buying range of more people. The Japanese market is for high quality dressed salmon with the head on, which are sold whole on the retail market. In Europe, the demand is for frozen salmon which are thawed and split for mild curing and smoking. Both markets demand a quality fish with no external or internal blemishes or visible flaws. North America, too, is experiencing a shift toward fresh and frozen salmon for use as steaks and fillets and, to a lesser extent, the mild cure and smoking market.

European and Asian markets are looking to our competition for a high quality product. This includes Canada and Norway, both of whom have high quality standards set by government regulation.

Processors in Europe complain about bruises, soft flesh, belly burn, rancidity and poor butchering of the product they receive from the U.S., including Alaska. These are all caused by improper handling and processing.

Problem

The Alaska fish are as good as any when they come from the water, but several million pounds of frozen salmon were condemned by state and federal inspectors after the 1979 season. Quality loss occurs in the hands of humans.

The problem of salmon quality is statewide, but is more critical in areas where the production of frozen salmon is a relatively new form of processing.

Goals and Objectives

The goal of this project is to "Raise the quality of Alaska frozen salmon to a level that will meet or exceed that of any other country's product competing on a world market."

Our immediate objective is to improve the overall quality of Alaska salmon. Clearly, efforts need to be made in assisting the industry to improve the quality of salmon submitted to the world markets. Education is needed in proper techniques for handling salmon.

A committee has been appointed to determine these educational needs and the kinds of educational efforts the state should support. A broad-based educational program, directed at fishermen, tendermen and fish processors, is recommended by the committee.

Approach

A broad-based education program will be developed. This program must be delivered to the largest number of industry members possible. The project will reach fishermen, tendermen, processors and shippers of salmon; i.e., all segments of the industry. In order to reach most of the industry, a number of different audio and visual educational techniques will be employed. These will include, but not be limited to:

1. Seminars, workshops and conferences
2. Consultation services
3. Public service radio spots
4. "How-to" fact sheets
5. Slide series on handling salmon
6. 16-mm educational film on salmon handling and processing methods
7. Salmon handler's manual

In order to provide these educational services it will be necessary to employ a full-time specialist in the care, handling and processing of frozen salmon. This will need to be a long-term project. Current practices are ingrained and will take a number of years to change.

Outline of Education Activities

1. Seminars, workshops and conferences. Seminars and workshops will be conducted in fishing ports throughout the

state. These will be directed at fishermen and processing personnel. This mechanism is helpful in making industry members aware of the problem and will offer solutions to specific problems of each fishery and region. This has been demonstrated to be one of the best methods for provoking a desirable change.

A conference will be held to bring together the leaders of the fishermen's organizations with the objective of informing them of the problems poor quality has caused in the marketplace; to obtain their ideas for a long-range solution; and to enlist their support. A second conference will be held with the quality assurance personnel in the processing plants to inform them of the problems that occur in plants and to provide them with information and materials for training their in-plant workers.

2. Consultation services. In order to improve the quality of fish landed it will be necessary to do conversion work on many of the salmon vessels presently in use. This will include the installation of slush ice, refrigeration systems, or other types of cooling systems on the vessel. In some areas of the state the older or smaller vessels are not lined. Fish lay in the bilge or against hot engineroom bulkheads. In some cases boxing may be justified. The specialist would be available to provide technical information on these and other specific problems. In many cases, the

fishermen or processors could make the necessary changes themselves with technical assistance made available through this program.

3. Public service radio announcements (PSA's). All radio stations make time available for public service announcements. Several stations have been contacted and have expressed a willingness to air educational spots relating to good handling practices for salmon. A series of PSA's will be produced and distributed to all radio stations in coastal communities. The PSA's will contain "how-to" tips as well as what not to do. They will each contain an educational message; however, their prime function will be to raise the general awareness of the necessity for good handling practices. Through personal contact with participating radio stations it is expected that the PSA's will be aired at a time most fishermen listen to the broadcast band--at the time of the marine weather forecast.

4. "How-to" fact sheets. A series of "how-to" fact sheets will be written. They will be developed for each fishery by region. It is necessary to develop them by fishery and region because of the differences in the harvesting methods employed and the different conditions existing in each region. Fact sheets will also be developed for in-plant handling. Subjects to be covered will include, but

not be limited to, effects of temperature; sanitation; use of ice; refrigeration; etc. These fact sheets will be given broad distribution to fishermen and processors and be used in workshops and seminars.

5. Slide series on salmon handling and processing. A series of slides is presently being assembled that shows the effect of poor handling and butchering practices. This series will be expanded to show proper methods. The series will be duplicated for use in workshops and seminars and will be available for fish processors to use in their own in-plant training sessions. These slides must be considered as a tool rather than standing on their own as an educational program.

6. 16-mm movie film/television tape on salmon handling and processing methods. A 16-mm educational movie film will be developed showing proper handling and icing and the processing of frozen salmon in the plant. Television tape copies of this film will be made available for circulation to schools and educational TV, and will be used in workshops, seminars, etc. A film will not be a complete educational program but will augment the other educational efforts.

7. Salmon handler's manual. The fact sheets will be completed and supplemented with additional materials to produce a salmon handler's manual. This manual will in-

clude the why as well as the how to. The major use of this manual will be for in-plant training by company personnel. It will also be used to train new quality control people in the plants.

Interactions

It is necessary that this project interact with present education efforts in salmon quality enhancement in both the private and public sectors. This would include the University of Alaska, the National Food Processors Association, fishermen's associations, and the state legislature.

It is recommended that a permanant advisory committee be appointed to monitor the program. This committee should meet on a quarterly basis to review progress and to identify problem areas.

Salmon Quality Education

BUDGET

SALARIES		
Instructor 12 mo @ $3000 mo	$ 36,000	
Clerical assistance 1/2 time 12 mo	8,000	
	44,000	
Staff benefits @ 20.5%	9,020	
TOTAL		$ 53,020
EQUIPMENT		
Office equipment	1,500	
Audio Visual	950	
TOTAL		2,450
EXPENDABLE SUPPLIES		
Re ording tape	480	
35-mm film	120	
Office supplies	200	
TOTAL		800
TRAVEL		7,800
CONTRACTUAL SERVICES		
16-mm movie	40,000	
Printing (fact sheets, manual)	13,200	
Postage	1,100	
Communications	3,000	
Xerox and drafting	2,000	
Video tapes	400	
Reproduction of slide sets	500	
Subcommittee travel and per diem	10,000	
TOTAL		70,200
TOTAL DIRECT		134,270
TOTAL INDIRECT @ 50.8% of S & W		22,352
GRAND TOTAL		$156,622

SB

371

Introduced 2-1-80
Logged 2-1-80
Referred: Finance
Comm. meeting 3-24-80 Passed
4-16-80 - held
" action

S. HESS ~~Request~~ amending the teachers retirement system and providing for an effective date.
SB 371
By: ~~Summer~~
by Request

Same as SB 390

2/21/80 - Notify Kott Barnick (Long recorder)

Called for F/N - twice - F/N herein
Dorothy Wells notified.
Mr. Manners NEA
Paul Arnedt - FN
Dept of Educ.
PEA - Sherry Shelley notified 3/24/80 - did
Cmed not home but answered said someone.

Teachers' Retirement

SENATE BILL NO. 371, by Senator Sumner by request. Repeals and re-enacts AS 14.25.143 (Post-Retirement Pension Adjustment) to provide that beneficiary of teachers' retirement system shall receive an annual percentage adjustment to his retirement salary and survivor's benefits effective July 1 of the current year. Adjustment shall equal percentage of any cost-of-living increase determined by the U.S. Bureau of Labor Statistics for Anchorage for year period ending March 31 of current year. Increase may not exceed 7% a year (currently 4%). Provides Cost-of-Living allowance granted under AS 14.25.142 is part of retirement salary for purposes of calculating adjustment under this section. (Currently the Administrator of teachers' retirement increases benefits when he determines C-O-L has increased and the financial condition of the fund permits. Increase limited to 4% per year.) Provides Act effective January 1, 1980.

Introduced February 1 and referred to Health, Education & Social Services, then to Finance.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

2-27-80
mjc

I. REQUEST
Bill/Resolution No. Senate Bill 371
Title An act amending the Teachers' Retirement System
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Administration - Division of Retirement & Benefits
Program Category Affected Labor Services and Elementary & Secondary Education
BRU, Program, or Subprogram(s) Affected 02-96-8-01-01-02 (TRS) 02-11-8-02-01-00 (TRS MATCH)
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 STATE TRS MATCHING		45,012.0	49,513.2	54,464.5	59,911.0	65,902.1
100 BENEFITS		7,937.6	8,731.4	9,604.5	10,564.9	11,621.4
TOTAL		52,949.6	58,244.6	64,069.0	70,475.9	77,523.5

FUNDING (Thousands of Dollars)

GENERAL FUND		52,949.6	58,244.6	64,069.0	70,475.9	77,523.5
FEDERAL FUNDS						
VETERAN'S FUND						
FISH & GAME FUND						
HIGHWAY FUND						
AIRPORT FUND						
CAPITAL FUND						
PERS						
TRS						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

1. A 7% PRPA will increase the TRS contribution rate by 38.72% of covered payroll (the TRS contribution rate is split 50/50 between the State matching contribution and the district contribution).

2. Estimate FY81 TRS covered payroll @ $232,500,000.

3. Estimate the TRS covered payrolls will increase at 10% annually.

Paul B. Arnoldt

IV. DATE 02/25/80 PREPARED BY Paul B. Arnoldt, Director
AGENCY Division of Retirement & Benefits
PHONE 465-4460

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named) Senator Sumner
Office of the Governor (Keith Specking)

ATTACHMENT

Bill No. SB 371

ASSUMPTIONS:

1. Estimated FY80 Payroll (Total System) = $232,500,000
2. State Contribution Rate to Fund Bill = 19.36%
3. State TRS Matching Rate to Fund Bill = 19.36%
4. School District Rate to Fund Bill = 19.36%

COST ANALYSIS:

Employer	Payroll	Rate	Cost	Appropriation
1. Dept. of Education	$ 4,000,000	x 19.36%	$ 774,400	To Their Budget
2. University of Alaska	$ 37,000,000	x 19.36%	$ 7,163,200	To Their Budget
			$ 7,937,600	
3. State TRS Matching	$232,500,000	x 19.36%	$45,012,000	To TRS Match
4. State TRS Regular Budget:				
Personal Services			$ -0-	To Personal Svcs.
Travel			$ -0-	To Travel
Contractual			$ -0-	To Contractual
Commodities			$ -0-	To Commodities
Equipment			$ -0-	To Equipment
COST TO STATE IN FY81			$52,949,600	

MEMO

1. All School Districts	$191,500,000	x 19.36%	$37,074,400
TOTAL COST IN FY81			$90,024,000

REMARKS:

PRESENT: TEACHERS 7% 7.4% State

SB

372

COMMITTEE REPORT

SENATE

FURTHER: Finance

2/1/80

Date: 3-19-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 372 making an appropriation to the Dept. of Education for the adult basic education program

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[X] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

SB 372 "An Act relating to the Dept. of Educ. for basic education programs providing for statistical data."
S. HESS 79-80
By: Ferguson

Introduced 2-1-80
Logged 2-1-80
Referred Finance
Comm Meeting 3-19-80 passed - v - no rec - 1 do pass
" Action. → Taken private secy 3-20-80 - 8:30

7/13/80 called Bill Thompson for F/N #2800
Notified " Jerred Hiley - Adult Educ.
Sponsor notified.

ALASKA DEPARTMENT OF EDUCATION
POSITION STATEMENT

SB-372

The State Board of Education is in full support of the bill, and the services its enactment would provide.

There are currently seven (7) regions in the state receiving little or no adult basic education funding. It is the intent of Senate Bill 372 to provide minimum basic program funding to each of those regions. If these funds are put into the regions, it is anticipated that the program will generate from $100,000 to $300,000 for their respective programs from other sources.

Approved by: William D. Thomson

William D. Thomson
Deputy Commissioner
March 19, 1980

A PROPOSAL FOR EDUCATION LEGISLATION TO SERVE SEVEN REGIONS IN ALASKA

INTRODUCTION

This state offers a free education to every member of its varied society. Even so, there are many adults among us who either could not or would not finish (or, in some cases, even start) their elementary or secondary education. Because these adults are poorly educated, they have, throughout an entire lifetime, held some of the least rewarding jobs in our society. Frequently, they have held no jobs at all. They find themselves on the welfare roles, and each generation begets yet another generation of those who are uneducated, unskilled, and unemployed.

There are men and women in the state who cannot fill out job applications, who cannot read labels on prescriptions or prices at the grocery store, and who cannot help their children with even the simplest homework. They are people who need Adult Basic Education.

On the other hand, there are men and women among us who have recently applied for and received either their first job or a better job. We have adults who no longer must depend upon others to read for them on shopping trips. We have people who take new pride in helping their children learn, who pass that pride in education along to their formerly indifferent families. These are men and women who have received and are now demonstrating the benefits of Adult Basic Education.

DEFINITION

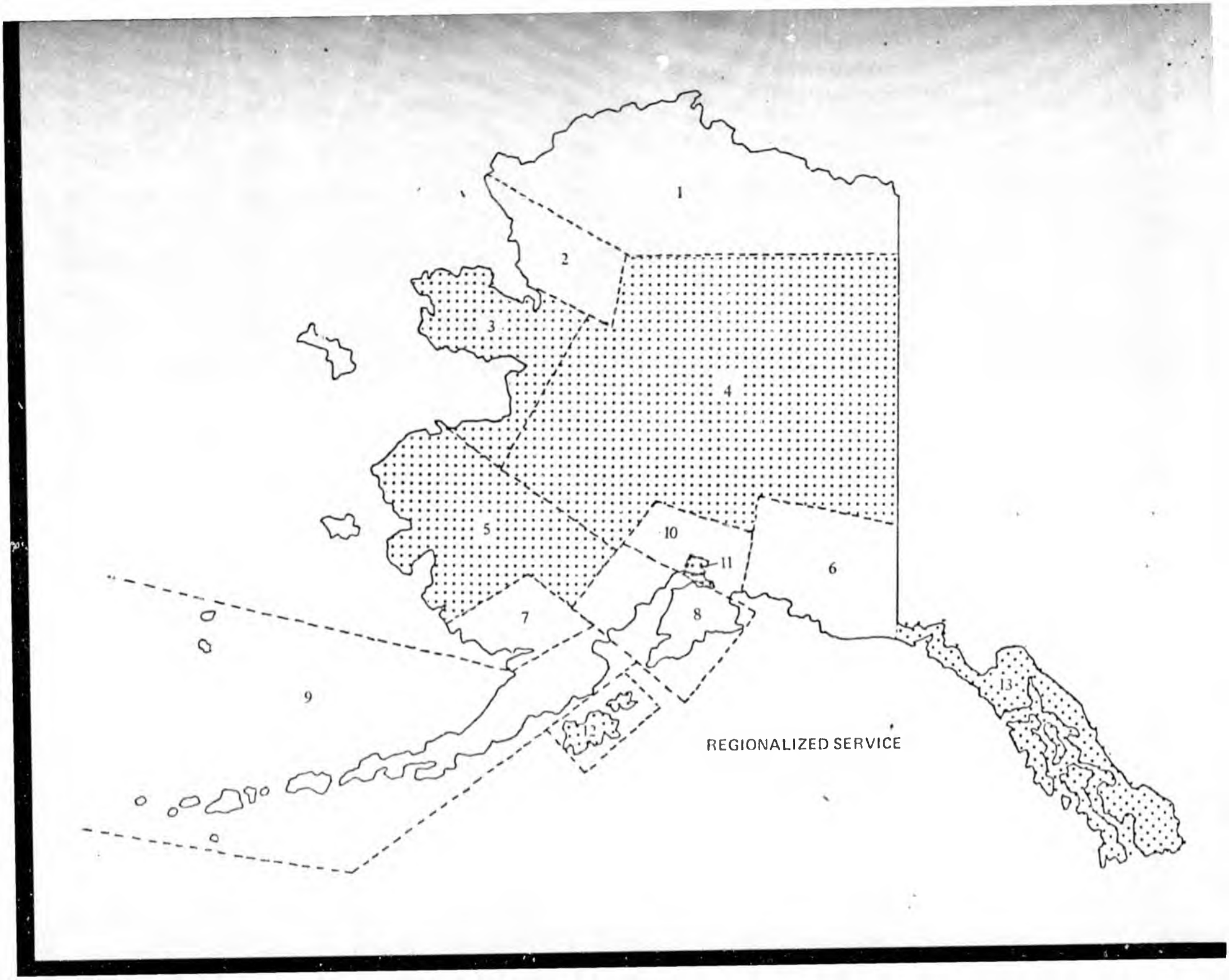
Adult — A person sixteen years of age or older who is not enrolled in a regular public or private school program and who is in need of basic literacy skills, English Language instruction, life skills instruction or other assistance up to secondary school completion.

STATEMENT OF NEED

The goals of Alaska Adult Basic Education are:

> ...to provide the best possible educational opportunities for all undereducated adults in Alaska ... to provide adults opportunities to continue their education to at least the level ... of secondary school ... (to make these) opportunities available for adults who have not completed secondary training as well as adults who have received a certificate of graduation from a school providing a secondary education but are functioning at less than a secondary competency.

There are presently seven geographic regions in the state receiving little or no instructional money for Adult Basic Education. The North Slope, Northwest Arctic, Aleutian/Pribilof Islands and Bristol Bay and Rural Anchorage Regions receive no funding. The Kenai Region receives


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REGIONALIZED SERVICE

funding for two part-time classes and Valdez is funded for one teacher. This means that approximately 68,000 Alaskans are being denied access to the advantages of adult education.

At current funding level options are limited. Programs could be drawn out of one region and relocated in another region, but this would cause the loss of experienced staff in whom the state has a considerable investment in training. This would further cause the discontinuation of programs for many students who have had a long term commitment and are in the advanced stages of completion.

A second alternative would be to trim a percentage of money from existing programs and put into the unserved regions. Once again this would cause many people to lose service and take away from programs which already operate at only a minimal level. A case in point is the Kuskokwim Region which serves fourteen out of fifty-three villages now.

The third alternative and that being suggested by this proposal is to leave present funding in place and add minimum funds necessary to complete the network. The state is already in the unfortunate position of denying many of its citizens equal access to educational opportunity. To reduce or remove the programs currently thinly spread over the state would be a denial to our responsibility.

Great social pressure is being exerted upon the Native populations of the state. With Indian Self Determination, the advent of Native Land Claims and localization of the schools people with little education are being required to sit on boards of directors of corporations making decisions with great environmental and financial impact, sitting on school boards making decisions in hiring and firing professional staff as well as judgements on quality of education.

This press for educated adults cannot depend strictly upon the new young graduates to fill the need. Every effort must be made to tap the knowledge and experience of the mature adult in the older geneations. This can be done only through basic education.

The following statistics corroborate the need for basic education in the proposed regions to be served.

REGIONAL NEEDS STATEMENTS

1. Bristol Bay:

"In a special report prepared by Robert Natham and Associates for the Federal Government, a number of statistics were identified relative to the well being of Alaska Natives. For Bristol Bay, the figures are indeed stark:

The Median education in school years completed by
Alaska Native (as a whole) is:.....7.4
For Bristol Bay.....3.5

Further, the studies identified 50.3% of the population 25 years of age or older as having an educational attainment of 0-4 years of formal schooling. In this same population group, only 8.6% have

completed four years of high school or have an equivalent high school diploma. There is an immediate need for Adult Basic Education Courses in virtually all Bristol Bay villages."

No Adult Basic Education courses are currently being taught, therefore, there is no existing program or vehicle for adults within the villages to obtain the basic skills necessary to even apply for and pass the five sub-tests for a General Education Diploma (GED). An Adult Basic Education program would not only provide this service but would help provide for equal educational and growth opportunities for those adults who have been and are still being neglected.

2. Northwest Arctic:

An active, comprehensive program of adult education, based on the conceptual framework of Adult Performance Levels, is a prime requisite for growth of political, social, personal, and economic skills of NANA Region residents. In a recent (December 1978) survey, it was found that 42% of respondents had attended school to eighth grade of less. Another 13% attended between nine and eleven years. 45% were at least high school graduates. Teachers and other relatively transient professionals were included in the random sample and contributed to this last category. The indigenous, stable population is primarily of Inupiaq Eskimo heritage and fewer of this group have completed high school than the survey results suggest. Complicated further by multilingualism, the adult populations thus has a high rate of functional illiteracy. The region's people also suffer a high rate of unemployment. Inuit respondents, 52% had not had a job for the past year. An additional 41% were employed part-time. Only 7% had fulltime jobs. Besides unemployment, alcoholism, high prices, and lack of something to do, were seen by the respondents as the region's major problems.

The above statistics would in themselves suggest a need for an adult basic education/adult education program. But there is further evidence as well. When asked the question, "If a school for adults was available here, would you be likely to go?", 73% replied they would. And 90% said they would attend workshops or classes to teach people self-health care.

In follow-up interviews by school district personnel (April 1979), Ambler adults indicated that an average of 36% of respondents would attend each of sixteen (16) vocationally oriented classes. An average of 61% would enroll in each of two (2) consumer education classes, and in each of four (4) health and safety classes. Three (3) ABE courses would each have an enrollment of 10% of the adult population of this village, and a GED preparation course 32%. If extrapolated to the region's adult residents (approximately 2,500 people in eleven villages), one could anticipate about 150 people interested in a ABE program, 800 in a GED program, 900 in job skills, and 1,525 in other life skills program. Of course, many people indicated interest in several programs, and actual attendance would be well below the level of interest, but the need for an adult education program is apparent.

MEDIAN YEARS OF SCHOOL COMPLETED BY REGIONAL POPULATIONS

The following chart was compiled in an effort to show both the educational services needs and the income levels of the target area populations the A.S.H.E.S. Talent Search Project would be aimed at.

Region	Median Years School Completed		Highest Grade Completed by largest % of population				Eligible youth age 14-24 (17.4% of poverty population	Total below poverty pop.		Total Pop.
	Native	Non-Native	Native	%	Non-N.	%				
ALUET	7.2	12.7	5-6	23.9	12	46.7	73	419	9.6	4359
ARCTIC SLOPE	5.6	18.0	5-6	23.9	12	35.9	154	887	28.8	3079
CALISTA	3.0	13.5	0	33.9	12	33.6	1378	7889	65.5	12040
BERING STRAITS	7.0	13.8	1-4	21.8	12	28.5	387	1938	35.3	5497
BRISTOL BAY	3.9	12.6	1-4	29.9	12	38.3	256	1471	33.1	4446
CHUGACH	8.2	12.5	1-4	17.1	12	47.3	146	839	14.5	5794
COOK INLET	10.2	12.6	12	24.8	12	48.3	1791	10292	7.0	140823
COPPER RIVER	5.8	12.4	0	22.9	12	46.2	42	240	18.0	1336
KODIAK	8.6	12.5	8	28.8	12	41.9	135	773	9.3	8338
NOME	6.2	13.5	1-4	29.2	12	34.2	238	1369	37.2	3684
SITKA	6.7	12.6	1-4	21.4	12	42.4	892	5127	10.4	49233
SOUTHEAST ALASKA	10.3	12.5	9-11	25.3	12	38.1	760	4370	10.4	41957
TOTAL	7.5	12.6					6197	35614	12.7	280586

Data compiled from 2(c) Report, Task I. Excerpt from 2(c) Report, Task II, "The lack of basic statistical information prevents educational agencies from evaluating current educational efforts and identifying unmet needs."

3. Aleutian/Pribilof

Due to limited educational opportunities in the past, the people of the Aleutian/Pribilof region have faced many difficulties coping with 20th Century corporate life thrust upon them by the Native Claims Settlement Act. Leadership has been developing with incredible rapidity and effectiveness, but the heavy pressures involved in rapid change have caused frustrations resulting in social disorganization. Village corporations, councils, school committees and school boards have all been forced into leadership decisions for which they often lack basic training and experience. According to the 1970 U.S. Census in the Aleut Corporation area, 15% of the Native people 25 years or older completed grades 1-4; 25% grades 5-6; and 16% grades 7-8. Unless educational needs are met, the following will continue to occur:

A. Village and city governments will fail or falter or will be dominated by non-Natives.
B. School boards will be dominated by non-Natives, and Native parents will have little to say about education of their children.
C. Village corporations will not function at their full potential.
D. Outside investors will reap fortunes in the Aleutian/Pribilof area while the majority of Aleut people will subsist virtually at poverty level.
E. The Aleut cultural heritage will be overrun and lost, leaving behind the vicious circle of poverty, alcoholism, drug abuse, family disintegration and loss of identity.

4. Matanuska-Susitna

Matanuska-Susitna Community College identified 4,600 adults having less than a secondary education in the Matanuska-Susitna service area. Bureau of Labor statistics revealed a July unemployment rate of 15.1 percent and November 23.3 percent combined with Decembers 24.9 percent are symptomatic of the need for basic education and life coping skills training.

5. North Slope

The native residents of the North Slope have a median school completion level of 5.6 years. This lack of education has significant impact upon the ability of natives to compete for and maintain jobs in the now technologically oriented North Slope Region. Additionlly, a bank of educated persons is necessary to train for the roles necessary if the new affluence introduced by massive oil revenues is to remain under control of its rightful owners. The few individuals represented in the leadership need many more trained, educated people to take on the many emerging roles in business, education, industry and arctic leadership.

6. Kenai Region

During the summer of 1979, an assessment of the available educational resources and needs of the adult client population was done under a federally funded program named NETWORK. (Network of Education, Training and work Opportunity Resources Knowledge Bank). The final report will not be in this office until October 30, however, preliminary analysis indicates that the statistics presented last year were in the ball park. Thus, they are repeated here.

The population of the Kenai Peninsula is approximately 25,000 with most of the people living in the Kenai-Soldotna area. In Level I (1-9), it is estimated that 1,500 adults could be served. Additional estimates [illegible] that there are approximately 3,000 adults in Level II and 150 ne[illegible] ESL training.

7. Valdez/Copper River

The Valdez/Copper River Region encompases a population of nearly ten thousand people. Of this ten thousand an estimated 2,400 have less than a high school education. The Native adult population has a median school completion level of 5.8 years. With the pipeline terminal, pumping and maintenance stations throughout the region it is apparent that employment opportunities are fast appearing, but they are at a level which demand solid-scholastic background. Unless the region is given the benefit of ABE services, these opportunities will once again fall to outsiders.

PROPOSED SERVICES

Services shall include instruction in basic literacy, English as a Second Language, life coping skills and vocational counseling in the form of:

an "individualized educational program" a written statement jointly developed by a qualified instructor and by the person, to include:

- present achievement level analysis
- short range and long range goals
- identification of specific services that will be provided toward meeting those goals
- when and where these services will be provided and how long they will last
- a schedule for checking progress achieved under the plan and for rating necessary revisions

These services shall take place in the towns and villages of the respective regions as selected by the educational institution providing the service. Curriculum shall be determined by the student, local educational institution in concert with their local advisory council and the citizens participatory planning process used by the state ABE program.

PROGRAM IMPLEMENTATION

Organization for Delivery of Services

State Organization: In an effort to prevent proliferation of state bureacracy, these funds should be located in the Alaska Department of Education, Adult Basic Education Section.

This section already has in place the mechanisms for granting and administering funds. A statewide network of curriculum assistance, technical assistance and staff development. The addition of this program to the present network could achieve maximum benefit at minimum cost.

LOCAL DELIVERY

Local/Regional delivery is currently conducted throughout the state by a variety of organizations. These organizations include school districts, community colleges, Native Non-profits, private non-profits and public non-profit agencies. The funds are placed on a competitive basis to the organization offering the most service for the available dollars. Programs in most regions reflect cooperation between two or more agencies for delivery of service. The competition between agencies has been very effective in holding down costs without causing instability in the program. In the case of similar bids the program operator with the proven history of performance is always funded.

Program operators not performing will have historically been given one year grace to upgrade and it has been necessary to pull only a program in six years.

FUNDS NECESSARY TO IMPLEMENT NEW REGIONS

North Slope	$80,000
Northwest Arctic	80,000
Bristol Bay	75,000
Aleutian/Pribilof Islands	85,000
Kenai Peninsula	75,000
Rural Anchorage (Mat-Su)	75,000
Valdez/Copper River	75,000
Total Program	$545,000
Staff Development @ 10%	54,500
Support Services - 1 clerk typist III @ 18,000 including fringe, etc.	18,000
Total Cost	$617,500

Justification:

Regional Allotments

North Slope, Northwest Arctic and Aleutian/Pribilof Islands Regions are suggested at a higher level of support due to unusual travel costs. Although travel will be much cheaper in the Kenai and Rural Anchorage regions extra funds are justified due to the population density they must serve.

Staff development is a vital compontent to ABE. Rural teachers are taken from the indigenous population and trained as ABE instructors. This training is a rich source of leaders in the rural areas. Attached find statements of what have happened to many of the ex-instructors once the role of ABE instructor gave them responsibility in the political/social process.

Furthermore, staff development is inherent in quality instruction, particularly when dealing with people who have never taught before or even experienced teachers dealing for the first time with adult students.

Support services are necessary if reasonable service is to be available to the new regions. Although ABE is funded over three times as high as four years ago and is offering many more services to field programs, the present administrative staff need not be expanded but the present 1/2 time secretarial clerical arrangement simply cannot keep up with present volume let alone be expected to handle nearly double the number of contracts currently served.

Matching funds are available from many sources including C.E.T.A., B.I.A., Indian Education, Labor, Social Services, boroughs, etc., once a knowedgable organize services and negotiate contracts. It is anticipated that the first fiscal year funds at least equally the inital grant will be generated by and the third year they would be generating as much as three dolllars per state dollar.

Definitions
ABE - Adult basic education
CETA - Comprehensive employment & training act

The money being generated tends to be dollars that previsously created overlap programs or furnish ancillary services which, though useful, were not coordinated with ABE, therefore seldom used.

United States Council of State Directors

Adult Education Economic Impact Survey
Alaska - FY79

A. Public Assistance

1. List the number of Adult Education Learners removed from public assistance in FY77 (as reported in Table 5, Item 12 in Annual Report). 24

2. Average annual cost per adult for public assistance in your state. Households average 1 adult and 2 dependents nationally and FY77 statistics from USOE reveal Alaska costs to be 12,948 per household including case work, etc. 12,948

3. Total projected savings per year. (Multiply answer in number one times the answer in number two.) 310,752

B. Employment

1. List the number of Adult Education learners who became employed in FY77 as a result of Adult Education (as reported in Table 5, Item 13 in Annual Report). 112

2. Projected income earned by adults who became employed. Take the number of adults receiving jobs as a direct or indirect result of attending Adult Education class: Multiply this number by the minimum hourly rate (now $2.30) times 40 X 52. If the actual income is known, then use this instead of minimum rate. 1,397,760

Minimum average in Alaska is just over $6.00

EXAMPLE: 112 persons who became employed X $6.00 per hour = $672.00 per hour X 40 hours per week = $26,880 X 52 weeks = $1,397,760 per year new income.

C. Job Promotions

1. List the number of adults who were promoted as a result of Adult Education (as reported in Table 5, Item 14 in Annual Report). 222

2. Using Employers State salary scale minim is 18¢ per hour. Projected additional money earned by adults who were promoted as a result of Adult Education. Multiply the number of adults receiving a promotion by .10 per hour (which is a minimal figure) X 40 hours X 52. 230,880

EXAMPLE: 222 promotions X .50 per hour = $111.00 per hour X 40 hours per week = $4,440 per week X 52 weeks = 230,880 per year.

Jerry Tiley, Clarke Jones

would provide minimum program

was put in budget but taken back to maint.
level in budget process.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB372

Title An Act making an appropriation to the Dept. of Education for the adult basic education program; and providing for an effective date.

Requested by Senate HESS Date 3/17/80

II. FISCAL DETAIL

Agency Affected

Program Category Affected

BRU, Program, or Subprogram(s) Affected

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
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 Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

Inasmuch as this is an appropriation, there is no fiscal note required.

IV. DATE 3/17/80 PREPARED BY William D. Deputy Commissioner

AGENCY Department of Education

PHONE 465-2800

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

33-001 (Rev. 12/79)

SB

376

S. Res. 79 relating to the resolution of constitutional issues

Introduced 2-1-82
Logged 2-1-82
Referral: CVR - Judiciary
Comm. meeting 4-21-82 held 4-23-82 held
" action

CONTACT: RON HOLMAN

Resolution of Impasses (teacher & school dist.)

SENATE BILL NO. 376, by Senator Colletta and Stimson. Amends AS 14.20.580(c) which allows Governor to appoint an "advisory arbitrator" to review the issues and make recommendations for solutions of an impasse in the event the final mediation report is rejected by either side in negotiations between teachers and a school district. Amendment deletes "advisory." Adds new subsection (d) which provides that "If a party rejects the recommendations of an arbitrator appointed by the governor . . ., that party will be bound to the position of the other party. The recommendations of the arbitrator, if accepted, or the position of the party not objecting to the recommendations of the arbitrator, if substituted for the arbitrator's decision, are binding on the parties for a period of one year, and may be extended by mutual agreement of the parties. . . ." Provides Act effective immediately.

Introduced February 1 and referred to Health, Education & Social Services, Community & Regional Affairs, and Judiciary.

TELEGRAM

ALASCOM, INC.
PHONE: 586-6442
JUNEAU, AK 99802

02153 NL ANCHORAGE ALASKA 50 03-17 223P AST

PMS SEN GLENN HACKNEY

1144

JUNEAU AK

THANK YOU FOR YOUR STAND AGAINST BINDING ARBITRATION. THIS PROCEDURE WOULD RESULT IN EROSION OF SCHOOL BOARD AUTHORITY

LESLIE HUNTER, CHAIRPERSON

LOWER YUKON SCHOOL BOARD

TELEGRAM

ALASCOM, INC.
PHONE: 586-6442
JUNEAU, AK 99802

#

J2074 POM TDA GALENA ALASKA 15 03-13 130P AST

PMS SENATOR GLENN HACKNEY

JUNEAU AK

I URGE YOU TO PLEASE NOT SUPPORT ANY BILL ADVOCATING BINDING

ARBITRATION IN TEACHER NEGOTIATIONS.

PETER FLISOCK

PO BOX 299

GALENA AK 99741

1980 MAR 15 PM 3 39

TELEGRAM

ALASCOM, INC.
PHONE 586-5442
JUNEAU, AK 99802

1990 MAR 14 PM 1 07

02059 NL TDA ANIAK ALASKA 50 03-14 900A AST

PMS SEN GLENN HACKNEY

JUNEAU AK 955

THE MEMBERS OF THE KUSBUK REAA SCHOOL BOARD REPRESENTING THE CITIZENS OF LOWER KALSKAG, ANIAK, UPPER KALSKAG, CHUATHBALUK, CROOKED CREEK, SLEETMUTE, RED DEVIL AND STONEY RIVER URGE YOU TO DEFEAT ANY EFFORTS TO DESTROY LOCAL CONTROL VIA BINDING ARBITRATIONS. WE SINCERELY APPRECIATE YOUR HELP.

LEWIS VANDERPOOL, CHAIRMAN

BOB R. MCHENRY, SUPERINTENDENT

KUSBUK SCHOOL DISTRICT

MSGDLT

TELEGRAM

02156 NL TDA KETCHIKAN ALASKA 50 03-11 215P AST

PMS SENATOR GLENN HACKNEY 1980 MAR 11 PM 6 29

JUNEAU AK 99826

THANK YOU FOR YOUR SUPPORT IN OPPOSITION TO BINDING ARBITRATION. SHOULD HEARINGS DEVELOP ON BINDING ARBITRATION, WE ARE WILLING TO SUPPORT THIS POSITION.

KAYE KING PRESIDENT KETCHIKAN GATEWAY BOROUGH SCHOOL BOARD

TELEGRAM

ALASCOM, INC.
PHONE 586-6442
JUNEAU, AK 99802

1980 MAR 18 PM 8 09

02184 NL TDA CORDOVA ALASKA 198 03-18 04 30P AST

PMS SENATOR GLENN HACKNEY

JUNEAU

13033

THE CORDOVA PUBLIC SCHOOL BOARD OF EDUCATION IS DEFINITELY OPPOSED TO THE CONCEPT OF BINDING ARBITRATION. TYPICALLY CASES INVOLVING ARBITRATION OF LABOR DISPUTES BETWEEN PUBLIC AUTHORITIES AND EMPLOYEES ARE CONCERNED WITH SALARY OR TERMS AND CONDITIONS OF EMPLOYMENT. PRESENTLY, ALASKA STATUES MAKE PROVISIONS FOR SETTLEMENT OF THIS TYPE OF DISPUTES OR NEGOTIATIONS AND ARBITRATIONS. ALTHOUGH THE ISSUE OF ARBITRATION OF LABOR DISPUTES IN RECENT YEARS HAS BEEN COMMONPLACE IN PRIVATE INDUSTRY, THE CONCEPT IS STILL RELATIVELY NEW IN THE PUBLIC SECTOR. AT THIS TIME ABOUT 20 STATES HAVE MADE SOME STATUTORY PROVISIONS FOR THE SETTLEMENT OF DISPUTES THROUGH ARBITRATION. THE CASE THAT BINDING ARBITRATION IS A PARTIAL SUBSTITUTE FOR THE RIGHT TO STRIKE IS OFFERED AS A REASON FOR THE ACTION. IN ALMOST EVERY STATE THE SCOPE OF THE ARBITRATION HAS BECOME A COMMON PROBLEM. IT MAY WELL BE THAT THE SOLUTION TO THE SETTLEMENT OF EMPLOYEE DIFFICULTIES USING A MODEL DERIVED FROM INDUSTRY WILL ONLY SERVE TO ESCALATE THE PROCESS OF NEGOTIATIONS AND LABOR DISPUTES. PLEASE REMEMBER THAT WHOLE PROCESS OF LABOR NEGOTIATIONS STEM DIRECTLY FROM AN UNSUCCESSFUL PRACTICE ORIGINATING IN INDUSTRY. THE BINDING ARBITRATION PROCESS AS AN EXTENSION OF THIS MODEL NEEDS TO BE EXAMINED VERY CAREFULLY.

JAMES LAMB, PRESIDENT

BRISTOL BAY BOROUGH SCHOOL DISTRICT
P. O. BOX 169
NAKNEK, ALASKA 99633

PHONE 268-4225 OR 4265
HIGH SCHOOL

DALE L. LUNSFORD
SUPERINTENDENT

March 7, 1980

The Honorable Glenn Hackney
Senator, State of Alaska
Pouch V
State Capitol Building
Juneau, Alaska 99811

Dear Senator Hackney:

The School Board and Administration of the Bristol Bay Borough School Board wishes to express their gratitude for your concern and actions concerning Binding Arbitration for teachers and staff.

The school board in their unique position as policy makers for the community and their representation of the citizens would definitely lose a valuable part of their decision making capacity if a binding arbitration bill was to become law.

We applaud your efforts and insight on this issue.

Sincerely,

Dale L. Lunsford

Dale L. Lunsford

DLL/kss

GREATER SITKA BOROUGH SCHOOL DISTRICT
ACCREDITED BY THE NORTHWEST ASSOCIATION OF SECONDARY SCHOOLS & COLLEGES



P. O. BOX 179 SITKA, ALASKA 99835

JOHN E. COFFEE
SUPERINTENDENT

March 4, 1980

Senator Glen Hackney
AK State Senate
Pouch V, State Capitol Building
Juneau, AK 99811

Dear Glen:

This is just a brief note to thank you for your continued opposition to binding arbitration in teacher bargaining. The Sitka Board and I urge you to keep up the fight against binding arbitration, which if passed would effectively diminish the authority of local citizens to operate their schools in a responsible fiscal manner.

Thank you for your work against this legislation.

Sincerely,

John E. Coffee
Superintendent

cc: Robert Greene, AASB Exec. Scty.
Dr. Cliff Hartman, AASA Exec. Scty.
Laraine Glenn, Pres., Sitka School Board

JEC:vhv



WRANGELL PUBLIC SCHOOLS

P. O. BOX 651
WRANGELL, ALASKA 99929
GATEWAY TO THE STIKINE
Telephone (907) 874-3395
ROBERT McCONNELL, Superintendent of Schools

March 4, 1980

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

On behalf of the Wrangell Public School Board, I would like to thank you for your continued opposition to binding arbitration. I sincerely hope you continue to oppose the Unions desire to tie the publics hands.

Sincerely,

Robert W. McConnell
Superintendent

RWM:sk

School Board Members
Pat Hall
Roy Martin
Don Deschenes
Dave Shilts
Anne Lowe

DISTRICT OFFICE
BERING STRAIT REAA SCHOOL DISTRICT
P. O. BOX 1088
NOME, ALASKA 99762
(907) 443 – 5237

March 26, 1980

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

The Board of Directors of the Bering Strait School District has asked that I write you to express our opposition to binding arbitration. We believe binding arbitration would disadfranchise the village people of our region by denying to our duly elected school board the right to control our schools.

The exercise of local control of public education by the parents and citizens served by the schools is the foundation of our democratic system.

We were elected to develop programs to meet the local needs of our village children. We cannot effectively advocate for our students and build programs to meet these needs if the legislature should pass a law implementing binding arbitration.

Binding arbitration would enable teacher union leadership to bring before an outside arbitrator decisions regarding district governance, and the allocations of district resources which could effect the welfare of our students.

We urge you to stand fast and hold the line against binding arbitration. Our schools must be for the children and the parents and not for the largess of any special interest organization.

Your efforts in opposing binding arbitration are vital to our efforts to implement a quality educational program for our children.

Thank you,

Sincerely,

Chuck Degnan III

Chuck Degnan, President
Bering Strait School Board

CD/tet

BREVIG MISSION
COUNCIL
DIOMEDE
ELIM
GAMBELL
GOLOVIN
KOYUK
SAINT MICHAEL
SAVOONGA
SHAKTOOLIK
SHISHMAREF
STEBBINS
TELLER
UNALAKLEET
WALES
WHITE MOUNTAIN

Jill SB376

KUSPUK SCHOOL DISTRICT
P. O. Box 108
Aniak, Alaska 99557
(907) 675-4380

BOB R. McHENRY
SUPERINTENDENT OF SCHOOLS

March 25, 1980

The Honorable Mike Colletta
Majority Leader
Room 111, State Capitol Building
Mail Station #3100, Pouch V
Juneau, Alaska 99801

Dear Senator Colletta:

Thank you for the time you gave me to express the concerns of the Kuspuk School District regarding your efforts to get Binding Arbitration into law. We sincerely believe that what you are proposing is wrong and will have long range detrimental effects on the people of this state. We view your effort to impose this requirement on the elected boards as destructive to the decision-making role presently entrusted to local school boards by the parents and other voters of our state.

Certainly, we realize that the tremendous pressure presently being exerted by the teachers' union, while obviously self-serving, is extremely difficult to resist; and while resistance may not be politically profitable, we ask that you please consider the source.

We respectfully request that you reconsider your position toward binding arbitration.

Sincerely,

Bob R McHenry

Bob R. McHenry
Superintendent

CC: ✓Senator Glenn Hackney
Senator George Hohman
Senator John Sackett
Senator Bill Sumner
Senator Clem Tillion
Senator W. E. Bradley
Senator Robert Ziegler
Senator Frank Ferguson
Robert Greene, Secretary, AASB
Governor Jay Hammond

file

TELEGRAM

ALASCOM, INC.
PHONE: 586-1442
JUNEAU, AK 99802

#

02012 TDA KODIAK ALASKA 43 02-21 805A AST

PMS SEN GLENN HACKNEY

2504

JUN

TEACHERS HAVE FARED VERY WELL WITHOUT BINDING ARBITRATION OR THE RIGHT TO STRIKE. EMPLOYEE BENEFITS AND MATTERS OF EDUCATIONAL POLICIES SHOULD ALWAYS REMAIN WITH THE LOCAL PEOPLE. [illegible]GE YOU DO NOT PASS SB376 OUT OF COMMITTEE

LOUISE COLLINS, PRESIDENT KODIAK ISLAND BOROUGH SCHOOL DISTRICT

BOX 1064 KODIAK AK 99615

80 FEB 21 AM 10 37

Alaska State Legislature

SENATOR MIKE COLLETTA

SENATE MAJORITY LEADER

Senate

MEMORANDUM

FEBRUARY 1, 1980

TO: SENATOR HACKNEY, CHAIRMAN
SENATE HESS

FROM: SENATOR MIKE COLLETTA Mike

Attached is a memo from Chenoweth regarding Senate Bill 376 relating to teacher/school district negotiations.

File

SRA, BOX 1456-K, ANCHORAGE 99502 • POUCH V JUNEAU 99811

Send a copy of this to Hackney & Bob

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99801

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM January 30, 1980

SUBJECT: Teacher/school district negotiations (Work Order Number 7855)

TO: Senator Mike Colletta

FROM: John B. Chenoweth
Legislative Counsel

The enclosed was prepared on the basis of the draft submitted with the work order request. The legislation, as presented, is not without its problems, among them:

(1) appointment of the arbitrator remains discretionary with the governor; there is no mechanism by which both sides may present the request for appointment to him;

(2) the approach contemplates only acceptance of the arbitrator's award by both sides, or its rejections in full by only one of the parties; one wonders what happens if both sides evidence displeasure, or if one side is willing to accept the award in all particulars save but one or two;

(3) arbitrator's decisions, styled "awards", are generally binding on parties; here, the "arbitrator's" role is rather more one of suggesting solutions;

(4) when a party rejects the arbitrator's decision and, under this bill, binds itself to "the position of the other party" for purposes of resolving the points in dispute, what is meant, specifically, by "the position of the other party"? How is that position to be ascertained? Which expression of that position is the one which is to be followed? I do think that this must be stated with more specificity in order to help the parties.

The bill is presented in draft so that these points may have your attention. Thank you.

JBC:ljb

Enclosure

LAW OFFICES

JOSEPHSON, TRICKEY & LORENSEN, INC.

210 NORTH FRANKLIN STREET
JUNEAU, ALASKA 99801
907 586-6994, 586-6997

JOE P. JOSEPHSON
HOWARD S. TRICKEY
RONALD W. LORENSEN*
NANCY R. GORDON
TIM MacMILLAN

*Juneau

ANCHORAGE
425 "G" STREET
SUITE 930
ANCHORAGE, ALASKA 99501
907 276-7133

April 23, 1980

The Honorable Glenn Hackney
Chairman
Senate Health, Education and Social
Services Committee
State Capitol
Pouch V
Juneau, Alaska 99811

Re: SB 376, Relating to Resolution of Impasses in Teacher Negotiations

Dear Senator Hackney:

The following comments regarding SB 376 (Resolution of impasses in teacher negotiations) are submitted on behalf of various school districts which we represent.

SB 376 would mandate a form of binding arbitration as the final step in employment contract negotiations between teacher bargaining groups and local school boards. The issue of binding arbitration, of course, has been fervently (and often emotionally) debated over the last few years, with the Anchorage teachers' strike of last Fall serving to punctuate emphatically the need for some orderly and reasoned approach to the problems of collective bargaining impasse. In fact, the path of resolution followed by the Superior Court in Anchorage in responding to that strike seems to indicate that, in the absence of a legislative framework for resolution of bargaining impasses, the courts will take it upon themselves to act as binding arbitrators, rather than permit the civil disobedience and disruption which can arise in teacher strikes. The task, therefore, becomes one of identifying alternative solutions to the impasse problem and analyzing their respective merits in the light of the various policy considerations which impact upon labor relations between public schools and their teacher employees.

The binding arbitration approach proposed in SB 376 is one possible solution. However, until this approach can be examined and analyzed in comparison with the other approaches to bargaining impasse, there is no assurance that this impasse resolution mechanism is the most appropriate one for education in Alaska. As you probably know, the Governor has recently appointed a panel to study and develop alternative solutions to the bargaining impasse problem. Consequently, we would suggest that further consideration on SB 376 be delayed until the Governor's panel has had an opportunity to carry out its tasks and report back with its findings and recommendations. Once this has been accomplished, your committee could review the available alternatives and decide which of them most closely fits with the various policy considerations which are important to it in the area of education.

With respect to the particular approach to bargaining impasse proposed by SB 376, we have a couple of comments. First of all, it is not clear from the bill precisely what elements of the collective bargaining process are intended to be subject to binding arbitration. For instance, while it seems clear that the arbitrators would decide disputes concerning salary and other financial benefits of teachers, it is not clear whether the bill intends that those items of negotiations which are not mandatory subjects of bargaining would nonetheless be subject to binding arbitration. We would certainly hope not. Since neither party to collective bargaining negotiations is ever required to bargain at all over non-mandatory (i.e., permissive) subjects of bargaining, it would be unfortunate if an outside arbitrator could rule on negotiations disputes over those kinds of subjects.

Similarly, we also wonder whether the bill would require that disputes over questions of precise contract language be subject to binding arbitration, rather than just the general outlines of disputed proposals. Clarification of these kinds of questions seems vital if an impasse resolution procedure adopted by the Legislature, whatever its form, is to have any hope of achieving its desired effect.

On behalf of our district clients, I thank you for the opportunity to present our concerns on SB 376.

Sincerely yours,

JOSEPHSON, TRICKEY & LORENSEN, INC.

By: Ronald W. Lorensen

RWL:jf

→ Lend of education - talks walked out?

76.5% of responses of Phillips mail out favored binding arb.

63% no strike 81% favored binding arb.



Sen. Blodgett ⇐
Uses professional negotiators in teacher bd. negot.
Lack of experience on local level
Job to select above average teachers with resulting higher wages.
State should set accred. standards

Chuck Degnan ✸ Bering Strait REAA ▲
Board meets * with Binding arb.

→ Do Boroughs now have the power to actually finish arb?

Ron Sousanen
Task force recommendations should be taken into account
Possible amd.: Permissive items should not be allowed.

Bob Manners: NEA
Professional →
De-fuse crisis atmosphere
Policy items
tenure ⇐ ?

SB
350

COMMITTEE REPORT

SENATE

2/1/80

FURTHER: Finance

Date: 3-6-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 380 making a special appropriation to Dept. of Health & Social Services for purchase of medical emergency alarm systems

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[X] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Carlotta

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Steve Lacy

CHAIRMAN

Do Pass

S 60 (Rev. 12/78)

SB 380 "An Act making ~~grants~~ appropriation to Dept of H & S. for purchase of ~~and~~ smoke & emergency alarm systems." S. HESS 79-80

Introduced
Logged
Referred
Comm. meeting 2-6-80 - held 2-11-80 - held 3-3-80 - returned for another CS - 3-6-80 taken X Senate Secy. as C.S.
" action

Position paper herein

Bobbie Linck 272-1911 o
276-7015 h

Med-Alert Inc.

405 West 27th Avenue • Suite 101A • Anchorage, Alaska 99503
Telephone 272-1911

Feb.4,1980

Dear Senator Hackney

Enclosed you will find a copy of the corporate plan for Med-Alert,Inc. This will familiarize you and your committee members with the service and structure of Med-Alert,Inc. I have also included a cost analyis based on a single unit purchase, including the cost of installation, records and monthly monitoring fees. The cost for purchase, rental or lease would be negotiable in proportion to the quantity of units ordered. This would make a large scale program amiable for State funding and Med-Alert,Inc. Many options are available with in-house monitoring probable for large scale housing projects.

I appreciate your time and interest regarding the capabilities of Med-Alert,Inc. I will be in Juneau thru Friday,Feb 11. and will be available to meet with you at your convenience.

Sincerely,

Bob Smith

Med-Alert Inc.

405 West 27th Avenue • Suite 101A • Anchorage, Alaska 99503
Telephone 272-1911

The following prices are the ones marketed to the general public for each Med-Alert unit. This is the basic costs with no extras.

Rentals:	$100.00	Deposit (refundable)
	100.00	Installation Fee
	25.00	Set Up Fee(paperwork)
	90.00	a month monitoring fee
	$315.00	First month then $90.00 a month thereafter

A rental is for three months or less.

Leases:	$100.00	Deposit(refundable)
	100.00	Installation Fee
	25.00	Set Up Fee(paperwork)
	45.00	a month monitoring fee
	$270.00	First month then 45.00 a month thereafter

A lease is considered four months or more.

Sale of equipment:	$350.00	Sale of unit
	100.00	Installation Fee
	25.00	Set Up Fee(paperwork)
	30.00	a month monitoring fee
	$505.00	First month then 30.00 a month thereafter

If the equipment is under a rental or lease agreement, it is repaired at no added expense to the client. For a sale, the equipment is under a 90 day warranty then it will cost $10.00 an hour for repairs. The $10.00 an hour is from the time the maintaince repairman is dispatched to the time he reports in that he has completed the repairs and is available to go to another location.

Med-Alert,Inc.,uses the existing public telephone lines into Alaska General Alarm (AGA). The FCC registration number is AC698R-67314-AL-R which is through AGA. AGA is approved by Underwriters Labatories and monitors several Med-Alert accounts. Each digital communicator that AGA uses to monitor can handle 1000 Med-Alert accounts. These accounts are coded in series and can work in conjunction with the AGA monitoring equipment. This service is provided at a minimal cost to Med-Alert,Inc.

INTRODUCTION

TO

MED-ALERT INC.

405 West 27th Avenue
Anchorage, Alaska 99503
(907) 272-1911

NOTICE

This document contains confidential information proprietary to Med-Alert, Inc. It is submitted solely for the purpose of allowing interested parties to understand the Company's operations. This document may not be reproduced in whole or in part without the express written consent of the Company.

BACKGROUND

Med-Alert, Inc. was incorporated in Oct. 1979. It's product line is Medical Alert Alarm Systems. A major goal, realized early in the Corporation's history, was to provide a sole source of Medical Alarm Systems. The founding management recognized that this type of system would make subscribers feel secure if they had a way of knowing that help was just a push of a button away.

In 1979 three aggressive local businessmen developed the Corporation. They perceived Alaska's ever increasing need for dependable emergency alarm systems for the people prone to physical incapacitation and also physical injury. They also caught the vision of the excellent growth potential throughout the state. Quality, integrity and dependability are company cornerstones that have been established by its current owners.

To date, the company has started to achieve a high level of respect because of the aggressive, professional and high level of technical capability to design Med-Alert systems to meet customer requirements.

OPERATIONS

In the broadest terms, the principles of Med-Alert, Inc. have stated the company will acquire and provide the most advanced and sophisticated equipment available in the field of electronic emergency medical alert service.

In achieving the goals and objectives of the company, management recognizes the importance of having knowledge in the areas of products, service, alert management and aggressive and dynamic sales force. Med-Alert, Inc. plans to accomplish these goals and objectives by structuring what is called a "mastermind alliance", through working closely with the medical profession, hospital staff, paramedics and Alaska General Alarm.

Even though Med-Alert has just started, there have been several milestones reached. There is currently an Agreement with Alaska General Alarm (AGA) which has a Central Monitoring Station, manned by trained personnel 24 hours a day. It is recognized as the most modern and complete monitoring complex in Alaska. AGA is the only facility that Underwriters Laboratories recognizes in Alaska.

In addition, Med-Alert will have their own computer equipment in use with AGA's. Between both systems the clients can receive prompt medical service when it is required.

The Municipality of Anchorage has also agreed to use the system in the aid of emergency services it renders pursuant to a call for assistance from Med-Alert via the "Hot Line".

Professional services retained to support Corporate activities are:

ACCOUNTING	Paul Smith Home Federal Savings and Loan Assocation 525 D Street Anchorage, Alaska 99501
BANK	Alaska Pacific Bank 101 West Benson Boulevard Anchorage, Alaska 99503
LEGAL COUNSEL	Gregory Oczkus Suite 503 2600 Denali Anchorage, Alaska 99503

CAPABILITIES

Materials and technology used in design engineering of Med-Alert systems are continually being expanded and refined to keep Med-Alert the front runner in current state-of-the-art.

Med-Alert, through its association with AGA, can provide medical-electronic security on a large scale. This affiliation is in keeping with the Company's objectives and philosophy to provide single source responsibility on major products.

ORGANIZATION

Med-Alert is made up of an Executive Staff and five departments; Marketing, Engineering, Quality Control Purchasing, and Accounting.

The entire staff is composed of carefully selected career personnel who possess a diverge range of knowledge and abilities. This team is recognized throughout the State of Alaska as the best in the Med-Alert industry.

THE EXECUTIVE STAFF

CORPORATE PRESIDENT

RICHARD MARRON

Mr. Marron has been the acting President since the inception of Med-Alert in Aug. 1979. Prior to becoming president, he worked for the State of Alaska as a social worker. He has an equity interest in the business. Mr. Marron was the Director of the Residence Education Center for Chapman College located on Elmendorf AFB and acted as chief administrator over the educational programs prior to joining social services. He attended the University of Alaska, Anchorage majoring in the area of

Psychology. He later attended in the Masters of Business program. He has experience in organizational management and marketing. Mr. Marron also worked in hospital settings for a number of years.

DIRECTOR OF ENGINEERING

MAURICE ABELL

Mr. Abell has seven years experience in the electronics and phone installation industry prior to joining Med-Alert. He is an equity owner and has contributed significantly to the Company's success. He owned his own installation company for two years. Mr. Abell attended the Western Kentucky University until 1972. He has an extensive background in alarm systems. Mr. Abell also is licensed in Electrical Administration for Inside Communications in the State of Alaska.

VICE-PRESIDENT OF MARKETING

BOBI SMITH

Ms. Smith has combined her medical and public relations background to provide the marketing for Med-Alert. Prior to her joining Med-Alert she spent five years with the Anchorage Fire Department, Emergency Medical Service as a Paramedic. Ms. Smith attended the University of Alaska, Anchorage, earning as Associate Degree in Paramedicine and holds a current Alaska State Paramedic License. Ms. Smith was an assistant to the Public Relations Officer for the Atomic Energey Commission in Anchorage for two years. In addition to Ms. Smith's paramedical background she worked as a laboratory assistant. Ms. Smith has been in Alaska for twenty-nine years and has become very active in many social services and civic organizations.

Other members of the management team have not been selected as of this time, however, it is anticipated this will be accomplished within the near future. It should be noted that management plans are to put together an advisory board

that will consist of experts in the fields of hospital administration, emergency rescue service, medical doctors, and members of the electronic alarm industry. This advisory board would assist in giving direction and identity of the marketplace and the overall scope of service that Med-Alert would provide.

Supporting the executive staff and five department heads will be a staff of trained and dedicated personnel. The staff will be assigned as administrators, marketing representatives, field installation techicians, service technicians, and clerical help.

THE PRODUCT AND SERVICE

Management has recently completed an analysis and evaluation of the need for a full service 24-hour medical alert service for those individuals that might be victims of heart attack, stroke, convulsion or other disorders that would require immediate medical or rescue service. After talking to a number of professionals in the various fields and receiving a very positive response from them regarding such service, conclusions were made to establish a company that would provide such a service.

The product line that would be used to implement and provide emergency medical service would consist of an assortment of sophisticated wireless electronic equipment. A portable distress transmitter, approximately the size of a cigarette pack, would be utilized which the user could carry on his person at all times. In the event of emergency, the transmitter would be activated to transmit a signal to the receiver located in a common area within the home or business, which in turn is directly connected to a small mini-computer terminal directly tied into Alaska General Alarm's 24-hour computerized Central Station. Each client could be identified by a particular assigned number with a specific zoned coding arrangement, which would enable the Central Station to immediately ascertain the account that was in alarm condition. Upon receiving the signal a computer printout is generated, giving the time, account number and zone condition and through

the direct "hot line" to medics, hospital and other emergency services, immediate service could be dispatched to give assistance to the victim.

In providing the patient with this type of life safety emergency service when time is of the essence, much advance preparation could be made by the hospital as well as the doctors being notified that a condition has occurred with one of their patients. There will also be the added service of two people of choice being notified so that someone who is a friend will know of the emergency.

MARKET AND COMPETITION

The marketplace primarily referred to for the purpose of this document would be the Greater Anchorage, Alaska area. Based on the research and in relation to the population of some 200,000 people, it is reasonable to project there is a minimum of 1,500 potential patients that would have need for the services that will be provided by Med-Alert, Inc.

Med-Alert, Inc's marketing strategy will consist primarily of working directly with doctors, hospitals, convalescent centers and medical treatment centers. Upon the receipt of a referral, a direct contact would be made with the patient, explaining the emergency service program and the life safety service that is provided.

In addition to the contact and coordination with the above referenced, the company's intent is to do some direct advertising as well as conducting small group seminars to explain the Med-Alert, Inc. program.

It should be noted that contact has been made with major cities such as Seattle, Los Angeles and several major cities back east and the above described program is being very successfully accomplished with a high level of acceptance, both by patients and the medical profession.

In regards to the competition in the greater Anchorage area, at this point there is no independent service being offered to the citizens of the community. It should be noted, however, that emergency service is being handled by the paramedics through the public services of the fire department.

Based on the above facts, Med-Alert, Inc. is optimistic about the acceptance and fulfilling a need which exists in the marketplace and is projecting to establish a minimum of 600 clients by the end of the first year, 900 by the end of the second year and 1,200 by the end of the third year.

Electronic Fire and Security Protection

OPERATING DEPT. 272-1923
COMMERCIAL DEPT. 279-8511

CONFIDENTIAL

Medical Assist

DATE: December 27,1978 TIME: _____

SYSTEM # 9.034	
SUBSCRIBER: Alaska State Housing Authority	
ADDRESS: 1280 East 17th Avenue	
FIRE DEPT. DISPATCHED BY ALASKA GENERAL ALARM	TIME: 2357
FIRE DEPT. RADIO DISPATCH	TIME: 2357
FIRE DEPT. ARRIVED ON PREMISES	TIME: Unknown
OWNER'S REPRESENTATIVE CALLED	TIME: 2357
OWNER'S REPRESENTATIVE ARRIVED	TIME: Unknown
FIRE DEPT. CASE #	OFFICER IN CHARGE:

DETAILS: At 2357, I recieved an alarm and reset and dispatched the paramedics immediately. I t en telephoned Edna Yawning and advised her of the situation. At 0001, I received another alarm and reset and advised the paramedics of this alarm also. At 0007, the dispatcher telephoned and advised that both alarms were at the same apartment. At 0030, the dispatcher telephoned again and advised that it was an actual medical assist there but that the patient refused transport and everything was now alright. No further information.

SIGNED: Janice Ewatt

Per forma Income Statement
1980-198

Schedule		Notes	1980	1981	1982	1983	1984
I.	Installation Revenue		60000	60000	30000	30000	30000
II.	Monitoring Revenue		175500	499500	735750	897750	1059750
	Gross Income		235500	559500	765750	927750	1089750
	Less operating expenses:						
III.	Depreciation		80000	100000	77000	67000	58500
IV.	AGA Monitoring Agreement		39000	111200	163800	199900	236000
	Rent	(1)	1980	2818	2484	2782	3116
	Telephone	(1)	1200	1344	1505	1686	1888
	Office Supplies	(1)	1200	1344	1505	1686	1888
	Salary	(1)	26400	29568	33116	37090	41541
	Auto	(1)	2400	2688	3011	3372	3777
	Insurance	(1)	2400	2688	3011	3372	3777
	Commission	(2)	27000	27000	13500	13500	13500
	Installation Fees	(3)	18000	18000	9000	9000	9000
	Accounting Fees	(1)	600	672	753	843	944
	Legal Fees	(1)	500	560	627	702	786
	Total Expenses:		200680	297282	309312	340963	374717
	Net Income before Taxes:		34820	262218	456438	586787	715033
V.	Tax Provision		4127	119808	224694	293633	361460
	Net Income after Taxes:		30693	142410	231744	293154	353573

1. Expenses estimated to increase 12% per year. Taxes include payroll, property and Misc.
2. Commission at $45 per unit installed
3. Installation fee of $30 per unit installed.

Red Heart

5 Year Cash Flow
1980-1984

	1980	1981	1982	1983	1984
Gross Income	235500	559500	765750	927750	1089750
Less operation expenses	(200680)	(297282)	(309312)	(340963)	(374717
Add Depreciation	80000	100000	77000	67000	58500
Less equipment purchase	(120000)	(120000)	(60000)	(60000)	(60000
Less Taxes	(4127)	(119808)	(224694)	(293633)	(361460
Plus Deposits	60000	60000	30000	30000	30000
Net Cash Flow	50693	182410	278744	330154	382076

Med - Alert

Installation Revenue
1980-1984

Schedule 1.

Year	Number	Amount	Total
1980	600 units	100	60000
1981	600 units	100	60000
1982	300 units	100	30000
1983	300 units	100	30000
1984	300 units	100	30000

Med- Alert

Schedule V.

Tax Provisions

	1980	1981	1982	1983	1984
State					
Taxable Income	34820	262218	456438	586787	715033
5.44% of 1st. 50,000	1880	2700	2700	2700	2700
9.4% over 50,000		19948	38205	50457	62513
Total Tax:	1880	22648	40905	53157	65213
Less ITC					
1980	(640)				
1981		(640)			
1982			(320)		
1983				(320)	
1984					(320)
Total State Tax:	1240.00	22008	40585	52837	64893
Carry over:	-0-	-0-	-0-	-0-	-0-
Federal					
Taxable Income	34820	262218	456438	586787	715033
Less State Taxes	1240	22008	40585	52837	64893
Federal Taxable	33580	240210	415853	533950	650140
20% of 1st. 25,000	5000	5000	5000	5000	5000
22% of 2nd. 25,000	1887	5500	5500	5500	5500
48% over 50,000		91300	175609	232296	288067
Total Tax:	6887	101800	186109	242796	298567
Less ITC					
1980	(4000)				
1981		(4000)			
1982			(2000)		
1983				(2000)	
1984					(2000)
Federal Tax:	2887.00	97800	184109	240796	296567
Carry Over	-0-	-0-	-0-	-0-	-0-
Total Tax:	4127.00	119808	224694	293633	361460

MA 1913

MED-ALERT, INC.

SUBSCRIBER DATA SHEET

*Please fill in **all** blanks. If not applicable, write N/A*

SUBSCRIBER INFORMATION

Subscriber Name _____ Telephone _____

Address _____ Social Security _____

City _____ State _____ Zip _____ Birth Date _____

Nearest Major Cross Streets _____ and _____

A. Residence is: 1. Single Family _____ Single Story _____ Multi Story _____

2. Multi Family _____ Single Story _____ Multi Story _____

3. Apartment _____ Floor _____ Fire Escape on Which Floor _____

4. Trailer _____ House _____

5. Other _____

B. Residence is: Alone _____ With Relatives _____ With Friends _____ Other _____

C. Subscriber is: Ambulatory _____ Confined _____ Walking Aids _____ Wheel Chair _____

MEDICAL INFORMATION

A. Medical _____ Code No. _____ Equipment Type _____ Model No. _____

1. Special medical condition is diabetic, pacemaker, etc _____

2. Special drug treatment prescribed, drugs which may cause a conflict in emergency treatment _____

_____

3. Allergic to following conditions and/or drugs _____

_____

CALL ALERT INFORMATION

NOTE: Two (2) of the following parties are included in basic monthly service charge. Additional parties require an additional charge. List parties in order of importance. AGA will start at the top of the list and call until two parties are notified. List, under type, what relationship to subscriber or what Civic Organization is, Fire Dept., Police Dept., etc.

Name	Telephone Number	Type
Hospital _____	_____	_____
Doctor _____	_____	_____
_____	_____	_____
_____	_____	_____
_____ _____	_____	_____

Please use parties that are located in the general area in order that response is made in a minimum amount of time.

Date _____ Subscriber _____

Dealer _____

Do NOT write below this line until copy sent by mail to you

from AGA

I hereby confirm the above information and agree that service is to start upon your receipt of this verification. I will expect your reply as to date of service.

Date _____ Subscriber _____

Chicago Tribune

Sunday, March 12, 1978

For elderly, 'beep' can signal survival

By Richard Phillips

WHEN ETHEL RAYBURN'S daughter suggested her mother needed help to live alone, the 88-year-old widow flared indignantly.

"I am an independent critter. I like living alone," Mrs. Rayburn bristled.

The daughter persisted, producing a tiny box with a button on it as the 24-hour companion in Mrs. Rayburn's Downstate farm home. The box was a new kind of alarm, smaller than a package of cigarets and louder than a cry for help, as it turned out.

Eventually her resistance wilted, and Mrs. Rayburn put the unfamiliar device in her apron pocket. She never expected to use it, and doubted that it would work anyhow.

NOW, AFTER an episode of immobility in freezing temperatures outside her Bondville home this winter, the one-time skeptic credits the tiny box with saving her life.

The box is a wireless transmitter. Its makers claim it is the ideal invention for older people who want the independence of living alone but not the worry of lying helpless with no immediate prospect of emergency aid. Mrs. Rayburn became one of its first users last January when she stepped outside her farmhouse to gather in a newspaper blowing on her icy sidewalk.

"I slipped on the ice. I couldn't get up. I tried again and again and I couldn't get my legs under me," she recalled.

THE TEMPERATURE was near zero. Darkness was falling fast. When Mrs. Rayburn saw her son, Jay, rumble past in his pickup truck oblivious to her flailing arms and her shouts, she realized she might never see her children again.

"I began to think I would freeze to death. I expected nobody would come."

"But then I remembered that thing in my apron pocket."

Finding the transmitter with a numbing hand, Mrs. Rayburn pressed repeatedly on the recessed button. Once was enough. The beep activated a transistorized box attached to her telephone, which dialed a distress call to a computer in Linden, N.J. The computer translated the coded beep into a lengthy printout to a private operator, who started calling Mrs. Rayburn's family and the police department.

THE WHOLE PROCESS took about 95 seconds from the time she first hit the button. Help arrived minutes later, and Mrs. Rayburn was carried inside and thawed.

UNLIKE TAPE dialers, which are prone to false alarms and can't draw a distinction between a "busy" telephone signal and a dial tone before regurgitating a message, the new digital alarms keep dialing until a connection is acknowledged by the computer at the other end, Smith said. From there, operators draw upon a pre-arranged list of persons to call in emergencies. Smith said the leased service costs $20 monthly, excluding installation charges and telephone line rental.

THE WIRELESS transmitter is not cheap, and it is not really new.

It has been around more than a decade. But until a few months ago, no one thought there might be a market for it among the elderly, according to Len Rosenfeld, vice president of Amcest, Inc., whose computers and telephone operators Mrs. Rayburn relied upon for help.

The wireless transmitter broadcasts its signal on a special radio frequency. To avoid accidental triggerings from similar devices such as garage-door openers and even electrical storms, the signal must be broadcast on both AM and FM frequencies simultaneously or the transistorized dialer connected to the telephone won't work, Smith said.

Spokesmen for other alarm companies said they don't sell or rent such devices for use by older people. One said, "It's simply something the alarm industry has not examined. I think there is an assumption that the market is not there."

Amcest's Rosenfeld said the Lifeguard and Safewatch systems probably are the beginning of a burgeoning industry that will enrich its first promoters and enable the elderly to stay out of nursing homes longer.

"The sky is the limit. A lot of people with infirmities are brave enough to face being alone; what they want is someone out there to hold their hand when they need it—even if it comes through an electrical signal."



MEDICAL EMERGENCY ALARM SYSTEM: A GROWING MARKET, A GROWING PROBLEM

By Don D. Darling

Personal alarm systems that summon medical assistance in an emergency can mean the difference between life or death or between having to be confined to a medical facility at a very high personal or public cost or being at home.

Various public medical assistance programs, as well as private, state and federal government agencies, are recognizing this fact of life and are now examining various systems with a view toward approving certain ones for use on a "doctor's prescription" basis. This means that the approved supplier would be reimbursed by medical program funds in the same manner as suppliers of hospital beds, oxygen systems and other home patient care items.

The concept, as well as the private and public dollar savings, is beautiful. From the industry standpoint there will be a lot of guaranteed dollars out there for those offering equipment and service. With the large number of high quality-high reliability components available, there appears to be no excuse not to be able to design and market a good system at a reasonable price.

Basic Components

Administrators of these government medical programs, in a position of "approving" such alarm systems for use by their patients under reimbursement with private or government funds, cannot be expected to be both administrators and alarm experts; therefore they will be depending upon professional counsel for approval. And, although I don't presume to set standards here, I do offer the minimal requirements that I would establish for a client with a medical problem and describe in generic terms the systems and components I would consider.

For the bedridden, with someone on the premises 24 hours a day, the system could be as simple as a bedside pushbutton, a smoke detector, a bell or bells with power supplied by a transformer whose power supply cord cannot be accidentally disconnected. In other cases, a bell could be run to a neighboring residence.

The more typical case, however, is when the patient is ambulatory or partially ambulatory with partial ability to care for himself and resident assistance may or may not be constantly available. In these cases, an RF transmitter-receiver system that is carried at all times by the patient is recommended. Spare transmitters should be conspicuously located in the bathroom and kitchen. Where practical, the system could be hard wired into a number of pushbuttons or could be a combination of hard wired buttons and RF systems.

Smoke detectors would be recommended in both the bedroom and the kitchen simply because, aside from the medical problem, the second biggest life safety problem is fire, which in medical cases is most often caused by the patient becoming ill in bed while smoking or in the kitchen with foodstuff being prepared on a stove or in an appliance.

Where the RF transmitter-receiver system is concerned, they would be tested throughout the residence to assure that no dead spots exist, and if dead spots are found, a supplemental "slave" antenna system would be specified to eliminate the problem.

Central Station vs Dialer

In cases where direct connection dedicated phone lines to an approved central station are beyond the financial capabilities of the client or are impractical for technical reasons, a reliable two-channel

continued on page 76

ABOUT THE AUTHOR

A consultant on governmental, industrial and institutional security, Don D. Darling is a former chief (1955-59) of the Western Industrial Security Regional Office, Office of the Inspector General, Air Research and Development Command of the United States Air Force.

Darling also served as a security agent-inspector for the Department of Energy, Nuclear Regulating Commission (formerly the Atomic Energy Commission), as well as vice president of the Security Operations Division at McMillan Science Associates.

Currently, he is president of Don D. Darling and Associates, an El Segundo, CA-based security consulting firm; a contributor to "Security World Magazine;" and a frequent speaker at the International Security Conference.

continued from page 74

(minimum) digital dialer programmed to an approved central station manned 24-hours would be specified. An additional requirement is that the station has receiving-decoding and printout equipment compatible with the dialer. The system should be capable of printing out, as a minimum, time and date of alarm, subscriber's number and type of emergency, as well as corresponding information with corrective action note' at the station.

The central station should have an immediate "call back" alarm verification requirement to the subscriber's phone number to both validate the alarm and to assure that the line is intact. Ideally, systems with a listen-back capability in the event of an alarm signal would be recommended if the client could afford the added cost of the equipment.

I also suggest that the basic signal be sent to appropriate authorities immediately and that a second report be made to supply call back response or to report no response from the subscriber, indicating the validity of the alarm signal or defining the seriousness of the problem. As any nurse will tell you, they have responded thousands of times to a patient's signal in a hospital only to find that the patient had rolled over the bell signal in their sleep or accidentally pushed the button while having a nightmare.

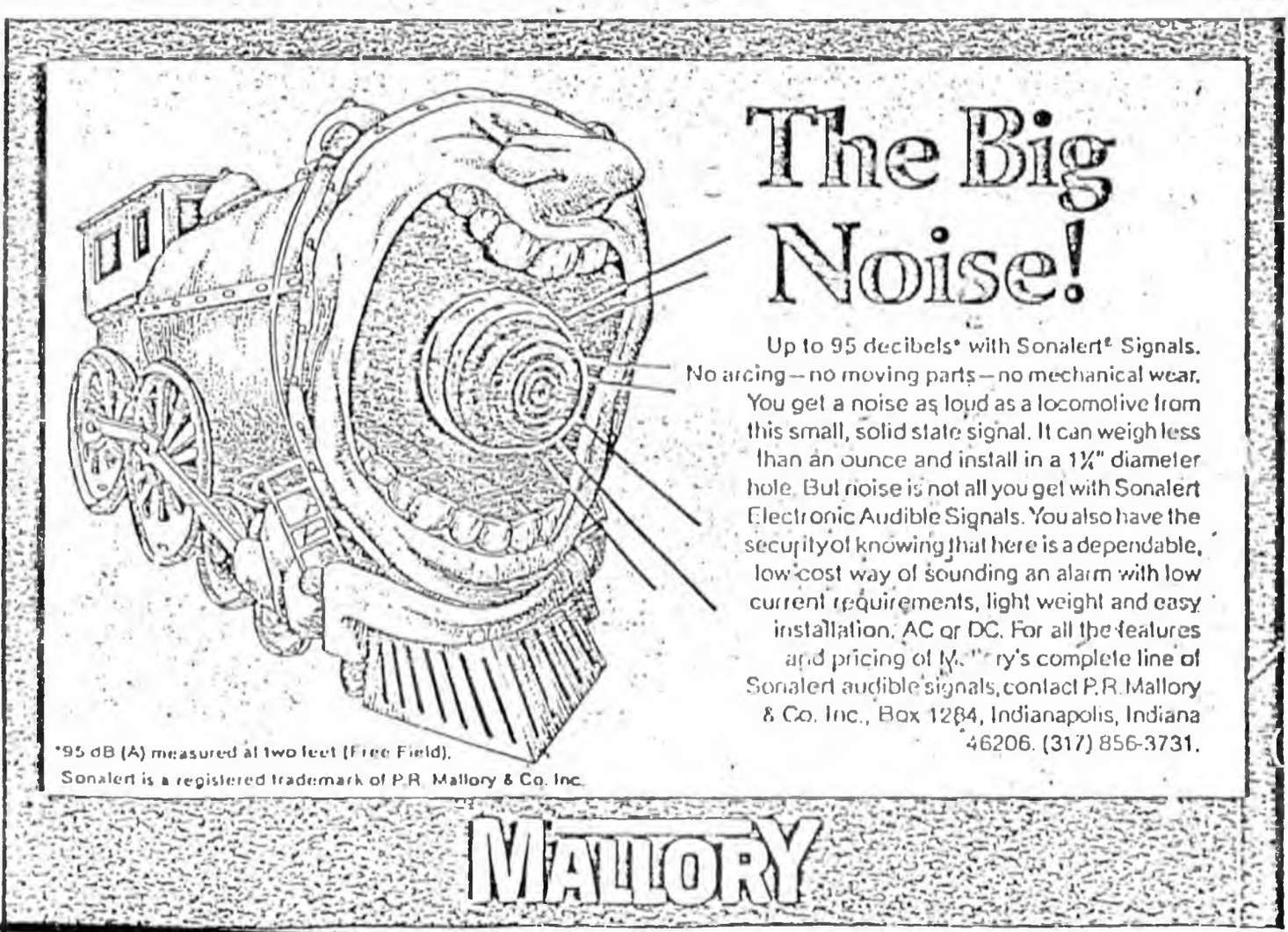
Keep the Power Constant

Where battery operated sensors, such as the RF transmitters, are concerned, I recommend that the central station services supplier have and follow a policy of either sending replacement batteries or, on a regular schedule, send out a service representative on a date well before the end of the warranted shelf life of the batteries.

All other parts of the system and central station service being equal, the last system I would recommend to my clients is a system that uses a tape dialer instead of a direct line connect or a digital dialer. This is based on a simple fact of life — on a reliability ration, any solid state device has a higher reliability than any electromechanical device. Where tape dialers are used, I specify those of known high reliability and preferably those that have an Underwriters Laboratories label.

Like all alarm systems, there will be predictable and unpredictable equipment failures, telephone line failures and resultant "no signal" or false alarm situations. By specifying central station requirements such as "call back" or "listen in," the human failure factors can be minimized, which is all we can do. And with user instructions as part of the service package, the "user failure factor" can be minimized.

By following these comparable recommendations there is a high probability of providing adequate equipment and services to your client. I don't claim to meet the same "doctor's prescription" standards the medical authorities might come up with, but I do know that a number of doctors with medical problems have installed the first or second levels of these systems for their own use. ■



West Salem man dies in apartment blaze

By ALAN GUGGENHEIM
Oregon Statesman Reporter

Pride and stubborn independence may have killed Robert Claude McDaniel on Saturday.

The 66-year-old cancer-stricken polio victim, whose 32-year-old wife left him last week, died about 8 a.m. when fire gutted his apartment in West Salem.

McDaniel, called "Bob" by his friends and neighbors, lived at 1250 8th St. NW.

His wife, Connie, said she moved out their apartment last week;

"We more or less got into a big argument. His doctors and I have tried to talk him into a nursing home and he wouldn't go. I was hoping he would."

NEIGHBORS TOOK CARE of the invalid McDaniel, cooking his meals, helping him to the bathroom and, in the end, trying to save his life.

Felix "Pop" Geninatti, 60, had risen early Saturday to pack his belongings and get ready for his new job Monday as a caretaker of a Rogue River resort. He noticed smoke pouring from the bedroom window of McDaniel's apartment and ran over to Verla Dawson's apartment, banging on her door to tell her to call the fire department.

Then he ran the 25 feet or so back across the courtyard and crawled — with a towel over his head — in the front door of McDaniel's single-story, one-bedroom apartment.

"I crawled in there on my hands and knees and he was lying there just black" beside his reclining chair, said Geninatti.

WHEN GENINATTI exited the burning apartment, he ran into another neighbor, Patricia Mann, who was McDaniel's hired housekeeper. She was on her way in and later said it was a good thing he blocked her way. The ceiling gave way and crashed into the blaze at that moment, Mann said.

The Salem Fire Department answered Dawson's call and brought the blaze under control in about 14 minutes — almost before she was able to wake up her sound-sleeping 14-year-old son, Shawn.

Shawn was one of the last people McDaniel saw. He was one of several apartment neighbors who befriended the man.

"Patty (Mann) and I made a deal. She would fix him breakfast and lunch and I would fix him dinner. He slept in the reclining chair a lot. Since his wife moved out, he's sat there in the living room with his door unlocked so we can see him and he can wave if he wants anything," Mrs. Dawson said.

MANN LOOKED IN ON McDaniel after she returned from bowling at 1 a.m.

"I asked if he wanted anything and he said some milk and his tubes (oxygen tank extension tubes). He had emphysema. He said, 'I want to sleep in tomorrow; breakfast about 10 o'clock.' He said he wanted fried eggs, not poached," said Mann.

A half hour later, Shawn Dawson went in to check in on McDaniel and got him a blanket.

Some time later, Mann went back by and knocked on McDaniel's picture window. He was reading, she said, adding that he said, "Remember fried, not poached."

BEFORE SHAWN TURNED out his bedroom lights at 2:30 a.m., said Dawson, he opened his curtains and waved to McDaniel, sitting in his recliner inside his living room. The old man waved back.

McDaniel was friendly; he read books, magazines and newspapers in his recliner and while sitting in the bathroom, where he would stay as long as four hours at a time, just to keep from using up his strength and breath, said Mann. He used a wheelchair and a "walker" to get around.

"He would sit in there and say, 'I need something to read. I'm going crazy,'" she said. He tried to take care of himself but simply wasn't able to; his blue jeans were almost ready to fall off his hips, and would have if not for his suspenders, said Mann. She was paid $2.65 an hour by the state to do housecleaning for the McDaniels, who were on welfare because of their medical problems.

THE CAUSE OF THE FIRE may have been a dropped cigarette, according to what the firemen told Dawson and Mann.

McDaniel did smoke heavily, s Geninatti, with Dawson adding, "It took every ounce of strength for him to take a

(Turn to WEST SAL , Page 2A)

— LIFE ALERT - MIGHT HAVE SAVED A LIFE —



Statesman Journal photo by Robert De Giulio

Felix "Pop" Geninatti and Patricia Mann reflect on the death of their friend and neighbor, Robert Claude McDaniel, Saturday morning when fire gutted his one-bedroom apartment in West Salem.

West Salem man killed in blaze

(From Page 1A)

breath." He probably died instantly, the three neighbors agreed, as they pondered his death in front of McDaniel's home.

The neighbors suspect, though, that McDaniel wanted some hot chocolate or something early that morning but he didn't want to telephone one of his neighbors for assistance.

He didn't want to bother them. So, he tried to do it himself. That's their speculation about why McDaniel was found on the floor beside his chair.

Mann said that during her house cleaning, she often found scorched pans sitting on the stove, forgotten, or left there because a man didn't have the breath to tend to the stove.

"WE TOLD HIM TO CALL us for anything," said Dawson, adding, "We wanted to help him, he was such a nice old guy.

"But he was still independent. He had his pride still."

McDaniel's funeral service will be 10:30 a.m. Tuesday in Bollman mortuary, Dallas. Interment will be in Dallas Cemetery.

3

New firm to help ill

A new business in town, Med-Alert, offers a medical emergency alarm system tied to a 24-hour monitoring station.

Bobi Smith, vice president and formerly a paramedic for five years with the Anchorage Fire Department, said clients of the system carry a pocket-sized transmitter that requires only a push of a button to summon help.

"The person with an emergency doesn't have to talk," she said. "The dispatcher receiving the signal immediately notifies the municipality's emergency medical service that an emergency exists at a certain address."

This means, she said, that help will be on the way within a couple of minutes.

The general public currently can summon help by dialing the emergency number listed in the telephone book, 911.

Other officers in the new business are Richard Marshall, president; and Maurice Abell, director of engineering.

Ms. Smith said the Anchorage business is not affiliated with any other organization.

Anchorage Times
Jan. 25, 1980

THE FOLLOWING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

24-hour monitoring service available

Dear Bud:

My grandmother is planning a three month stay in Anchorage. She has chronic heart disease and I am concerned about her being home alone while I work. She has a medical alert system in own home that provides 24-hour monitoring so emergency care is always available.

I recall reading about a similar service being established in Anchorage but neglected to make a note of the name and address. Could you help me get in touch with their office so I can arrange for my grandmother's visit?

Barb Van Buren

Dear Barb:

I hope your grandmother enjoys her visit to Anchorage and doesn't have to use the Med-Alert system. It's nice to know it's there though, in case it's needed.

You're right, the service is new and will be listed in both the white and yellow pages under burglar alarms of the new telephone directory.

The monitoring equipment can be leased, rented or purchased and the monthly monitoring charge varies with the program selected.

Maurice Abell of Med-Alert told me their service is approved by Medicaid. Since your grandmother already has one system at home, you should check w.) Medicaid to see if a second system is also be covered.

Bud

THE PRECEDING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

LA11 2577 14.31 JA01 0094 14.31 03/03/80

TO SENATOR GLE. N HACKNEY, CHAIRMAN, SENATE HESS COMMITTEE,
AND ALL MEMBERS OF THE SENATE HESS COMMITTEE

FROM: GEORGE RHYNEER, M.D.
3300 PROVIDENCE DRIVE, #314
ANCHORAGE, AK 99504 279-0577

I UNDERSTAND SB 300 HAS BEEN INTRODUCED TO PROVIDE STATE SUPPORT FOR PURCHASE AND DISTRIBUTION OF MED-ALERT DEVICES TO ALASKANS. I STRONGLY OPPOSE THIS IDEA. THE DEVICE IS NOT NECESSARY, NOT COST EFFECTIVE, AND MAY BE HARMFUL DUE TO FALSE ALARMS AND MISUSE.

LA11 2455 14.12 JA01 0091 14.12 03/03/80

TO SENATOR GLENN HACKNEY, CHAIRMAN, SENATE HESS COMMITTEE,
AND ALL MEMBERS OF THE SENATE HESS COMMITTEE

FROM: LEO BUSTAD, M.D., F.A.C.C.
3300 PROVIDENCE DRIVE, SUITE 314
ANCHORAGE, AK 99504 279-0577

AS A MEMBER OF THE ADVISORY BOARD FOR THE ANCHORAGE PARAMEDICS AND AS A ACTIVE CARDIOLOGIST IN THE LARGEST CARDIOLOGY PRACTICE IN THE STATE OF ALASKA, I WOULD VOICE MY STRONG OBJECTIONS TO SB 300.

I BELIEVE THE MED-ALERT SYSTEM TO BE UNNECESSARY AND REDUNDANT. A TELEPHONE IS SUFFICIENT AND SUPERIOR.

POSITION PAPER/Department of Health & Social Services

POSITION PAPER
ON
SENATE BILL NO. 380

"An Act making a special appropriation to the Department of Health and Social Services for the purchase of medical emergency alarm systems; and providing for an effective date."

The bill provides for $1,000,000 in general funds to be appropriated to the Office on Aging, Department of Health and Social Services to purchase Med-Alert medical alarm systems for distribution to elderly Alaskans.

Brief Overview

Med-Alert is a tradename for a medical emergency alarm which is a pocket size electronic transmitter that people wear on their person for contacting automatically a central station by simply depressing a button on the transmitter. The transmitter links to the person's home telephone to send an emergency signal to a central base station over established telephone lines. The range of transmission is 200 feet under optimal conditions. The central base station would be monitored for emergency calls on a 24-hour basis. Emergency care then can be dispatched immediatelyto respond to the medical crisis. The system has the potential of responding to threatening situations by quickly dispatching necessary life-saving care expeditiously to persons in medical emergencies.

System Administration in Alaska

The bill provides for the purchase of 3,000-3,500 emergency alarm systems for elderly persons. We envision our Office on Aging purchasing the equipment and distributing it to local senior citizen's centers based on a formula reflecting the number of elderly in the community that the center serves and the feasibility of utilization of the product in their locale. The center would have complete independence to design a distribution system to meet community needs. The center would select the persons who were to receive such systems on loan at no cost from the center, except for the monthly monitoring fee which the patient or his family must cover. The center would be responsible for proper record-keeping for audit purposes, in addition to the retrieval and disbursement of loaned equipment.

Discussion Areas

1. There are many medical alarm systems available in the United States and prior to the purchase of $1 million worth of them a comparison review and evaluation of other manufacturers' models might be appropriate. We offer the assistance of our State Advisory Council on Emergency Medical Services or its Executive Council to review the need for, and the effectiveness of this and other medical emergency alarm systems.

POSITION PAPER/Department of Health & Social Services

2. Since the emergency alarm systems are targeted for use by elderly persons, it may be reasonable to earmark a portion of the funding to provide for such systems in all public financed senior housing.

3. Since the bill only covers the purchase of the units, we see a problem with covering the $30 monthly monitoring fee that is presently being charged for such systems to be linked to emergency response systems. To our knowledge, Medicaid, Medicare, and private insurance do not routinely cover such items. The $30 a month fee may prove to be burdensome to elderly persons on a fixed or low income.

4. In checking with the Department of Administration, we find that although Med-Alert is the sole manufacturer of emergency alarm systems in Alaska, we cannot avoid going to competitive bid with other contractors from outside of Alaska which can supply similar alarm systems. The Med-Alert product would have to compare favorably on price, quality, service, and durability.

5. The stage of Alaska's communications may prove to hinder the full development of the emergency alarm system. The extensive use of party telephone lines and single village telephone may limit its applicability in many areas of our state.

6. The bill earmarks funds solely for the elderly. There are many disabled and ill persons who might benefit from such a system who have not yet reached the age of 60 or 65.

7. The emergency medical alarm is only as good as the available back-up emergency medical support services. In some areas of the state, such as Anchorage, there are trained emergency medical specialists available on a 24-hour basis. In others, there is not such a sophisicated network of trained professionals to respond to crisis calls.

8. Repair of machines may be difficult, especially for those consumers who would no have a repairman in their vicinity and the machine would have to be shipped by mail to a central repair source. Customer service would be necessarily delayed and cumbersome.

The Department recognizes the need for rapid response to medical emergency and views these systems as one possible way to speed up the response time in a medical situation crisis.

Approved by: _____ 2/6/80

Helen D. Beirn, Commissioner
Department of Health and Social Services
(DATE)

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill #380

Title An Act for the purchase of medical emergency alarm systems

Requested by _____ Date 2/6/80

II. FISCAL DETAIL

Agency Affected Department of Health and Social Sevices

Program Category Affected Social and Economic Assistance for the Aged

BRU, Program, or Subprogram(s) Affected Office on Aging

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
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 Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

Comment: No fiscal impact on the Office on Aging.

It would be the intent of the Office on Aging, after purchase of the emergency alarm systems, distribution and accountablility would be made with the various local Senior Centers situated in the various communities of the State. Each interested Senior Center would make all determinations as to persons in need of equipment at the local level and keep necessary inventory and distribution records working with both this Office and the approved vendor.

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

Prepared by: [signature] Date: 2/6/80

Division/Office: _____ PH: _____

Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: [signature] Date: 2/6/80

33-001 (Rev. 12/79)
Modify by DHSS (11-29-79)

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 6, 1980

SUBJECT: CSSB 380

TO: Senator Glenn Hackney

FROM: Donna Spragg Pegues
Co-Revisor of Statutes

Enclosed is the new version of the Committee Substitute for Senate Bill 380. From your notes, I gathered that only one appropriation section was to be included. If I am incorrect, please give me a call (or have Mary give me a call) so we can straighten it out.

I am not certain of the effect of the sentence which requires that the medical emergency alarm systems be MED-ALERT or like systems. As you know, under the state constitution, appropriation bills must be confined to appropriations. The requirement that a specific type of system or its equivalent be purchased with the appropriation is not really a part of the appropriation. However, it could be argued that it is a legally justifiable condition on the appropriation.

DSP:ljb

Enclosure

To Legis. Affairs
Dir. of Legal Services

prepared by Pegues

The attached CS for SB 380 was not adopted by the H.E.S.S. Comm.
Please draw us a new CS along the following lines:

Change title to: An act making a special approp. for a pilot program to provide medical emergency alarm systems etc

Sec. 1 The sum of $250,000 is appr. from the G F to the Dept. of H + SS, div. of soc. ser. for purchase, installation and monitoring ~~for~~ for medical emergency alarm systems. These systems will be provided to* ~~elderly Alaskans, to~~ living alone or in Congregate housing arrangements, and to handicapped and developmentally disabled individuals. The system shall be med-alert medical emergency alarm or a system of like design.

* individuals 60 years of age or older who live in their own or rented homes or - - -

M E M O R A N D U M

TO: Billy G. Berrier, Director
Division of Legal Services

FROM: Senator Glenn Hackney, Chairman
Senate HESS Committee

DATE: February 19, 1980

SUBJECT: SB 380

Please give us some language for the appropriation suggested in SB 380 as follows:

1. $500,000 to be disbursed through the contractor or contractors selected to administer homemaker/ home health aide services to senior citizens who could thereby be enabled to remain in their own homes with greater security and peace of mind.

2. $250,000 to be distributed by the Office on the Aging to recognized senior citizen groups for the purpose stated above, and for public housing where congregate living for seniors is practiced.

3. $250,000 to purchase units for distribution to the handicapped, developmentally disabled, and medically fragile.

Item No. 3 would best be distributed through the Division of Mental Health and Developmental Disabilities, I believe.

INTRODUCTION OF BILLS (Senate)(cont'd)

Appropriation (special) (medical emergency alarm systems)

SENATE BILL NO. 380, by Senators Colletta and Hackney. Appropriates $1,000,000 to the Department of Health and Social Services, Office of Aging, to purchase MED-ALERT medical emergency alarm systems for distribution to elderly Alaskans. Unexpended and unobligated portion of appropriation lapses June 30, 1981. Provides Act effective immediately.

Introduced February 1 and referred to Health, Education & Social Services, then to Finance.

1979 HOSP. COST CONTAINMENT REPORT

ALASKA STATE HOSP. ASSN.

Growth in Hospital Service Volume

Nationally since 1973, the total volume of hospital services has increased at an average annual rate of 6.8 percent. Between 1977 and 1978, the total volume of services increased 5.5 percent.

Increasing service intensity accounted for 74 percent of the increase in the total volume of services provided by hospitals during the 1973 to 1978 period. Increasing service intensity reflects:

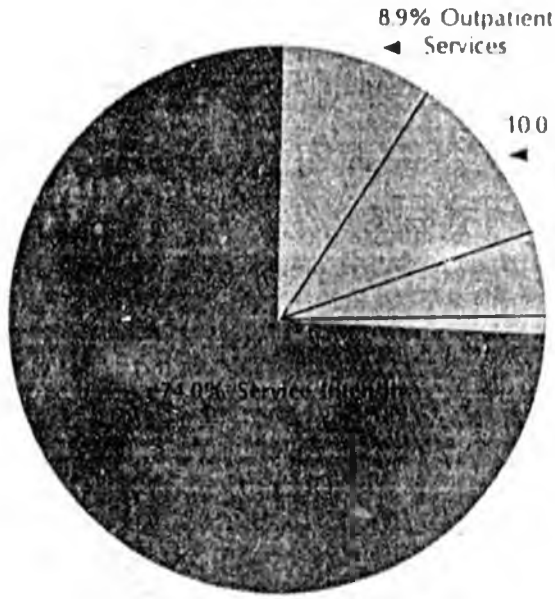
a. Changes in patient mix, particularly increases in the number of patients over-65 years of age.

b. The development of new services.

c. Shorter average length of stay which requires more services to be provided on each day.

d. Regulations requiring hospitals to provide more services, particularly in the administrative area.

Available information indicates that trends in Alaska correspond to the national pattern.



Factors Contributing to Growth of Hospital Service Volume, 1973-1978

Source: American Hospital Association Office of Research Affairs

Note:
The 0.9 percent net increase in under 65 utilization represents the combined effect of a 3.02 percent growth of population offset by a 2.12 percent decline in the patient day use rate. As population growth outpaced the reduction in the use rate, the volume of services to the under-65 population increased

SB
393

Sr. Citizens (state assistance, purchase of drugs)

SENATE BILL NO. 393, by Senator Ferguson. Adds new chapter to Title 47 (Welfare, Social Services and Institutions) which establishes within the Department of Health and Social Services the pharmaceutical assistance program. Provides for payment by department to pharmacies and pharmacists the cost of prescription drugs purchased by a state resident 65 years or over. States that department may not pay for drugs paid by another plan of medical assistance or insurance or if purchaser refuses to accept substitute drug product with the same generic name, and states that if product exceeds maximum allowable cost purchaser must pay the difference. Provides for establishment by commissioner of system of payments and reimbursements, preparation of list of maximum allowable costs, and issuance of identification cards. Provides Act takes effect October 1, 1980.

Introduced February 6 and referred to HESS, then to Finance.

SB 393 ~~S H~~ ~~S~~ ~~S~~ ~~B~~ a state program to assist persons who are 65 years of age or over to purchase prescription drugs.
By Ferguson

Requested FIN.

Introduced 2-6-80
Logged 2-6-80
Referred Finance
Comm. meeting & action 3-24-80 - held

Notify: Ron Sedgewick 9-0458 - Pharmacist
Jim McCorcle (McCorcle Pharmacy)
Marsha Wollomon (Fred's)
272-3352
Tom Nicholetti (Fred's) Pharmacist
Eldon Ulmer - Pharmacist
Box 1420 - Anch. AK.
[illegible] Strawberry Rd. 243-3718



ALASKA PHARMACEUTICAL ASSOCIATION

Box 1185 Anchorage, Alaska 99510

3-12-80

State Senator Frank H. Ferguson
Pouch U
Juneau, Alaska 99811

Dear Senator Ferguson:

The Alaska Pharmaceutical Association passed the following resolution regarding SB 393, at our recently-completed convention:

RESOLUTION #8

Whereas SB 393 has been introduced, establishing a State program to assist residents who are 65 years of age or over to purchase prescription drugs, therefore be it resolved that the association will support SB 393 if the following recommendations are observed:

(1) Establish an actual need for this program.
(2) Place this program into the current Medicaid Program with pharmacy reimbursement at usual & customary fee.
(3) Do not ask pharmacies to re-bill another third-party program for reimbursement.
(4) Delete that portion of the bill dealing with substitution as it may conflict with our current law.
(5) Establish eligibility of Alaska natives over 65 years of age for program.
(6) Delete Section II of the bill (Report to Legislature) because a study has already been done by Touche Ross on the original Medicaid legislation.

Our main feeling was that most Alaska residents over 65 are already covered by another program, (such as Medicaid), or eligible to receive drugs & other medications from USPHS facilities or contracts (Alaska Natives), covered by insurance or can well afford to pay for prescriptions. Granted, there will be a few exceptions.

Our current medicaid program is satisfactory to the majority of pharmacies in the state, except for the current payment problem, which we hope will be corrected soon. The pharmacies feel that our Medicaid program is far superior to those of our sister states, who are tied up with the bureaucracy of unwieldy federal programs, and we appreciate this.

We are willing to meet with anyone with questions regarding our position on this bill. Please contact our secretary, Chuck Decker, Box 1185, Anchorage 99510 phone (work--276-3921 or home--243-5976), so that he may arrange a meeting with a small representative group.

Very truly yours,

Dave Heinke, Pres.

cc/ Sen. [illegible], Rep. [illegible], Gov. Hammond, Comm. Beirne, [illegible] Association board members.

PROFESSIONAL
PHARMACY
FAIRBANKS

SB

401

COMMITTEE REPORT

SENATE

FURTHER: Finance

2/7/80

Date: 3/21/80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 401

requiring Dept. of Education to develop and operate a program of agricultural education services

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[X] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

_____

CHAIRMAN

S 60 (Rev. 12/78)

Introduced 2-7-80
Logged 2-7-80
Referred to Finance
Comm. meeting 3-11-80
" action Issued indiv. rec.

"An Act requiring ~~H.B. 1555~~ S.B. 19-80
H.B. ~~Education~~ to celebrate and
cultural
etc.

F/N requested
-position paper.

Sec. 44.27.020. Duties of department. The Department of Education shall

(1) administer the state's program of education at the elementary, secondary, and adult levels, including, but not limited to, programs of vocational education and training, vocational rehabilitation, library services, correspondence courses, adult basic education, and fire-service training, but not including degree programs of postsecondary education;

(2) administer the historical library;

(3) plan, finance and operate related school and educational activities and facilities. (§ 11 ch 64 SLA 1959; am § 77 ch 69 SLA 1970; am § 5 ch 86 SLA 1979)

Supplement

Effect of amendment. — The 1979 amendment, in paragraph (1), substituted "elementary, secondary, and adult levels, including, but not limited to, programs of vocational education and training" for "elementary, and secondary levels, including programs of vocational educations" and "library services, correspondence courses, adult basic education, and fire-service training, but not including degree programs of postsecondary education" for "library services, and correspondence courses."

Agricultural Education Services (program)

SENATE BILL NO. 401, by Senators Tillion and Kerttula. Requires the Department of Education to develop and operate a program of agricultural education services to advise and assist school districts in development of vocational agricultural classes and programs and to advise Alaska chapters of national organizations of students studying vocational agriculture as well as to serve as a clearinghouse for information and to assist generally in the development of vocational agricultural opportunities for young men and women in the state. Provides Act takes effect July 1, 1980.

Introduced February 7 and referred to HESS, then to Finance.

Better Code

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB-401

Title An Act requiring the Dept. of Education to develop and operate a program of Agricul-

Requested by Senate HESS 3/21/8 Date tural education

II. FISCAL DETAIL

Agency Affected Department of Education

Program Category Affected Elementary and Secondary Education

BRU, Program, or Subprogram(s) Affected Program Evaluation

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		189.8	199.3	209.3	219.7	230.7
TOTAL		189.8	199.3	209.3	219.7	230.7

FUNDING (Thousands of Dollars)

GENERAL FUND		189.8	199.3	209.3	219.7	230.7
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		-0-				
PART TIME						
TEMPORARY						

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

Use existing staff of Career and Vocational Education Unit of the Department of Education.

Steering Committee	14.3
Curriculum Task Force	42.7
Teacher Workshops	12.8
Farm Equipment(Matched)	120.0
	189.8

IV. DATE March 21, 1980 PREPARED BY William D. Thomas

AGENCY Department of Education

PHONE 465-2800

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

33-001 (Rev. 12/79)

SB

413

S.B. 413 S. HESS 79 ~~Enact~~ empowering the Dept. of Education to operate a student exchange program & providing for an effective date.

By the Rules Comm. By Request of S. Smith

Introduced 2-8-80
Logged 2-8-80
Referred Finance
Comm. hearing 3-19-80 - held
for action

Notify Dept of Educ - notified
Regulations F/N

Student Exchange Program (operation)

SENATE BILL NO. 413, by the Rules Committee by Request of the Legislative Council by Request. Empowers the Department of Education to establish and operate, in cooperation with school districts and regional educational attendance areas, an exchange program by which students of rural school districts and regional educational attendance areas may attend public schools in urban school districts for a part or all of a school year. Provides Act takes effect July 1, 1980.

Introduced February 8, 1980 and referred to HESS, then to Finance.

ed to school in the district
e he became a resident of
public schools of another
ch 64 SLA 1972)

(a) and deleted a former second
n that subsection.

(a) A school district may
students in the district by
tment of Education under

l adopt regulations and
l services which may be

in accrediting the agency
seeking accreditation. (§ 1

nal doctrines prohibited.
octrines may be advocated
l is in session. No teacher
eive public money. (§ 1 ch

The governing body of a
l facilities for any legal
dy shall adopt bylaws that
e facilities. (§ 1 ch 98 SLA

ates and Alaska flags shall
ool building during school
considers proper. (§ 1 ch

incipal or other persons in
ducational institution shall
that in an emergency they
the shortest possible time
d at least once each month
(§ 1 ch 98 SLA 1966)

Chapter 05. Public Schools Generally.

Section
10—160. [Repealed]

Secs. 14.05.010—14.05.160.
Repealed by § 59 ch 98 SLA 1966, effective July 1, 1966.

Editor's note. — The repealed chapter derived from § 37-1-1 et seq., ACLA 1949; §§ 1, 2, ch. 13, SLA 1955; § 1, ch. 54, SLA 1955; § 1, ch. 108, SLA 1955.

Chapter 07. Administration of Public Schools.

Article
1. Department of Education (§§ 14.07.010—14.07.070)
2. State Board of Education (§§ 14.07.075—14.07.170)

Article 1. Department of Education.

Section
10. Department of Education
20. Duties of the department
30. Powers of the department
40. [Repealed]
50. Selection of textbooks
52. [Repealed]
55. [Repealed]
57. Transmittal selections
60. Promulgation of regulations
70. Withholding state funds

Sec. 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. (§ 1 ch 98 SLA 1966)

Quoted in Begich v. Jefferson, Sup. Ct. Op. No. 481 (File No. 894), 441 P.2d 27 (1968).

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;

(4) prescribe by regulation a minimum course of study for the public schools;

(5) establish, in coordination with the Department of Health and Social Services, a program for the continuing education of children who are held in detention facilities in the state during the period of detention;

(6) accredit those public, private, and denominational schools which meet accreditation standards prescribed by regulation by the department; See additional to #6 in Supplement

(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 schools of the state;

(8) in cooperation with the Department of Health and Social Services, exercise general supervision over public and private pre-elementary schools and over the educational component of nurseries as defined in AS 47.35.080(4); pre-elementary schools in this paragraph means schools for children ages three through five years when the schools' primary function is educational;

(9) provide accredited elementary and secondary correspondence study programs available to any Alaskan through a centralized office of correspondence study. (§ 1 ch 98 SLA 1966; am § 2 ch 69 SLA 1971; am § 6 ch 104 SLA 1971; am § 1 ch 190 SLA 1975)

Effect of amendments. — The first 1971 amendment added paragraph (8).

The second 1971 amendment substituted "Department of Health and Social Services" for "Department of Health and Welfare" in paragraphs (5) and (7).

The 1975 amendment, effective July 1, 1975, added paragraph (9).

Legislative committee report. — For report on ch. 190, SLA 1975 (HCS CSSB 367), see 1975 House Journal, p. 1277.

Stated in Hootch v. Alaska State-Operated School Sys., Sup. Ct. Op. No. 1154 (File No. 2157), 536 P.2d 793 (1975).

Cited in Alaska State-Operated School Sys. v. Mueller, Sup. Ct. Op. No. 1157 (File No. 2118), 536 P.2d 99 (1975).

Sec. 14.07.030. Powers of the department. The department may

(1) establish, maintain, govern, operate, discontinue, and combine area, regional, and special schools;

(2) Repealed by § 34 ch 46 SLA 1970.

(3) Repealed by § 34 ch 46 SLA 1970.

(4) Repealed by § 34 ch 46 SLA 1970.

(5) enter into contractual agreements with the Bureau of Indian Affairs or with a school district to share boarding costs of secondary school students;

(6) provide for citizenship night schools when and where expedient;

(7) provide for the sale or other disposition of abandoned or obsolete buildings and other state-owned school property;

(8) prescribe a classification for items of expense of school districts;

(9) acquire and transfer personal property, acquire real property, and transfer real property to federal agencies, state agencies, or to political subdivisions;

(10) enter into contractual agreements with school districts to provide more efficient or economical education services;

(11) provide for the issuance of elementary and secondary diplomas to persons not in school who have completed the equivalent of an eighth or twelfth grade education, respectively, in accordance with standards established by the department;

(12) exercise disapproval power under AS 14.08.100. (§ 1 ch 98 SLA

Effect of amendment. — The 1976 amendment added the present second sentence.

Sec. 14.03.110. Questionnaires and surveys administered in public schools. A school district, principal or other person in charge of a public school, or teacher in a public school may not administer or permit to be administered in a school any questionnaire or survey, whether anonymous or not, which inquires into private family affairs of the student not a matter of public record or subject to public observation unless written permission is obtained from the student's parent or guardian. (§ 1 ch 23 SLA 1979)

Effective date. — Section 2, ch. 23, SLA 1979, makes this section effective April 25, 1979, in accordance with AS 01.10.070(c).

Chapter 07. Administration of Public Schools.

Article 1. Department of Education.

Section

20. Duties of the department
53. Alaska School Activities Association
54. Alaska school activities fund

Sec. 14.07.020. Duties of the department. The department shall

(6) accredit those public schools which meet accreditation standards prescribed by regulation by the department; these regulations shall be adopted by the department and presented to the legislature during the first 10 days of any regular session, and become effective 45 days after presentation or at the end of the session, whichever is earlier, unless disapproved by a resolution concurred in by a majority of the members of each house;

(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;

(10) accredit private elementary and secondary schools which request accreditation and which meet accreditation standards prescribed by regulation by the department;

(11) review plans for construction and new public elementary and secondary schools and for additions to and major rehabilitation of existing public elementary and secondary schools and, in accordance with regulations adopted by the department, determine the extent of eligibility for state aid of a school construction project begun after July 1, 1978; for purposes of this paragraph, a "plan" includes educational specifications, schematic designs, and final contract documents;

Supplement

(12) 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. (am § 6 ch 50 SLA 1977; am §§ 1—3 ch 126 SLA 1978; am § 10 ch 147 SLA 1978; am § 1 ch 86 SLA 1979)

adding paragraph #13

Effect of amendments.

The 1977 amendment added the language beginning "these regulations shall be adopted" to the end of paragraph (6).

The first 1978 amendment deleted "private, and denominational" preceding "schools" near the beginning of paragraph (6), inserted "and private" preceding "schools" in paragraph (7), added the language beginning "the standards for private schools" to the end of paragraph (7), and added paragraph (11).

The second 1978 amendment, effective July 1, 1978, added paragraph (11).

The 1979 amendment added paragraph (12).

As the rest of the section was not affected by the amendments, it is not set out.

Sec. 14.07.053. Alaska School Activities Association. (a) There is created within the Department of Education the Alaska School Activities Association.

(b) The purposes of the association are to provide for the efficient governing of interscholastic activities through the promotion of those activities and other interschool contests or programs sanctioned by the association and to assist in the promotion of those other activities and interests as it may from time to time elect.

(c) A public or private school or school district in the state may become a member of the association if it applies for membership. The Department of Education shall make applications available to all public or private schools or school districts in the state.

(d) The governing body of the association shall be the board of control with at least one member from each judicial district on the board of control. A member of the board shall be elected from each regional activities association by the members of that region. The term of office for each member is two years, except that one-half of the members elected to the first elected board shall be elected for one-year terms under regulations prescribed by the commissioner of education.

(e) The board in consultation with the Department of Education shall appoint an executive secretary, prescribe his duties and fix his compensation. He shall serve at the pleasure of the board.

(f) The board of control of the existing Alaska High School Activities Association in office on July 1, 1976 shall serve as the initial board of control for no longer than six months.

(g) The Department of Education shall approve the association's constitution and bylaws to ensure that all regions of the state are treated on an equitable basis and in the best interests of the state. (§ 1 ch 128 SLA 1976)

(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 schools of the state;

(8) in cooperation with the Department of Health and Social Services, exercise general supervision over public and private pre-elementary schools and over the educational component of nurseries as defined in AS 47.35.080(4); pre-elementary schools in this paragraph means schools for children ages three through five years when the schools' primary function is educational;

(9) provide accredited elementary and secondary correspondence study programs available to any Alaskan through a centralized office of correspondence study. (§ 1 ch 98 SLA 1966; am § 2 ch 69 SLA 1971; am § 6 ch 104 SLA 1971; am § 1 ch 190 SLA 1975)

Effect of amendments. — The first 1971 amendment added paragraph (8).

The second 1971 amendment substituted "Department of Health and Social Services" for "Department of Health and Welfare" in paragraphs (5) and (7).

The 1975 amendment, effective July 1, 1975, added paragraph (9).

Legislative committee report. — For report on ch. 190, SLA 1975 (HCS CSSB 367), see 1975 House Journal, p. 1277.

Stated in Hootch v. Alaska State-Operated School Sys., Sup. Ct. Op. No. 1154 (File No. 2157), 536 P.2d 793 (1975).

Cited in Alaska State-Operated School Sys. v. Mueller, Sup. Ct. Op. No. 1157 (File No. 2138), 536 P.2d 99 (1975).

Sec. 14.07.030. Powers of the department. The department may

(1) establish, maintain, govern, operate, discontinue, and combine area, regional, and special schools;

(2) Repealed by § 34 ch 46 SLA 1970.

(3) Repealed by § 34 ch 46 SLA 1970.

(4) Repealed by § 34 ch 46 SLA 1970.

(5) enter into contractual agreements with the Bureau of Indian Affairs or with a school district to share boarding costs of secondary school students;

(6) provide for citizenship night schools when and where expedient;

(7) provide for the sale or other disposition of abandoned or obsolete buildings and other state-owned school property;

(8) prescribe a classification for items of expense of school districts;

(9) acquire and transfer personal property, acquire real property, and transfer real property to federal agencies, state agencies, or to political subdivisions;

(10) enter into contractual agreements with school districts to provide more efficient or economical education services;

(11) provide for the issuance of elementary and secondary diplomas to persons not in school who have completed the equivalent of an eighth or twelfth grade education, respectively, in accordance with standards established by the department;

(12) exercise disapproval power under AS 14.08.100. (§ 1 ch 98 SLA

ALASKA DEPARTMENT OF EDUCATION
POSITION STATEMENT

SB-413

The State Board of Education is in support of SB-413 with two recommendations:

1. The exchange program should extend to urban students as well as rural students; and,

2. The department be given one fiscal year to plan and develop in cooperation with school districts the activities and resource demands of the program.

Approved by: William D. Thomson
William D. Thomson
Deputy Commissioner
March 19, 1980

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. SB-413
Title An Act empowering the Department of Education to operate a student exchange program
Requested by Senate HESS Date 3/19/80

II. FISCAL DETAIL
Agency Affected Department of Education
Program Category Affected Elementary and Secondary Education
BRU, Program, or Subprogram(s) Affected K-12
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL		48.7				
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		48.7				

FUNDING (Thousands of Dollars)

GENERAL FUND		48.7				
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		-0-				
PART TIME						
TEMPORARY						

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

This analysis includes only sufficient funds to plan and prepare for implementation of the program. FY-82 impact would include, additionally, substantial travel and probably boarding home costs. The planning and student identification will be done in conjunction with the RSVP program. Contractual costs include personal services and travel for one professional level person.

IV. DATE 3/19'80 PREPARED BY
AGENCY Department of Education
PHONE 465-2800

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

33-001 (Rev. 12/79)

SB

414

SB 414 ~~SHOSS~~ ~~enlarging~~ bringing employees of the Ak. Federation of Teachers to participate in the teachers' retirement system and amending the definition of "member" of the Teachers' Retirement System & providing for an effective date"

By: Aylmer

Introduced 2-8-82

Logged 2-8-82

Referrals _____

Ak Federation of Teachers (part. teachers' retirement system)

SENATE BILL NO. 414, by Senator Hohman. Authorizes employees of the Alaska Federation of Teachers to participate in the teachers' retirement system, and amends the definition of "member" of the teachers' retirement system tc include members of the federation. Provides Act takes effect July 1, 1980.

Introduced February 8 and referred to HESS, then to Finance.



HYDABURG CITY SCHOOL

HYDABURG, ALASKA, PRINCE OF WALES ISLAND 99922

March 24, 1980

Senator George Hohman
Alaska State Legislature
Pouch V
Juneau, Aalska 99811

Dear Senator Hohman:

This letter is in opposition to SB-414 titled, "AFT to participate in TRS."

You may already know that there continues to be a large rift between those two mentioned groups, namely American Federation of Teachers and National Education Association. I am opposed to the inclusion of those individuals in the Alaska TRS because the line of argumentation purported by AFT has always encompassed only their points of view and never those of NEA. This has applied on every element of the relationship and never do the two meet. In light of that continuing rift, why consider including AFT on a system which exists and was lobbied for for years by NEA and its representatives. I am greatly disturbed at a union's advance so boldly as this.

Consequently, I strongly oppose this bills passage.

Sincerely,

Sasha I. Soboleff
Supt. of Schools

SIS:de
cc: Sen. Glenn Hackney, Fr nk Ferguson,Mike Colleta
Sen. Bettye Fahrenkamp



HYDABURG CITY SCHOOL

HYDABURG, ALASKA, PRINCE OF WALES ISLAND 99922

March 24, 1980

Senator TerryStimson
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Stimson:

This letter pertains to the SB-409 titled,".....minimum qualification for Chief School Administrators."

While the belief to improve the quality of training for administrators exists and is avidly sought by those administrators, this effort is not emcompassed by the Dept. of Education. To my knowledge, only a select gourp of administrators opted on their own to attend an Alaska Native Foundation workshop in Anchorage on 3/24 to 3/27, 1980 to improve their academic skills. I further feel that many current administrators would not be in compliance, and would find it very difficult to meet this proposed requirement.

I consequently am opposed to passage of this bill.

Sincerely,

Sasha I. Soboleff
Supt. of Schools

SIS:de
cc: Sen. Glenn Hackney
Sen. Frank Ferguson
Sen. Mike Colleta
Sen. Bettye Fahrenkamp



HYDABURG CITY SCHOOL

HYDABURG, ALASKA, PRINCE OF WALES ISLAND 99922

March 24, 1980

Senator Frank Ferguson
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Freguson:

This letter pertains to the SB-409 title, "....minimum qualification for Chief School Administrators."

While the belief to improve the quality of training for administrators exists and is avidly sought by those administrators, this effort is not encompassed by the Dept. of Education. To my knowledge, only a select group of administrators opted on their own to attend an Alaska Native Foundation workshop in Anchorage on 3/24 to 3/27, 1980 to improve their academic skills. I further feel that many current administrators would not be in compliance, and would find it very difficult to meet this proposed requirement.

I consequently am opposed to passage of this bill.

Sincerely,

Sasha I. Soboleff
Supt. of Schools

SIS:de
cc: Sen. Glenn Hackney
Sen. Frank Ferguson
Sen. Mike Colleta
Sen. Bettye Fahrenkamp

SB

419

COMMITTEE REPORT

SENATE

FURTHER: Finance

2/11/80

Date: 3/2/80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 419 increasing the instructional unit allotment of the Copper River School District

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

_____

CHAIRMAN

S 60 (Rev. 12/78)

S.B 419
By Kerstiens

"An Act increasing the ~~[illegible]~~ apportionment to the Loup River school districts and providing for an effective date."

Introduced 2-11-80
Logged 2-11-80
Referred Finance
Comm.

3/25/80 - Letter X L.A for C.S.
4-3-80 John X Lenstedecy.

I F/N Requested
II Position Paper
Sponsor Notified

Steve Fole in Educ will be here to speak re these bills.

INTRODUCTION OF BILLS (Senate)(cont'd)

Copper River School District (instructional units)

SENATE BILL NO. 419, by Sen. Kerttula. Amends AS 14.17.051(5) & (6) to increase the instructional unit allotment of the Copper River School District from 115% to 120% of the base instructional unit allotment. Provides Act effective July 1, 1980.

Introduced February 11 and referred to HESS, then to Finance.

LA

CS SB 419

FOR AN ACT ENTITLED: "AN ACT INCREASING THE INSTR. UNIT ALLOT. OF THE ~~COPPER RIV~~ SKAGWAY CITY SCHOOL DIST.; THE COPPER RIVER SCHOOL DIST.; AND THE NENANA SCHOOL DIST.; AND PROVIDING FOR AN EFF. DATE."

BE IT ENACTED

*SECTION 1. AS 14.17.051 (3), (5), (6) AND (7) ARE AMENDED TO READ:

(3) FOR CRAIG CITY SCHOOL DIST., HYDABURG CITY SCHOOL DIST., KLAWOCK CITY SCHOOL DIST., KAKE CITY SCHOOL DIST., CHATHAM [illegible] SCHOOL DIST., [SKAGWAY CITY SCHOOL DIST.] SOUTHEAST ISLAND SCHOOL DIST., AND KENAI PENINSULA BOROUGH SCHOOL DIST., THE DIST. OR AREA IS ENTITLED TO RECEIVE 108 PER CENT OF THE BASE INSTR. UNIT ALLOTMENT;

(5) FOR [COPPER RIVER SCHOOL DIST.] [illegible] SKAGWAY CITY SCHOOL DIST., CORDOVA CITY SCHOOL DIST., VALDEZ CITY SCHOOL DIST., AND HAINES BOROUGH SCHOOL DIST., THE DISTRICT OR AREA IS ENTITLED TO RECEIVE 115 PER CENT OF THE BASE INSTR. UNIT ALLOTMENT;

(6) FOR COPPER RIVER SCHOOL DIST., [NENANA CITY SCHOOL DIST.] DELTA SCHOOL DIST., ALASKA GATEWAY SCHOOL DIST., UPPER RAILBELT REGIONAL SCHOOL DIST., YAKUTAT CITY SCHOOL DIST., AND CHUGACH SCHOOL DIST.,

THE DIST. OR AREA IS ENTITLED TO RECEIVE 120 PERCENT OF THE BASE INSTR. UNIT ALLOTMENT;

(7) FOR ADAK REGIONAL SCHOOL DIST. AND NENANA CITY SCHOOL DIST. THE DIST. OR AREA IS ENTITLED TO RECEIVE 140 PERCENT OF THE BASE INSTR. UNIT ALLOTMENT;

* SECTION 2 SECTION 1 (3), (5) AND (6) ARE EFFECTIVE JULY 1, 1980

* SECTION 3 SECTION 1 (7) IS EFFECTIVE IMMED. AFFECT, AND RETROACTIVE TO JAN. 1, 1980

CS SB 419

FOR AN ACT ENTITLED: "AN ACT INCREASING THE INSTR. UNIT ALLOT. OF THE ~~COPPER RIV~~ SKAGWAY CITY SCHOOL DIST.; THE COPPER RIVER SCHOOL DIST.; AND THE NENANA SCHOOL DIST.; AND PROVIDING FOR AN EFF. DATE."

BE IT ——

*SECTION 1. AS 14.17.051 (3), (5), (6) AND (7) ARE AMENDED TO READ:

(3) FOR CRAIG CITY SCHOOL DIST., HYDABURG CITY SCHOOL DIST., KLAWOCK CITY SCHOOL DIST., KAKE CITY SCHOOL DIST., CHATHAM ~~SCHOOL~~ SCHOOL DIST., [SKAGWAY CITY SCHOOL DIST.] SOUTHEAST ISLAND SCHOOL DIST., AND KENAI PENINSULA BOROUGH SCHOOL DIST., THE DIST. OR AREA IS ENTITLED TO RECEIVE 108 PER CENT OF THE BASE INSTR. UNIT ALLOTMENT;

(5) FOR [COPPER RIVER SCHOOL DIST.] ~~[illegible]~~ SKAGWAY CITY SCHOOL DIST., CORDOVA CITY SCHOOL DIST., VALDEZ CITY SCHOOL DIST., AND HAINES BOROUGH SCHOOL DIST., THE DISTRICT OR AREA IS ENTITLED TO RECEIVE 115 PER CENT OF THE BASE INSTR. UNIT ALLOTMENT;

(6) FOR COPPER RIVER SCHOOL DIST., [NENANA CITY SCHOOL DIST.] DELTA SCHOOL DIST., ALASKA GATEWAY SCHOOL DIST., UPPER KUSKOKWIM REGIONAL SCHOOL DIST., YAKUTAT CITY SCHOOL DIST., AND CHUGACH SCHOOL DIST.,

THE DIST. OR AREA IS ENTITLED TO RECEIVE 120 PERCENT OF THE BASE INSTR. UNIT ALLOTMENT;

(7) FOR ADAK REGIONAL SCHOOL DIST. AND NENANA CITY SCHOOL DIST. THE DIST. OR AREA IS ENTITLED TO RECEIVE 140 PER CENT OF THE BASE INSTR. UNIT ALLOTMENT;

* SECTION 2 SECTION 1 (3), (5) AND (6) ARE EFFECTIVE JULY 1, 1980

* SECTION 3 SECTION 1 (7) IS EFFECTIVE IMMED. ADEC, AND RETROACTIVE TO JAN. 1, 1980

THE FOLLOWING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

(g) Bilingual education schedule:

Weighted ADM	No. Instructional Units
1—12	1
13—18	2
19—42	3
43 and over	3 plus 1 for each 24 weighted ADM or fraction of 24 weighted ADM

(§ 4 ch 238 SLA 1970; am § 1 ch 137 SLA 1972; am § 4 ch 81 SLA 1976; am § 7 ch 90 SLA 1977; am § 2 ch 115 SLA 1978)

Effect of amendments. The 1977 amendment, effective July 1, 1978, rewrote this section. The 1978 amendment, effective July 1, 1978, added subsection (g).

Sec. 14.17.051. Instructional unit allotment. The instructional unit allotment for each school district or regional educational attendance area is as follows:

(1) for Gateway Borough School District, City and Borough of Juneau School District, and Anchorage School District, the district is entitled to receive the base instructional unit allotment;

(2) for Annette Island School District, Petersburg City School District, Wrangell City School District, Sitka Borough School District and Matanuska-Susitna Borough School District, the district or area is entitled to receive 104 per cent of the base instructional unit allotment;

(3) for Craig City School District, Hydaburg City School District, Klawock City School District, Kake City School District, Chatham School District, Skagway City School District, Southeast Island School District and Kenai Peninsula Borough School District, the district or area is entitled to receive 108 per cent of the base instructional unit allotment;

(4) for Pelican City School District, Hoonah City School District, and North Star Borough School District, the district or area is entitled to receive 112 per cent of the base instructional unit allotment;

(5) for Copper River School District, Cordova City School District, Valdez City School District, and Haines Borough School District, the district or area is entitled to receive 115 per cent of the base instructional unit allotment;

(6) for Nenana City School District, Delta School District, Alaska Gateway School District, Upper Railbelt Regional School District, Yakutat City School District, and Chugach School District, the district or area is entitled to receive 120 per cent of the base instructional unit allotment;

(7) for Adak Regional School District the area is entitled to receive [illegible] per cent of the base instructional unit allotment;

(8) for Pribilof Islands School District, Aleutian Chain School District, King Cove City School District, and Unalaska City School District, the district or area is entitled to receive 150 per cent of the base instructional unit allotment;

(9) for Yukon Flats School District, Dillingham City School District, Bristol Bay Borough School District, Southwest Regional School District, Lake Peninsula School District, Lower Kuskokwim School District, Galena City School District, Kuspuk School District, Yukon-Koyukuk School District, Northwest Arctic School District, Selawik City School District, Nome City School District, Bering Straits School District, Iditarod Area School District, North Slope Borough School District, Lower Yukon School District, and St. Mary's City School District, the district or area is entitled to receive 155 per cent of the base instructional unit allotment.

(10) for Kodiak Island School District, the district is entitled to receive 1[illegible] per cent of the base instructional unit allotment. (§ 4 ch 238 SLA 1970; am § 1 ch 40 SLA 1971; am § 5 ch 81 SLA 1975; am § 12 ch 124 SLA 1975; am § 8 ch 90 SLA 1977; am §§ 3 — 6 ch 115 SLA 1978)

Effect of amendments.

The 1977 amendment, effective July 1, [illegible] rewrote the section.

The 1978 amendment, effective July 1, [illegible] inserted "Southeast School District" following "Annette Island School District" in paragraph (2), inserted "Southeast [illegible] School District" in paragraph (3), inserted "Kodiak Island Borough School [illegible] following "Pelican City School [illegible]" in paragraph (4), and added paragraph (10).

Editor's notes.

Section 9, ch. 90, SLA 1977, effective July 1, 1977, provides: "Notwithstanding the provisions of AS 14.17.051, as re-enacted by § 8 of this Act, the value of the instructional unit allotment for any school district or regional educational attendance area is not less than it would have been for the fiscal year beginning July 1, 1977 if sec. 8 of this Act had not been enacted."

Sec. 14.17.056. Base instructional unit. (a) The base instructional unit for the fiscal year beginning July 1, 1978 and ending June 30, 1979 is $29,000.

(b) The base instructional unit for fiscal years beginning on or after July 1, 1979 is $31,900. (§ 4 ch 238 SLA 1970; am § 1 ch 88 SLA 1973; am § 1 ch 140 SLA 1974; am § 6 ch 81 SLA 1975; am § 3 ch 173 SLA 1976; am § 10 ch 90 SLA 1977; am § 7 ch 115 SLA 1978)

Effect of amendments.

The 1976 amendment, effective July 1, [illegible] substituted "July 1, 1976 and ending June 30, 1977 is $25,000" for "July 1, 1975 and ending June 30, 1976 is $23,500" in subsection (a) and substituted "July 1, 1977 and ending June 30, 1978 is $27,500" for "July 1, 1976 and ending June 30, 1977 is $25,000" at the end of subsection (a) and "July 1, 1978 is $29,000" for "July 1, 1977 is $27,500" at the end of subsection (b).

The 1978 amendment, effective July 1, 1978, substituted "July 1, 1978 and ending June 30, 1979 is $29,000" for "July 1, 1977 and ending June 30, 1978 is $27,500" at the end of subsection (a) and "July 1, 1979 is $31,900" for "July 1, 1978 is $29,000" at the end of subsection (b).

THE PRECEDING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

HIGHER COST DUE TO LOCATION MORE LIKE 'INTERIOR REGION'

Introduced: 2/11/80
Referred: Health, Education & Social Services and Finance

IN THE SENATE BY KERTTULA

SENATE BILL NO. 419

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act increasing the instructional unit allotment of the Copper River School District; and providing for an effective date."

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

* Section ~~1~~ 2. AS 14.17.051(5) and (6) are amended to read:

(5) for [COPPER RIVER SCHOOL DISTRICT,] Cordova City School District, Valdez City School District, and Haines Borough School District, the district or area is entitled to receive 115 percent of the base instructional unit allotment;

(6) for Copper River School District, ~~Nenana City School District~~, Delta School District, Alaska Gateway School District, Upper Railbelt Regional School District, Yakutat City School District, and Chugach School District, the district or area is entitled to receive 120 percent of the base instructional unit allotment;

~~* Sec. 2. This Act takes effect July 1, 1980.~~

{Section 1. AS 14.17.051 (6) and (7) are amended to read:

(6) for [Nenana City School District] . . .

(7) For Iditarod Regional School District and Nenana City School District the district or area is . . .

Sec. 3. Section 1 of this Act is effective immediately and is retroactive to January 1, 1980.

Sec. 4. Section 2 of this Act takes effect July 1, 1980.

Please:

Odak. already in (Statutes
therefore it doesn't effect
the retroactive clause.
Per Steve Hole.

do you wish me to take X
L/A for CS??

M.

Section 1

AS 14.17.051 is amended as follows:

(6) for [Nenana City School District,] Delta School District, Alaska Gateway School District, Upper Railbelt Regional School District, Yakutat City School District, and Chugach School District, the district or area is entitled to receive 120 percent of the base instructional unit allotment;

(7) for Nenana City School District, Adak Regional School District the area is entitled to receive 140 percent of the base instructional unit allotment;

Section 1 is effective immediately and retroactive to January 1, 1980.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB-419

Title An Act increasing the instructional unit allotment of Copper River School Distric

Requested by Senate HESS Date 3/20/80

II. FISCAL DETAIL

Agency Affected Department of Education

Program Category Affected Elementary and Secondary Education

BRU, Program, or Subprogram(s) Affected Foundation Suppor

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.		98.9	105.8*	113.2	121.1	129.6
	TOTAL						

FUNDING (Thousands of Dollars)

GENERAL FUND		98.9	105.8	113.2	121.1	129.6
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		-0-	-0-	-0-	-0-	-0-
PART TIME						
TEMPORARY						

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

Impact based upon FY-81 Initial Report of 62 I.U. x 5% increase in allotment.

* Annual Increase based upon 7% inflation.

IV. DATE 3/21/80 PREPARED BY William D. Thomas SH

AGENCY Department of Education

PHONE 465-2800

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

33-001 (Rev. 12/79)

ALASKA DEPARTMENT OF EDUCATION
POSITION STATEMENT

Senate Bill 419

The Department has no position on this bill.

Approved by: William D. Thomson

William D. Thomson
Deputy Commissioner
March 21, 1980

SB

428

S. HESS 7 ~~Votes~~ amending the public school foundation program to provide state support for preschool and ~~and secondary school programs~~ "

SB 428

Introduced - 2-12-80

Logged - 2-12-80

Referred: Finance

Comm. Hearing 3-19-80 - held

" action

- Karen -

Notify House State Affairs
Catherine Ph: 4964 ✓ Notify

Notify Mary Asher in Haines - 766-3580 ✓

Notify - Kerry Romsburg - he said may be not ~~not~~ ? town

Sponsor notified

Mr Demerest of Comm. College - will be here - awaiting F/N

also Pres of Univ. Jay Barton will be here.

Notify: Ron Hohman, 364-3441

3-20-80

Glenn:

Mr Bill Mailer Supt. of St. Mary's school district called in support of AB 428. Should you to know. His address is St Mary's School District Box 171, St Mary's, Alaska 99658.

M.

Asked him how many children involved. Right now 7-8 yrold 6-4yr old - But he does support any & all preschool programs. We pending letter.

ST. MARY'S SCHOOL DISTRICT

P.O. Box 171 • St. Mary's, Alaska 99658

WILLIAM MAILER
Superintendent

March 24, 1980

Senator Glenn Hackney
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Senator Hackney:

I spoke with your administrative assistant, Ms. Mary Isaacs, on Thursday morning about SB428. I would like to voice strong support of that portion of the bill which deals with State Foundation Support for preschool (pre elementary) programs.

The St. Mary's School District has operated preschool classes for 3 and 4 year old children for seven years. All 3 and 4 year old children in our community attend preschool. Before learning about SB428 and the possibility of State support of our program, we made plans to expand the amount of time the preschoolers spend with their teacher. We will also offer kindergarten for a full day. The children have made significant progress in our existing program, and we anticipate even greater gains if the children spend more time in the classroom.

The existing educational literature and research support the "extended" day concept for pre elementary children.

Thank you for this opportunity to provide you with information on pre elementary education in St. Mary's. If you have any other questions, please do not hesitate to call me at 438-2311.

Sincerely,

William Mailer

William T. Mailer
Superintendent

WTM:bsc

Glenn

4-9-80
11:20AM

S.B 428 - will it be possible to reschedule it - perhaps before end of month? Request of Ron Kirkmeyer. He mentioned taking out post-secondary with CS. Told him I'd ask you.

M.

Hildebrand, Sup. Ct. Op. No. 741 (File No. 1550), 491 P.2d 120 (1971).

The state supplies a minimum of 90% of school operating funds under subsection (c)(5) of this section. Macauley v. Hildebrand, Sup. Ct. Op. No. 741 (File No. 1550), 491 P.2d 120 (1971).

Sec. 14.17.022. Funds for centralized correspondence study. Funds for providing centralized correspondence study programs for students not enrolled in an approved school district correspondence study program shall include an appropriation from the public school foundation account in an amount calculated by multiplying the base instructional unit by the total number of instructional units as determined by applying the number of correspondence students to § 41 (a) of this chapter. (§ 3 ch 190 SLA 1975)

Effective date. — Section 6, ch 190, SLA 1975, provides: "This Act takes effect July 1, 1975."

Legislative committee report. — For report on ch. 190, SLA 1975 (HCS CSSB 367), see 1975 House Journal, p. 1277.

Sec. 14.17.030. Required local effort.

Repealed by § 11 ch 95 SLA 1969.

Editor's note. — The repealed section derived from § 1.07, ch. 164, SLA 1962, as amended by § 1, ch. 70, SLA 1963.

Sec. 14.17.031. Instructional units. (a) The total number of instructional units within each school district is the sum of

(1) the number of units for elementary schools and the number of units for secondary schools as determined from § 41 (a) or § 41 (b) of this chapter;

(2) the number of units for vocational education determined from § 41 (c) of this chapter as approved by the department;

(3) the number of units from special education determined from § 41(d) of this chapter as approved by the department; and

(4) if the district has five or more correspondence pupils enrolled in an approved district correspondence study program, the number of units for correspondence pupils determined by applying the number of correspondence pupils to § 41(a) of this chapter.

(b) A school district shall compute separately the number of allowable instructional units for each of its secondary schools.

(c) The commissioner may authorize any school district operating a school in a remote area to calculate the number of units to which that school would be entitled if it were a separate district and to include that number of units in the total number of instructional units within that district. (§ 4 ch 238 SLA 1970; am § 3 ch 81 SLA 1975; am § 4 ch 190 SLA 1975)

Effect of amendments. — The first 1975 amendment, effective July 1, 1975, inserted "as approved by the department" in paragraph (3) of subsection (a).

The second 1975 amendment, effective July 1, 1975, inserted "enrolled in an approved district correspondence study program" in paragraph (4) of subsection (a).

Legislative committee report. — For report on ch. 190, SLA 1975 (HCS CSSB 367), see 1975 House Journal, p. 1277.

Sec. 14.17.040. Basic need.

Repealed by § 1 ch 238 SLA 1970, effective July 1, 1970.

Editor's note. — The repealed section derived from § 1.02, ch. 164, SLA 1962.

Sec. 14.17.041. Table of allowable instructional units.

(a) Elementary and secondary schools in districts with ADM under 1,000:

ADM	No. Instructional Units
under 10	1
10 — 20	2
21 — 32	3
33 — 46	4
47 — 62	5
63 — 80	6
81 — 999	6 plus 1 for each 18 pupils or fraction of 18.

(b) Elementary and secondary schools in districts with ADM of 1,000 or over:

ADM	No. Instructional Units
under 10	1
10 — 20	2
21 — 32	3
33 — 46	4
47 — 62	5
63 — 80	6
81 — 99	7
100 — 3005	7 plus 1 for each 19 pupils or fraction of 19
3006 and over	160 plus 1 for each 23 pupils or fraction of 23.

(c) Vocational education schedule:

ADM Full-Time Equivalent	No. Instructional Units
5 — 10	1
11 — 25	2
26 — 40	3
41 and over	3 plus 1 for each 20 pupils or fraction of 20 pupils in Full-Time Equivalent ADM

(d) Special education schedule:

ADM Full-Time Equivalent	No. Instructional Units
5 -- 8	1
9 — 15	2
16 — 24	3
25 — 35	4
36 and over	4 plus 1 for each 11 pupils or fraction of 11 pupils in Full-Time Equivalent ADM

See Supplement

(§ 4 ch 238 SLA 1970; am § 1 ch 137 SLA 1972; am § 4 ch 81 SLA 1975)

Effect of amendments. — The 1972 amendment rewrote subsection (c). The 1975 amendment, effective July 1, 1975, rewrote subsection (d).

Sec. 14.17.050. Teachers' salary ... ent.

Repealed by § 1 ch 238 SLA 1970 ... ctive July 1, 1970.

Editor's note. — The repealed section derived from § 1.04, ch. 164, SLA 1962; §§ 2, 3, ch. 70, SLA 1963; § 1, ch. 78, SLA 1964; §§ 2, 3, ch. 98, SLA 1966; and § 1, ch. 153, SLA 1966.

Sec. 14.17.051. Instructional unit allotment. (a) The instructional unit allotment for each school district or regional educational attendance area is as follows:

(1) if the district or area is in that part of the state lying within the boundaries of election district 1, 4 or 8, the district or area shall receive the base instructional allotment;

(2) if the district or area is in that part of the state lying within the boundaries of election district 2, 3 or 7, the district or area shall receive 103.75 per cent of the base instructional unit allotment;

(3) if the district or area is in that part of the state lying within the boundaries of election district 5, 9, 10 or 11, the district or area shall receive 107.50 per cent of the base instructional unit allotment;

(4) if the district or area is in that part of the state lying within the boundaries of election district 16, south of the Arctic Circle, the district or area shall receive 111.25 per cent of the base instructional unit allotment;

(5) if the district or area is in that part of the state lying within the boundaries of election district 6, the district or area shall receive 115 per cent of the base instructional unit allotment;

Effect of amendments. — The 1973 amendment inserted "or State-Operated School System" in paragraph (1) of former subsection (c).

The 1975 amendment, effective July 1, 1975, in subsection (a), substituted "regional educational attendance area" for "state" twice in the first sentence and once in the second sentence, and inserted "city or borough" twice in the first sentence and once in the second sentence. The amendment also inserted "city or borough school" in subsection (b), and deleted subsection (c).

Legislative committee report. — For report on ch. 53, SLA 1973 (CSHB 382), see 1973 House Journal, pp. 793, 885.

Section spells out duties of department of education. — The duties of the department of education, in regard to a state-operated school located in a newly incorporated city, are spelled out by this section. 1963 Op. Att'y Gen., No. 24, issued prior to 1975 amendment.

Responsibility of department to previously state-operated school. — After the formation of an organized borough or a city, the only special responsibility of the department of education toward a previously state-operated school within the boundaries of the city or borough, is to provide financial support as provided by statute. The department of education must transfer the school to the local political subdivision so that such political subdivision may carry out its function of providing, operating, and maintaining schools. The department has no authority to continue maintaining and insuring such school buildings after the formation of a newly organized borough or city. If a brief period is necessary for the details of the transfer to be arranged, a use agreement must be executed, whereby the political subdivision assumes the major responsibilities of ownership, including costs of maintenance and insurance. 1963 Op. Att'y Gen., No. 24, issued prior to 1975 amendment.

Sec. 14.17.215. State aid to districts affected by state activities. (a) A school district which provides free public education to a student whose parent or guardian works on or lives on state property shall receive an additional yearly allotment under this chapter equal to the percentage of the state average cost of education, as reflected in the audit report of district schools for the prior fiscal year, per student times the number of qualifying students in average daily membership, as follows:

(1) 50 per cent for a student whose parent or guardian lives on and works on state property;

(2) 25 per cent for a student whose parent or guardian works on state property;

(3) 25 per cent for a student whose parent or guardian lives on state property.

(b) In this section "state property" means real property which is owned by the state or is leased by the state and which is not subject to taxation or payments in lieu of taxes by the state or a political subdivision of the state; the term includes real property owned by the state and leased from it, as well as improvements leased from it, even though the lessee's interest, or an improvement on the property, is subject to taxation by a state or a political subdivision of the state. (§ 7 ch 95 SLA 1969)

Sec. 14.17.220. Purpose. It is the intention of the legislature, in enacting this public school foundation program, to assure an adequate level of educational opportunities for those in attendance in the public schools of the state. This chapter shall not be interpreted as preventing a public school district from providing educational services and facilities

(4) "elementary school" means a school consisting of grades one through eight, kindergarten through eight, or an appropriate combination of grades within this range;

(5) "fiscal year" means the year beginning July 1 and ending June 30 for which allotments and entitlements are computed or distributed;

(6) "pre-fiscal year" means the year immediately before the fiscal year;

(7) Repealed by § 3 ch 238 SLA 1970.

(8) "public school foundation account" means the account created by § 10 of this chapter for use in financing education in public elementary and secondary schools;

(9) "secondary school" means a school of grades seven through twelve, or an appropriate combination of grades within this range. When grades seven through eight, nine, or ten are organized separately as a junior high school, or grades ten through twelve are organized separately as a senior high school and are conducted in separate school plant facilities, each is considered a separate secondary school for the purposes of this chapter;

(10) Repealed by § 3 ch 238 SLA 1970.

(11) "taxable real and personal property" means all real and personal property taxable under the laws of the state, but does not include household goods and personal effects;

(12) Repealed by § 3 ch 238 SLA 1970.

(13) Repealed by § 2 ch 40 SLA 1971.

(14) Repealed by § 2 ch 40 SLA 1971.

(15) Repealed by § 2 ch 40 SLA 1971.

(16) Repealed by § 2 ch 40 SLA 1971.

(17) "ADM full-time equivalent" means the quotient of the aggregate periods of pupil membership per day in specified classes, divided by the number of class periods in the school day;

(18) "instructional unit" means the aggregate of all direct and indirect services necessary to provide a standard level of instruction for a group of pupils;

(A) "direct services" include, but are not limited to supplying teacher services, textbooks, reference materials, pupil and teacher supplies, as well as utilities and custodial services;

(B) "indirect services" are those auxiliary or supporting functions that complement direct services and include, but are not limited to administration, transportation, food, attendance and activities;

(C) "instructional unit" does not include items of community service, capital outlay or debt service. (§ 4.02 ch 164 SLA 1962; am §§ 7, 8 ch 98 SLA 1966; am § 3 ch 153 SLA 1966; am § 18 ch 69 SLA 1970; am §§ 3, 11 ch 238 SLA 1970; am § 2 ch 40 SLA 1971; am § 14 ch 124 SLA 1975)

Sec. 14.17.250. Definitions. In this chapter, unless the context otherwise requires

(19) "weighted ADM" means the number of students in average daily membership in an educational program, adjusted to reflect the level of service required by them in that program as determined by the department.

(am § 8 ch 115 SLA 1978)

Supplement added #19

Effect of amendments.

The 1976 amendment, effective July 1, 1977, in subsection (c), substituted "95 per cent" for "93 per cent" in paragraphs (2) and (5).

Section 2, ch. 90, SLA 1977, effective July 1, 1977, added the second sentence of subsection (a). Section 3 of ch. 90, effective July 1, 1978, substituted "97 per cent" for "95 per cent" in paragraphs (2) and (5) of subsection (c).

As the rest of the section was not affected by the amendments, it is not set out.

Sec. 14.17.031. Instructional units. (a) The total number of instructional units within each school district is the sum of

(1) the number of units for elementary schools and the number of units for secondary schools as determined from § 41(a), (b), (c), or (d) of this chapter;

(2) the number of units for vocational education determined from § 41(e) of this chapter as approved by the department;

(3) the number of units from special education determined from § 41(f) of this chapter as approved by the department;

(4) if the district has five or more correspondence pupils enrolled in an approved district correspondence study program, the number of units for correspondence pupils determined by applying the number of correspondence pupils to § 41(a) of this chapter; and

(5) the number of units for bilingual education determined from § 41(g) of this chapter as approved by the department.

(b) A school district shall compute separately the number of allowable instructional units for each of its secondary schools except as provided in (c) of this section.

(c) The commissioner shall authorize any school in a remote location to establish an associated secondary school when the sum of the average daily membership in grades five through eight is greater than 20. Notwithstanding § 41 of this chapter, any school or school district operating a remote elementary school with 20 or fewer total average daily membership in grades five through eight may conduct a secondary program subject to approval of the commissioner and use the following table to calculate the number of allowable instructional units for the combined elementary and secondary program of the remote school:

ADM	No. Instructional Units
under 12	3
12—20	4
21—32	5

(d) If the instructional units which a school district is entitled to under (a) of this section decrease by 10 per cent or more from one year to the next, the school district may use the last year before the reduction as a base year and offset its reduction according to the following schedule: (1) for the first year after the base year, the school district is entitled to the instructional units determined under (a) of this section plus 75 per

Supplemental

cent of the difference in instructional units between the base year and the first year; (2) for the second year after the base year, the school district is entitled to the instructional units determined under (a) of this section plus 50 per cent of the difference in instructional units between the base year and the second year; (3) for the third year after the base year, the school district is entitled to the instructional units determined under (a) of this section plus 25 per cent of the difference in instructional units between the base year and the third year. The schedule established in this subsection is available to a school district for the three years following the base year only so long as the entitlement in instructional units under (a) of this section for each year is less than the entitlement in the base year. (§ 4 ch 238 SLA 1970; am § 3 ch 81 SLA 1975; am § 4 ch 190 SLA 1975; am §§ 4-6 ch 90 SLA 1977; am § 1 ch 171 SLA 1978)

Effect of amendments.

Sections 4 and 5, ch. 90, SLA 1977, effective July 1, 1978, substituted "§ 41 (a), (b), (c), or (d)" for "§ 41 (a) or § 41 (b)" in paragraph (1), "§ 41 (e)" for "41 (c)" in paragraph (2), and "§ 41 (f)" for "41 (d)" in paragraph (3), all in subsection (a), added "except as provided in (c) of this section" at the end of subsection (b), and enacted subsection (c). Section 6 of ch. 90, effective July 1, 1977, added subsection (d).

The 1978 amendment, effective July 1, 1978, added paragraph (5) of subsection (a).

Sec. 14.17.041. Table of allowable instructional units. (a) Elementary schools in districts with ADM under 1,000:

ADM	No. Instructional Units
under 20	2
20—32	3
33—46	4
47—62	5
63—80	6
81—999	6 plus 1 for each 18 pupils or fraction of 18

(b) Elementary schools in districts with ADM of 1,000 or over:

ADM	No. Instructional Units
under 20	2
20—32	3
33—46	4
47—62	5
63—80	6
81—99	7
100—3005	7 plus 1 for each 19 pupils or fraction of 19
3006 and over	160 plus 1 for each 21 pupils or fraction of 21

Supplement

c. Secondary schools in districts with ADM under 1,000:

ADM	No. Instructional Units
under 33	3
33—46	4
47—62	5
63—80	6
81—999	6 plus 1 for each 18 pupils or fraction of 18

d. Secondary schools in districts with ADM of 1,000 or over:

ADM	No. Instructional Units
under 33	3
33—46	4
47—62	5
63—80	6
81—99	7
100—3005	7 plus 1 for each 19 pupils or fraction of 19
3006 and over	160 plus 1 for each 21 pupils or fraction of 21

e. Vocational education schedule:

ADM Full-Time Equivalent	No. Instructional Units
5—10	1
11—25	2
26—40	3
41 and over	3 plus 1 for each 20 pupils or fraction of 20 pupils in Full-Time Equivalent ADM

f. Special education schedule:

ADM Full-Time Equivalent	No. Instructional Units
5—8	1
9—15	2
16—24	3
25—35	4
36 and over	4 plus 1 for each 11 pupils or fraction of 11 pupils in Full-Time Equivalent ADM

(g) Bilingual education schedule:

Weighted ADM	No. Instructional Units
1—12	1
13—18	2
19—42	3
43 and over	3 plus 1 for each 24 weighted ADM or fraction of 24 weighted ADM

Bill would add paragraphs k & l

(§ 4 ch 238 SLA 1970; am § 1 ch 137 SLA 1972; am § 4 ch 81 SLA 1975; am § 7 ch 90 SLA 1977; am § 2 ch 115 SLA 1978)

Effect of amendments. The 1977 amendment effective July 1, 1978, rewrote this section. The 1978 amendment, effective July 1, 1978, added subsection (g).

Sec. 14.17.051. Instructional unit allotment. The instructional unit allotment for each school district or regional educational attendance area is as follows:

(1) for Gateway Borough School District, City and Borough of Juneau School District, and Anchorage School District, the district is entitled to receive the base instructional unit allotment;

(2) for Annette Island School District, Petersburg City School District, Wrangell City School District, Sitka Borough School District, and Matanuska Susitna Borough School District, the district or area is entitled to receive 104 per cent of the base instructional unit allotment;

(3) for Craig City School District, Hydaburg City School District, Klawock City School District, Kake City School District, Chatham School District, Skagway City School District, Southeast Island School District, and Kenai Peninsula Borough School District, the district or area is entitled to receive 108 per cent of the base instructional unit allotment;

(4) for Pelican City School District, Hoonah City School District, and North Star Borough School District, the district or area is entitled to receive 112 per cent of the base instructional unit allotment;

(5) for Copper River School District, Cordova City School District, Valdez City School District, and Haines Borough School District, the district or area is entitled to receive 115 per cent of the base instructional unit allotment;

(6) for Nenana City School District, Delta School District, Alaska Gateway School District, Upper Railbelt Regional School District, Yakutat City School District, and Chugach School District, the district or area is entitled to receive 120 per cent of the base instructional unit allotment;

(7) for Adak Regional School District the area is entitled to receive 140 per cent of the base instructional unit allotment;

ALASKA DEPARTMENT OF EDUCATION
POSITION STATEMENT

SB-428

The State Board of Education is in general agreement with the concepts encompassed by the bill, but feels it does not have sufficient financial or demographic data to support actual legislation.

Approved by: William D. Thomson

William D. Thomson
Deputy Commissioner
March 19, 1980

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB-428

Title An Act amending the public school foundation program...for preschool & postsecondary

Requested by Senate HESS Date 3/19/80

II. FISCAL DETAIL

Agency Affected Department of Education

Program Category Affected Elementary and Secondary Education

BRU, Program, or Subprogram(s) Affected Foundation Support

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.		33,079.0	35,394.5	37,872.1	40,523.2	43,359.8
	TOTAL						

FUNDING (Thousands of Dollars)

GENERAL FUND		33,079.0	35,394.5	37,872.1	40,523.2	43,359.8
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME	-0-	-0-	-0-	-0-	-0-	
PART TIME						
TEMPORARY						

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

The above impact is with respect to the early childhood development program only, and is only an estimate based upon information from 23 school districts, extrapolated over all districts, with the assumptions being that 25% of present ADM levels will participate at .5 FTE each. We have no way of calculating the costs of the postsecondary education program. *Cost does not include facilities needs ocassioned by increased ADM.

IV. DATE 3/19/80 PREPARED BY [signature]

AGENCY Department of Education

PHONE 465-2800

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

33-001 (Rev. 12/79)

SENATE BILL 428

Proposed Amendments

1. Limit the scope of 428 to pre-school education only.

2. Amend the following statutes:

   (a) Expand A.S. 14.03.060 to include "early childhood development program" within the definition for elementary schools.

   (b) Add a section to A.S. 14.03.080 to allow children to enter the system at age 2.

   (c) Amend A.S. 14.17.250 (4) to define "early childhood development program" as a program adopted by the local district for education of children aged 2 through 5.

   (d) Add a provision to A.S. 14.03.083 which exempts agencies who contract with districts for the purpose of providing early childhool development programs so long as the contracting agency is in compliance with the requirements imposed by the federal headstart act and regulations promulgated thereunder.

3. Add legislative intent to encourage the local districts to contract with agencies such as head start and others which emphasize parental input in structuring pre-school programs.

4. Add a provision which will exempt the certification requirements of A.S. 14.20 to those agencies which contract with the local district to provide education for children enrolled in an early childhood development program. (Subject to the requirements of 14.03.083.)

Larry L. Caudle
By Legislative Council
By request

March 17, 1980

Mr. Rodney Enos,
Campus President
Ketchikan Community College
7th and Madison
Ketchikan, Alaska 99901

Dear Rod:

Receipt of your letter of March 7 is acknowledged, and your comments are noted.

I shall watch SB 428 very carefully.

In the meantime, I have taken the liberty of sending a copy of this letter and a copy of your letter to Senator Hackney, a most knowledgeable senator, who chairs the Senate Health, Education and Social Services Committee.

Regards,

Robert H. Ziegler, Sr.

RHZ:lk

cc: Senator Hackney

KETCHIKAN COMMUNITY COLLEGE
7th and Madison
KETCHIKAN, ALASKA 99901
907-225-6177

March 7, 1980

Senator Robert Ziegler
State Capitol
Pouch V
Juneau, AK 99801

Dear Bob:

Senate Bill 428 entitled "An Act Amending the Public School Foundation Program to Provide State Support for Pre-School and Postsecondary Education Programs and Providing for an Effective Date" was brought to my attention and I would like to respond to it.

In Paragraph 21 a meaning of postsecondary adult education program is given. It states, "a program established by the district or operated for the district by the University of Alaska and approved by the Commissioner with the principal purpose of which is to provide academic and vocational instruction for two academic years after grade twelve."

It would appear that if this passed, we are creating a possibility of a second community college system within the state under the auspices of the local school boards. It also appears that it would be giving the Commissioner of Education the approval process for establishing community colleges throughout the state.

Having served in a community college that was under the K-12 local school district authority, I feel that any move in this direction would be taking the community college movement and its education philosophy back many, many years. In that experience, the money first went to the elementary and secondary schools and then the community college received the remainder. The feeling being that the adults had had their opportunities for education, the board should concentrate the monies on the younger people.

I would hope that this does not pass and that we continue to be postsecondary educational institutions under the leadership of postsecondary educational leaders.

Sincerely,

Rod Enos

Rodney Enos
Campus President

RE:sl

Preschool & Postsecondary Programs (state support for)

SENATE BILL NO. 415, by the Rules Committee by request of the Legislative Council by request. Amends "PURPOSE" for Public School Foundation Program (AS 14.17.220) to read: "It is the intention of the legislature, . . . to assure an adequate level of educational opportunities for those in attendance in the public schools of the state, for those enrolled in early childhood development education programs, and for those enrolled in postsecondary education programs. . . ." (Underlined material added.) Defines "early childhood development program" as course or program for children under six who do not attend an elementary school and "postsecondary adult education program" as a program whose principal purpose is to provide academic or vocational instruction for two academic years after grade 12. Adds new subsections to AS 14.17.041 which set out number of instructional units allowed for varying levels of ADM's (Average Daily Memberships) for early childhood dev. programs and for postsecondary adult education programs. Provides Act effective July 1, 1980.

Introduced February 12 and referred to HESS, then to Finance.

SB

506

COMMITTEE REPORT

SENATE

FURTHER: Finance

3/4/80

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 506 making a special appropriation to RuralCAP

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Amendment
~~after~~ line 13 - after "RuralCAP insert" in consultation with Dept. of Educ."

CHAIRMAN

S 60 (Rev. 12/78)

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

TO: _____ SENATE BILL No. 506

HOUSE BILL No. _____

PAGE: 1 LINE: 13

line 13: after "RuralCAP" insert "in consulcation with the Department of Education"

1

Introduced 3-4-80
Logged - 3-4-80
Referral Finance
Comm. meeting 5-7-80
" action 5-7-80 - Passed out Committee referred to Finance with am.
5-8-80 taken Senate floor @ 5:30 pm.

SB 506. S. HESS 79-80
By the Finance Com. "An Act making a Spec. Appro. to Fund CAP for a study identifying the needs of preschool aged children and for a plan to meet those needs and an ... to ..."

Ref to other bill in SB 428 - F/N herein
(pre-school age children)

Call 3522 - Lobby office
Jesse Hetherington who
pres. talked for hearing

Call Jim Erickson 3824 - 3870
in Rep. Parker office.

Notify David Katzeek - 586-2919

" Jim Ayers (Cand. for Lt. Gov.) 279-2511
Richmond Talbot Team.

4-30 Notify Robb. Fisher his deputy Director
Mr Fisher wants study done prior
to money. He wants outlined
what to be done. Then give money
to fund only after study.

5/6/80 CNRA notified

BUDGET FOR PRELIMINARY DATA COLLECTION

&

ASSESSMENT AND RECOMMENDATION

for a

STATE OFFICE OF CHILD DEVELOPMENT

July 1, 1980 - January 20, 1982

PERSONNEL (18.5 mos)	
Coordinator/Advocate	38,830
Secretary II	23,475
. Fringe @ 19%	11,838
	74,143
CONSULTANTS	
Data processing & programming--needs assessment and resource information	30,000
TRAVEL/PER DIEM	
Coordinator 4 trips/3 days/12 regions @900	43,200
Advisory Group Planning Meetings 12 reps/2 days/6 mtgs @ 800	57,600
	100,800
PRINTING	
Newsletter 7 @800	5,600
TELEPHONE	
18.5 mos @100/mo.	1,850
ADMINISTRATIVE COSTS	
12%	28,800
GRAND TOTAL	$241,193

April 21, 1980

Dear Senator Hackney,

I am writing to support the concept of the establishment of a coordinating body for children's services (designated an Office of Child Development in HB 935 and SB 506). The need to orchestrate the many services offered to Alaska children and their families, and the need to properly evaluate the effectiveness of such programs, are salient reasons for such an "Office".

I am not convinced that an Office of Child Development is the proper placement for such functions, although I know that Rural CAP wants such an office and will make a strong case for such in any needs assessment it performs for the Legislature.

I am definitely against the expenditure of $250,000 for a needs assessment. Many agencies of the Alaska State government are currently required by law to produce yearly assessments of the needs of children. Piles of studies already exist on the subject. (I have just finished re-reading an extensive LONG-RANGE, COMPREHENSIVE PLAN FOR EARLY CHILDHOOD EDUCATION IN ALASKA, prepared by the Northwest Regional Educational Laboratory, for the State Department of Education, in June 1972, which never received public discussion.)

State personnel are in place, all over Alaska, to conduct on-site meetings about the needs of children. Agency files are bulging with reports which can be abstracted. The results of the 1980 Census will soon be available through State channels. Early childhood people will gladly participate as part of their professional duties. A special request from the Legislature might even re-activate a study by the League of Women Voters who, in 1970-71, did the best piece of work on children's needs ever completed in Alaska.

The point is that many people are available, without the expenditure of a quarter of a million dollars, to participate in assessing the needs of children in every corner of the State. The placement of a short-term planner in the Governor's Planning Office or the use of an additional person in Charlie Mae Moore's pre-school section, at the State Department of Education, would do the job at much less cost and with much more availability to public and private agency information.

If it is your wish to fund an outside agency to carry out the assembling of material on early childhood needs, please at least amend the bills to use a Request for Proposals approach to contract. The Legislature and the public deserve a rather special study for that amount of money.

I would like to see the State of Alaska contract for a study which will command respect for its thoroughness and objectiveness. I know many planning firms which have experience in this particular subject. Objective studies has never been Rural CAP's forte since their business is advocacy.

If these bills are really a means of enlarging the State subsidy for Rural CAP's Headstart Program, from about $300,000 to $550,000, I apologize for the waste of time in submitting this letter. I know that Rural CAP is experiencing money trouble in funding its state-wide Headstart Program. I believe that the current money crunch will lead Rural CAP to re-evaluate the way it provides Headstart in many Alaska communities. I hope that soon the program controlled by Rural CAP will be distributed to the various school districts as a means of providing seed money for starting up pre-school programs under local parent control. An increase of Rural CAP subsidy will be well-spent if it will help to implement SB 428.

TO RE-CAP: (Not a pun)

1. Please implement a study of the needs of young children and the needs for coordination and evaluation of existing children's programs. (A Request for Proposals method would be more equitable.)

2. Please try to find a less costly way to conduct such a study by using knowledgeable State and private persons ready to assist.

3. Please pass SB 428 which will allow local school districts to start pre-school programs as a local option, using State funds.

4. Please encourage Rural CAP to spin-off its Headstart programs to local communities and contribute funds to the start-up of locally operated preschool classes, articulated to regular school programs.

Thank you for your attention.

Ruth Ellen Andersen

Ruth Ellen Andersen
1306 West Sixth Avenue #7
Anchorage, Alaska 99501
(907) 272 - 2798

Rob T. Lohr -

279-2511

Deputy Dir. Rural Cap
(Acad.

4/30/80 - he in - wants study done prior to money outlining what is to be done - then give money to fund.

Eve Admin Public office don't know why he withdrew the above.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. SB-506
Title Act making a special appropriation to RuralCAP for a study identifying
Requested by Senate HESS Date needs of preschoo
children....

II. FISCAL DETAIL
Agency Affected Department of Community and Regional Affairs
Program Category Affected
BRU, Program, or Subprogram(s) Affected
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		250.0				
TOTAL						

FUNDING (Thousands of Dollars)

GENERAL FUND		250.0				
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		N/A				
PART TIME						
TEMPORARY						

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

The fiscal impact of this bill is 250.0 for FY-81 only, pursuant to section 1 of the bill.

IV. DATE 5/5/80 PREPARED BY
AGENCY Department of Education
PHONE 465-2800

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

33-001 (Rev. 12/79)

BUDGET FOR PRELIMINARY DATA COLLECTION

&

ASSESSMENT AND RECOMMENDATION

for a

STATE OFFICE OF CHILD DEVELOPMENT

July 1, 1980 - January 20, 1982

PERSONNEL (18.5 mos)	
Coordinator/Advocate	38,830
Secretary II	23,475
. Fringe @ 19%	11,838
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CONSULTANTS	
Data processing & programming--needs assessment and resource information	30,000
TRAVEL/PER DIEM	
Coordinator 4 trips/3 days/12 regions @900	43,200
Advisory Group Planning Meetings 12 reps/2 days/6 mtgs @ 800	57,600
	100,800
PRINTING	
Newsletter 7 @800	5,600
TELEPHONE	
18.5 mos @100/mo.	1,850
ADMINISTRATIVE COSTS	
12%	28,800
GRAND TOTAL	$241,193

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

SENATE BILL NO. 506

"An Act making a special appropriation to RurAl CAP for a study identifying the needs of preschool age children and for a plan to meet those needs; and providing for an effective date."

Senate Bill No. 506 appropriates the sum of $250,000 for a study identifying the needs of preschool age children in Alaska and a plan for meeting those needs.

The need for a comprehensive plan for services for preschool age children in Alaska is uncontested. It certainly will require some commitment of high caliber staff time, clerical support and travel funds. It might even entail support for a public input forum. The Department of Health and Social Services is neutral on the amount of the appropriation.

RurAl CAP would be a very suitable agency to accomplish this task if it can be made very clear that the plan should address all areas and all economic strata within Alaska.

Recommended by: _____
Dean F. Tirador, M.D.
Director, Division
of Public Health

Date: 4/21/80

Approved by: _____
Helen D. Beirne
Commissioner

Date: 5-6-80

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill No. 506
Title RurAl CAP Pre-school child study
Requested by Commissioner's Office Date 4/19/80

II. FISCAL DETAIL
Agency Affected Department of Health and Social Services
Program Category Affected Health/Division of Public Health
BRU, Program, or Subprogram(s) Affected
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	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)

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

Prepared by: Mary Deaver M. Deaver Date: 4/19/80
Division, Office: P.H. Admin. PH: 3090
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: [signature] Date: 4/30/80

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

Appropriation (special) (RuralCAP study)

SENATE BILL NO. 506, by the Finance Committee. Appropriates $250,000 to the Department of Community and Regional Affairs for payment as a grant to RuralCAP for the preparation of a report to be submitted to the legislature within the first 10 days of the Second Session of the Twelfth Legislature which will include information on the needs of preschool age children in Alaska; the results of a study of the means of meeting the

the needs of preschool age children in Alaska, including the effectiveness of establishing an office of child development in the executive branch of state government; and a plan for meeting needs of preschool age children with both public and private resources. Provides Act takes effect July 1, 1980.

Introduced March 4, and referred to HESS, then to Finance.

SB

522

SB 522
By HESS

"An Act ~~creating and entering~~ S. HESS ~~3-13-80~~ 3-19-80
Compact for ~~Education~~ designating the
~~members of the Education Comm.~~ &
~~providing for effective date~~"

Introduced: 3-13-80
Logged: 3-13-80
Referral: Finance
Comm. Meeting 3-17-80
" Action passed mid rec.

Notified Dept of Educ. Lowe informed Mary Lou Madden would be here. also requested F/N.

SENATE BILL NO. 522, by the Health, Education and Social Services Committee. Enacts the Compact for Education into law and enters into it on behalf of the State of Alaska with all other states and jurisdictions legally jointing in it. Outlines terms and provisions of the compact.

Basic purpose of compact is to establish and maintain close cooperation on a nationwide basis at the state and local levels among the various leaders in the field of education, provide a forum for public policy alternatives, provide a clearinghouse of information on educational problems and how they are being met in different places in the country, and facilitate the improvement of state and local educational systems.

Establishes the Education Commission of the States consisting of seven members representing each party state. Not more than 10 nonvoting commissioners may be selected by the steering committee for one year terms. They shall represent leading national organizations of professional educators or persons concerned with educational administration. Provides for officers and staff and outlines powers of Commission, cooperation with the federal government, committees of the Commission, financial provisions, entry into and withdrawal from compact by eligible parties, construction and severability of compact, and the members of the Commission (the Governor, the Commissioner of Education, two members from the legislature, the President of the State Board of Education, and two appointed at large by Governor). Provides Act effective immediately.

Introduced March 13 and referred to Health, Education and Social Services and Finance.

There has been in the three year history, there has been 6 recalls.

Sen. Sturgulewski. There will be quite a lot of work done in the interim having to do with elections and certainly in recalls, but this is just a very simply thing. All it does is to move from you (DOE) to Elections.

Sen. Ferguson. The House has introduced HB 245 dealing with elections and I believe that Sen. Kelly with his election reform bill is going to take a look at the whole works in recall and not to necessarily hinder people from having someone recalled, but to stipulate certain items.

Bill Thompson. Section 4 would change who appoints the non-voting member of the military community when the department contracts with the contiguous municipalities for educational services in the on-base schools. That representative would be appointed by the affected school board rather than the State Board of Education.

Section 5, This clarifies restrictions on employment and nepotism and what exactly is the course.

Sen. Hackney. THe repealers are as simply pointed out in Sen. Ferguson's memorandum.

Bill Thompson. Section 6 is repealors dealing with community school committees because it becomes superfluous with the adoption of section 2 of the bill.

Se Section 7 repeals the Alaska participation in the education compact of the states which is the educational commission of the states. Our recommendation for that is that each year the dues are increasing and we can get the same information as far as an informative service from other sources, U. S. Office of Education, Teacher councils, National School Boards Association, and so on. As you know there is a fiscal note attached that becomes effective in 1981. The way the law reads, for Alaska participation, we have to notify them a year ahead that we are no longer going to participate therefore we would have to pay our dues in FY 80. But in FY 81 it would have a negative impact of $18.8 thousand.

Basically the ~~community school advisory committees are~~ more political than professional. Alaska's membership is made up as legislators, the governor's office, state board of education and the commissioner and what they do is an exchange of information between states. That's as far as what they provide in professional assistance to the department on educational finance, teacher certification, whatever.

Sen. Sturgulewski. I move CSHB 211am move from committee with a do pass recommendation.

NO objections so ordered.

1979
HB 211

EDUCATIONAL COMMISSION OF THE STATES
(AS 14.40.700; 7 members; 2 at-large with 4-year term; serve at the pleasure of the governor)

MEMBERS	REPLACING	APPT.	TERM
The Honorable Jay S. Hammond Governor of the State of Alaska Pouch A Juneau, Alaska 99811 (Chairman)			
The Honorable Marshall Lind Department of Education Pouch F Juneau, Alaska 99811			
Ms. Thelma Langdon President Board of Education 2363 Captain Cook Drive Anchorage, Alaska 99502		78/07/20	
Mr. Wendell H. Pierce 1860 Lincoln Street 300 Lincoln Tower Denver, Colorado 80203 (Executive Director)			
Mrs. Doris Ray 1209 Tenth Avenue Fairbanks, Alaska 99701 State Senator		76/06/01	80/05/27
The Honorable Charles H. Parr Representative Alaska State Legislature Pouch V Juneau, Alaska 99811			

CONTACT AGENCY:
Department of Education
Office of the Commissioner
(465-2800)
ID #24

HB 211

MARCH 17, 1980

NATIONAL SCENE — NEW - DEPT. of ED

SB 522

Marylu Maddan. The State Board is meeting in town and it just took a position on SB 522 to support reenactment of the Compact and also asking the Department of Education to do an annual evaluation of the benefits to the Department and the educational community from ECS membership.

The Board asked me to relay to the committee that some of our earlier concerns which prompted us last year to ask for the repeal of 14.47.100 has changed significantly. Number 1 being the financial picture of the state. The dues went up tremendously last year, from our point of view, to $18,500. That was the major reason for asking for the repeal. But also, the question was just asked, "but what is the difference between the compact and some of the other education organizations?". In our opinion, that is the heavy involvement of the legislative branch and other areas of the executive branch. We see a renewed interest from those two areas in working with the compact so we are now ready to support it again.

We'd be happy to share the results of our evaluation with you people to put together with your own evaluation the benefits of the compact to the legislature.

One of the greatest strengths of the compact is that it is not just educators talking to the Department of Education or any other federal agency. It's real success depends upon the involvement of the legislatures from the various states and getting that other point of view across to federal officials.

Sen. Colletta. On page 10, line 8, why should one of the designated members be the president of the state board of education?

Marylu Maddan. The language of this particular legislation was taken directly out of the language of the compact. I have no idea why when the compact was originally drawn up that they chose the president of the state board of education to be a mandated member except, I assume, because of the central policymaking role that state boards of education do play in educational policy in the various states.

Sen. Colletta. It's my recollection of what this board did, and if it parallels what its done in the past, it's no different than the national assication that legislators belong to. We do have an exception with ours, they are for two year terms, but here you are appointing an individual who is president of the board and which

is generally is a one year term. So by the time he or her activities could come to pass, they are no longer in that position.

Marylu Maddan. My only response is that this language was drafted by the commission itself and I can only . . . it is uniform across the country. I don't know what kind of flexibility, quite frankly, the legislature does have in changing members of the commission from the different states. We can look into that if you'd like.

Sen. Colletta. It would seem you should because although it is uniform language, nonetheless, it is Alaskan statute.

Marylu Maddan. We'd be happy to inquire into that if you'd like.

Our copy

Introduced: 3/13/80
Referred: Health, Education & Social Services and Finance

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO. 522

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act enacting and entering into the Compact for Education and designating the members of the Education Commission; and providing for an effective date."

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

* Section 1. AS 14.40 is amended by adding new sections to read:

ARTICLE 8. COMPACT FOR EDUCATION.

Sec. 14.40.700. Entry into Compact. The Compact for Education is enacted into law and entered into in behalf of the State of Alaska with all other states and jurisdictions legally joining in it in a form substantially as contained in AS 14.40.710.

Sec. 14.40.710. TERMS AND PROVISIONS OF COMPACT. The terms and provisions of the compact referred to in AS 14.40.700 are as follows:

COMPACT FOR EDUCATION.

ARTICLE I. PURPOSE AND POLICY.

Section A. It is the purpose of this compact to:

(1) establish and maintain close cooperation and understanding among executive, legislative, professional educational and lay leadership on a nationwide basis at the state and local levels;

(2) provide a forum for the discussion, development, crystallization and recommendation of public policy alternatives in the field of education;

(3) provide a clearinghouse of information on matters relating to educational problems and how they are being met in different places throughout the nation, so that the executive and legislative

branches of state government and of local communities may have ready access to the experience and record of the entire country, and so that both lay and professional groups in the field of education may have additional avenues for the sharing of experience and the interchange of ideas in the formation of public policy in education;

(4) facilitate the improvement of state and local educational systems so that all of them will be able to meet adequate and desirable goals in a society which requires continuous qualitative and quantitative advance in educational opportunities, methods and facilities.

Section B. It is the policy of this compact to encourage and promote local and state initiative in the development, maintenance, improvement and administration of educational systems and institutions in a manner which will accord with the needs and advantages of diversity among localities and states.

Section C. The party states recognize that each of them has an interest in the quality and quantity of education furnished in each of the other states, as well as in the excellence of its own educational systems and institutions, because of the highly mobile character of individuals within the nation, and because the products and services contributing to the health, welfare and economic advancement of each state are supplied in significant part by persons educated in other states.

ARTICLE II. THE COMMISSION.

Section A. The Education Commission of the States, hereinafter called "the commission," is hereby established. The commission shall consist of seven members representing each party state. In addition to any other principles or requirements which a state may establish for the appointment and service of its members of the commission, the guiding principle for the composition of the membership on the commission from

each party state shall be that the members representing such state shall, by virtue of their training, experience, knowledge or affiliations be in a position collectively to reflect broadly the interests of the state government, higher education, the state education system, local education and lay and professional public and nonpublic educational leadership. In addition to the members of the commission representing the party states, there may be not to exceed 10 nonvoting commissioners selected by the steering committee for terms of one year. Such commissioners shall represent leading national organizations of professional educators or persons concerned with educational administration.

Section B. The members of the commission shall be entitled to one vote each on the commission. No action of the commission shall be binding unless taken at a meeting at which a majority of the total number of votes on the commission are cast in favor thereof. Action of the commission shall be only at a meeting at which a majority of the commissioners are present. The commission shall meet at least once a year. In its bylaws, and subject to such directions and limitations as may be contained therein, the commission may delegate the exercise of any of its powers to the steering committee or the executive director, except for the power to approve budgets or requests for appropriations, the power to make policy recommendations pursuant to Article III and adoption of the annual report pursuant to Article II (j).

Section C. The commission shall have a seal.

Section D. The commission shall elect annually, from among its members, a chairman, who shall be a governor, a vice chairman and a treasurer. The commission shall provide for the appointment of an executive director. Such executive director shall serve at the pleasure of the commission, and together with the treasurer and such other

personnel as the commission may deem appropriate shall be bonded in such amount as the commission shall determine. The executive director shall be secretary.

Section E. Irrespective of the civil service, personnel or other merit system laws of any of the party states, the executive director subject to the approval of the steering committee shall appoint, remove or discharge such personnel as may be necessary for the performance of the functions of the commission, and shall fix the duties and compensation of such personnel. The commission in its bylaws shall provide for the personnel policies and programs of the commission.

Section F. The commission may borrow, accept or contract for the services of personnel from any party jurisdiction, the United States, or any subdivision or agency of the aforementioned governments, or from any agency of two or more of the party jurisdictions or their subdivisions.

Section G. The commission may accept for any of its purposes and functions under this compact any and all donations, and grants of money, equipment, supplies, materials and services, conditional or otherwise, from any state, the United States, or any other governmental agency, or from any person, firm, association, foundation, or corporation, and may receive, utilize and dispose of the same. Any donation or grant accepted by the commission pursuant to this paragraph or services borrowed pursuant to paragraph (f) of this article shall be reported in the annual report of the commission. Such report shall include the nature, amount and conditions, if any, of the donation, grant, or services borrowed, and the identity of the donor or lender.

Section H. The commission may establish and maintain such facilities as may be necessary for the transacting of its business. The commission may acquire, hold, and convey real and personal property and any interest therein.

Section I. The commission shall adopt bylaws for the conduct of its business and shall have the power to amend and rescind these bylaws. The commission shall publish its bylaws in convenient form and shall file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the party states.

Section J. The commission annually shall make to the governor and legislature of each party state a report covering the activities of the commission for the preceding year. The commission may make such additional reports as it may deem desirable.

ARTICLE III. POWERS.

In addition to authority conferred on the commission by other provisions of the compact, the commission shall have authority to:

(1) collect, correlate, analyze and interpret information and data concerning educational needs and resources;

(2) encourage and foster research in all aspects of education, but with special reference to the desirable scope of instruction, organization, administration, and instructional methods and standards employed or suitable for employment in public educational systems;

(3) develop methods for adequate financing of education as a whole and at each of its may levels;

(4) conduct or participate in research of the types referred to in this article in any instance where the commission finds that such research is necessary for the advancement of the purposes and policies of this compact, utilizing fully the resources of national associations, regional compact organizations for higher education, and other agencies and institutions, both public and private;

(5) formulate suggested policies and plans for the improvement of public education as a whole, or for any segment thereof, and make recommendations with respect thereto available to the appropriate

governmental units, agencies and public officials;

(6) do such other things as may be necessary or incidental to the administration of any of its authority or functions pursuant to this compact.

ARTICLE IV. COOPERATION WITH FEDERAL GOVERNMENT.

Section A. If the laws of the United States specifically so provide, or if administrative provision is made therefor within the federal government, the United States may be represented on the commission by not to exceed 10 representatives. Any such representative or representatives of the United States shall be appointed and serve in such manner as may be provided by or pursuant to federal law, and may be drawn from any one or more branches of the federal government, but no such representative shall have a vote on the commission.

Section B. The commission may provide information and make recommendations to any executive or legislative agency or officer of the federal government concerning the common educational policies of the states, and may advise with any such agencies or officers concerning any matter of mutual interest.

ARTICLE V. COMMITTEES.

Section A. To assist in the expeditious conduct of its business when the full commission is not meeting, the commission shall have a steering committee of 32 members which, subject to the provisions of this compact and consistent with the policies of the commission, shall be constituted and function as provided in the bylaws of the commission. One-fourth of the membership of the steering committee shall consist of governors, one-fourth shall consist of legislators, and the remainder shall consist of other members of the commission. A federal representative on the commission may serve with the steering committee, but without vote. The voting members of the steering committee shall serve

for terms of two years, except that members elected to the first steering committee of the commission shall be elected as follows: 16 for one year and 16 for two years. The chairman, vice chairman, and treasurer of the commission shall be members of the steering committee and, anything in this paragraph to the contrary notwithstanding, shall serve during their continuance in these offices. Vacancies in the steering committee shall not affect its authority to act, but the commission at its next regularly ensuing meeting following the occurrence of any vacancy shall fill it for the unexpired term. No person shall serve more than two terms as a member of the steering committee; provided that service for a partial term of one year or less shall not be counted toward the two term limitation.

Section B. The commission may establish advisory and technical committees composed of state, local and federal officials, and private persons to advise it with respect to any one or more of its functions. Any advisory or technical committee may, on request of the states concerned, be established to consider any matter of special concern to two or more of the party states.

Section C. The commission may establish such additional committees as its bylaws may provide.

ARTICLE VI. FINANCE.

Section A. The commission shall advise the governor or designated officer or officers of each party state of its budget and estimated expenditures for such period as may be required by the laws of that party state. Each of the commission's budgets of estimated expenditures shall contain specific recommendations of the amount or amounts to be appropriated by each of the party states.

Section B. The total amount of appropriation requests under any budget shall be apportioned among the party states as follows: one-third

in equal shares; and the remainder in proportion to the population of each party state as shown in the most recent decennial census of population taken by the United States Bureau of the Census, or any agency successor thereto.

Section C. The commission shall not pledge the credit of any party state. The commission may meet any of its obligations in whole or in part with funds available to it pursuant to article II(g) of this compact, provided that the commission takes specific action setting aside such funds prior to incurring an obligation to be met in whole or in part in such manner. Except where the commission makes use of funds available to it pursuant to article II(g) thereof, the commission shall not incur any obligation prior to the allotment of funds by the party states adequate to meet the same.

Section D. The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established by its bylaws. However, all receipts and disbursement of funds handled by the commission shall be audited yearly by a qualified public accountant, and the report of the audit shall be included in and become part of the annual reports of the commission.

Section E. The accounts of the commission shall be open at any reasonable time for inspection by duly constituted officers of the party states and by any persons authorized by the commission.

Section F. Nothing contained herein shall be construed to prevent commission compliance with laws relating to audit or inspection of accounts by or on behalf of any government contributing to the support of the commission.

ARTICLE VII. ELIGIBLE PARTIES: ENTRY INTO AND WITHDRAWAL.

Section A. This compact shall have as eligible parties all states,

territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico. In respect of any such jurisdiction not having a governor, the term "governor," as used in this compact, shall mean the closest equivalent official of such jurisdiction.

Section B. Any state or other eligible jurisdiction may enter into this compact and it shall become binding thereon when it has adopted the same; provided that in order to enter into initial effect, adoption by at least 10 eligible party jurisdictions shall be required.

Section C. Any party state or jurisdiction may withdraw from this compact by enacting a statute repealing the same, but no such withdrawal shall take effect until one year after the governor of the withdrawing state or other jurisdiction has given notice in writing of the withdrawal to the governors of all other party states and jurisdictions. No withdrawal shall affect any liability already incurred by or chargeable to a party state or jurisdiction ~~prior to the time of~~ such withdrawal.

ARTICLE VIII. CONSTRUCTION AND SEVERABILITY.

This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall ' severable and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any state or of the United States, or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state participating therein, the compact shall remain in full force and effect as to the state affected as to all severable matters.

ARTICLE IX. STATE DEFINED.

As used in this compact, "state," means a state, territory, or possession of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

Sec. 14.40.720. MEMBERS OF THE COMMISSION. (a) One of the commission members shall be the governor; one shall be the state commissioner of education; two shall be members of the state legislature selected by its respective houses and serving in the manner the legislature may determine; one shall be the president of the state Board of Education; and two shall be appointed at large by and serve at the pleasure of the governor.

(b) The terms of office of the at-large members shall be four years; however, the first members shall be appointed as follows: one for two years, and one for four years. Each member shall hold office until his successor is appointed and qualified.

(c) The legislative and at-large members of the commission serve without compensation but are entitled to per diem and travel expenses provided by law for other state boards and commissions.

* Sec. 2. This Act takes effect immediately in accordance with AS 01.10.-070(c).

COMMITTEE REPORT

SENATE

3/13/80

FURTHER: Finance

Date: 3-17-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 522 enacting and entering into the Compact for Education and designating the members of the Education Commission

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Ed. Ch. do pass as amended.

_____
CHAIRMAN

S 60 (Rev. 12/78)

DP 3-17-80

Our Copy

Introduced: 3/13/80
Referred: Health, Education & Social Services and Finance

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO. 522

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

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branches of state government and of local communities may have ready access to the experience and record of the entire country, and so that both lay and professional groups in the field of education may have additional avenues for the sharing of experience and the interchange of ideas in the formation of public policy in education;

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(c) The legislative and at-large members of the commission serve without compensation but are entitled to per diem and travel expenses provided by law for other state boards and commissions.

* Sec. 2. This Act takes effect immediately in accordance with AS 01.10.-070(c).

STATE OF ALASKA

Inter-Department Route Slip

TO:
MAIL STATION NUMBER 3100

DEPARTMENT Health, Ed. & SS Committee

ATTENTION Senator Hartney Chairman

☐ 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:
Prime Sponsor

FROM:
MAIL STATION NUMBER 0500

DEPARTMENT Education

BY Karen Boddy DATE 4-4

02-002 (REV.10/73)

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB-522

Title An Act relating to the Compact for Education

Requested by Senate HESS Date 3/18/80

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Elementary and Secondary Education

BRU, Program, or Subprogram(s) Affected Office of the Commissioner

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL		18.5	18.5	18.5	18.5	18.5
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL						

FUNDING (Thousands of Dollars)

GENERAL FUND		18.5	18.5	18.5	18.5	18.5
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		-0-	-0-	-0-	-0-	-0-
PART TIME						
TEMPORARY						

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

Cost related to membership dues, not adjusted for inflation.

IV. DATE 3/18/80 PREPARED BY William D. Thomas

AGENCY Education

PHONE 465-2800

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

33-001 (Rev. 12/79)

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB-522

Title An Act relating to the Compact for Education

Requested by Senate HESS Date 3/18/80

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Elementary and Secondary Education

BRU, Program, or Subprogram(s) Affected Office of the Commissioner

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL		18.5	18.5	18.5	18.5	18.5
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL						

FUNDING (Thousands of Dollars)

GENERAL FUND		18.5	18.5	18.5	18.5	18.5
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		-0-	-0-	-0-	-0-	-0-
PART TIME						
TEMPORARY						

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

Cost related to membership dues, not adjusted for inflation.

IV. DATE 3/18/80 PREPARED BY William D. Thomas

AGENCY Education

PHONE 465-2800

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

33-001 (Rev. 12/79)

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB-522

Title An Act relating to the Compact for Education

Requested by Senate HESS Date 3/18/80

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Elementary and Secondary Education

BRU, Program, or Subprogram(s) Affected Office of the Commissioner

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL		18.5	18.5	18.5	18.5	18.5
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL						

FUNDING (Thousands of Dollars)

GENERAL FUND		18.5	18.5	18.5	18.5	18.5
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		-0-	-0-	-0-	-0-	-0-
PART TIME						
TEMPORARY						

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

Cost related to membership dues, not adjusted for inflation.

IV. DATE 3/18/80 PREPARED BY William D. Thomas

AGENCY Education

PHONE 465-2800

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

33-001 (Rev. 12/79)

Legis can do what they
want with any
appointed except Sam
Per Steve Hale 3/18/80

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB-522

Title An Act relating to the Compact for Education

Requested by Senate HESS Date 3/18/80

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Elementary and Secondary Education

BRU, Program, or Subprogram(s) Affected Office of the Commissioner

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL		18.5	18.5	18.5	18.5	18.5
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL						

FUNDING (Thousands of Dollars)

GENERAL FUND		18.5	18.5	18.5	18.5	18.5
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		-0-	-0-	-0-	-0-	-0-
PART TIME						
TEMPORARY						

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

Cost related to membership dues, not adjusted for inflation.

IV. DATE 3/18/80 PREPARED BY William D. Thomas

AGENCY Education

PHONE 465-2800

Original: Legislative Finance

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

33-001 (Rev. 12/79)

SB

541

COMMITTEE REPORT

SENATE

FURTHER:

4/3/89

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 541 professional licensing and regulation of the practice of dispensing opticians

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Ken Mackay
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

SB 541
By HESS

"An Act relating to ~~professional~~ SENATE 79-80
licensing; to the regulation
of the practice of dispensing opticians
and providing for effective dates."

Introduced 4-3-80
Logged 4-3-80
Referrals - none
Comm. hearing 4-9-80
" action Passed Senate & Senate Secy 4-10-80 8 AM.

HSS Notified

Licensing/ Regulation of Opticians

SENATE BILL NO. 341, by the Health, Education and Social Services Committee. Relates to professional licensing and to the regulation of the practice of dispensing opticians. Adds new sections to AS 08.71 (Dispensing Opticians) relating to the removal of board members (states that a member may be removed by the governor for cause, and that the board may by regulation provide that unexcused absences constitutes cause for removal); powers and duties of the board, stating that the board may examine and issue licenses to applicants, renew licenses, hold hearings and order disciplinary sanctions, supply forms, keep records and enforce provisions and adopt or amend regulations. New section added relating to licensure by credentials, stating that a person with a valid license from another state, territory, district or possession of the United States shall be issued a license without examination for those areas in which he is licensed upon payment of fees. Adds new section relating to contact lenses, stating that lenses may be dispensed only upon the written contact lens prescription of a licensed physician or optometrist, except duplicate contacts may be dispensed under an original prescription. States patient shall be instructed to return for inspection of fit of lenses. New definitions added for "dispensing optician" and "supervision" (of work being performed). Amendments made relating to membership of the board and term of office, stating that the board consists of four opticians and one public member (now reads seven persons) who serve staggered terms of four years (now reads three), and states that a person who has served two succesive complete terms may not be reappointed until four years from the expiration of the second term. Amends qualifications for examination by reducing the number of hours a practicing optician has in good standing from 10,000 hours to 6,000, and amends renewal fee for license from a biennial fee of $50 to a fee every four years of $200. Amends provisions relating to practicing without a license by stating that a person who violates section is guilty of a class B misdemeanor. Deletes employees working under the personal supervision of a licensed physician or optometrist from provisions relating to exemptions from and limitations on the application of the chapter. Repeals various sections including qualifications of board members (AS 08.71.030); Board regulations (AS 08.71.050); Record of proceedings (08.71.060); Applicability of Administrative Procedure Act (AS 08.71.070); Contact lenses (AS 08.71.200) and definitions of "dispensing opticians" (AS 08.71.240(3)). Repeals and re-enacts sections relating to Grounds for revokation, suspension or denial of license to read "Imposition of disciplinary sanctions" and adds new language throughout relating to securing a license through decite, fraud or intentional misrepresentation; advertising in a false or misleading manner, conviction of a crime, negligence practicing after becoming unfit and engaging in lewd or immoral conduct. Repeals and re-enacts Limitations or conditions on license; discipline (AS 08.71.175) to read: "Displinary Sanction" and adds new language throughout relating to permanent revokation of license, suspension, censure, reprimand, probationary status and imposition of limitations. Also addresses reinstatement. Provides Act takes effect immediately.

Introduced April 3 and referred to HESS.

Introduced: 4/3/80
Referred: Health, Education & Social Services

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO. 541

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to professional licensing and to the regulation of the practice of dispensing opticians; and providing for an effective date."

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

* Section 1. AS 08.01.100(a) is amended to read:

(a) Except as otherwise provided in this title, [ALL] licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

* Sec. 2. AS 08.71.020 is amended to read:

Sec. 08.71.020. MEMBERSHIP [OF BOARD; SOURCE OF APPOINTMENT;] AND TERM OF OFFICE. The board consists of four opticians licensed under AS 08.71.080 and one public member [SEVEN PERSONS] appointed by the governor. Members serve staggered terms of four [THREE] years which [. THE TERMS OF THE PUBLIC MEMBERS OF THE BOARD] shall be set so that they do not expire at the same time. Vacancies on the board shall be filled for the unexpired term. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the second term.

* Sec. 3. AS 08.71 is amended by adding new sections to read:

Sec. 08.71.045. REMOVAL OF BOARD MEMBERS. A member of the board may be removed from office by the governor for cause. The board may by regulation provide that unexcused absences from meetings constitute cause for removal.

Sec. 08.71.055. POWERS AND DUTIES. The board shall have the

following powers and duties:

(1) to examine and issue licenses to applicants;

(2) to renew licenses;

(3) to hold hearings and order disciplinary sanctions against a person who violates this chapter or the regulations of the board;

(4) to supply forms for applications, licenses, and other needed documents;

(5) to keep a record of all proceedings open to the public, including the name of each applicant for examination and each licensee;

(6) to enforce the provisions of this chapter and adopt or amend regulations necessary to make these provisions effective.

* Sec. 4. AS 08.71.110(1)(B) is amended to read:

(B) been engaged for at least 6,000 [10,000] hours as a practicing optician in good standing in a state, territory, district or possession of the United States; and

* Sec. 5. AS 08.71.120(3) is amended to read:

(3) [BIENNIAL] renewal fee, due every four years ..... 200 [50]

* Sec. 6. AS 08.71.130(a) is amended to read:

(a) A licensed dispensing optician shall renew his license every four years [BIENNIALLY] with the department [DEPARTMENT OF COMMERCE] on or before the date set by the department under AS 08.01.100.

* Sec. 7. AS 08.71 is amended by adding a new section to read:

Sec. 08.71.145. LICENSURE BY CREDENTIALS. A person with a valid license as a dispensing optician from another state, territory, district or possession of the United States shall be issued a license without examination for those professional areas in which he is licensed upon payment of any fee and documentation which the board may require by regulation.

* Sec. 8. AS 08.71.160 is amended to read:

Sec. 08.71.160. DISPENSING OPTICIAN'S APPRENTICE. (a) A person may be employed by a licensed dispensing optician as an apprentice. An apprentice shall be designated as such in the records of the board at the request of a licensed physician, optometrist or dispensing optician and shall be in training and under the [DIRECT] supervision of a licensed physician, optometrist or dispensing optician. No apprentice may be employed under this section for longer than six years unless the board determines that an apprentice is prevented by circumstances beyond his control from obtaining a license as a dispensing optician within that time.

(b) No more than two apprentices may be under the [DIRECT] supervision of one licensed dispensing optician at the same time.

* Sec. 9. AS 08.71.170 is repealed and re-enacted to read:

Sec. 08.71.170. IMPOSITION OF DISCIPLINARY SANCTIONS. The board may revoke or suspend the license of a dispensing optician, or the licensee may be reprimanded or otherwise disciplined when the board finds after a hearing that he

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a crime which affects his ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under his supervision which does

not conform to minimum professional standards regardless of whether actual injury to the patient occurred;

(6) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or other drugs which impairs his ability to practice safely;

(D) physical or mental disability;

(7) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;

(8) participated in the division, assignment, rebate or refund of fees to a physician or optometrist in consideration of patient referrals;

(9) advertised the services of any other segment of the healing arts.

* Sec. 10. AS 08.71.175 is repealed and re-enacted to read:

Sec. 08.71.175. DISCIPLINARY SANCTIONS. (a) When it finds that a dispensing optician is guilty of an offense under AS 08.71.170, the board may impose the following sanctions singly or in combination:

(1) permanently revoke a dispensing optician's license to practice,

(2) suspend a dispensing optician's license for a determinate period of time;

(3) censure a dispensing optician;

(4) issue a letter of reprimand;

(5) place a dispensing optician on probationary status and require him to

(A) report regularly to the board upon matters involving

the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a dispensing optician.

(b) The board may withdraw probation status of a dispensing optician if it finds that the deficiencies which required the sanction have been remedied.

(c) The board may summarily suspend a dispensing optician's license before final hearing or during the appeals process if the board finds that he poses a clear and immediate danger to the public health and safety if he continues to practice. A dispensing optician whose license is suspended under this section shall be entitled to a hearing by the board no later than seven days after the effective date of the order. The dispensing optician may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license which has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

* Sec. 11. AS 08.71.180 is amended to read:

Sec. 08.71.180. PRACTICING WITHOUT A LICENSE. It is unlawful for a person to practice as a dispensing optician without a license issued under this chapter or while his license is suspended or revoked. A

person who violates this section is guilty of a class B misdemeanor.

* Sec. 12. AS 08.71 is amended by adding a new section to read:

Sec. 08.71.190. CONTACT LENSES. (a) Contact lenses may be dispensed only upon the written contact lens prescription of a licensed physician or optometrist, except duplicate contact lenses may be dispensed under an original prescription.

(b) The dispensing optician shall instruct a patient to return to the prescribing physician or optometrist for inspection of the fit of contact lenses.

DELETING

* Sec. 13. AS 08.71.230(1) is amended to read:

(1) limit or restrict a licensed physician or optometrist [OR EMPLOYEES WORKING UNDER THE PERSONAL SUPERVISION OF A LICENSED PHYSICIAN OR OPTOMETRIST] from the practices enumerated in this chapter, and each licensed physician and optometrist has all the rights and privileges which may accrue under this chapter to dispensing opticians licensed under it;

* Sec. 14. AS 08.71.240 is amended by adding new paragraphs to read:

(4) "dispensing optician" means a person who, on written prescription from a licensed physician or optometrist, prepares and dispenses to the intended wearer or person who writes the prescription, original or duplicate lenses, eyeglasses, contact lenses, and appurtenances to them, and interprets, measures, adapts, fits, and adjusts lenses, eyeglasses, contact lenses, and appurtenances to them* to the face for the aid or correction of visual or ocular anomalies of the human eye;

(5) "supervision" means the provision of any needed direction, control, consultation, instruction, evaluation, and personal inspection of work being performed.

* Sec. 15. AS 08.71.030, 08.71.050, 08.71.060, 08.71.070, 08.71.200, and

08.71.240(3) are repealed.

* Sec. 16. This Act takes effect immediately in accordance with AS 01.10.-070(c).

WORKSHOP RECOMMENDED CHANGES

SB 541 - Dispensing Opticians

1) Delete "reasonable" in Sec. 10 (AS 08.71.175(6)(d)) — P5, L21

SB 549 - Nursing Home Administrators

1) Make board's composition comply with federal regulations - suggest reducing to three member board — P1, L22

SB 550 - Pharmacy

1) Rationale for wholesale licenses

SB 551 - Optometry

1) Include Canada — P3, L12

2) Remove "certificate number" — P6, L21

3) Include definition of optometry/practicing optometry — P7, L1

CSSB 541 - SECTIONAL (DISPENSING OPTICIANS)

* Sec. 1 -- Provides "exception" to current statute which renews licenses biennally and allows our "health boards" to renew every four years

Sec. 2 -- Changes composition of board--decreases number of board members from seven to five, membership is to be composed of four dispensing opticians and one public member. Also the members' term of service is increased from three to four years. Limits board member to two successive four year terms

Sec. 3 -- Allows for "removal of board members"

Enumerates "powers and duties" of board

Sec. 4 -- Reduces number of hours, 10,000 to 6,000, that an individual must be engaged in the practice of dispensing optician "outside" in order to qualify to take the exam to be licensed in this state

Sec. 5 -- Renewal Fee - $200 - due every four years

Sec. 6 -- Provides for license renewal to occur every four years instead of biennially

Sec. 7 -- Allows for "licensure by credentials"

Sec. 8 -- Deletes "direct" in reference to "direct supervision"

Sec. 9 -- Delineates circumstances in which disciplinary sanctions may be imposed

Sec. 10 -- Provides for "disciplinary sanctions"

Sec. 11 -- Makes practicing as a dispensing optician without a license as a class B misdemeanor

Sec. 12 -- Deletes the exemption clause which allows employees working under the personal supervision of a physician/optometrist from being licensed as a dispensing optician

Sec. 13 -- Definitions: "dispensing optician"; "supervision"

Sec. 14 -- Repealers:

08.71.030 (Qualifications of Board Members) Repeals current composition of board to account for change to composition of board proposed in this bill

08.71.050 (Board Regulations) Repeals current "board regulation" section to account for our "powers and duties" section proposed in this bill

08.71.060 (Record of Proceedings) Repeals this section because "maintenance of records" section is incorporated in the "powers and duties" section proposed in this bill

* 08.71.070 (Applicability of Administrative Procedures Act) Not necessary to have this appear in this chapter because AS 08.01.090 provides for applicability of administrative procedure act which is applicable to all boards.

08.71.240(3) (Dispensing Opticians) Repeals this current definition of dispensing optician because new definition is provided for in our bill

SB

549

COMMITTEE REPORT

SENATE

FURTHER: None

4/7/80

Date: 4-9-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 549 professional licensing and the regulation of nursing home administrators

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

To: _____ SENATE BILL No. 549

HOUSE BILL No. _____

PAGE: 1 LINE: 22-26

Page 1, lines 22-26

Delete lines 22-26 and insert new language to read:

(a) The board consists of five members: two nursing home administrators licensed under this chapter and practicing in the state, a registered nurse licensed in the state and having no direct financial interest in any nursing home, and two persons from the general public.

SB 549 "An Act Relating to [illegible] licensing and [illegible] regulation [illegible]"
Bill HSS Comm. [illegible]

5 HSS Pl-89

Introduced 4-7-80
Logged 4-7-80
Referrals None 4
Comm. meeting 4-9-80
" action Passed.

HSS Notified

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

SENATE BILL NO. 549am

"An act relating to professional licensing and to the regulation of Nursing home administrators, and providing for an effective date."

Senate Bill 549am revises current statutes and adds new sections to clarify and strengthen the administration of nursing home administrators licensing procedures. The bill gives the Board of Nursing Home Administrators the authority to develop regulations for the purpose of requiring disciplinary sanctions and making renewal of licenses dependent upon proof of continued competency.

The bill provides specific administrative procedures for applying disciplinary sanctions, and spells out specific grounds for discipline.

The terms of members of the Board of Nursing and limited to approximately eight years and the nursing home administrators license is to be renewed every four years rather than annually.

The Department of Health and Social Services supports Senate Bill 549am as it is written.

As evidenced by the attached letter from Rod Betit, Director, Division of Public Assistance, the existance of and the smooth operation of a Board of Nursing Home Administrators is important to the operation and funding of the State of Alaska's Medicaid program.

The bill does not fiscally affect the cost of operation of the Department of Health and Social Services other than the federal fund participation for the Medicaid program.

Recommended By: Rod Betit Date May 5, 1980

Rod Betit, Director
Division of Public Assistance

Approved By: Helen O Beirne Date 5/9/80

Helen D. Beirne, Commissioner
Department of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill No 549am
Title "An act relating to professional licensing & regulation of Nursing Home Administrators"
Requested by Commissioner's Office Date 5/6/80

II. FISCAL DETAIL
Agency Affected Department of Health and Social Sevices
Program Category Affected Health /Division of Public Assistance
BRU, Program, or Subprogram(s) Affected Medicaid
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the an lysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	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)

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

Prepared by: Rod [illegible] Date: 5/6/80
Division/Office: Public Assistance PH: 465-3350
Department of Health & Social Services

Approval DHSS Pgt. & Bdgt: [illegible] Date:

33 (09) (Rev. 12-[illegible])
Codify by DHSS (11-[illegible]-79)

March 31, 1980

Document Number 59-80

The Honorable Glenn Hackney
Chairman, Senate HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

House Bill 447 proposes terminating the existence of the Board of Nursing Home Administrators on January 1, 1981 and reassigns its responsibilities to the Department of Commerce and Economic Development.

At the time various Boards and Commissions were being considered for "sunsetting" by the Legislature in 1979, it was found that the existence of the Board of Nursing Home Administrators or some similar type of "peer review" system was, by federal law, (U.S. Code 42 Sub-Chapter XIX S. 1396 a(29)) necessary if the State of Alaska was to continue to receive federal fund participation for Medicaid nursing home services.

Federal fund participation is an essential part of the Medicaid nursing home services funding. Nursing home services comprise 70% of the total Alaska Medicaid budget (twenty-nine million dollars) and therefore, approximately fourteen million dollars (50% matching) could be lost in federal fund participation if some type of "peer review" licensing function is not provided for in Alaska Statute.

When viewed superficially, it is difficult to justify the need for, and cost of a statewide, regionally represented, five member Board of Nursing Home Administrators when only approximately 35 licenses have been issued since 1976. However, with approximately fourteen million dollars in federal fund participation dependent upon the state having "either a Board of Nursing Home Administrators or an agency of the state responsible for licensing under the Healing Arts Act of the state" the cost and need is easier rationalized.

What seems needed is a method of administrating the issuance of Nursing Home Administrators licensured through the Department of Commerce and Economic Development while at the same time providing a method of inexpensive "peer review." Some alternatives that we have considered are as follows:

1. Establish the Long Term Care Division of the Alaska State Hospital Association as the board the Department of Commerce and Economic Department must consult with regarding:

a. Promulgating of regulations.

b. Revocation of licenses.

c. Establishment of procedures to insure that licenses uphold standards.

d. Adoption of criteria for educational requirements.

The Long Term Care Division of the Alaska State Hospital Association meets at least bi-annually and at no expense to the State could provide the professional support needed to fulfill federal statute requirements. The Long Term Care Division of the Alaska State Hospital Association is composed of all the nursing home administrators in the State of Alaska.

II. Establish a Board, for federal purposes, composed of state employees who's offices are in Juneau. This type of board should meet during regular working hours and therefore, should be no added expense to the State.

a. Director of Occupational Licensing.

b. Director of Public Assistance.

c. Director of Public Health.

d. Director of Nursing Board.

III. The development of a comprehensive healing arts act, which would encompass all healing professions.

IV. Reinstatement of the existing Board of Nursing Home Administrators with appropriate funding and staffing in the Division of Occupational Licensing to accomplish the tasks required.

The Division of Public Assistance opposes House Bill 447 and support the reinstatement of the Board of Nursing Home Administrators. We feel the cost of supporting the operation of such a board are justified when compared to the amount of federal fund participation involved.

Sincerely,

Rod Betit
Director

RB:DO:lar
bcc: DHSS Commissioner's Office

STATE of ALASKA

MEMORANDUM

TO: Debra Behr, Special Assistant to the Commissioner
Health & Social Services

DATE: April 18, 1980

FILE NO.

TELEPHONE NO.

FROM: Portia Kaufmann, Administrator
State Health Planning & Development
Certification & Licensing

SUBJECT: Position Paper - Senate Bill 549

For an act entitled: "An Act relating to professional licensing and to the regulation of nursing home administrators; and providing for an effective date."

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

* Section 1. AS 08.01.010 is amended by adding a new paragraph to read:

(22) Board of Nursing Home Administrators.

Discussion:

1. A current license is required by Federal regulations for nursing home administrators.

2. Federal regulations do not require the administrator of a hospital with long term care beds to be a licensed nursing home administrator unless state regulations have this requirement.

   As of this date, the State of Alaska has required a hospital administrator to be licensed as a nursing home administrator if the hospital has a long term care unit.

3. Intermediate Care Facilities for the mentally retarded federal regulations require the administrator to be a qualified Mental Retardation Specialist (A educational background in preference to medical background), unless the State requires him/her to be a licensed nursing home administrator.

   Intermediate Care Facilities for the mentally retarded (ICF/MR) that care for persons with developmental disabilities have an orientation to normalization and a wellness model as opposed to the medical model. Therefore, the administrator of an ICF/MR must have a different background. Alaska has adopted for licensure the Federal Regulations for ICF/MR. Therefore, ICF/MRs are not licensed as nursing homes, but as ICF/MRs.

Senate Bill No. 549 refers to the re-establishment of the Board of Nursing to administer the required licensure program for nursing home administrators.

Comment: The De-partment of Health & Social Services concurs with the content of this Bill.

cc Phoebe Lindsley, Director
State Health Planning & Development
PK:arn

WORKSHOP RECOMMENDED CHANGES

Separate file

SB 541 - Dispensing Opticians

1)	Delete "reasonable" in Sec. 10 (AS 08.71.175(6)(d))	P5, L21

* SB 549 - Nursing Home Administrators

1)	Make board's composition comply with federal regulations - suggest reducing to three member board	P1, L22

SB 550 - Pharmacy

1)	Rationale for wholesale licenses	

SB 551 - Optometry

1)	Include Canada	P3, L12
2)	Remove "certificate number"	P6, L21
3)	Include definition of optometry/practicing optometry	P7, L1

PART 252—MEDICAL ASSISTANCE PROGRAMS: RELATED RESPONSIBILITIES

§ 252.10 State programs for licensing administrators of nursing homes.

(a) *Purpose.* This section establishes the procedures for States to follow to comply with the requirement for States participating in a title XIX program to establish programs for the licensure of administrators of nursing homes.

(b) *Definitions.* When used in this section:

(1) "Nursing home," for purposes of requiring supervision by a licensed administrator, means any institution or facility, or distinct part of a hospital, which, regardless of its designation, is licensed or formally recognized as meeting State nursing home standards under State law. In those States that do not employ the term "nursing home" in their licensing statutes, "nursing home" means the equivalent term or terms as determined by the administrator, Social and Rehabilitation Service. For purposes of obtaining such determination, the single State agency responsible for the administration of the title XIX program in such State shall submit to the Regional Commissioner copies of current State statutes which define for licensure purposes institutional health care facilities. Not included in this definition is a Christian Science sanatorium operated, or listed and certified, by the First Church of Christ, Scientist, Boston, Mass., or a distinct part of a hospital, which hospital meets the definition in § 249.10(b)(1) or (14)(iv) of this chapter, that is designated or certified as a skilled nursing facility but is not licensed separately or formally approved as a nursing home by the State.

(2) "Nursing home administrator" means any individual who is charged with the general administration of a nursing home, whether or not such individual has an ownership interest in such home, and whether or not his functions and duties are shared with one or more other individuals.

(3) "Board" means a duly appointed State board established for the purpose of carrying out a State program for licensure of administrators of nursing homes, and which is assigned all the duties, functions, and responsibilities prescribed in paragraph (c)(2) of this section. Said board shall be composed of individuals representative of the professions and institutions concerned with the care and treatment of chronically ill or infirm elderly patients; provided that less than a majority of the board membership shall be representative of a single profession or institutional category, and provided further that the noninstitutional members shall have no direct financial interest in nursing homes. For purposes of this definition, nursing home administrators are considered representatives of institutions. This definition is effective July 1, 1973, or earlier at the option of the State.

(4) "Agency," unless otherwise indicated, means the agency of the State responsible for licensing individual practitioners under the healing arts licensing act of the State.

(5) "License" means a certificate or other written evidence issued by a State agency or board to indicate that the bearer has been certified by that body to meet all the standards required of a licensed nursing home administrator under this section.

(6) "Provisional license" means a temporary license issued by the State agency or board to an individual who does not meet all the qualifications for licensure.

(7) "Calendar year" means the period from January 1 through December 31.

(c) *State plan requirements.* A State plan for medical assistance under title XIX of the Social Security Act must include a State program for the licensure of administrators of nursing homes which:

(1) Provides that no nursing home within the State may operate except under the supervision of an administrator licensed in the manner provided in this section.

(2) Provides for licensing of nursing home administrators by the single agency of the State responsible for licensing individual practitioners under the healing arts act of the State, or, in the absence of such an act or agency, a State licensing board representative of the professions and institutions concerned with the care of chronically ill and infirm aged patients and established to carry out the purposes of section 1908 of the Social Security Act. It shall be the function and duty of such agency or board to:

(i) Develop, impose, and enforce standards which must be met by individuals in order to receive a license as a nursing home administrator, which standards shall be designed to insure that nursing home administrators will be individuals who are of good character and are otherwise suitable, and who, by training or experience in the field of institutional administration, are qualified to serve as nursing home administrators;

(ii) Develop and apply appropriate techniques, including examinations and investigations, for determining whether an individual meets such standards;

ST. ANN'S NURSING HOME
415 Sixth Street, Juneau, Alaska 99801 (907) 586-3883

MARCH 30, 1980

THE SENATE HESS COMMITTEE
THE ASSEMBLY BUILDING, ROOM 106
JUNEAU, ALASKA

REF: ~~HOUSE BILL NO. 447~~

SENATOR HACKNEY, AND MEMBERS OF THE HESS COMMITTEE:

ST. ANN'S NURSING HOME AND I APPRECIATE THIS OPPORTUNITY TO ADDRESS THIS HEARING CONCERNING THE SUNSETTING OF THE BOARD OF NURSING HOME ADMINISTRATORS.

LADIES AND GENTLEMEN, WE ARE, TO PUT IT MILDLY, CONCERNED FOR THE WELFARE OF NOT ONLY THE TWENTY-EIGHT MEDICAID PATIENTS IN RESIDENCE AT ST. ANN'S, BUT ALSO THE MEDICAID PATIENTS AT INSTITUTIONS SUCH AS OURS THROUGHOUT THE STATE. THERE MUST BE BETWEEN 400 AND 500 ELDERLY CITIZENS OF THE STATE WHO ARE TOTALLY DEPENDENT UPON MEDICAID FOR MAINTENANCE OF THEIR HEALTH CARE IN INSTITUTIONS.

AS AN ADMINISTRATOR OF A NURSING HOME, I AM ACUTELY FEARFUL THAT, SHOULD THIS BILL PASS AND THE UNFORTUNATE SUNSETTING OF THE BOARD OF NURSING HOME ADMINISTRATORS NOT BE REVERSED, THE STATE WILL - WITHIN 30 DAYS - BE OUT OF THE FEDERAL MEDICAID PROGRAM AS FAR AS NURSING HOME CARE IS CONCERNED. UNLESS THE STATE IS WILLING TO PICK UP THE 50% OF COST THAT THE FEDERAL PROGRAM NOW PAYS, AS AN ADMINISTRATOR, I WILL HAVE TO FIND OTHER (AND I'M CERTAIN) LESS SATISFACTORY PLACEMENT FOR THESE TWENTY-EIGHT PATIENTS AT ST. ANN'S.

WHERE CAN THEY GO -- THOSE PATIENTS WHO HAVE SUFFERED SO MUCH BECAUSE OF PHYSICAL DISABILITIES BROUGHT ON BY ADVANCE AGE. WHERE IS THE LOVING AND THOUGHTFUL AND SKILLED NURSING CARE GOING TO COME FROM. THE COMMUNITY HOME HEALTH CARE AND HOMEMAKERS PROGRAMS ARE STRAINED TO THE LIMIT NOW. NO OTHER FACILITIES CAN TAKE UP ALL THE EXTRA LOAD. DOES THE LEGISLATURE WANT NURSING HOMES TO CUT DOWN ON CARE TO FIT THE SHRUNKEN DOLLARS? NO ONE BELIEVES YOU ARE ASKING THAT -- THE EMPHASIS HAS ALWAYS BEEN ON INCREASED AND BETTER CARE.

UNDER THE TERMS OF THE FEDERAL SOCIAL SECURITY ACT THAT ESTABLISHES STATE MEDICAID PROGRAMS, IT IS CLEARLY STATED THAT THERE MUST BE A "HEALING ARTS ACT" OR A "BOARD OF NURSING HOME ADMINISTRATORS" TO EXAMINE AND LICENSE ADMINISTRATORS. THERE IS NO ROOM FOR DEVIATION SINCE THIS IS A STAUTORY PROVISION RATHER THAN A DEPARTMENTAL REGULATION. HOWEVER, NO DEFINITIONS AS TO SIZE AND COMPOSITION ARE GIVEN EXCEPT THAT A "BOARD" MUST INCLUDE ONE MEMBER FROM THE INSTITUTIONAL SETTING. WE FEEL THAT THE STATE SHOULD HAVE THE RIGHT TO DETERMINE WHAT DEPARTMENT SUCH A "BOARD" WOULD FUNCTION IN, AND WE DO UNDERSTAND THAT THE DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT IS A LOGICAL CHOICE. HOWEVER, THE NECESSITY FOR THE "BOARD" TO BE A DISTINCT AND RECOGNIZABLE ENTITY (WITHIN THE DEPARTMENT) REMAINS.

ST. ANN'S NURSING HOME FEELS STRONGLY THAT THE STATE HAS AN OBLIGATION TO THESE ELDERLY CITIZENS. THEY HAVE SUFFERED MUCH BY REASON OF HAVING FIXED AND LOW INCOMES AT A TIME OF SPIRALLING AND SKYROCKETING COSTS. THEY ARE TRULY LIVING AT SUBSISTENCE LEVELS EVEN IF THEY ARE LUCKY ENOUGH TO AVOID THE RAVAGES OF TIME. ON THEIR RESTRICTED INCOME, IF ILLNESS, INJURY, STROKE OR HEART PROBLEMS HIT THEM, THEY ARE ABSOLUTELY DEPENDENT ON PUBLIC ASSISTANCE AND MEDICAID. THESE CITIZENS, POOR ONLY BECAUSE OF CIRCUMSTANCES OUT OF THEIR CONTROL, ARE DOWN FOR THE COUNT. I, FOR ONE, DON'T WANT TO BE THE ONE TO KICK THEM WHEN THEY ARE HELPLESS.

LADIES AND GENTLEMEN, THE BOARD OF NURSING HOME ADMINISTRATORS IS THE SMALLEST CONCERN HERE. WHAT FORM THE "BOARD" TAKES IN SIZE AND LOCATION WITHIN THE STRUCTURE OF GOVERNMENT IS RELATIVELY UNIMPORTANT AND WITHIN YOUR POWER TO CONTROL. THE IMPORTANT --- THE OVERRIDING CONCERN WE MUST DEAL WITH IS "DO WE REALLY HATE OUR ELDERS SO MUCH THAT WE WANT TO DENY THEM THE ONLY SECURITY THEY HAVE?"

WE MUST HAVE A DISTINCT "BOARD OF NURSING HOME ADMINISTRATORS".

THE PATIENTS AT ST. ANN'S AND I THANK YOU FOR YOUR KINDNESS AND CONSIDERATION IN ALLOWING US TO PRESENT THIS TESTIMONY.

SINCERELY,
ST. ANN'S NURSING HOME

Jack W Buck

JACK W. BUCK, ADMINISTRATOR

STATE of ALASKA

MEMORANDUM

TO: Debra Behr, Special Assistant to the Commissioner Health & Social Services

DATE: April 18, 1980

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Senate Bill No. 549 refers to the re-establishment of the Board of Nursing to administer the required licensure program for nursing home administrators.

Comment: The Department of Health & Social Services concurs with the content of this Bill.

cc Phoebe Lindsley, Director
State Health Planning & Development
PK:arn

THE FOLLOWING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

March 31, 1980

Document Number 59-80

The Honorable Glenn Macleay
Chairman, Senate HESS Committee
Alaska State Legislature
Couch V
Juneau, Alaska 99811

Dear Senator Macleay:

House Bill 447 proposes terminating the existence of the Board of Nursing Home Administrators on January 1, 1981 and reassigns its responsibilities to the Department of Commerce and Economic Development.

At the time various Boards and Commissions were being considered for "sunsetting" by the Legislature in 1979, it was found that the existence of the Board of Nursing Home Administrators or some similar type of "peer review" system was, by federal law, (U.S. Code 42 Sub-Chapter XIX S. 1396 a(29)) necessary if the State of Alaska was to continue to receive federal fund participation for Medicaid nursing home services.

Federal fund participation is an essential part of the Medicaid nursing home services funding. Nursing home services comprise 70% of the total Alaska Medicaid budget (twenty-nine million dollars) and therefore, approximately fourteen million dollars (50% matching) could be lost in federal fund participation if some type of "peer review" licensing function is not provided for in Alaska Statute.

When viewed superficially, it is difficult to justify the need for, and cost of a statewide, regionally represented, five member Board of Nursing Home Administrators when only approximately 35 licenses have been issued since 1976. However, with approximately fourteen million dollars in federal fund participation dependent upon the state having "either a Board of Nursing Home Administrators or an agency of the state responsible for licensing under the Healing Arts Act of the state" the cost and need is easier rationalized.

It seems needed as a method of administering the issuance of Nursing Home Administrators licensure through the Department of Commerce and Economic Development while at the same time providing a method of [illegible] peer review. [illegible] have considered [illegible]

[illegible]

a. Promulgating of regulations.

b. Revocation of licenses.

c. Establishment of procedures to insure that licenses uphold standards.

d. Adoption of criteria for educational requirements.

The Long Term Care Division of the Alaska State Hospital Association meets at least bi-annually and at no expense to the State could provide the professional support needed to fulfill federal statute requirements. The Long Term Care Division of the Alaska State Hospital Association is composed of all the nursing home administrators in the State of Alaska.

II. Establish a Board, for federal purposes, composed of state employees who's offices are in Juneau. This type of board should meet during regular working hours and therefore, should be no added expense to the State.

a. Director of Occupational Licensing.

b. Director of Public Assistance.

c. Director of Public Health.

d. Director of Nursing Board.

III. The development of a comprehensive healing arts act, which would encompass all healing professions.

IV. Reinstatement of the existing Board of Nursing Home Administrators with appropriate funding and staffing in the Division of Occupational Licensing to accomplish the tasks required.

The Division of Public Assistance opposes House Bill 447 and support the reinstatement of the Board of Nursing Home Administrators. We feel the cost of supporting the operation of such a board are justified when compared to the amount of federal fund participation involved.

Sincerely,

Red Rutit
Director

cc: [illegible]
[illegible] Commissioner's Office

THE PRECEDING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

AMENDMENT #1

OFFERED IN THE SENATE: BY: SENATE HESS

TO: _____ SENATE BILL No. 549

HOUSE BILL No. _____

PAGE: 1 LINE: 22-26

Page 1, lines 22-26

Delete lines 22-26 and insert new language to read:

(a) The board consists of five members: two nursing home administrators licensed under this chapter and practicing in the state, a registered nurse licensed in the state and having no direct financial interest in any nursing home, and two persons from the general public.

code of federal regulations



Alaska State Library

42

Public Health

PART 400 TO END

Revised as of October 1, 1979

but were not because the person was not enrolled in part B. This limit applies to all recipients eligible for enrollment under part B, whether individually or through an agreement under sec. 1843(a) of the Act. However, FFP is available in expenditures required by §§ 435.914 and 436.901 of this subchapter for retroactive coverage of recipients.

[43 FR 45188, Sept. 29, 1978, as amended at 44 FR 17965, Mar. 24, 1979]

§ 431.630 Coordination of Medicaid with Professional Standards Review Organizations.

The State plan must provide that the Medicaid agency will comply with provisions of Part 463 of this chapter, relating to the activities of PSROs.

[44 FR 16398, Mar. 19, 1979]

Subpart N—State Programs for Licensing Nursing Home Administrators

§ 431.700 Basis and purpose.

This subpart implements sections 1903(a)(29) and 1908 of the Act which require that the State plan include a State program for licensing nursing home administrators.

§ 431.701 Definitions.

Unless otherwise indicated, the following definitions apply for purposes of this subpart:

"Agency" means the State agency responsible for licensing individual practitioners under the State's healing arts licensing act.

"Board" means an appointed State board established to carry out a State program for licensing administrators of nursing homes, in a State that does not have a healing arts licensing act or an agency as defined in this section.

"Licensed" means certified by a State agency or board as meeting all of the requirements for a licensed nursing home administrator specified in this subpart.

"Nursing home" means any institution, facility, or distinct part of a hospital that is licensed or formally recognized as meeting nursing home standards established under State law, or that is determined under § 431.704 to be included under the requirements of this subpart. The term does not include—

(a) A Christian Science sanatorium operated, or listed and certified, by the First Church of Christ, Scientist, Boston, Mass.; or

(b) A distinct part of a hospital, if the hospital meets the definition in §§ 440.10 or 440.140 of this subchapter, and the distinct part is not licensed separately or formally approved as a nursing home by the State even though it is designated or certified as a skilled nursing facility.

"Nursing home administrator" means any person who is in charge of the general administration of a nursing home whether or not the person—

(a) Has an ownership interest in the home; or

(b) Shares his functions and duties with one or more other persons.

§ 431.702 State plan requirement.

A State plan must provide that the State has a program for licensing administrators of nursing homes that meets the requirements of §§ 431.703 through 431.713 of this subpart.

§ 431.703 Licensing requirement.

The State licensing program must provide that only nursing homes supervised by an administrator licensed in accordance with the requirements of this subpart may operate in the State.

§ 431.704 Nursing homes designated by other terms.

If a State licensing law does not use the term "nursing home," the HCFA Administrator will determine the term or terms equivalent to "nursing home" for purposes of applying the requirements of this subpart. To obtain this determination, the medicaid agency must submit to the Regional Medical Director copies of current State laws that define institutional health care facilities for licensing purposes.

§ 431.705 Licensing authority.

(a) The State licensing program must provide for licensing of nursing home administrators by—

(1) The agency designated under the healing arts act of the State; or

(2) A State licensing board.

(b) The State agency or board must perform the functions and duties specified in §§ 431.707 through 431.713 and the board must meet the membership requirements specified in § 431.706 of this subpart.

§ 431.706 Composition of licensing board.

(a) The board must be composed of persons representing professions and institutions concerned with the care and treatment of chronically ill or infirm elderly patients. However—

(1) A majority of the board members may not be representative of a single profession or category of institution; and

(2) Members not representative of institutions may not have a direct financial interest in any nursing home.

(b) For purposes of this section, nursing home administrators are considered representatives of institutions.

§ 431.707 Standards.

(a) The agency or board must develop, impose, and enforce standards that must be met by individuals in order to be licensed as a nursing home administrator.

(b) The standards must be designed to insure that nursing home administrators are—

(1) Of good character;

(2) Otherwise suitable; and

(3) Qualified to serve because of training or experience in institutional administration.

§ 431.708 Procedures for applying standards.

The agency or board must develop and apply appropriate procedures and techniques, including examinations and investigations, for determining if a person meets the licensing standards.

§ 431.709 Issuance and revocation of license.

Except as provided in § 431.714 of this subpart, the agency or board must—

(a) Issue licenses to persons who meet the agency's or board's standards; and

(b) Revoke or suspend a license if the agency or board determines that the person holding the license substantially fails to meet the standards.

§ 431.710 Provisional licenses.

To fill a position of nursing home administrator that unexpectedly becomes vacant, the agency or board may issue one provisional license, for a single period not to exceed 6 months. The license may be issued to a person who does not meet all of the licensing requirements established under § 431.707 but, who—

(a) Is of good character and otherwise suitable; and

(b) Meets any other standards established for provisional licensure by the agency or board.

§ 431.711 Compliance with standards.

The agency or board must establish and carry out procedures to insure that licensed administrators comply with the standards in this subpart when they serve as nursing home administrators.

§ 431.712 Failure to comply with standards.

The agency or board must investigate and act on all complaints it receives of violations of standards.

§ 431.713 Continuing study and investigation.

The agency or board must conduct a continuing study of nursing homes and administrators within the State to improve—

(a) Licensing standards; and

(b) The procedures and methods for enforcing the standards.

§ 431.714 Waivers.

The agency or board may waive any standards developed under § 431.707 of this subpart for any person who has served in the capacity of a nursing home administrator during all of the 3 calendar years immediately preceding the calendar year in which the State first meets the requirements in this subpart.

§ 431.715 Federal financial participation.

No FFP is available in expenditures by the licensing board for establishing and maintaining standards for the li-

NURSING HOME ADMINISTRATORS

Sec. 1 -- Brings Nursing Home Administrators under "Centralized Licensing" Chapter of Title 8

Sec. 2 -- Allows for OL to provide investigative services to the nursing home administrators board

Sec. 3 -- Provisions of this chapter will not affect other boards and commissions provided for in Title 8

BY FED. REG.

Sec. 4 -- Changes board composition

Sec. 5 -- Allows for board members to serve terms of four years instead of three. Limits board membership to two consecutive four year terms

Sec. 6 -- Gives board power of approving issuance of licenses and renewals

Sec. 7 -- Provides for the imposition of disciplinary sanctions

Sec. 8 -- "Continued Competency requirement" before license can be renewed

Sec. 9 -- Provides for removal of board members by governor for cause.

Sec. 10 - Deletes provision "unless excepted by this chapter." The reason for this is that the board feels that if they were to make exceptions this would put them in a volunerable position --i.e. if they made an exception in one case they might be setting a precedent to make an exception in other matters and they would just as soon avoid this

Sec. 11 - Allowing for license renewal to occur every four years

- Provides for continued competency to be established before license can be renewed

Sec. 12 - Provides for individual to apply for examination if his license has expired for a period of 24 months (it currently is 12 months)

Sec. 13 - FEE revision

Sec. 14 - Grounds for imposition of disciplinary sanctions

Sec. 15 - Disciplinary sanctions enumerated.

Sec. 16 - Penalty for violating chapter

Sec. 17 - Brings nursing homes administrators under the "administrative adjudication" section of Title 44

Sec. 18 - Repeal section

Sec. 19 - Effective date

WO 8317
Cook

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to professional licensing and to the regulation of nursing home administrators; and providing for an effective date."

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

* Section 1. AS 08.01.010 is amended by adding a new paragraph to read:

(22) Board of Nursing Home Administrators.

* Sec. 2. AS 08.01.050(19) is amended to read:

(19) provide investigative services to the boards established under AS 08.20, [AS 08.32,] AS 08.36, AS 08.64, AS 08.68, AS 08.70, AS 08.71, AS 08.72, AS 08.80, AS 08.84, and AS 08.86, for the purpose of assisting those boards in matters of professional discipline.

* Sec. 3. AS 08.01.100(a) is amended to read:

(a) Except as provided in this title, [ALL] licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

* Sec. 4. AS 08.70.020(a) is amended to read:

(a) The board consists of five members: three [TWO] nursing home administrators licensed under this chapter and practicing in the state, one [A] registered nurse licensed in the state, and one public member [TWO PERSONS FROM THE GENERAL PUBLIC].

* Sec. 5. AS 08.70.020(c) is amended to read:

(c) Board members serve staggered terms of four [THREE] years or until their successor is appointed, except that a member appointed to a vacated term serves the duration of that term. A person who has served

two successive complete terms may not be reappointed until four years from the expiration of the second term [ON THE FIRST BOARD TWO MEMBERS SERVE ONE-YEAR TERMS, TWO MEMBERS SERVE TWO-YEAR TERMS AND ONE MEMBER SERVES A THREE-YEAR TERM].

* Sec. 6. AS 08.70.050(a)(2) is amended to read:

(2) examine, approve issuance of licenses and renewal of [LICENSE, AND RENEW THE] licenses of qualified persons;

* Sec. 7. AS 08.70.050(a)(3) is amended to read:

(3) establish procedures to insure that licensees continue to uphold the board's standards; impose disciplinary sanctions upon [REVOKE, SUSPEND, OR REFUSE TO RENEW LICENSES OF] persons who fail to uphold the standards;

* Sec. 8. AS 08.70.050(a) is amended by adding a new paragraph to read:

(6) adopt regulations insuring that renewal of a license is contingent upon proof of continued competency by the licensee.

* Sec. 9. AS 08.70 is amended by adding a new section to read:

Sec. 08.70.055. REMOVAL OF BOARD MEMBERS. A member of the board may be removed from office by the governor for cause. The board may by regulation provide that unexcused absences from meetings constitute cause for removal.

* Sec. 10. AS 08.70.080 is amended to read:

Sec. 08.70.080. LICENSE REQUIRED. Only a licensed nursing home administrator may manage, supervise, or be generally in charge of a nursing home [UNLESS EXCEPTED BY THIS CHAPTER]. Only a nursing home which is supervised by a licensed nursing home administrator may operate in Alaska [UNLESS SPECIALLY EXCEPTED BY THE BOARD. THIS SECTION DOES NOT APPLY TO THE ALASKA PIONEERS' HOMES].

* Sec. 11. AS 08.70.140(b) is amended to read:

(b) An administrator may apply to the board for renewal of his

license every four years by submitting an application for renewal and proof of continued competency as required by regulation [TO THE BOARD]; application forms for renewal are provided by the department.

* Sec. 12. AS 08.70.140(c) is amended to read:

(c) A person whose license has expired for a period of 24 [12] months or more must apply for a license and be examined in the same manner as an applicant who has not been licensed before.

* Sec. 13. AS 08.70.150 is amended to read:

Sec. 08.70.150. FEES. The following fees shall be imposed under this chapter when applicable:

(1) examination fee . . . . . $50 [$25]

(2) investigation fee for persons applying for a license under AS 08.70.110(b) . . . . $50 [$25]

(3) [ANNUAL] license renewal fee (required every four years) . . . . . $200 [$50]

* Sec. 14. AS 08.70 is amended by adding a new section to read:

Sec. 08.70.155. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS. After a hearing the board may impose disciplinary sanctions when it finds that a licensee

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects his ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the

performance of patient care by persons under his supervision which does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or other drugs which impairs his ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;

(9) sold or furnished a license to another;

(10) practiced as a nursing home administrator or used a designation tending to imply that he is a nursing home administrator without a license issued under this chaper.

* Sec. 15. AS 08.70.160 is repealed and re-enacted to read:

Sec. 08.70.160. DISCIPLINARY SANCTIONS. (a) When it finds that a licensee is guilty of an offense under AS 08.70.155, the board may impose the following sanctions singly or in combination:

(1) permanently revoke a license to practice;

(2) suspend a license for a determinate period of time;

(3) censure a licensee;

(4) issue a letter of reprimand;

(5) place a licensee on probationary status and require him to

(A) report regularly to the board upon matters involving

the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a licensee.

(b) The board may withdraw probation status if it finds that the deficiencies which required the sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if he continues to practice. A person whose license is suspended under this section shall be entitled to a hearing by the board no later than seven days after the effective date of the order. The person may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license which has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

* Sec. 16. AS 08.70.170 is amended to read:

Sec. 08.70.170. PENALTIES. A person convicted of violating a provision of this chapter is <u>guilty of a class B misdemeanor</u> [PUNISHABLE BY A FINE OF NOT MORE THAN $500, OR BY IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BY BOTH].

* Sec. 17. AS 44.62.330(a) is amended by adding a new paragraph to read:

(47) Board of Nursing Home Administrators (AS 08.70.010).

* Sec. 18. AS 08.70.060, 08.70.070, and 08.70.140(a) are repealed.

* Sec. 19. This Act takes effect immediately in accordance with AS 01.10.-070(c).

NURSING HOME ADMINISTRATORS

The following changes are to be incorporated into the practice act revisions re: the following health boards - Dental, Dispensing Opticians, Veterinarians, Physical Therapists, Optometrists, Psychologists, Chiropractors, Pharmacy, Nursing Home Administrators, Medical.

P1, L22 #1 - Board members and composition, NURSING HOME ADMINISTRATORS / 1 REGISTERED NURSE / 1 PUBLIC MEMBER

P1, L29 - Limit board membership to two consecutive four year terms.

P3, L9 #2 - Revise fee schedule,

P3, L1 Allow for license renewal to occur every four years

#3 - Eliminate re: to "good character," "professional conduct," etc., unless behavior defined.

* #4 - Consider giving boards responsibility of determining licensing standards through regulations.

** #5 - Out-of-state licensees credentialed through a process/by standards equivalent to ours - should be licensed by endorsement.

#6 - Eliminate standards protecting economic interest of occupational groups, reducing information flow or restricting competition.

#7 - License renewal provisions have been revised which allow for renewal to occur every four years.

P3, L2 MAKE license renewal contingent upon proof of continued competency with BOARDS DETERMINING BY REGULATION how continued competency will be demonstrated.

P4, L7 #8 - Licensing violations: make sure that each board may revoke, suspend or take any other disciplinary action necessary to correct incompetency.

P2, L17 #9 - Establish section providing for removal of board members. Grounds for removal should include: (1) unexcused absences, (2) license violation, (3) anything detrimental to public interest served by board.

* PROVIDED FOR IN 08.70.050(b)

** " " 08.70.110(b)

(Nursing Home Admins already have provided for these provisions)

SB

550

COMMITTEE REPORT

SENATE

FURTHER: None

4/7/80

Date: 4-9-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 550 professional licensing and the practice of pharmacy

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[✓] do pass with attached amendments(s)

[ ] same title

[ ] replace with CS for _____ [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

DO/PASS

S 60 (Rev. 12/78)

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

TO: _____ SENATE BILL No. 550

HOUSE BILL No. _____

PAGE: _____ LINE: _____

Page 5, line 25

Delete "$25" and insert "$100"

Page 7, line 2

Delete "licensed physician" and insert "person licensed to prescribe controlled substances"

Page 7, line 4

Delete "licensed physician, surgeon, dentist, or veterinarian" and insert "person licensed to prescribe federal legend drugs"

Page 8, line 23

Delete "08.80.420" and insert "08.80.420(b)"

SB 550 "An Act relating to ~~pipelines~~ licensing of ~~Ad~~ to the practice
B. Hess

Introduced 4-7-80
Logged 4-7-80
Referrals - None
Comm. Meeting 4-9-80
& action

H.SS adopted

WORKSHOP RECOMMENDED CHANGES

SB 541 - Dispensing Opticians

1)	Delete "reasonable" in Sec. 10 (AS 08.71.175(6)(d))	P5, L21

SB 549 - Nursing Home Administrators

1)	Make board's composition comply with federal regulations - suggest reducing to three member board	P1, L22

SB 550 - Pharmacy

1)	Rationale for wholesale licenses	

SB 551 - Optometry

1)	Include Canada	P3, L12
2)	Remove "certificate number"	P6, L21
3)	Include definition of optometry/practicing optometry	P7, L1

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CONTINUED NEXT PAGE

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PHARMACISTS

Sec. 1 -- Provisions of this chapter will not affect other boards and commissions provided for in Title 8.

Sec. 2 -- Makes board members term 4 years instead of 5

-- Limits board membership to two consecutive four year terms

Sec. 3 -- Adds to board's "powers" the ability to adopt licensing standards

Sec. 4 -- Removes requirement that board members residing in another judicial district grade examination

Sec. 5 -- Allows for license renewal to occur every four years

Sec. 6 -- Provides for removal of board members by governor for cause

Sec. 7 -- Housekeeping

Sec. 8 -- Reduces number of internship hours registration applicant must have after graduation

Sec. 9 -- This section was mistakenly repealed so it is necessary to have it put back in. The section dealing with "malpractice" is the section to be repealed which is provided for in this bill

Sec. 10 - Provides for licensure by credentials

Sec. 11 - Provides flexibility in allowing a member of the board, rather than entire board, to issue a temporary license for an individual filing for a license by credentials

Sec. 12 - Again provides for flexibility in allowing a member of the board rather than entire board, to issue an emergency permit

Sec. 13 - Places qualifications on retail and wholesale drug dealers. Currently the only thing that covers these individuals is the amount of fees they are required to pay. This provision will mandate qualifications.

Sec. 14 - Revises fees

Sec. 15 - Imposes grounds for disciplinary sanctions

Sec. 16 - Enumerates "Disciplinary Sanctions"

Sec. 17 - Provides for penalty for individual who is found guilty of violating chapter

Sec. 18 - Defines "controlled substance"

Sec. 19 - Repeal section

Sec. 20 - Effective date

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

TO: _____ SENATE BILL No. 550

HOUSE BILL No. _____

PAGE: _____ LINE: _____

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Delete "$25" and insert "$100"

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Delete "licensed physician, surgeon, dentist, or veterinarian" and insert "person licensed to prescribe federal legend drugs"

Page 8, line 23

Delete "08.80.420" and insert "08.80.420(b)"

PHARMACY - SECTIONAL

Sec. 1 — 08.01.50(10) mandates that Dept. of Commerce (DOL) will issue a duplicate license for a fee of $2. This provision is allowing DOL to make an "exception" in regards to duplicating a pharmacy license. The fee for duplicating a pharmacy license is being raised to $10 (See Sec. 15, Fees).

Sec. 2 — Provides for "exception" to current statute which renews licenses biennally and allows our "health boards" to renew licenses every four years.

Sec. 3 — Makes boardmembers term 4 years instead of 5

— Limits board membership to two consecutive four year terms

Sec. 4 — Expands board's authority for establishing license requirements

Sec. 5 — Removes requirement that board members residing in another judicial district grade examination

Sec. 6 — Provides for board to adopt regulations making license renewal contingent upon continued competency

— Provides for board to hold hearings & order disciplinary sanctions

Sec. 7 — Provides for removal of board members by governor for cause

Sec. 8 — Housekeeping - deletes re: to board

Sec. 9 — Reduces number of internship hours applicant must have after graduation

Sec.10 — This section inadvertently repealed. The section dealing with "malpractice" is the section to be repealed which is provided for in this bill

Sec.11 — Provides for licensure by credentials

Sec.12 — Provides flexibility in allowing a member of the board, rather than entire board, to issue a temporary license for an individual filing for a license by credentials

Sec.13 — Again provides for flexibility in allowing a member of the board, rather than entire board, to issue an emergency permit

Sec.14 — Deletes "shopkeeper" permit. Places qualifications on retail and wholesale drug dealers in the state. Currently the only control over these people is that they must pay a fee and they are issued a permit, but there are no standards regulating these people. This provision will mandate standards.

Sec.15 — Revises fees.

Sec.16 — Imposes grounds for disciplinary sanctions

Sec.17 — Enumerates "disciplinary sanctions"

Sec.18 — Penalty clause

Sec.19 — Defines "controlled substance"

-continued on next page-

Sec. 20 -- Repealers:

08.80.030(6) - Repeals board's power to "examine applicants for shopkeeper permits."

08.80.040(3) - Repeals board's duty to "initiate prosecution of any person violating this chapter."

08.80.040(7) - Repeals board's duty to "issue shopkeeper permits."

08.80.117 - Repeals malpractice insurance

08.80.160(13)- Repeals shopkeepers permit fee

08.80.250 - Repeals "Renewal of lapsed registration." This repeal is necessary because this bill is providing for the board to establish regulations in which renewal will be based upon continued competency

08.80.260 - Repeals "Grounds for refusing or revoking a license." We are replacing this with our "Grounds for imposition of disciplinary sanctions" section.

08.80.265 -Repeals "Limits or conditions on license; discipline." We are replacing this with our "Disciplinary sanctions" section.

08.80.365(2) -Repeals subsection (2) of this section. Partial closure of pharmacy. A pharmacy or pahrmacy drug department which is open for business at times different than the remainder of the store or building in which the pharmacy is located shall.....
(2) be advertised by the methods described in secs. 420 and 430 of this chapter only if the signs or symbols are attached or located within the portions of the store or building where the pharmacy is located.

08.80.380 - Repeals "issuance of shopkeeper permits."

08.80.420(b) - Repeals subsection (b) of this section. Certain advertising prohibited.....(b) A person may not advertise in any manner, prices, percentiles of prices or discounts for drugs requiring a prescription.

08.80.480(19)-Repeals definition of shopkeeper.

Sec. 21 -- Effective date.

Copy of our committee's amendments attached.

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

TO: _____ SENATE BILL No. 550

HOUSE BILL No. _____

PAGE: _____ LINE: _____

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S 70

MARCH 31, 1980

BOARD OF PHARMACY

No problem with section 1-4

Section 5. Sen. Fahrenkamp. Does this require the department to notify these people if their licenses are out or is it the person who has got the license job to see that they get their license?

Ann Griggs. As it reads in here, it looks as though they are going to be on their own which is something that we don't mind at all.

Sen. Hackney. Does this cause any problem as far as you are concerned?

McCorcle. No, that's the way I think it should be.

Sen. Hackney. As long as they know when it expires, its up to them to renew it.

Jana Varatti. I, as a board member, do not agree with that in that if we are increasing the length of time between renewing licences, I think it would be very helpful if only once every four years a notice was sent out to the people. We're cutting it in half by saying "from two to four" and I think that it would be very helpful with all the licenses and registrations and everything that professionals have to maintain to have the department send out a notice. I don't see anything in this proposed statute that addresses that. I can't remember in the statute what the requirements on the department are, but I don't think it addresses that in this bill.

Sen. Hackney. It doesn't say that the division can't go ahead and notify them, so I would almost say that if the Pharmacy Board was to decide they wanted notification, I think Ann would be willing to say 'ok, we'll blow 15¢ every four years.

Sen. Fahrenkamp. Another part of that wording bothers me . . . "contingent upon proof of continued competency". Who makes that determination, how, where, when and why?

Sen. Hackney. That would be by regulation that the method of determining that continued competency would be . . . that's something we can't write into law.

Sen. Fahrenkamp. Well, I'm sure of that, but I'm just wondering if they have something on which they base that determination now.

McCorcle. As of now, we have no way of proof of continued competency. The national board has tried to put together an exam for people that have been practicing for a number of years of a similar type as the entrance exam. At this point nothing has been developed.

Sen. Fahrenkamp. Is there offered within this state or within the U.S. updated materials, or can you get them through teleconferencing or can you get them throuch cassettes or training sessions. It seems to be just unreasonable to state we are going to require this, this or this when it's not offered in this state or not available.

McCorcle. The board actually feels this way too. This was not our putting in.

Sen. Hackney. The reason for this particular one being added, were concerns brought up during the hearings held on the Sunset last year . . .

Sen. Fahrenkamp. My only problem with it is, it's all right to require people keeping up with their education if the means of doing so is available, but if it isn't then I think we are being unreasonable and we should look at that.

Sen. Hackney. I agree, but this, again, really depends on the people who make up that Pharmacy board because they are going to be the ones who determine for their own profession what criteria should be set up for determining that continuing competency.

McCorcle. This is going to make us do that?

Sen. Hackney. Yes. It says you 'shall adopt regulations'.

Section 6 of the bill provides for removal of board members by the governor for cause. You'll notice that unexcused absences from meetings constitute cause for removal. But again, the board can determine how many absences that might . . . that was something that we heard during testimony that often board members flat don't show up and there is no way to get rid of them.

Section 7 is housekeeping.

Sen. Sturgulewski. I have a question on Sec. 8. 160 visa-vi the 540, is that a reasonable thing?

Conger. We got that from the board.

McCorcle. Yes, we discussed that at the last meeting and we agreed . . .

Sen. Sturgulewski. That 160 is enough after the kind of training they are getting. OK, no problem with that.

Sen. Hackney. Section 9 . . .

Conger. That section was deleted by mistake and it should have been the section dealing with malpractice insurance so now they are coming back putting this intern pregraduate and postgraduate pharmacist program back into the statute and deleting the malpractice insurance section that was supposed to have been taken out.

Sen. Hackney. No problem with that Mr. McCorcle?

McCorcle. No.

Sen. Hackney. Section 10. Instead of endorsement, it simply changes the word.

Section 11.

Sen. Sturgulewski. As I recall, the reason for that was if the board didn't meet it might keep someone from being licensed for too long a period of time.

Conger. This permits just a member of the board, not the entire board.

Ann Griggs. That's good. Some times they have to sit and wait for six or seven weeks.

Sen. Hackney. Section 12.

Section 13. Qualifications on retail and wholesale drug dealers. Mr. McCorcle, you might address the difference between a retail and a wholesale drug dealer.

McCorcle. Well, the wholesaler would be one that would sell to another, not the consumer . . .

Sen. Hackney. Do we have any wholesale drug dealers in the state?

Sen. Sturgulewski. Well, like V.F. Grace (?). This is something different. He would not be issued a license by the board of pharmacy whereas he was not licensed before.

Conger. What this is doing is deleting the shopkeeper permit provision and what happened before is retail and wholesale licenses were granted, however, the only thing that dealt with those subjects in the law was the permit. How much they would pay for a fee but would not discuss their qualifications or anything like this so that is what this section is attempting to do.

And they are getting rid of the shopkeeper permit business.

Sen. Sturgulewski. What about land facilities and equipment, etc. in Sec. 13. What about out of state distributors now, I don't quite understand what we are saying here. Are we saying they have to be physically land based in Alaska in order to be a wholesale, to have a wholesale license. Isn't that kind of a radical thing. Let's take a look of how it really works out there, we've got Pay N Save and we've got all of these different kinds of things. What are we saying by this? Are we adding a new, OK, the current law, as I understand it, allows for licensing of these wholesalers but does not require any conditions. What I seem to be reading, and I just got this, it looks like you are talking about having to be physically located within Alaska. What if I sell to a chain, to Pay N Save, to Safeway, to whoever, are we talking about completely revolutionizing the drug business here by this bill?

McCorcle. I don't think so.

Sen. Sturgulewski. But there is a difference. If ~~XXXXXXX~~ we're saying here they have to be locatedin Alaska we are doing a major change in the whole distribution. I'm not saying that's good or bad, I'm merely saying I want to know what I am doing. And, I don't know what we are doing by adding section 13.

Ann Griggs. What you are saying is that then the detail men that come in from Parke Davis and these outfits would not be physically located in Alaska.

Sen. Sturgulewski. Well, they aren't now. That's what I am saying.

Ann Griggs. This is non-controlled legend drugs.

McCorcle. I'm still not sure that I understand your question. The mail order places outside are not licensed in Alaska, but we say nothing about those people.

Sen. Sturgulewski. Why don't you tell me what section 13 says.

McCorcle. It just says that if anybody wants to set up a business, a wholesale business, in Alaska, he has to have the equipment to do it.

Sen. Sturgulewski. Can he be a wholesale drug dealer from outside? And have a licensed if he is based outside.

McCorcle. I don't see how we could license an outside firm. No.

Sen. Hackney. But, that woulsd't prevent a salesman from coming in though, would it?

Sen. Sturgulewski. Well, I wonder if it would.

Ann Griggs. I don't know. I'm wondering as Sen. Sturgulewski says, if it would in the long run prevent . . .

Sen. Sturgulewski. What are non-controlled legend drugs again?

McCorcle. They are those that require prescription, but are not narcotic in the classified section.

It seems to me that we are only dealing with our own people. We are writing laws to govern the practice in this state.

Sen. Sturgulewski. I understand that, but what's the difference between a wholesale drug dealer that happens to reside in the state and any one of the national firms that have their warehousing out there and they sell to the druggist who stocks it. So, why do we say we will license just the ones that happen to have their facilities here.

Sen. Fahrenkamp. I think I can clear that up. We don't issue any license to out of state we have no control over them. That doesn't mean we prohobit them in the state. But, if we do license one within the state then they must show that they are not just getting a fluke license, that they do have the capability of carrying it out.

We have no control over outside business. We cannot license a large drug company outside, but that doesn't mean we can't use their drugs withing the state. If they are setting up a business here though as a wholesaler in the state then they must show that they have what ever is necessary to do the job they say they can do in the state before they are issued a license.

Sen. Hackney. Then when a salesman comes through, would you read that that the salesman would have to have a license?

Sen. Fahrenkamp. No, the salesman wouldn't be a wholesaler, he'd be a salesman for the wholesalers of the outside compnay.

Sen. HAckney. That's right, he's not wholesaler himself.

Tam Cook. It seems to me that the salesman would be affected if he is distributing drugs.

Sen. Hackney. But, what if he is only taking orders?

Tam Cook. If he is taking orders, I'm sure that that would be called distributing drugs because once he's got the order, he's got to fill it doesn't he?

Sen. Hackney. Well, I don't think we want to cover that individual. How do we get it out of there.

Tam Cook. We can simply describe that this section does not apply in the case of an out of state salesman who is working for a wholesaler which is located out of state.

Sen. Sturgulewski. Why do we want to cover the one in state? Are we doint it because we inspect their, if they are doing manufacturing, to see if they are doing the right kind of manufacturing. Are we checking them to see that they . . . why some and why not all, and why not anybody?

Tam Cook. I think along that line, one might muse upon why we would subject our in state salesman to a licensing procedure and then not subject an out of state person to the same procedure if the purpose of the license is to impose some kind of control upon their activities, I would think it would be in the state's interest to control everybody.

Sen. Sturgulewski. But, the point is that we've tied it in. If he furnishes proof that he is equipped with land, facilities, equipment and so on to carry on the business, then we are going to license him. But, apparently, we are not going to license in this case, and here is where I get confused, if we have a salesman for anybody and he lives here, we are not going to license him and we are not going to license somebody that flied into the state, so why are we licensing the one that have a physical facility?

Sen. Hackney. Why don't we just exclude anyone who . . . .

Sen. Sturgulewski. Didn't this come from the pharmacists?

Conger. Yes. This section did.

McCorcle. Well, for one thing the wholesale needs something to hang his hat on too. If you are going to be in business you need some reason to be in business. You need something to be legal.

Sen. Sturgulewski. Are you talking about a business license?

McCorcle. Partly, yes.

Sen. Sturgulewski. This is different. This is a professional license by the Board of Pharmacy.

Tam Cook. My suspicion is that because so many of these drugs that these manufacturers or wholesalers will be dealing with have both federal and state controls on them that unless a person did have some kind of a license he would not be able to manufacture or have them within the state. So, pershpas this is a necessary section to enable industries to be established within our state and to enable them to go ahead and manufacture especailly federally controlled drugs. Is this what you were getting at sir?

McCorcle. Well, it seems to me that the wholesale outfit should I mean if it is only separating the wholesale from the retail . . .

Sen. Sturgulewski. I'm trying to look for the public protection here and I don't see that I have enough information.

Jana Varrati. It seems that all states provide for the wholesaling procedure in their states. It seems to me that this provides for the setting up of a wholesaling process in Alaska and that it is not necessary to license people coming in from other states if they are already licensed in the state from which they are coming?

Sen. Sturgulewski. Where we do we have anybody that has the power to check to see that somebody does in fact . . . for instance on mobile homes we have a procedure where the department of Commerce, there are certain manufacturers that are licensed to have their produce within the state.

If that's what the case is, that everybody that wells drugs is licensed, but we are just taking care of our own . . .

I have no objection if this is a reasonable thing. It has not been shown to me that this is a reasonable thing.

Sen. Hackney. OK, we'll take that up with Mr. Ulmer.

Sec. 16 of the bill describes what the board may do in the way of disciplinary sanctions. Any problem with that?

Section 17

Sen. Hackney. Section 14 of the bill is the fee section.

Sen. Fahrenkamp. What happens when we set fees by legislation? Are we taking away one of the duties of the board if we set the fees ourself and is it going to mean that in order to change any fees in the future that you have to come to the legislature with a bill to change them?

Ann Griggs: You do anyway because they are all set by statute.

Sen. Hackney. It gives the legislature an opportunity to look at the fees . . .

McCorcle. Mr. Ulmer was concerned about being only one, well $200 for four years. Is it going to be pro-rated then? Four years is getting to be quite a long time for a license. Suppose the guy dies the first six months or the second six months or whatever?

Ann Griggs. No, the pharmicist himself is licensed, not the store.

Licenses are pro-rated in most cases.

Sen. Hackney. Section 15 poses grounds for disciplinary sanctions. Does anyone have any problems with the 12 items listed?

Sen. Sturgulewski. This has always been a problem. It would certainly help the board.

Ann Griggs. I will eventually have to have clarification on #12 under that.

Tam Cook. The reason for number 12. #12 was included in the old, original bill that the pharmacy board was set up under. It is one of the recently added provisions. In Title 9 there is now as a part of the medical malpractice insurance section tere is now a provision where essentially it provides #12. For some reason when that was adopted, this section was added to all of the health boards. I picked it up and put it in here, but there is no reason to leave it in there. Essentially, that provision is in effect anyway as a part of the medical malpractice provisions if they apply to this board. I believe it was put automatically into all of the health boards because when you read it it doesn't sound very syncicle when you apply it to the various boards.

Sen. Hackney. Let's say that someone had a malpractice against a pharmacist and they came to that pharmacy with a prescription to be filled and the pharmacist said OK, but you sign off on . . . but that is covered elsewhere in law?

Tam Cook. Yes, and how it applies exactly to the pharmacist, I'm not sure. It was a general provision under the medical malpractice health laws that were passed and the only way that I can imagine it would come up in regards to a pharmacy would be if a pharmicist actually filled a prescription with a incorrect drug.

Sen. Hackney. LET"S STRIKE IT.

Sec. 16 of the bill describes what the board may do in the way of disciplinary sanctions. Any problem with that?

Section 17 provides the class of misdemeanor that the person may be guilty of who violates a provision of the chapter. Any problem with that?

Section 18. Defines controlled substances. I presume that is in line with the laws that took place two years ago.

Tam Cook. The criminal code uses the term "controlled substance" and they refer us to these statutes so in order to be somewhat consistent I used the criminal codes' treatment. The two statues in question actually come from the health department controlled foods and drugs and they each provide a fairly lengthy description of what constitutes a controlled substance.

Sen. Hackny. Section 19 simply repeals present sections of law.

Section 20 is the effective date.

So, our only real problem with this is section 13 and Paul, would you work with Miss Cook and get hold of Eldon Ulmer maybe in a three-way conversation and see if we can't get that things straightened out.

C 4/9/80 hearing committee made amendments as they appear on forms

PHARMACY - SECTIONAL

Sec. 1 -- 08.01.50(10) mandates that Dept. of Commerce (DOL) will issue a duplicate license for a fee of $2. This provision is allowing DOL to make an "exception" in regards to duplicating a pharmacy license. The fee for duplicating a pharmacy license is being raised to $10 (See Sec. 15, Fees).

Sec. 2 -- Provides for "exception" to current statute which renews licenses biennally and allows our "health boards" to renew licenses every four years.

Sec. 3 -- Makes boardmembers term 4 years instead of 5

-- Limits board membership to two consecutive four year terms

Sec. 4 -- Expands board's authority for establishing license requirements

Sec. 5 -- Removes requirement that board members residing in another judicial district grade examination

Sec. 6 -- Provides for board to adopt regulations making license renewal contingent upon continued competency

-- Provides for board to hold hearings & order disciplinary sanctions

Sec. 7 -- Provides for removal of board members by governor for cause

Sec. 8 -- Housekeeping - deletes re: to board

Sec. 9 -- Reduces number of internship hours applicant must have after graduation

Sec.10 -- This section inadvertently repealed. The section dealing with "malpractice" is the section to be repealed which is provided for in this bill

Sec.11 -- Provides for licensure by credentials

Sec.12 -- Provides flexibility in allowing a member of the board, rather than entire board, to issue a temporary license for an individual filing for a license by credentials

Sec.13 -- Again provides for flexibility in allowing a member of the board, rather than entire board, to issue an emergency permit

Sec.14 -- Deletes "shopkeeper" permit. Places qualifications on retail and wholesale drug dealers in the state. Currently the only control over these people is that they must pay a fee and they are issued a permit, but there are no standards regulating these people. This provision will mandate standards.

Sec.15 -- Revises fees.

Sec.16 -- Imposes grounds for disciplinary sanctions

Sec.17 -- Enumerates "disciplinary sanctions"

Sec.18 -- Penalty clause

Sec.19 -- Defines "controlled substance"

-continued on next page-

Sec. 20 -- Repealers:

08.80.030(6) - Repeals board's power to "examine applicants for shopkeeper permits."

08.80.040(3) - Repeals board's duty to "initiate prosecution of any person violating this chapter."

08.80.040(7) - Repeals board's duty to "issue shopkeeper permits."

08.80.117 - Repeals malpractice insurance

08.80.160(13)- Repeals shopkeepers permit fee

08.80.250 - Repeals "Renewal of lapsed registration." This repeal is necessary because this bill is providing for the board to establish regulations in which renewal will be based upon continued competency

08.80.260 - Repeals "Grounds for refusing or revoking a license." We are replacing this with our "Grounds for imposition of disciplinary sanctions" section.

08.80.265 -Repeals "Limits or conditions on license; discipline." We are replacing this with our "Disciplinary sanctions" section.

08.80.365(2) -Repeals subsection (2) of this section. Partial closure of pharmacy. A pharmacy or pahrmacy drug department which is open for business at times different than the remainder of the store or building in which the pharmacy is located shall.....
(2) be advertised by the methods described in secs. 420 and 430 of this chapter only if the signs or symbols are attached or located within the portions of the store or building where the pharmacy is located.

08.80.380 - Repeals "issuance of shopkeeper permits."

08.80.420(b) - Repeals subsection (b) of this section. Certain advertising prohibited.....(b) A person may not advertise in any manner, prices, percentiles of prices or discounts for drugs requiring a prescription.

08.80.480(19)-Repeals definition of shopkeeper.

Sec. 21 -- Effective date.

✓ PHARMACY

The following changes are to be incorporated into the practice act revisions re: the following health boards - Dental, Dispensing Opticians, Veterinarians, Physical Therapists, Optometrists, Psychologists, Chiropractors, Pharmacy, Nursing Home Administrators, Medical.

#1 - Board members and composition, NO CHANGE

P1, L21 - Limit board membership to two consecutive four year terms.

P5, L1 #2 - Revise fee schedule.

P2, L5 Allow for license renewal to occur every four years

#3 - Eliminate re: to "good character," "professional conduct," etc., unless behavior defined.

P1, L25 #4 - Consider giving boards responsibility of determining licensing standards through regulations.

P3, L8 #5 - Out-of-state licensees credentialed through a process/by standards equivalent to ours - should be licensed by endorsement.

#6 - Eliminate standards protecting economic interest of occupational groups, reducing information flow or restricting competition.

P2, L5 #7 - License renewal provisions have been revised which allow for renewal to occur every four years.

MAKE license renewal contingent upon proof of continued competency with BOARDS DETERMINING BY REGULATION how continued competency will be demonstrated.

P6, L18 #8 - Licensing violations: make sure that each board may revoke, suspend or take any other disciplinary action necessary to correct incompetency.

P2, 10 #9 - Establish section providing for removal of board members. Grounds for removal should include: (1) unexcused absences, (2) license violation, (3) anything detrimental to public interest served by board.

WO 8316
Cook

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to professional licensing and to the practice of pharmacy; and providing for an effective date."

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

* Section 1. AS 08.01.100(a) is amended to read:

(a) Except as otherwise provided in this title [ALL] licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

* Sec. 2. AS 08.80.020 is amended to read:

Sec. 08.80.020. TERM OF OFFICE. Members of the board are appointed by the governor, and confirmed by the legislature in joint session, for overlapping terms of four [FIVE] years, or until their successors are appointed and qualified. The terms of the public members shall be staggered so that they do not [NO] expire at the same time. An appointment to fill a vacancy is for the unexpired term. The term of office begins on April 1 of each year. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the second term.

* Sec. 3. AS 08.80.030 is amended by adding a new paragraph to read:

(9) adopt requirements for licensing in addition to the requirements set out in this chapter.

* Sec. 4. AS 08.80.040(1) is amended to read:

(1) examine qualified applicants for registration as pharmacists; [EACH EXAMINATION SHALL BE GRADED BY A MEMBER WHO RESIDES IN A

JUDICIAL DISTRICT OTHER THAN THE DISTRICT IN WHICH THE APPLICANT RESIDES;]

* Sec. 5. AS 08.80.040 is amended by adding new paragraphs to read:

(8) adopt regulations insuring that renewal of licenses occurs every four years and is contingent upon proof of continued competency;

(9) hold hearings and order disciplinary sanctions against a person who violates this chapter or the regul tions of the board.

* Sec. 6. AS 08.80 is amended by adding a new section to read:

Sec. 08.80.105. REMOVAL OF BOARD MEMBERS. A member of the board may be removed from office by the governor for cause. The board may by regulation provide that unexcused absences from meetings constitute cause for removal.

* Sec. 7. AS 08.80.110(4) is amended to read:

(4) pass an examination by a board of pharmacy which [BOARD] has been approved by the National Association of Boards of Pharmacy;

* Sec. 8. AS 08.80.110(5) is amended to read:

(5) have completed at least 1,500 hours of internship training under the direct supervision of a licensed pharmacist in a licensed pharmacy, 160 [540] hours of which must have been completed after graduation.

* Sec. 9. AS 08.80 is amended by adding a new section to read:

Sec. 08.80.116. LICENSE OF PREGRADUATE AND POSTGRADUATE INTERN PHARMACIST. (a) An applicant for licens as a postgraduate intern pharmacist shall meet the requirements of AS 08.80.110(1) - (3) and pay the required fee.

(b) An applicant for license as a pregraduate pharmacist shall meet the requirements of AS 08.80.110(1) and (2) and shall be enrolled in a pharmacy school recognized by the National Association of Boards of

Pharmacy as a junior. An applicant may be on recognized vacation from the pharmacy school; however, the vacation may not exceed one quarter or one semester. The pregraduate internship pharmacist shall pay the required fee.

(c) The license of a postgraduate or pregraduate internship pharmacist is valid for one year and may be renewed upon application.

* Sec. 10. AS 08.80.140 is amended to read:

Sec. 08.80.140. LICENSE BY CREDENTIALS [ENDORSEMENT]. The board may license [REGISTER WITHOUT EXAMINATION] an applicant who has been certified as a registered pharmacist by the National Association of Boards of Pharmacy [,] if the applicant meets the requirements under AS 08.80.110 and passes the state jurisprudence examination [OF AS 08.-80.110(1) - (4)].

* Sec. 11. AS 08.80.150 is amended to read:

Sec. 08.80.150. TEMPORARY LICENSE [REGISTRATION]. The board , or a member of the board, may [SHALL] issue a temporary license to an applicant applying for a license under AS 08.80.140 [REGISTRATION AS A PHARMACIST UNDER AS 08.80.140] upon written or oral examination before a member of the board and certification by the member to the secretary of the board that the applicant is competent to receive a temporary license. The temporary license is valid for three months, or until the next regular meeting of the board, whichever is longer. A temporary license is not renewable, but at the discretion of the issuing board member may be extended for a period not to exceed 60 days, and an applicant may not receive more than one temporary license. An applicant whose license [REGISTRATION] has been denied by the board is not eligible to receive a temporary license.

* Sec. 12. AS 08.80.155(a) is amended to read:

(a) The board, or a member of the board, may [IN ITS DISCRETION]

grant an emergency permit to a pharmacist for the purpose of providing coverage in a pharmacy which is temporarily without the services of a pharmacist due to death, illness or other emergency circumstances.

* Sec. 13. AS 08.80 is amended by adding a new section to read:

Sec. 08.80.157. RETAIL AND WHOLESALE LICENSES. (a) If an applicant furnishes proof satisfactory to the board that he is equipped with land, facilities, and equipment, in fee or leased, necessary to carry on the business described in the application and the applicant complies with this chapter, applicable regulations adopted by the board, and pays fees provided for under AS 08.80.160, the board may issue

(1) a wholesale drug dealer license to an applicant who manufactures or distributes noncontrolled legend drugs to licensed retail pharmacists, dentists, physicians, surgeons, or veterinarians, who may purchase noncontrolled legend drugs at a wholesale level, or to government agencies which may purchase noncontrolled legend drugs at a wholesale level;

(2) a wholesale drug dealer license to a qualified applicant who is in compliance with the Federal Controlled Substance Act of 1969 as amended; or

(3) a license to a retail pharmacy.

(b) A license under this section may not be issued to a person who has been convicted of a wilful violation of a federal law or a law of any state relating to a drug or controlled substance, or who is addicted to a drug or controlled substance. A license may not be issued to a corporation with a managing officer who has been convicted of a wilful violation of a federal law or a law of any state relating to a drug or controlled substance, or who is addicted to a drug or controlled substance.

* Sec. 14. AS 08.80.160 is amended to read:

Sec. 08.80.160. FEES. The following fees shall be imposed under this chapter when applicable:

(1) examination fee..... $50

(2) re-examination fee..... $15

(3) [RECIPROCITY] investigation fee <u>for licensing by credentials</u>..... $25

(4) [BIENNIAL] pharmacist license fee <u>and renewal fee due every four years</u>..... <u>$200</u> [$50]

(5) temporary license fee..... <u>$20</u> [$10]

(6) wholesale drug dealer [BIENNIAL] license fee <u>and renewal fee due every four years</u>..... <u>$200</u> [$50]

(7) retail pharmacy [BIENNIAL] license fee <u>and renewal fee due every four years</u>..... <u>$200</u> [$50]

(8) pharmacy intern <u>license</u> [REGISTRATION] fee..... $10

(9) emergency permit fee..... $10

(10) hospital pharmacy [BIENNIAL] license fee <u>and renewal fee due every four years (in and outpatient)</u>..... <u>$200</u> [$50]

(11) hospital drug room [BIENNIAL] license fee <u>and renewal fee due every four years (inpatient)</u>..... $25

(12) nursing home and related facilities [BIENNIAL] license fee <u>and renewal fee due every four years</u> for inpatient dispensing..... <u>$100</u> [$25]

[(13) SHOPKEEPERS BIENNIAL PERMIT FEE..... $10]

(14) license amendment or replacement fee..... <u>$10</u> [$2]

* Sec. 15. AS 08.80.260 is repealed and re-enacted to read:

Sec. 08.80.260. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS. The board may, after a hearing, impose a disciplinary sanction on a

Sec. 08.80.160. FEES. The following fees shall be imposed under this chapter when applicable:

(1) examination fee..... $50

(2) re-examination fee..... $15

(3) [RECIPROCITY] investigation fee for licensing by credentials..... $25

(4) [BIENNIAL] pharmacist license fee and renewal fee due every four years..... $200 [$50]

(5) temporary license fee..... $20 [$10]

(6) wholesale drug dealer [BIENNIAL] license fee and renewal fee due every four years..... $200 [$50]

(7) retail pharmacy [BIENNIAL] license fee and renewal fee due every four years..... $200 [$50]

(8) pharmacy intern license [REGISTRATION] fee..... $10

(9) emergency permit fee..... $10

(10) hospital pharmacy [BIENNIAL] license fee and renewal fee due every four years (in and outpatient)..... $200 [$50]

(11) hospital drug room [BIENNIAL] license fee and renewal fee due every four years (inpatient)..... $25

(12) nursing home and related facilities [BIENNIAL] license fee and renewal fee due every four years for inpatient dispensing..... $100 [$25]

[(13) SHOPKEEPERS BIENNIAL PERMIT FEE..... $10]

(14) license amendment or replacement fee..... $10 [$2]

* Sec. 15. AS 08.80.260 is repealed and re-enacted to read:

Sec. 08.80.260. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS. The board may, after a hearing, impose a disciplinary sanction on a

person licensed under this chapter when the board finds that he

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects his ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under his supervision which does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or a drug which impairs his ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;

(9) made a controlled substance available to a person except upon prescription issued by a licensed physician;

(10) was convicted of selling federal legend drugs without the prescription of a licensed physician, surgeon, dentist, or veterinarian;

(11) violated state or federal regulations pertaining to the provision of adequate security of dangerous drugs;

(12) denied care to a person seeking assistance from a pharmacist if the sole reason for the denial was the refusal of the person to execute an agreement to arbitrate an issue arising out of the care sought.

* Sec. 16. AS 08.80.265 is repealed and re-enacted to read:

Sec. 08.80.265. DISCIPLINARY SANCTIONS. (a) When it finds that a licensee is guilty of an offense under AS 08.80.260, the board may impose the following sanctions singly or in combination:

(1) permanently revoke a license;

(2) suspend a license for a determinate period of time;

(3) censure a licensee;

(4) issue a letter of reprimand;

(5) place a licensee on probationary status and require the licensee to

(A) report regularly to the board upon matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a licensee.

(b) The board may withdraw probation status if it finds that the deficiencies which required the sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if the

licensee continues to practice. A person whose license is suspended under this section shall be entitled to a hearing by the board no later than seven days after the effective date of the order. The person may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license which has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

* Sec. 17. AS 08.80.460(a) is amended to read:

(a) A person who violates a provision of this chapter [FOR WHICH NO PUNISHMENT IS PROVIDED] is guilty of a <u>class B</u> misdemeanor [AND IS PUNISHABLE BY A FINE NOT TO EXCEED $1,000, OR BY IMPRISONMENT FOR A PERIOD NOT TO EXCEED THREE MONTHS OR BY BOTH].

* Sec. 18. AS 08.80.480 is amended by adding a new paragraph to read:

(20) "controlled substance" means a narcotic drug as defined in AS 17.10.230(13) or a depressant, hallucinogenic or stimulant drug as defined in AS 17.12.150(3).

* Sec. 19. AS 08.80.030(6), 08.80.040(3) and (7), 08.80.117, 08.80.160(13), 08.80.250, 08.80.260, 08.80.265, 08.80.365(2), 08.80.380, 08.80.420, and 08.80.480(19) are repealed.

* Sec. 20. This Act takes effect immediately in accordance with AS 01.10.070(c).

SB

551

COMMITTEE REPORT

SENATE

FURTHER:

4/7/80

Date: 5-9-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 551

professional licensing and regulation of the practice of optometry

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for SB 551 [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Senator Anderson

CHAIRMAN

S 60 (Rev. 12/78)

SB551 — An act relating to ~~[illegible]~~ licensing and ~~[illegible]~~ the practice of optometry ~~[illegible]~~

Sponsor HESS

~~Introduced~~ 4-7-80
Logged 4-7-80
Referred HESS
Comm. Meeting 4-9-80 - held. SB-80 passed as
" action Taken Senate Secy. 4:30 P.M.

HSS notified

OPTOMETRY -- CSSB 551

Sec. 12, page 3, line 12 -- insert "or a province of Canada"

Sec. 17, page 4, line 11 -- insert "(9) failed to refer a patient to the appropriate health care practitioner after ascertaining the possible presence of ocular disease."

Sec. 21, and Sec. 22, page 7 -- provide definition of optometry/ practicing optometry

[redacted]

OPTOMETRISTS

PROVIDES "EXCEPTION" to current statute WHICH RENEWS licenses biennially AND ALLOWS our "health boards" to RENEW licenses every four years.

Sec. 1 -- ~~Provisions of this chapter will not affect other boards and commissions under Title 8.~~

Sec. 2 -- Gives board provision to regulate and control their profession

✓ Sec. 3 -- Changes ~~boards membership~~ terms from three to four years.

Sec. 4 -- Provides for board members removal

✓ Sec. 5 -- changes board composition 4 optns / public

✓ -- limits board membership to two consecutive four year terms

Sec. 6 -- Broadens boards authority to establish license requirements

Sec. 7 -- Allows board to define professional conduct and adopt rules of professional conduct

Sec. 8 -- Broadens boards powers to "order a licensee TO submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is at issue"

Sec. 9 -- Removes "may" and states the board "shall" issue a branch office certificate of registration

Sec. 10 - Eleminates "normal color perception" requirement to be qualified for optometrist exam.

✓ Sec. 11 - Parts 1 & 2 of the National Optometry Exam will comprise the written part of the Alaska examination

Sec. 12 - Removes a person currently licensed in a territory or foreign country from being eligible for waiver of written examination

✓ Sec. 13 - Provides for license renewal to occur every four years

Sec. 14 - License renewal continuing education requirement

Sec. 15 - Continued competency requirement attached to license renewal

Sec. 16 - Fee revision -- go to sec 17 on next page

CHANGES MADE TO SB 55 / OPTOMETRY -- CSSB 55 1

Sec. 12, page 3, line 12 -- insert "or a province of Canada"

under "disciplinary sanctions"

Sec. 17, page 4, line 11 -- insert "(9) failed to refer a patient to the appropriate health care practitioner after ascertaining the possible presence of ocular disease."

Sec 21 and Sec. 22 -- DEFINITION OF "OPTOMETRY" AND "PRACTICING OPTOMETRY" TO INCLUDE LANGUAGE "OTHER THAN THE USE OF DRUGS."

CHANGES MADE TO SB 55 1

Sec. 17 - Imposition of disciplinary sanction provision

Sec. 18 - Disciplinary sanctions enumerated

Sec. 19 - Removing the requirement that an optometrist temporarily practicing in a place other than his normal place of business, SIGN the receipt for a person supplied with glasses

Sec. 20 - This provision provides for an individual that does not want glasses "impact resistant" that he must sign a waiver stating so

Sec. 21 - Repeal

Sec. 22 - Effective date clause

5/1/80 Met with Sen. Colletta + Bob Page, LA.

Preliminary Agreement between the Alaskan Association of Optometry represented by Roy Box, O. D. and James N. Matson, O. D. with the Alaska Association of Ophthalmology represented by Peter Canava, M. D., Samuel A. McConkey, M. D., Robert Page, M. D., Ron Tokar, M. D.

Others attending the meeting were: Rick Urion, lobbyist for the State Optometric Association; Jeff Landry, lobbyist for the Alaska State Medical Association.

RE: House Bill 79 and Senate Bill 75 - concerning the use of medications in the eye by Optometry

It is agreed by both parties that if a solution in this endeavor is to be reached that a compromise position has to be made. That compromise is as follows:

1. Optometry would be allowed to use proparacaine 0.5% as a topical anesthetic for diagnostic purposes, 1% tropicamide or phenylephrine hydrochloride 2.5% - 5% for dilatation of the pupil for diagnostic purposes.
2. Any changes in this list of medications will be by the combined concurrence of the State Board of Optometry and the State Board of Medical Examiners.
3. A training course will be completed by each optometrist desiring to use drugs prior to any examination. The course shall consist of the following minimum subject matter:
   A. Clinical pharmacology and drug organ interactions.
   B. Cardiopulmonary resuscitation and emergency training.
   C. Techniques of clinical examination.
   D. Thorough review of clinical signs of fundus, anterior segment, and external disease as well as referral guidelines.

4. Optometrists will take a written exam on the above given by a special test committee comprised of two Optometrists and two Ophthalmologists chosen by each respective professional organization to prove competence in the above subjects. *The point of a clinical proficiency demonstration is unsettled by both parties at this time. Any course taken by an Optometrist desiring to use medications in the eye for diagnostic purposes will have to be approved by a committee of two Optometrists and two Ophthalmologists chosen by each respective professional organization.
5. In the current State Statutes regarding Optometry, the word "diagnosis" wherever it appears will be changed to "detection".
6. Mandatory referral guidelines will be followed by all Optometrists. Referral guidelines will be clearly delineated in the Bill and adhered to by all Optometrists whether or not they wish to use drugs in the exam. Those referral guidelines are as follows:

When an Optometrist examines any person, he shall inform that person, parent, guardian, or other responsible party, prior to prescribing or providing eyeglasses or other services that examination by a licensed physician specializing in diseases of the eye (or if no such licensed physician is available then by a duly licensed physician) is indicated whenever one or more of the following conditions is present. These conditions fall generally into four categories where there is:

1. An abnormality of vision.
2. An abnormality of tissue.
3. An abnormality of motor function.
4. Other.

1. Abnormality of Vision:

A. Failure on the part of an individual to obtain 20/30 vision in each eye, 20/30 in children under 8 years of age by refractive correction by lenses. unless the cause has been medically determined by a physician and is stable or unless there is improvement within two weeks with visual therapy.

B. A complaint by the individual of a sudden appearance of spots or flashing lights, scintillating images, transient dimming or loss of vision, or distortion in the shape of objects.

C. A complaint by the individual of temporary or permanent loss of any part of the visual field.

D. A history of rainbow halos around lights in the absence of contact lens causes.

E. Diplopia (double vision) of sudden onset.

2. Tissue Abnormalities:

A. Presence of redness, swelling, mass or ulceration of the eye or its surrounding tissues in the absence of contact lens causes.

B. Opacities of the cornea, lens or vitreous.

C. Changes in the appearance of the optic discs.

1. Cupping greater than 0.5 cup-disc ratio (C-D).
2. Difference greater than 0.2 C-D ratio between the two eyes, that is .2 C-D one eye and .5 C-D the other eye.
3. Difference in appearance between the optic discs of each eye.
4. Change in appearance of the optic discs from a pervious exam.
5. Suspicion of elevation of the optic nerve head.

D. Observation of a deviation from the normal appearance of the retina or its vessels.

3. Abnormalities of Motor Function:

A. Strabismus. A deviation of the eyes from their normal parallel position in straight ahead gaze or gaze in any direction. *This needs to be further defined and refined for Optometry to accept.

B. A difference in the size of the pupils or failure to constrict with illumination or with near vision.

C. Ptosis or lag ophthalmus (drooping of the eyelids) with onset within one week of examination.

D. Nystagmus (rapidly oscillating eye movements).

4. C SR:

A. Continuous tearing of longer than 24 hours duration or complaints of watering eyes not associated with visual tasks.

B. Intraocular tension of 22 or more on any occasion or a family history of glaucoma.

C. Any other observation or deviation from the usual appearance of the eye and related tissues or any complaint which is not attributable to the refractive state or muscle balance, or which is not amenable to lenses, prisms, or visual training.

Exception to any of the preceeding conditions would be previous evaluation by a physician and discharge from medical treatment and followup for that condition.

Failure to comply with the provisions of the Act shall subject the offender to revocation or suspension of his licenses to practice Optometry and this Act shall take effect immediately.

It is completely understood at the outset that there is to be no Grandfather Clause attached to any of the above.

WORKSHOP RECOMMENDED CHANGES

SB 541 - Dispensing Opticians

1)	Delete "reasonable" in Sec. 10 (AS 08.71.175(6)(d))	P5, L21

SB 549 - Nursing Home Administrators

1)	Make board's composition comply with federal regulations - suggest reducing to three member board	P1, L22

SB 550 - Pharmacy

1)	Rationale for wholesale ~~licenses~~	

SB 551 - Optometry

1)	Include Canada	P3, L12
2)	Remove "certificate number"	P6, L21
3)	Include definition of optometry/practicing optometry	P7, L1

OPTOMETRISTS

Sec. 1 -- Provisions of this chapter will not affect other boards and commissions under Title 8

Sec. 2 -- Gives board provision to regulate and control their profession

Sec. 3 -- Changes boards membership terms from three to four years.

Sec. 4 -- Provides for board members removal

Sec. 5 -- changes board composition

-- limits board membership to two consecutive four year terms

Sec. 6 -- Broadens boards authority to establish license requirements

Sec. 7 -- Allows board to define professional conduct and adopt rules of professional conduct

Sec. 8 -- Broadens boards powers to "order a licensee TO submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is at issue"

Sec. 9 -- Removes "may" and states the board "shall" issue a branch office certificate of registration

Sec. 10 - Eleminates "normal color perception" requirement to be qualified for optometrist exam.

Sec. 11 - Parts 1 & 2 of the National Optometry Exam will comprise the written part of the Alaska examination

Sec. 12 - Removes a person currently licensed in a territory or fireign country from being eligible for waiver of written examination

Sec. 13 - Provides for license renewal to occur every four years

Sec. 14 - License renewal continuing education requirement

Sec. 15 - Continued competency requirement attached to license renewal

Sec. 16 - Fee revision

Sec. 17 - Imposition of disciplinary sanction provision

Sec. 18 - Disciplinary sanctions enumerated

Sec. 19 - Removing the requirement that an optometrist temporarily practicing in a place other than his normal place of business, SIGN the receipt for a person supplied with glasses

Sec. 20 - This provision provides for an individual that does not want glasses "impact resistant" that he must sign a waiver stating so

Sec. 21 - Repeal

Sec. 22 - Effective date clause

OPTOMETRIST

The following changes are to be incorporated into the practice act revisions re: the following health boards - Dental, Dispensing Opticians, Veterinarians, Physical Therapists, Optometrists, Psychologists, Chiropractors, Pharmacy, Nursing Home Administrators, Medical.

OPTOMETRIST -

P2,L4 #1 - Board members and composition, 4 OPTOMETRIST/1 public member

P2,L4 - Limit board membership to two consecutive four year terms.

P4,L1 #2 - Revise fee schedule.
Allow for license renewal to occur every four years

P4,L29 #3 - Eliminate re: to "good character," "professional conduct," etc., unless behavior defined.

P2,L10 #4 - Consider giving boards responsibility of determining licensing standards through regulations.

* #5 - Out-of-state licensees credentialed through a process/by standards equivalent to ours - should be licensed by endorsement.

#6 - Eliminate standards protecting economic interest of occupational groups, reducing information flow or restricting competition.

P3,L17 #7 - License renewal provisions have been revised which allow for renewal to occur every four years.
MAKE license renewal contingent upon proof of continued competency with BOARDS DETERMINING BY REGULATION how
P3,L26 continued competency will be demonstrated.

#8 - Licensing violations: make sure that each board may revoke, suspend or take any other disciplinary action necessary to
P5,L2 correct incompetency.

#9 - Establish section providing for removal of board members. Grounds for removal should include: (1)
P1,26 unexcused absences, (2) license violation, (3) anything detrimental to public interest served by board.

* OPTOMETRISTS ALREADY PROVIDE FOR CREDENTIALING AS 08.72.170

Showed to Dr. Page 5/1/80
S.H.

Definition of Optometry as listed in _____

"Optometry" is the examination, other than by the use of drugs, of the human eyes and the visual system for the purpose of ascertaining a departure from the normal, ascertaining the status of the human visual system, including refractice and functional abilities, or ascertaining the presence of ocular disease and any other departure from the normal, which [MAY] require referral to other health care practitioners, or [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 of relief of the human eye;

Under Grounds For Imposition of Disciplinary Sanctions. The board may impose disciplinary sanctions when the board finds after a hearing that a licensee.....

(9) failed to refer a patient to the appropriate health care practitioner after ascertaining the possible presence of ocular disease.

WHAT THIS DOES

1) Bars optometrists from using drugs "other than by the use of drugs,"

2) Statutorily authorizes the optometrists to examine the eye for the purpose of ascertaining the presence of ocular disease

3) Imposes disciplinary sanctions on the optometrists if they fail to refer the patient to the appropriate practitioner after ascertaining the presence of ocular disease.

WO 8318
Cook

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to professional licensing and to the regulation of the practice of optometry; and providing for an effective date."

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

* Section 1. AS 08.01.100(a) is amended to read:

(a) Except as otherwise provided in this title, [ALL] licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

* Sec. 2. AS 08.72.010 is amended to read:

Sec. 08.72.010. CREATION AND PURPOSE OF BOARD OF EXAMINERS. There is created the Board of Examiners in Optometry to regulate and control the practice of optometry and to protect and promote the public health, welfare, and safety and the public interest.

* Sec. 3. AS 08.72.020 is amended to read:

Sec. 08.72.020. MEMBERSHIP OF BOARD AND TERMS OF OFFICE. The board consists of five persons, appointed by the governor. Members serve staggered terms of four [THREE] years. [THE TERMS OF THE PUBLIC MEMBERS OF THE BOARD SHALL BE SET SO THAT THEY DO NOT EXPIRE AT THE SAME TIME.]

* Sec. 4. AS 08.72 is amended by adding a new section to read:

Sec. 08.72.025. REMOVAL OF BOARD MEMBERS. A member of the board may be removed from office by the governor for cause. The board may by regulation provide that unexcused absences from meetings constitute cause for removal.

* Sec. 5. AS 08.72.040 is amended to read:

Sec. 08.72.040. QUALIFICATIONS. Four [THREE] board members shall be licensed, practicing optometrists who have been residents for at least three years. One board member shall be a public member. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the second term that he served [TWO SHALL BE PERSONS WHO HAVE NO DIRECT FINANCIAL INTEREST IN THE HEALTH CARE INDUSTRY].

* Sec. 6. AS 08.72.050 is amended by adding new paragraphs to read:

(5) establishing requirements for licensing in addition to those established in this chapter;

(6) prescribing requirements which a person licensed under this chapter must meet to demonstrate continued professional competency.

* Sec. 7. AS 08.72.060(b) is repealed and re-enacted to read:

(b) The board may

(1) adopt a seal;

(2) define professional conduct and adopt rules of professional conduct.

* Sec. 8. AS 08.72.060(c) is repealed and re-enacted to read:

(c) The board shall

(1) elect a president and secretary from among its members;

(2) order a licensee to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is at issue.

* Sec. 9. AS 08.72.125(a) is amended to read:

(a) The board shall [MAY] issue a branch office certificate of registration to an Alaskan licensee who maintains a full-time practice in the state but who serves other communities in the state on a part-time basis [A BRANCH OFFICE CERTIFICATE OF REGISTRATION].

* Sec. 10. AS 08.72.140(2) is amended to read:

(2) he has [NORMAL COLOR PERCEPTION AND] a visual acuity of a standard of at least 20/40 in at least one eye as corrected;

* Sec. 11. AS 08.72.160(a) is amended to read:

(a) The examination shall be written, practical, and oral in nature. The National Board of Examiners in Optometry Examination, Parts I and 2, shall comprise the written portion of the Alaska examination. The oral portion of the examination shall be recorded and retained for two years.

* Sec. 12. AS 08.72.170(a)(2) is amended to read:

(2) holds a current license by examination in another state [, TERRITORY OR FOREIGN COUNTRY] and has been established in ethical optometric practice for at least three years before the application, or shows satisfactory evidence of having passed the written portion of the examination given by the National Board of Examiners in Optometry; and

* Sec. 13. AS 08.72.181(a) is amended to read:

(a) To remain in force a license must be renewed every four years [BIENNIALLY].

* Sec. 14. AS 08.72.181(d) is amended to read:

(d) Before a license may be renewed the licensee shall submit to the board evidence of 24 hours of post graduate continuing education instruction as prescribed by regulations of the board. The board may specify by regulation those circumstances under which the requirements of this subsection may be waived.

* Sec. 15. AS 08.72.181 is amended by adding a new subsection to read:

(e) Before a license may be renewed, the licensee shall provide evidence of continued professional competency in accordance with the regulations adopted by the board under AS 08.72.050(6).

* Sec. 16. AS 08.72.191 is amended to read:

Sec. 08.72.191. FEES. The following fees shall be imposed under this chapter when applicable:

(1) examination fee..... $50 [$35]

(2) re-examination fee for written portion..... $50 [50]

(3) waiver of examination fee..... $50 [25]

(4) certificate fee..... $100 [50]

(5) [BIENNIAL] renewal fee

(due every four years)..... $200 [50]

(6) branch office [BIENNIAL] registration fee

(due every four years)..... $100 [25]

* Sec. 17. AS 08.72.240 is repealed and re-enacted to read:

Sec. 08.72.240. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS. The board may impose disciplinary sanctions when the board finds after a hearing that a licensee

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects his ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under his supervision which does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or other drugs which impairs his ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients.

* Sec. 18. AS 08.72.250 is repealed and re-enacted to read:

Sec. 08.72.250. DISCIPLINARY SANCTIONS. (a) When it finds that a licensee is guilty of an offense under AS 08.72.240, the board may impose the following sanctions singly or in combination:

(1) permanently revoke a license to practice;

(2) suspend a license for a determinate period of time;

(3) censure a licensee;

(4) issue a letter of reprimand;

(5) place a licensee on probationary status and require him to

(A) report regularly to the board upon matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a licensee.

(b) The board may withdraw probation status if it finds that the deficiencies which required the sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if he continues to practice. A person whose license is suspended under this section shall be entitled to a hearing by the board no later than seven days after the effective date of the order. He may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license which has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

* Sec. 19. AS 08.72.270(a) is amended to read:

(a) A registered optometrist, who temporarily practices optometry away from his regular place of business, shall display his registration certificate and deliver to each patient or person fitted or supplied with glasses a receipt [WITH HIS SIGNATURE] showing his permanent place of business or post office address[, certificate number] and the amount charged. A licensee who fails to comply with any of the [FOREGOING] provisions of this section for six months after issuance of the certificate shall forfeit his certificate.

* Sec. 20. AS 08.72.275 is amended by adding a new subsection to read:

(d) A licensee may sell, exchange or deliver eyeglasses or sunglasses which do not meet the requirements of (a) of this section if the sale, exchange or delivery is authorized in a written request signed by the patient.

* Sec. 21. AS 08.72.060(e), 08.72.070, 08.72.090, and 08.72.140(6) are

repealed.

* Sec. 22. This Act takes effect immediately in accordance with AS 01.10.-070(c).

SB

561

COMMITTEE REPORT

SENATE

FURTHER: None

4/15/80

Date: 4-16-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 561

professional licensing and regulation of dentists and dental hygienists

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[X] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Chairman

CHAIRMAN

S 60 (Rev. 12/78)

DC #155

COMMITTEE REPORT

SENATE

FURTHER: None

4/25/80-

Date: 5-9-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 561

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[✓] referred to the Rules Committee

MEMBERS SIGNING
DO PASS

Senators [illegible]

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Steve Hacking
CHAIRMAN

S 60 (Rev. 12/78)

AMENDMENT #1

OFFERED IN THE SENATE: BY: HACKNEY

TO: CS SENATE BILL No. 561

HOUSE BILL No. _____

PAGE: 6 LINE: 25-27

Page 6, line 25: delete (11) in its entirety

renumber remaining lines accordingly

S 70

SB 561 "Professional licensing boards 5-HESS 5-11-80
regulation of dentists and
dental hygienists

Introduced 4-15-80
Logged 4-15-80
Referrals none
Comm. meeting 4-16-80 - Favorable recommend Pass
" action. Passed out. Taken Senate Secy. 4-17-80 @ 8:55AM. 4-24-80 rptd. to Senate floor by Sen. Hackney
Logged - 4-25-80
Comm. meeting 5-9-80
Comm. action passed referred to Rules

COMMITTEE REPORT

SENATE

FURTHER: None

4/15/30

Date: 4-16-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 561

professional licensing and regulation of dentists and dental hygienists

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[X] reports it back ~~without~~ individual recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING DO PASS

/ Colletta

/ Fahrenkamp

MEMBERS HAVING OTHER RECOMMENDATIONS:

2 Curtiss Stenglowski No Rec

Glenn Hackney
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

COMMITTEE REPORT

SENATE RULES COMMITTEE

4/17/80

Date April 23, 1980

Mr. President:

The Committee on Rules has had SB 561
professional licensing and regulation of dentists and dental hygienists

under consideration and recommends it be placed on the
Thurs April 24, 1980 Calendar.

( ) with attached amendment(s).

( ) replace with CS for _____ ( ) same title ( ) new title

( ) and attaches a "Letter of Intent"

( ) new fiscal note

MEMBERS SIGNING FOR PLACEMENT ON THE CALENDAR	MEMBERS HAVING OTHER RECOMMENDATIONS
Weil	
Williams	
Holmes	

Collette
CHAIRMAN

NAME OF SCHOOL REPRESENTATIVE TITLE

Lic Rules Comm Sub.
Lic. by Credentials

Diff. Req. & Exc.

Recip -

Cred. - basic - basis for which he was issued

must still meet state requirements - i.e. 23

CSSB 561 RULES

Sec. 1 -- AS 08.01.065(10) mandates DEPT. OF COMMERCE TO ISSUE A DUPLICATE LICENSE FOR A FEE OF $2. THIS PROVISION IS ALLOWING DOL TO MAKE AN "EXCEPTION" IN REGARDS TO DUPLICATING A DENTAL LICENSE. THE FEE FOR DUPLICATING A DENTAL LICENSE IS BEING RAISED TO $10. (SEE SEC 27, P.11)

Sec. 2 -- Deletes dental hygienists from the list of boards DOL will provide investigative services to because there is no board of dental hygienists. Dental hygienists come under the Board of Dentistry.

Sec. 3 -- Currently the statute mandates that "all" licenses be renewed biennally on dates set by Dept (DOL). Since we are having renewals occur every fours years for the health boards, we have to account for this exception to the statute.

Sec. 4 -- Provides that only those individuals exempted under AS 08.32.095 may practice dental hygiene without a license.

Sec. 5 -- Provides for licensing by credentials (dental hygienists)

Sec. 6 -- Adds language "determination of qualification for" licensing by credentials and provides for this determination to be accompanied by a $25 review fee.

Sec. 7 -- Provides for dental hygienists exam to be given at the same time, location as examination of dentists.

Sec. 8 -- Provides for license to be issued if applicant passes exam and pays appropriate fee.

-- Provides for registration renewal to occur every four years.

-- Includes continued competency provision.

Sec. 9 -- Provides for "lapsed" license to be reinstated without licensee taking examination if licensee submits a written application, provides proof of continued competency, pays all required fees within two years of original renewal due date.

Sec. 10 -- Provides provisions permitting dental hygiene students to be exempt from licensure requirements.

Sec. 11 - Section enumerates grounds for discipline, suspension or revocation of license. ~~Amendment proposed by Lois Reader~~: SUBSECTION (9) HAS BEEN ADDED

→ (9) performed clinical procedures for compensation without being under the supervision of a licensed dentist.

Sec. 12 - Changes dental board's composition - reduces number of dentists from five to four, increases the number of public members from one to two and leaves one dental hygienist on the board.

CSSB 561 by Rules Comm SECTIONAL

Sec. 13 - Changes board members' terms from five to four years and limits board membership to two consecutive four year terms.

Sec. 14 - Allows for "removal of board members".

Sec. 15 - ADDS "LICENSED DENTAL HYGENIST" ~~"Licensed dentist" is replaced with "practitioner". (Practitioner is defined in definition section as a "person licensed to practice dentistry or dental hygiene in the state.~~)

Sec. 16 - Gives board power to impose disciplinary sanctions.

Sec. 17 - Brings dental hygenist under the "general powers" section of the board.

Sec. 18 - Expands board's powers / ALLOWS BOARD TO ADOPT REGS CONCERNING OUR "CONTINUED COMPETENCY REQUIREMENT"

Sec. 19 - Provides that only those individuals exempted under AS 08 36.238 may practice dentistry without a license.

Sec. 20 - Council on Dental Education is replaced with Commission on Accreditation of the American Dental Association, or its successor agency. ~~SHOULD READ "CREDITED"~~

Sec. 21 - Provides for dental examination to be administered at least once a year and more often if board deems necessary.

- Provides for the board to appoint an examination committee, consisting of dentists, to conduct examination for dental applicants.

- Provides for the board to appoint an examination committee, consisting of two dentists and one dental hygienist, to conduct the exam for the dental hygienist applicants.

Sec 22 - Provides for dentists licensed in this state, but practicing "outside", to keep license current by registering with DOL quadrennially and submitting proof of competency.

Sec. 23 - Licensure by credentials provision. ~~SHOULD READ "ACCREDITED"~~

- Provides provisions permitting dental students to be exempt from licensure requirements.

Sec. 24 - Brings suspension/revocation of "speciality licenses" under AS 08.36.315 to conform with changes made in this bill.

Sec. 25 - Provides for registration to be renewed every four years (instead of biennally) and provides for "continued competency" requirement.

Sec. 26 - Provides for branch office registration.

Sec. 27 - Fee revisions.

Sec. 28 - Spells out grounds for discipline, suspension or revocation of license.

Sec. 29 - Enumerates disciplinary sanctions.

Sec. 30 - Penalty provision.

Sec. 31 - Definitions

Sec. 32 - Repeal section.

Sec. 33 - Effective date.

* Sec. 15. AS 08.36.070(2) is amended to read:

(2) to register licensed dentists and licensed dental hygienists who are in good standing;

* Sec. 16. AS 08.36.070(5) is amended to read:

(5) to hold hearings, and order the disciplinary sanction [, REVOKE, ANNUL, OR SUSPEND THE LICENSE] of a person who violates this chapter, AS 08.32, or the [RULES AND] regulations of the board;

* Sec. 17. AS 08.36.070(7) is amended to read:

(7) to enforce the provisions of this chapter and AS 08.32, and adopt [MAKE, ALTER,] or amend the [RULES AND] regulations necessary [OR DESIRABLE] to make the provisions of this chapter and AS 08.32 effective.

* Sec. 18. AS 08.36.070 is amended by adding new paragraphs to read:

(8) to adopt regulations insuring that renewal registration is contingent upon proof of continued competency by a licensed dentist or licensed dental hygienist;

(9) to provide the department with the requirements for proof of continued competency and to request the department to make these requirements available to each licensed dentist an licensed dental hygienist at least one year before the date on which the dentist or dental hygienist must renew his registration;

(10) to order a licensed dentist or licensed dental hygienist to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is at issue;

(11) to join regional professional testing boards and enter into professional licensing reciprocity agreements with other jurisdictions under AS 08.36.234.

* Sec. 19. AS 08.36.100 is amended to read:

Sec. 08.36.100. LICENSE REQUIRED. Except as provided in AS 08.36.

4-14-80 Passed Rptd 4-24-80

Introduced: 4/15/80
Referred: Health, Education & Social Services

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO. 561

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to professional licensing and to the regulation of dentists and dental hygienists; and providing for an effective date."

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

* Section 1. AS 08.01.050(a)(10) is amended to read:

(10) except as otherwise provided in this title, issue duplicate licenses or certificates upon proof by the licensee of loss of the original and payment by the licensee of a fee of $2;

* Sec. 2. AS 08.01.050(a)(19) is amended to read:

(19) provide investigative services to the boards established under AS 08.20, [AS 08.32,] AS 08.36, AS 08.64, AS 08.68, AS 08.71, AS 08.72, AS 08.80, AS 08.84, and AS 08.86, for the purpose of assisting those boards in matters of professional discipline.

* Sec. 3. AS 08.01.100(a) is amended to read:

(a) Except as otherwise provided in this title, [ALL] licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

* Sec. 4. AS 08.32.010 is amended to read:

Sec. 08.32.010. LICENSE REQUIRED. Except as provided in AS 08.32.095, a person may not [NO PERSON MAY] practice, offer or attempt to practice, or advertise or announce oneself as prepared or qualified to practice dental hygiene without a license.

* Sec. 5. AS 08.32.030 is repealed and re-enacted to read:

Sec. 08.32.030. LICENSURE BY CREDENTIALS. The board may provide

for the licensing without examination of a dental hygienist who

(1) meets the criteria of AS 08.32.020(a);

(2) has successfully passed a state or regional dental hygiene clinical examination which the board has determined is at least equivalent in scope, quality, and difficulty to the Alaska clinical examination;

(3) has been in active clinical dental hygiene practice averaging no less than 14 hours per week for the two years immediately preceding application for state licensure;

(4) has not failed the clinical dental hygiene examination of this state;

(5) has not previously had a license to practice dental hygiene issued by any state or region revoked;

(6) is personally interviewed by a board member;

(7) pays all fees required under AS 08.36.290;

(8) is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding undertaken by a professional dental or dental hygienics association.

* Sec. 6. AS 08.32.040 is amended to read:

Sec. 08.32.040. APPLICATION AND FEE. An application for examination or <u>determination of qualification for</u> licensing by credentials shall be accompanied by the applicant's certificate of graduation from an accredited dental hygiene school and <u>the fee provided under AS 08.36.290(1)</u> [A FEE OF $25].

* Sec. 7. AS 08.32.060 is amended to read:

Sec. 08.32.060. FREQUENCY AND CONTENT OF EXAMINATION. The examination shall be held [ONCE EACH YEAR] at the same <u>times and places</u> [TIME] as the examination of dentists <u>under AS 08.36.130</u>. The examination shall cover subjects considered essential by the board for

the practice of dental hygiene including a clinical examination on the removal of calcareous deposits, accretions, and stains from the exposed surfaces of the teeth beginning at the epithelial attachment by scaling and polishing techniques.

* Sec. 8. AS 08.32.070 is amended to read:

Sec. 08.32.070. REGISTRATION AND LICENSING OF DENTAL HYGIENISTS. If the applicant passes the examination, the board shall register the applicant and issue a license upon payment of all fees required under AS 08.36.290. A licensed dental hygienist shall renew registration and offer proof of continued competency as required by regulation of the board every four years [CERTIFICATE. THE FEE FOR REGISTRATION IS $20. BEFORE MAY 1 OF EVERY OTHER YEAR AFTER THE YEAR OF REGISTRATION, EVERY REGISTERED DENTAL HYGIENIST SHALL PAY A REGISTRATION FEE OF $20].

* Sec. 9. AS 08.32.081 is amended to read:

Sec. 08.32.081. LAPSE AND REINSTATEMENT OF LICENSE. The failure, neglect, or refusal of a licensed dental hygienist to pay the renewal [BIENNIAL] registration fee constitutes a forfeiture of the license. The board may reinstate the license without examination within two years of the date on which payment was due upon written application, proof of continued competency, and payment of all fees required under AS 08.36.290 [$25].

* Sec. 10. AS 08.32 is amended by adding a new section to read:

Sec. 08.32.095. EXEMPTION FROM LICENSE REQUIREMENT. (a) A person enrolled as a full-time student in an accredited school of dental hygiene may perform dental hygiene procedures as part of a course of study without a license if

(1) the procedures are performed under the direct supervision of a member of the faculty who is licensed under AS 08.36, or under the direct supervision of a team of licensed faculty dentists, at least one

of whom is licensed under AS 08.36; and

(2) the clinical program has received written approval from the board.

(b) A person practicing dental hygiene under (a) of this section is subject to all other provisions of this chapter and laws and regulations which apply to the practice of dental hygiene by a licensed dental hygienist.

* Sec. 11. AS 08.32.160 is repealed and re-enacted to read:

Sec. 08.32.160. GROUNDS FOR DISCIPLINE, SUSPENSION OR REVOCATION OF LICENSE. The board may revoke or suspend the license of a dental hygienist, or the licensee may be reprimanded, censured, or disciplined when the board finds after a hearing that he

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects his ability to continue to practice competently and safely;

(5) failed to comply with this chapter, with a regulation adopted under this chapter, under AS 08.3., or with an order of the board;

(6) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

C) addiction or severe dependency on alcohol or other

drugs which impairs his ability to practice safely;

(9) physical or mental disability;

(7) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;

(8) performed clinical procedures for compensation without being under the supervision of a licensed dentist.

* Sec. 12. AS 08.36.010 is amended to read:

Sec. 08.36.010. CREATION AND MEMBERSHIP OF BOARD. There is created the Board of Dental Examiners [, REFERRED TO IN THIS CHAPTER AS THE BOARD,] consisting of seven members. Four [FIVE] members shall be qualified resident dentists who have been engaged in the practice of dentistry in the state for five years immediately preceding appointment, one member shall be a dental hygienist licensed under AS 08.32, and two public members [ONE MEMBER WITH NO DIRECT FINANCIAL INTEREST IN THE HEALTH CARE INDUSTRY].

* Sec. 13. AS 08.36.020 is amended to read:

Sec. 08.36.020. APPOINTMENT AND TERM OF OFFICE [SERVICE OF MEMBERS]. Members of the board are appointed by the governor, subject to confirmation by the legislature in joint session. Each board member serves for a term of four [FIVE] years, and until his successor is appointed and qualified. The term begins on February 1. An appointment to a vacancy is for the unexpired term. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the second term.

* Sec. 14. AS 08.36 is amended by adding a new section to read:

Sec. 08.36.025. REMOVAL OF BOARD MEMBERS. A member of the board may be removed from office by the governor for cause. The board may by regulation provide that unexcused absences from meetings constitute cause for removal.

* Sec. 15. AS 08.36.070(2) is amended to read:

(2) to register licensed dentists and licensed dental hygienists who are in good standing;

* Sec. 16. AS 08.36.070(5) is amended to read:

(5) to hold hearings, and order the disciplinary sanction [, REVOKE, ANNUL, OR SUSPEND THE LICENSE] of a person who violates this chapter, AS 08.32, or the [RULES AND] regulations of the board;

* Sec. 17. AS 08.36.070(7) is amended to read:

(7) to enforce the provisions of this chapter and AS 08.32, and adopt [MAKE, ALTER,] or amend the [RULES AND] regulations necessary [OR DESIRABLE] to make the provisions of this chapter and AS 08.32 effective.

* Sec. 18. AS 08.36.070 is amended by adding new paragraphs to read:

(8) to adopt regulations insuring that renewal of registration is contingent upon proof of continued competency by a licensed dentist or licensed dental hygienist;

(9) to provide the department with the requirements for proof of continued competency and to request the department to make these requirements available to each licensed dentist and licensed dental hygienist at least one year before the date on which the dentist or dental hygienist must renew his registration;

(10) to order a licensed dentist or licensed dental hygienist to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is at issue;

(11) to join regional professional testing boards and enter into professional licensing reciprocity agreements with other jurisdictions under AS 08.36.234.

* Sec. 19. AS 08.36.100 is amended to read:

Sec. 08.36.100. LICENSE REQUIRED. Except as provided in AS 08.36.-

238, a person may not [NO PERSON, EXCEPT THOSE SPECIFICALLY EXEMPTED FROM THE APPLICATION OF THIS CHAPTER, MAY] practice, or attempt to practice, dentistry without a license or permit, and a current certificate of registration.

* Sec. 20. AS 08.36.110(4) is amended to read:

(4) a graduate of a dental college accredited [APPROVED] by the Commission on Accreditation [COUNCIL ON DENTAL EDUCATION] of the American Dental Association, or its successor agency, at the time of graduation, and holds a D.D.S. or D.M.D. degree or the equivalent;

* Sec. 21. AS 08.36.130 is amended to read:

Sec. 08.36.130. EXAMINATION. An examination shall be given at least once a year and at other times and places determined by the board to be convenient and economical for the applicants and the state. At least once each year the board shall appoint [FROM ITS MEMBERSHIP] an examination committee of at least three licensed dentists who have been engaged in the practice of dentistry in the state for five years immediately preceding appointment to conduct the examination for applicants for licenses to practice dentistry. The board shall also appoint an examination committee of at least two licensed dentists who have been engaged in the practice of dentistry in the state for five years immediately preceding appointment and one person licensed to practice dental hygiene in the state to conduct the examination for applicants for licenses to practice dental hygiene [PERSONS]. The examination committees [COMMITTEE] shall [CONDUCT AN EXAMINATION AT LEAST ONCE A YEAR AND] report the results to the board for official action.

* Sec. 22. AS 08.36.230 is amended to read:

Sec. 08.36.230. PRACTICE OUTSIDE THE STATE. A dentist licensed to practice in this state and residing and practicing dentistry outside of this state, may maintain his eligibility to practice in this state by

[BIENNIALLY] registering his name and place of residence with the division of occupational licensing every four years and submitting proof of competency as required by the board. If the dentist fails to register, the board may reinstate his license without examination upon payment of a penalty of $25, payment of the delinquent registration fee under AS 08.36.290(7), presentation of proof of continued competency [ALL DELINQUENT REGISTRATION FEES], and presentation of proof of active practice [AT HIS PLACE OF RESIDENCE,] certified by the dental board having jurisdiction [AT HIS PLACE OF RESIDENCE,] or, if there is no board, by evidence satisfactory to the board.

* Sec. 23. AS 08.36 is amended by adding new sections to read:

Sec. 08.36.234. REGIONAL TESTING BOARDS AND RECIPROCITY. The board may join regional professional testing boards, such as the Western Regional Testing Board, and enter into professional licensing reciprocity agreements with other jurisdictions, as long as an applicant for a license in this state under the agreement has

(1) graduated from a dental school accredited by the Commission on Dental Accreditation, or its successor agency;

(2) held a license and practiced dentistry in the jurisdiction for five years before application;

(3) met licensure requirements which are substantially equivalent to or higher than those required by this state;

(4) not failed the clinical examination of this state;

(5) not previously had a license to practice dentistry revoked;

(6) not been the subject of an unresolved complaint, review procedure, or disciplinary proceeding undertaken by a professional dental association.

Sec. 08.36.238. EXEMPTION FROM LICENSE REQUIREMENT. (a) A person

enrolled as a full-time student in an accredited school of dentistry may perform procedures as part of a course of study without a license if

(1) the procedures are performed under the direct supervision of a member of the faculty who is licensed under AS 08.36, or under the direct supervision of a team of licensed faculty dentists, at least one of whom is licensed under AS 08.36; and

(2) the clinical program has received written approval from the board.

(b) A person practicing dentistry under (a) of this section is subject to all other provisions of this chapter and to other laws and regulations which apply to the practice of dentistry.

* Sec. 24. AS 08.36.248 is amended to read:

Sec. 08.36.248. SUSPENSION OR REVOCATION OF SPECIALTY LICENSES. The board may suspend or revoke a specialty license upon any grounds set out in AS 08.36.315 [AS 08.36.310], and the procedure [FOR SUSPENSIONS AND REVOCATIONS] shall be the same as for the revocation or suspension of a [REGULAR] license to practice dentistry.

* Sec. 25. AS 08.36.250 is amended to read:

Sec. 08.36.250. RENEWAL OF [BIENNIAL] REGISTRATION. At least 60 days before January 1 of every fourth [OTHER] year, the division of occupational licensing shall mail a form for renewal of [BIENNIAL] registration to each licensed dentist and licensed dental hygienist. Each licensee shall complete the form and return it together with the registration fee and offer proof of continued competency as required by the board. The division of occupational licensing shall, as soon as practicable, issue a registration certificate valid for the years for which it is issued. Each licensee shall keep the registration certificate beside or attached to his license. Failure to receive the registration form does not exempt a licensee [DENTIST] from renewing [BI-

FNNIAL] registration.

* Sec. 26. AS 08.36.260 is amended to read:

Sec. 08.36.260. BRANCH OFFICE REGISTRATION. A licensee who practices in an established office with an address other than that address for which his [BIENNIAL] registration certificate is issued shall obtain a branch office registration certificate for each office.

* Sec. 27. AS 08.36.290 is repealed and re-enacted to read:

Sec. 08.36.290. FEES AND PENALTIES. The following fees and penalties shall be imposed by the board as applicable:

(1) filing fee for examination and licensing application..... $ 25

(2) examination fee:

dentist..... $200

dental hygienist..... 75

(3) credential review fee:

dentist..... $200

dental hygienist..... 75

(4) initial license fee:

dentist..... $ 30

dental hygienist..... 20

(5) registration fee (due every four years):

dentist..... $200

dental hygienist..... 100

(6) filing fee for reexamination application..... $ 25

(7) specialty license fee..... $ 30

(8) branch office registration fee..... $100

(9) temporary permit to practice dentistry..... $ 50

(10) penalty for delinquent registration..... $ 10

(11) duplicate license fee..... $ 10

* Sec. 28. AS 08.36 is amended by adding a new section to read:

Sec. 08.36.315. GROUNDS FOR DISCIPLINE, SUSPENSION OR REVOCATION OF LICENSE. The board may revoke or suspend the license of a dentist, and the licensee may be reprimanded, censured, or disciplined when the board finds after a hearing that he

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional dental services or engaging in professional activities;

(3) advertised professional dental services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects his ability to continue to practice dentistry competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under his supervision which does not conform to minimum professional standards of dentistry regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or other drugs which impairs his ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the

delivery of professional service to patients;

(9) permits a dental hygienist who is employed by him or working under his supervision to perform a dental procedure other than those permitted under AS 08.32.110.

* Sec. 29. AS 08.36.320 is repealed and re-enacted to read:

Sec. 08.36.320. DISCIPLINARY SANCTIONS. (a) When it finds that a dentist or dental hygienist is guilty of an offense under AS 08.32.160 or AS 08.36.315, the board may impose the following sanctions singly or in combination:

(1) permanently revoke a license to practice;

(2) suspend a license for a determinate period of time;

(3) censure a licensee;

(4) issue a letter of reprimand;

(5) place a licensee on probationary status and require him to

(A) report regularly to the board upon matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a licensee.

(b) The board may withdraw probation status if it finds that the deficiencies which required the sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if he continues to practice. A person whose license is suspended under this

section shall be entitled to a hearing by the board no later than seven days after the effective date of the order. He may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license which has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

* Sec. 30. AS 08.36.340 is amended to read:

Sec. 08.36.340. PENALTIES. A person who violates any provision of AS 08.32 or AS 08.36 [THIS CHAPTER] for which no specific penalty is provided [,] is guilty of a class B misdemeanor [AND IS PUNISHABLE BY A FINE OF NOT MORE THAN $500, OR BY IMPRISONMENT FOR NOT MORE THAN SIX MONTHS, OR BY BOTH].

* Sec. 31. AS 08.36 is amended by adding a new section to read:

Sec. 08.36.370. DEFINITIONS. In this chapter, unless the context requires otherwise,

(1) "board" means the Board of Dental Examiners;

(2) "department" means the Department of Commerce and Economic Development.

* Sec. 32. AS 08.32.020(a)(1), 08.32.150; AS 08.36.110(2), 08.36.210, 08.36.220, 08.36.310, 08.36.325, 08.36.330, and 08.36.350(2) are repealed.

* Sec. 33. This Act takes effect immediately in accordance with AS 01.10.-070(c).

DRAFT BILL	WORKSHOP RECOMMENDED CHANGES	SB 561
Page 2, line 10	- Delete "the" and insert by "a" board member	Page 2, line 14
Page 3, line 6	- Insert "by regulation" so it reads " . . . as required by regulation of the board . . ."	Page 3, line 10
Page 4, line 3	- Delete "practitioner" and insert "dental hygienist"	Page 4, line 7
Page 4, line 18	- Delete sec. (5)	
Page 5, line 5	- Delete sec. (9) and add new language	Page 5, line 5 sec. (8)
Page 6, line 2	- Delete "practitioners" and insert "licensed dentists and licensed dental hygienists."	Page 6, line 1
Page 6, line 14	- Delete sec. (8)	
	Give Board authority to join Regional	Page 6, line 25
Page 6, line 29	- Delete "approved" and insert "accredited"	Page 7, line 6
Page 7, line 25	- Add language "as required by the board."	Page 8, line 3
Page 8, line 5	- Delete this section and insert Josn's amendment	Page 8, line 11
Page 9, line 7	- Delete "by practitioners" so it reads "regulations which apply to the practice of dentistry"	Page 9, line 11
Page 9, line 18	- Delete "practitioner" and insert "licensed dentist and licensed dental hygienist."	Page 9, line 22
Page 13	- Delete definition of practitioner	

WO#8218
Cook

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to professional licensing and to the regulation of the practice of dentistry and dental hygienics; and providing for an effective date."

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

* Section 1. AS 08.01.050(a)(19) is amended to read:

(19) provide investigative services to the boards established under AS 08.20, [AS 08.32,] AS 08.36, AS 08.64, AS 08.68, AS 08.71, AS 08.72, AS 08.80, AS 08.84, and AS 08.86, for the purpose of assisting those boards in matters of professional discipline.

* Sec. 2. AS 08.01.100(a) is amended to read:

(a) Except as otherwise provided in this title, [ALL] licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

* Sec. 3. AS 08.32.010 is amended to read:

Sec. 08.32.010. LICENSE REQUIRED. Except as provided in AS 08.32.095, a person may not [NO PERSON MAY] practice, offer or attempt to practice, or advertise or announce oneself as prepared or qualified to practice dental hygiene without a license.

* Sec. 4. AS 08.32.030 is repealed and re-enacted to read:

Sec. 08.32.030. LICENSURE BY CREDENTIALS. The board may provide for the licensing without examination of a dental hygienist who

(1) meets the criteria of AS 08.32.020(a);

(2) has successfully passed a state or regional dental hygiene clinical examination which the board has determined is at least

equivalent in scope, quality, and difficulty to the Alaska clinical examination;

(3) has been in active clinical dental hygiene practice averaging no less than 14 hours per week for the two years immediately preceding application for state licensure;

(4) has not failed the clinical dental hygiene examination of this state;

(5) has not previously had a license to practice dental hygiene issued by any state or region revoked;

(6) is personally interviewed by [the] board;

(7) pays all fees required under AS 08.36.290;

(8) is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding undertaken by a professional dental or dental hygienics association.

* Sec. 5. AS 08.32.040 is amended to read:

Sec. 08.32.040. APPLICATION AND FEE. An application for examination or determination of qualification for licensing by credentials shall be accompanied by the applicant's certificate of graduation from an accredited dental hygiene school and the fee provided under AS 08.36.290(1) [A FEE OF $25].

* Sec. 6. AS 08.32.060 is amended to read:

Sec. 08.32.060. FREQUENCY AND CONTENT OF EXAMINATION. The examination shall be held [ONCE EACH YEAR] at the same times and places [TIME] as the examination of dentists under AS 08.36.130. The examination shall cover subjects considered essential by the board for the practice of dental hygiene including a clinical examination on the removal of calcareous deposits, accretions, and stains from the exposed surfaces of the teeth beginning at the epithelial attachment by scaling and polishing techniques.

* Sec. 7. AS 08.32.070 is amended to read:

Sec. 08.32.070. REGISTRATION AND LICENSING OF DENTAL HYGIENISTS. If the applicant passes the examination, the board shall register the applicant and issue a license upon payment of all fees required under AS 08.36.290. A licensed dental hygienist shall renew registration and offer proof of continued competency as required by the board every four years [CERTIFICATE. THE FEE FOR REGISTRATION IS $20. BEFORE MAY 1 OF EVERY OTHER YEAR AFTER THE YEAR OF REGISTRATION, EVERY REGISTERED DENTAL HYGIENIST SHALL PAY A REGISTRATION FEE OF $20].

* Sec. 8. AS 08.32.081 is amended to read:

Sec. 08.32.081. LAPSE AND REINSTATEMENT OF LICENSE. The failure, neglect, or refusal of a licensed dental hygienist to pay the renewal [BIENNIAL] registration fee constitutes a forfeiture of the license. The board may reinstate the license without examination within two years of the date on which payment was due upon written application, proof of continued competency, and payment of all fees required under AS 08.36.290 [$25].

* Sec. 9. AS 08.32 is amended by adding a new section to read:

Sec. 08.32.095. EXEMPTION FROM LICENSE REQUIREMENT. (a) A person enrolled as a full-time student in an accredited school of dental hygiene may perform dental hygiene procedures as part of a course of study without a license if

(1) the procedures are performed under the direct supervision of a member of the faculty who is licensed under AS 08.36, or under the direct supervision of a team of licensed faculty dentists, at least one of whom is licensed under AS 08.36; and

(2) the clinical program has received written approval from the board.

(b) A person practicing dental hygiene under (a) of this section

is subject to all other provisions of this chapter and laws and regulations which apply to the practice of dental hygiene by a licensed practitioner.

* Sec. 10. AS 08.32.160 is repealed and re-enacted to read:

Sec. 08.32.160. GROUNDS FOR DISCIPLINE, SUSPENSION OR REVOCATION OF LICENSE. The board may revoke or suspend the license of a dental hygienist, or the licensee may be reprimanded, censured, or disciplined when the board finds after a hearing that he

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects his ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under his supervision which does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, under AS 08.36, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or other

drugs which impairs his ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;

(9) performed professional service without being under the supervision of a licensed dentist.

* Sec. 11. AS 08.36.010 is amended to read:

Sec. 08.36.010. CREATION AND MEMBERSHIP OF BOARD. There is created the Board of Dental Examiners [, REFERRED TO IN THIS CHAPTER AS THE BOARD,] consisting of seven members. Four [FIVE] members shall be qualified resident dentists who have been engaged in the practice of dentistry in the state for five years immediately preceding appointment, one member shall be a dental hygienist licensed under AS 08.32, and two public members [ONE MEMBER WITH NO DIRECT FINANCIAL INTEREST IN THE HEALTH CARE INDUSTRY].

* Sec. 12. AS 08.36.020 is amended to read:

Sec. 08.36.020. APPOINTMENT AND TERM OF OFFICE [SERVICE OF MEMBERS]. Members of the board are appointed by the governor, subject to confirmation by the legislature in joint session. Each board member serves for a term of four [FIVE] years, and until his successor is appointed and qualified. The term begins on February 1. An appointment to a vacancy is for the unexpired term. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the second term.

* Sec. 13. AS 08.36 is amended by adding a new section to read:

Sec. 08.36.025. REMOVAL OF BOARD MEMBERS. A member of the board may be removed from office by the governor for cause. The board may by regulation provide that unexcused absences from meetings constitute cause for removal.

* Sec. 14. AS 08.36.070(2) is amended to read:

(2) to register practitioners who are [LICENSED DENTISTS] in good standing;

* Sec. 15. AS 08.36.070(5) is amended to read:

(5) to hold hearings, and order the disciplinary sanction [, REVOKE, ANNUL, OR SUSPEND THE LICENSE] of a person who violates this chapter, AS 08.32, or the [RULES AND] regulations of the board;

* Sec. 16. AS 08.36.070(7) is amended to read:

(7) to enforce the provisions of this chapter and AS 08.32, and adopt [MAKE, ALTER,] or amend the [RULES AND] regulations necessary [OR DESIRABLE] to make the provisions of this chapter and AS 08.32 effective.

* Sec. 17. AS 08.36.070 is amended by adding new paragraphs to read:

(8) to establish requirements for licensing in addition to those requirements set out in this chapter and in AS 08.32;

(9) to adopt regulations insuring that renewal of registration is contingent upon proof of continued competency by a practictioner;

(10) to order a practitioner to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is at issue.

* Sec. 18. AS 08.36.100 is amended to read:

Sec. 08.36.100. LICENSE REQUIRED. Except as provided in AS 08.36.238, a person may not [NO PERSON, EXCEPT THOSE SPECIFICALLY EXEMPTED FROM THE APPLICATION OF THIS CHAPTER, MAY] practice, or attempt to practice, dentistry without a license or permit, and a current certificate of registration.

* Sec. 19. AS 08.36.110(4) is amended to read:

(4) a graduate of a dental college approved by the Commission

on Accreditation [COUNCIL ON DENTAL EDUCATION] of the American Dental Association, or its successor agency, at the time of graduation, and holds a D.D.S. or D.M.D. degree or the equivalent;

* Sec. 20. AS 08.36.130 is amended to read:

Sec. 08.36.130. EXAMINATION. An examination shall be given at least once a year and at other times and places determined by the board to be convenient and economical for the applicants and the state. At least once each year the board shall appoint [FROM ITS MEMBERSHIP] an examination committee of at least three licensed dentists who have been engaged in the practice of dentistry in the state for five years immediately preceding appointment to conduct the examination for applicants for licenses to practice dentistry. The board shall also appoint an examination committee of at least two licensed dentists who have been engaged in the practice of dentistry in the state for five years immediately preceding appointment and one person licensed to practice dental hygiene in the state to conduct the examination for applicants for licenses to practice dental hygiene [PERSONS]. The examination committees [COMMITTEE] shall [CONDUCT AN EXAMINATION AT LEAST ONCE A YEAR AND] report the results to the board for official action.

* Sec. 21. AS 08.36.230 is amended to read:

Sec. 08.36.230. PRACTICE OUTSIDE THE STATE. A dentist licensed to practice in this state and residing and practicing dentistry outside of this state, may maintain his eligibility to practice in this state by [BIENNIALLY] registering his name and place of residence with the division of occupational licensing every four years and submitting proof of competency. If the dentist fails to register, the board may reinstate his license without examination upon payment of a penalty of $25, payment of the delinquent registration fee under AS 08.36.290(7), presentation of proof of continued competency [ALL DELINQUENT REGIS-

TRATION FEES], and presentation of proof of active practice [AT HIS PLACE OF RESIDENCE,] certified by the dental board having jurisdiction [AT HIS PLACE OF RESIDENCE,] or, if there is no board, by evidence satisfactory to the board.

* Sec. 22. AS 08.36 is amended by adding new sections to read:

Sec. 08.36.234. LICENSURE BY CREDENTIALS. The board may provide for the licensing without examination of a dentist who

(1) is a graduate of a dental college approved by the Commission on Accreditation of the American Dental Association, or its successor agency;

(2) has been licensed to practice dentistry in another state, territory, or region with licensing requirements similar to or higher than those of this state at the time of licensure;

(3) has been engaged in continuous active practice averaging at least 20 hours per week for the five years immediately preceding the application;

(4) is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding undertaken by a professional dental association;

(5) has not previously had a license to practice dentistry revoked;

(6) has not failed the clinical examination of this state;

(7) is personally interviewed by the board;

(8) pays all fees required under AS 08.36.290.

Sec. 08.36.238. EXEMPTION FROM LICENSE REQUIREMENT. (a) A person enrolled as a full-time student in an accredited school of dentistry may perform procedures as part of a course of study without a license if

(1) the procedures are performed under the direct supervision of a member of the faculty who is licensed under AS 08.36, or under the

direct supervision of a team of licensed faculty dentists, at least one of whom is licensed under AS 08.36; and

(2) the clinical program has received written approval from the board.

(b) A person practicing dentistry under (a) of this section is subject to all other provisions of this chapter and to other laws and regulations which apply to the practice of dentistry, by practitioners.

* Sec. 23. AS 08.36.248 is amended to read:

Sec. 08.36.248. SUSPENSION OR REVOCATION OF SPECIALTY LICENSES. The board may suspend or revoke a specialty license upon any grounds set out in AS 08.36.315 [AS 08.36.310], and the procedure [FOR SUSPENSIONS AND REVOCATIONS] shall be the same as for the revocation or suspension of a [REGULAR] license to practice dentistry.

* Sec. 24. AS 08.36.250 is amended to read:

Sec. 08.36.250. RENEWAL OF [BIENNIAL] REGISTRATION. At least 60 days before January 1 of every fourth [OTHER] year, the division of occupational licensing shall mail a form for renewal of [BIENNIAL] registration to each practitioner [LICENSED DENTIST]. Each licensee shall complete the form and return it together with the registration fee and offer proof of continued competency as required by the board. The division of occupational licensing shall, as soon as practicable, issue a registration certificate valid for the years for which it is issued. Each licensee shall keep the registration certificate beside or attached to his license. Failure to receive the registration form does not exempt a practitioner [DENTIST] from renewing [BIENNIAL] registration.

* Sec. 25. AS 08.36.260 is amended to read:

Sec. 08.36.260. BRANCH OFFICE REGISTRATION. A licensee who practices in an established office with an address other than that address for which his [BIENNIAL] registration certificate is issued shall obtain

a branch office registration certificate for each office.

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Sec. 08.36.290. FEES AND PENALTIES. The following fees and penalties shall be imposed by the board as applicable:

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(3) credential review fee:

dentist..... $200

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(4) initial license fee:

dentist..... $ 30

dental hygienist..... 20

(5) registration fee (due every four years):

dentist..... $200

dental hygienist..... 100

(6) filing fee for reexamination application..... $ 25

(7) specialty license fee..... $ 30

(8) branch office registration fee..... $100

(9) temporary permit to practice dentistry..... $ 50

(10) penalty for delinquent registration..... $ 10

(11) duplicate license fee..... $ 10

* Sec. 27. AS 08.36 is amended by adding a new section to read:

Sec. 08.36.315. GROUNDS FOR DISCIPLINE, SUSPENSION OR REVOCATION OF LICENSE. The board may revoke or suspend the license of a dentist, and the licensee may be reprimanded, censured, or disciplined when the board finds after a hearing that he

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional dental services or engaging in professional activities;

(3) advertised professional dental services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects his ability to continue to practice dentistry competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under his supervision which does not conform to minimum professional standards of dentistry regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or other drugs which impairs his ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;

(9) permits a dental hygienist who is employed by him or working under his supervision to perform a dental procedure other than those permitted under AS 08.32.110.

* Sec. 28. AS 08.36.320 is repealed and re-enacted to read:

Sec. 08.36.320. DISCIPLINARY SANCTIONS. (a) When it finds that a practitioner is guilty of an offense under AS 08.32.160 or AS 08.36.315, the board may impose the following sanctions singly or in combination:

(1) permanently revoke a practitioner's license to practice;

(2) suspend a practitioner's license for a determinate period of time;

(3) censure a practitioner;

(4) issue a letter of reprimand;

(5) place a practitioner on probationary status and require the practitioner to

(A) report regularly to the board upon matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a practitioner.

(b) The board may withdraw probation status of a practitioner if it finds that the deficiencies which required the sanction have been remedied.

(c) The board may summarily suspend a practitioner's license before final hearing or during the appeals process if the board finds that the practitioner poses a clear and immediate danger to the public health and safety if he continues to practice. A practitioner whose license is suspended under this section shall be entitled to a hearing by the board no later than seven days after the effective date of the order. The practitioner may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license which has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

* Sec. 29. AS 08.36.340 is amended to read:

Sec. 08.36.340. PENALTIES. A person who violates any provision of AS 08.32 or AS 08.36 [THIS CHAPTER] for which no specific penalty is provided [,] is guilty of a class B misdemeanor [AND IS PUNISHABLE BY A FINE OF NOT MORE THAN $500, OR BY IMPRISONMENT FOR NOT MORE THAN SIX MONTHS, OR BY BOTH].

* Sec. 30. AS 08.36 is amended by adding a new section to read:

Sec. 08.36.370. DEFINITIONS. In this chapter, unless the context requires otherwise,

(1) "board" means the Board of Dental Examiners;

(2) "department" means the Department of Commerce and Economic Development;

(3) "practitioner" means a person licensed to practice dentistry or dental hygiene in the state.

* Sec. 31. AS 08.32.020(a)(1), 08.32.150; AS 08.36.110(2), 08.36.210, 08.36.220, 08.36.310, 08.36.325, 08.36.330, and 08.36.350(2) are repealed.

* Sec. 32. This Act takes effect immediately in accordance with AS 01.10.-070(c).

DENTAL BOARD

Sec. 1 -- Deletes dental hygienists from the list of boards DOL will provide investigative services to because there is no board of dental hygienists. Dental hygienists come under the Board of Dentistry.

Sec. 2 -- Currently the statute mandates that "all" licenses be renewed biennally on dates set by Dept (DOL). Since we are having renewals occur every fours years for the health boards, we have to account for this exception to the statute.

Sec. 3 -- Provides that only those individuals exempted under AS 08.32.095 may practice dental hygiene without a license.

Sec. 4 -- Provides for licensing by credentials (dental hygienists)

Sec. 5 -- Adds language "determination of qualification for" licensing by credentials and provides for this determination to be accompanied by a $25 review fee.

Sec. 6 -- Provides for dental hygienists exam to be given at the same time, location as examination of dentists.

Sec. 7 -- Provides for license to be issued if applicant passes exam and pays appropriate fee.

-- Provides for registration renewal to occur every four years.

-- Includes continued competency provision.

Sec. 8 -- Provides for "lapsed" license to be reinstated without licensee taking examination if licensee submits a written application, provides proof of continued competency, pays all required fees within two years of original renewal due date.

Sec. 9 -- Provides provisions permitting dental hygiene students to be exempt from licensure requirements.

Sec. 10 - Section enumerates grounds for discipline, suspension or revocation of license. Amendment proposed by Lois Reeder:

(9) performed clinical procedures for compensation without being under the supervision of a licensed dentist.

Sec. 11 - Changes dental board's composition - reduces number of dentists from five to four, increases the number of public members from one to two and leaves one dental hygienist on the board.

Sec. 12 - Changes board members' terms from five to four years and limits board membership to two consecutive four year terms.

Sec. 13 - Allows for "removal of board members".

Sec. 14 - "licensed dentist" is replaced with "practitioner". (Practitioner is defined in definition section as a "person licensed to practice dentistry or dental hygiene in the state.)

Sec. 15 - Gives board power to impose disciplinary sanctions.

Sec. 16 - Brings dental hygenist under the "general powers" section of the board.

Sec. 17 - Expands board's powers

Sec. 18 - Provides that only those individuals exempted under AS 08.36.238 may practice dentistry without a license.

Sec. 19 - Council on Dental Education is replaced with Commission on Accreditation of the American Dental Association, or its successor agency.
- SHOULD READ "ACCREDITED" -

Sec. 20 - Provides for dental examination to be administered at least once a year and more often if board deems necessary.

- Provides for the board to appoint an examination committee, consisting of dentists, to conduct examination for dental applicants.

- Provides for the board to appoint an examination committee, consisting of two dentists and one dental hygienist, to conduct the exam for the dental hygienist applicants.

Sec. 21 - Provides for dentists licensed in this state, but practicing "outside", to keep license current by registering with DOL quadrennially and submitting proof of competency.

Sec. 22 - Licensure by credentials provision.
- SHOULD READ "ACCREDITED"

- Provides provisions permitting dental students to be exempt from licensure requirements.

Sec. 23 - Brings suspension/revocation of "speciality licenses" under AS 08.36.315 to conform with changes made in this bill.

Sec. 24 - Provides for registration to be renewed every four years (instead of biennally) and provides for "continued competency" requirement.

Sec. 25 - Provides for branch office registration.

Sec. 26 - Fee revisions.

Sec. 27 - Spells out grounds for discipline, suspension or revocation of license.

Sec. 28 - Enumerates disciplinary sanctions.

Sec. 29 - Penalty provision.

Sec. 30 - Definitions

Sec. 31 - Repeal section.

Sec. 32 - Effective date.

JOSH WRIGHT'S PROPOSED AMENDMENTS

Section 08.36 - Issuance of license by credentials.

If an applicant for licensure currently holds a valid license to practice dentistry in Arizona, Idaho, Oregon, and Utah, the Board may issue the appropriate dental license to the applicant upon evidence that:

(1) The applicant is a graduate from a dental school accredited by the Commission on Dental Accreditation, or its successor agency, if any, and;

(2) The applicant has practiced dentistry in one of the above states full-time at least 5 years out of the 5 years immediately preceeding application, and;

(3) Licensure requirements in the other states are substantially similar to or higher than those required by this state, and;

(4) The applicant has not failed the clinical exaimination of this state, and;

(5) No disciplinary proceeding, unresolved complaint or professional association's peer review procedure is pending anywhere at the time a license is to be issued by this state, and;

(6) The applicant has not previously had a license revoked in any state.

Section 08.36 - Expanded duties that may be delegated to dental auxiliaries. a. Only functions which do not require the composite judgment, knowledge and skill attained through dental education and which contribute to a meaningful role in dental care delivery should be delegated.

b. The board shall specify by regulation those additional intra-oral functions which may be performed by dental auxiliaries. Provisions for delegation of expanded functions shall include general specifications of education, training requirements and supervision by the dentist.

SB

578

COMMITTEE REPORT

SENATE

FURTHER: Finance

4/25/80

Date: 5-7-80

Mr. President:

The Committee on HEALTH, EDUCATION AND ~~ANEX~~ SOCIAL SERVICES has had SB 578 relating to the practice of chiropractic

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back with ~~no recommendation~~ further recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Collette [illegible]

Steve Vaclavik
CHAIRMAN

DE PASS

S 60 (Rev. 12/78)

SB578 "An Act relating to the practice of chiropractic and providing for effective date."
By: HESS

HESS 19-80

Introduced 4-25-80
Logged 4-25-80
Referral Finance
Comm. meeting 5-7-80
" action Passed with unan. rec. (Taken Senate Secy @ 8:30 AM. 5-8-80)

CHIROPRACTORS - SECTIONAL

Sec. 1 -- With the exception of our health boards, DOL is mandated to issue licenses biennally as currently provided for in statute

Sec. 2 -- Changes board's composition - Increases number of chiropractors from three to four and reduces the number of public members from two to one

Sec. 3 -- Allows for "removal of board members"

Sec. 4 -- Changes board members' terms from three to four years and limits boardmembership to two successive four-year terms

Sec. 5 -- Add language in subsection ~~(a) and adds subsections (b) and (c)~~ (a)(2) "OR HE HAS ENGAGED IN THE ACTIVE PRACTICE OF CHIROPRACTIC FOR THE THREE OF THE FOUR YEARS PRECEDING THE FILING OF THIS APPLICATION."

Sec. 6 -- Provides for "associate" licenses not to be issued after July 1, 1980

Sec. 7 -- "Licensure by credentials"

Sec. 8 -- Imposition of disciplinary sanctions

Sec. 9 -- Continued competency requirement

Sec. 10 -- DISCIPLINARY SANCTIONS

Sec. 11 - Fees and allows renewal to occur every four years

Sec. 12 - Associate program repealed

Sec. 13 - Effective date

Introduced: 4/25/80
Referred: Health, Education & Social Services and Finance

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO. 578

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to the practice of chiropractic; and providing for an effective date."

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

* Section 1. AS 08.01.100(a) is amended to read:

(a) Except as otherwise provided in this title, [ALL] licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

* Sec. 2. AS 08.20.020 is amended to read:

Sec. 08.20.020. MEMBERS OF BOARD. Four [THREE] members of the board shall be licensed chiropractic physicians who have practiced chiropractic in this state not less than two years. One member [TWO MEMBERS] of the board shall be a person [PERSONS] with no direct financial interest in the health care industry. Each member serves without pay but is entitled to per diem and travel expenses allowed by law.

* Sec. 3. AS 08.20 is amended by adding a new section to read:

Sec. 08.20.025. REMOVAL OF BOARD MEMBERS. A member of the board may be removed from office by the governor for cause. The board may by regulation provide that unexcused absences from meetings constitute cause for removal.

* Sec. 4. AS 08.20.030 is amended to read:

Sec. 08.20.030. MEMBERS' TERMS; VACANCIES. (a) Members serve for staggered terms of four [THREE] years. [THE TERMS OF THE PUBLIC MEMBERS OF THE BOARD MAY NOT EXPIRE AT THE SAME TIME.] Vacancies on the board shall be filled for the unexpired term.

(b) A member who has served two successive four-year terms may not be reappointed until four years after the expiration of the second term.

* Sec. 5. AS 08.20.120 is repealed and re-enacted to read:

Sec. 08.20.120. QUALIFICATIONS FOR LICENSE. (a) An applicant shall be issued a license to practice chiropractic if he

(1) has a high school education or its equivalent;

(2) has successfully completed at least two academic years of study in a college of liberal arts or sciences or he has engaged in the active practice of chiropractic for three of the four years preceding the filing of this application;

(3) is a graduate of a legally chartered accredited school or college of chiropractic approved by the board which requires for graduation a residence course of instruction of not less than four years of nine months each;

(4) passes an examination given by the board;

(5) passes to the satisfaction of the board Part I and Part II of the examination of the National Board of Chiropractic Examiners.

(b) The board may issue a license without examination to an applicant under AS 08.20.140.

* Sec. 6. AS 08.20.135 is amended by adding a new subsection to read:

(b) A license may not be issued under (a) of this section after July 1, 1980.

* Sec. 7. AS 08.20.140 is amended to read:

Sec. 08.20.140. LICENSURE BY CREDENTIALS [OUT-OF-STATE LICENSES]. The board may issue a license without examination to an applicant presenting satisfactory proof of the possession of a license or certificate of registration in good standing in a state or territory of the United States, or a foreign country, if the requirements for registration at

the date of his license are essentially [CONSIDERED BY THE BOARD AS] equivalent to those in this chapter [, AND IF THE LICENSING JURISDICTION EXTENDS THE SAME PRIVILEGE TO THOSE HOLDING A LICENSE FROM THIS STATE].

* Sec. 8. AS 08.20.170(a) is repealed and re-enacted to read:

(a) The board may, after a hearing, impose a disciplinary sanction on a person licensed under this chapter when the board finds that he

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects his ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under his supervision which does not conform to minimum professional standards established by regulation regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or a drug which impairs his ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the

delivery of professional service to patients.

* Sec. 9. AS 08.20.170 is amended by adding a new subsection to read:

(d) The board shall adopt regulations which insure that renewal of license is contingent on proof of continued competency by a practitioner.

* Sec. 10. AS 08.20.175 is repealed and re-enacted to read:

Sec. 08.20.175. DISCIPLINARY SANCTIONS. (a) When it finds that a chiropractor is guilty of an offense under AS 08.20.170, the board may impose the following sanctions singly or in combination:

(1) permanently revoke the chiropractor's license to practice;

(2) suspend the chiropractor's license for a determinate period of time;

(3) censure the chiropractor;

(4) issue a letter of reprimand to the chiropractor;

(5) place the chiropractor on probationary status and require him to

(A) report regularly to the board upon matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of the chiropractor.

(b) The board may withdraw probationary status of a chiropractor if it finds that the deficiencies which required the sanction have been remedied.

(c) The board may summarily suspend a chiropractor's license before final hearing or during the appeals process if the board finds

that he poses a clear and immediate danger to the public health and safety if he continues to practice. A chiropractor whose license is suspended under this section is entitled to a hearing by the board no later than seven days after the effective date of the order. The chiropractor may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license which has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from earlier decisions involving similar situations shall be explained in findings of fact or orders.

* Sec. 11. AS 08.20.180 is amended to read:

Sec. 08.20.180. FEES. The board shall impose and collect the following fees:

(1) upon the filing of an application for examination, $50 [$25];

(2) upon application for re-examination, $20 [$10];

(3) for issuance of temporary permit, $50 [$25];

(4) initial and renewal [BIENNIAL] license, due every four years, $200 [$50;

(5) ASSOCIATE LICENSE, $30].

* Sec. 12. AS 08.20.135 is repealed on July 1, 1983.

* Sec. 13. This Act takes effect June 30, 1980.

WORK DRAFT BILL	WORKSHOP RECOMMENDED CHANGES - CHIROPRACTIC BOARD	SB 578
Page 1, line 25 -	Delete work draft's language re: "removal of Board members" and insert "removal" language that we have used in our other health board bills	Page 1, line 21
Page 2, line 27 -	Section 5 - Delete AS 08.20.120(5)(c)	
Page 4, line 1 -	Add language "established by regulation"	Page 3, line 18
	Add "disciplinary sanctions"	Page 4, line 5
Page 5, line 4 -	Section 10 - Delete 08.20.180(b) and add "every four years" to license renewal	Page 5, line 21

WORK DRAFT PAPER

WO#8215
Bradley

IN THE SENATE

BY THE HEALTH, EDUCATION AN
SOCIAL SERVICES COMMITTEE

SENATE BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act continuing the Board of Chiropractic Examiners relating to the practice of chiropractic; and providin for an effective da:e."

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

* Section 1. AS 08.01.100(a) is amended to read:

(a) Except as otherwise provided in this title, [ALL] licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

* Sec. 2. AS 08.20.020 is amended to read:

Sec. 08.20.020. MEMBERS OF BOARD. Four [THREE] members of the board shall be licensed chiropractic physicians who have practiced chiropractic in this state not less than two years. One member [TWO MEMBERS] of the board shall be a person [PERSONS] with no direct financial interest in the health care industry. Each member serves without pay but is entitled to per diem and travel expenses allowed by law.

* Sec. 3. AS 08.20 is amended by adding a new section to read:

Sec. 08.20.025. REMOVAL OF BOARD MEMBERS. (a) The governor may remove a member of the board only for cause.

(b) As used in (a) of this section, "cause" means

(1) unexcused absenses which harper the work of the board;

(2) the suspension of the license of a board member for a

violation of AS 08.20.170(a);

(3) disability; and

(4) malfeasance in office.

* Sec. 4. AS 08.20.030 is amended to read:

Sec. 08.20.030. MEMBERS' TERMS; VACANCIES. (a) Members serve for staggered terms of four [THREE] years. [THE TERMS OF THE PUBLIC MEMBERS OF THE BOARD MAY NOT EXPIRE AT THE SAME TIME.] Vacancies on the board shall be filled for the unexpired term.

(b) A member who has served two successive four-year terms may not be reappointed until four years after the expiration of the second term.

* Sec. 5. AS 08.20.120 is repealed and re-enacted to read:

Sec. 08.20.120. QUALIFICATIONS FOR LICENSE. (a) An applicant shall be issued a license to practice chiropractic if he

(1) has a high school education or its equivalent;

(2) has successfully completed at least two academic years of study in a college of liberal arts or sciences or the applicant has engaged in the active practice of chiropractic for three of the four years preceding the filing of this application.

(3) is a graduate of a legally chartered accredited school or college of chiropractic approved by the board which requires for graduation a residence course of instruction of not less than four years of nine months each;

(4) passes an examination given by the board;

(5) passes to the satisfaction of the board Part I and Part II of the examination of the National Board of Chiropractic Examiners.

(b) The board may issue a license without examination to an applicant under AS 08.20.140.

(c) The board may establish requirements for licensing in addition to the requirements set out in this chapter.

Sec. 6. AS 08.20.135 is amended by adding a new subsection to read:

(b) A license may not be issued under (a) of this section after July 1, 1980.

* Sec. 7. AS 08.20.140 is amended to read:

Sec. 08.20.140. LICENSURE BY CREDENTIALS [OUT-OF-STATE LICENSES] The board may issue a license without examination to an applicant presenting satisfactory proof of the possession of a license or certifica of registration in a state or territory of the United States, or a foreign country, if

the requirements for registration at the date of his license are essentially [CONSIDERED BY THE BOARD AS] equivalent to tho in this chapter.

* Sec. 8. AS 08.20.170(a) is repealed and re-enacted to read:

(a) The board may, after a hearing, impose a disciplinary sancti on a person licensed under this chapter when the board finds that he

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleadi manner;

(4) has been convicted of a felony or other crime which affects his ability to continue to practice competently and safely

(5) intentionally or negligently engaged in or permitted th performance of patient care by persons under his supervision which doe

not conform to minimum professional standards regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or a drug which impairs his ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;

(9) made a controlled substance available to a person except upon prescription issued by a licensed physician;

(10) was convicted of selling federal legend drugs without the prescription of a licensed physician, surgeon, dentist, or veterinarian;

(11) violated state or federal regulations pertaining to the provision of adequate security of dangerous drugs.

* Sec. 10. AS 08.20.170 is amended by adding a new subsection to read:

(d) The board shall adopt regulations which insure that renewal of license is contingent on proof of continued competency by a practitioner.

* Sec. 11. AS 08.20.180 is amended to read:

Sec. 08.20.180. FEES. (a) The board shall impose and collect the following fees:

(1) upon the filing of an application for examination, $[illegible];

(2) upon application for re-examination, $[illegible];

(3) for issuance of temporary permit, $[illegible].

(4) license to practice chiropractic, $200. [INITIAL AND RENEWAL BIENNIAL LICENSE, $50;

(5) ASSOCIATE LICENSE, $30.]

(b) A license issued under (a)(4) of this section shall be renewed under AS 08.20.170(d) four years from the date of its issuance.

* Sec. 12. AS 08.20.135 is repealed on July 1, 1983.

* Sec. 13. This Act takes effect July 1, 1980.

SB

580

COMMITTEE REPORT

SENATE

FURTHER: None

4/25/80

Date: 5-7-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 580 relating to professional licensing and the practice of medicine

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

_____

Peter Story Lamb

_____

_____

_____

_____

_____

_____

_____

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Collette

_____

_____

_____

_____

_____

_____

Eleanor Hadaway
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

SB 580
By HESS

SHESS 79-80

"An Act relating to professional licensing and the practice of medicine

Introduced 4-25-80
Logged 4-25-80
Referred: Finance
Comm. meeting: 5-7-80
" action Passed unanim. Rec. Taken Senate Secy. @ 8:30 A.M. 5-8-80

Introduced: 4/25/80
Referred: Health, Education & Social Services

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO. 580

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to professional licensing and to the regulation of the practice of medicine; and providing for an effective date."

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

* Section 1. AS 08.01.050 is amended by adding a new subsection to read:

(c) After consulting with the State Medical Board (AS 08.64.010), the department shall employ an individual to be assigned as the investigator for that board. The investigator shall

(1) not be a member of the State Medical Board;

(2) conduct investigations into alleged violations of AS 08.64, and into alleged violations of regulations and orders of the State Medical Board;

(3) at the request of the State Medical Board, conduct investigations based on complaints filed with the department or with the State Medical Board; and

(4) be directly responsible and accountable to the State Medical Board, except that only the department has authority to terminate his employment.

* Sec. 2. AS 08.01.100(a) is amended to read:

(a) Except as otherwise provided in this title, [ALL] licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

* Sec. 3. AS 08.64.010 is amended to read:

Sec. 08.64.010. CREATION AND MEMBERSHIP OF STATE MEDICAL BOARD.

The governor shall appoint a board of medical examiners, to be known as the State Medical Board, consisting of five [LICENSED] physicians licensed in the state and [,] residing in as many separate geographical areas of the state [ALASKA JUDICIAL DISTRICTS] as possible, and two persons with no direct financial interest in the health care industry.

* Sec. 4. AS 08.64.020 is amended to read:

Sec. 08.64.020. [STATE MEDICAL BOARD] TERM OF OFFICE. Members shall be appointed for staggered terms [A TERM] of four years, subject to confirmation by a majority of the members of the legislature in joint session, and shall hold office until their successors are appointed and qualified. The terms of the public members of the board shall be staggered so that they do not expire at the same time. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the second term.

* Sec. 5. AS 08.64.040 is amended to read:

Sec. 08.64.040. REMOVAL OF MEMBERS. The governor may remove a member of the board for cause. The board may by regulation provide that unexcused absences from meetings constitute cause for removal.

* Sec. 6. AS 08.64 is amended by adding new sections to read:

Sec. 08.64.085. MEETINGS OF THE BOARD. The board shall hold meetings at least four times a year.

Sec. 08.64.115. DUTIES. The board shall

(1) after a hearing, impose disciplinary sanctions on persons who violate this chapter, or the regulations or orders of the board;

(2) adopt regulations insuring that renewal of licenses is contingent upon proof of continued competency on the part of the licensee.

* Sec. 7. AS 08.64.240 is amended to read:

Sec. 08.64.240. LICENSE REFUSED. If the applicant fails the exam-

ination, or is determined by the board to be [MORALLY OR] professionally unfit to practice medicine or osteopathy in this state, or fails to comply with any of the other requirements of this chapter, the board shall refuse to grant the license.

* Sec. 8. AS 08.64.250 is amended to read:

Sec. 08.64.250. LICENSURE BY CREDENTIALS [ENDORSEMENT]. The board may waive the examination requirement and license by credentials [ENDORSEMENT] if the physician or podiatry applicant meets the requirements of AS 08.64.200 or 08.64.209, submits proof of continued competency as required by regulation, pays the required fee and has

(1) an active license from a board of medical examiners established under the laws of a state or territory of the United States or a province of Canada issued after thorough examination; or

(2) passed an examination given by the National Board of Medical Examiners or the Federation of State Medical Boards of the United States if the applicant is a physician, or passed an examination given by the National Board of Podiatry Examiners if the applicant is a podiatrist.

* Sec. 9. AS 08.64.270(a) is amended to read:

(a) The board may issue a temporary permit to an applicant who meets the requirements of AS 08.64.200, [OR] 08.64.205, or 08.64.209 and pays the required fee.

* Sec. 10. AS 08.64.311 is amended to read:

Sec. 08.64.311. [BIENNIAL] LICENSE RENEWAL. Licenses shall be renewed every four years [BIENNIALLY].

* Sec. 11. AS 08.64.315 is amended to read:

Sec. 08.64.315. FEES. The following fees are imposed under this chapter:

(1) application..... $ 50 [$25]

(2) license by examination..... $200 [125]

(3) license by credentials [ENDORSEMENT] or waiver of examination..... $100 [100]

(4) temporary permit..... $50 [25]

(5) locum tenens permit..... $50 [25]

(6) license renewal due every four years [, BIENNIAL], active..... $300 [100]

(7) license renewal due every four years [, BIENNIAL], inactive..... $100 [25]

(8) license by reexamination..... $75 [75]

* Sec. 12. AS 08.64.325 is repealed and re-enacted to read:

Sec. 08.64.325. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS. The board may impose a sanction when the board finds after a hearing that a licensee

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects his ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under his supervision which does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or other drugs which impairs his ability to practice safely;

(D) physical or mental disability;

(8) engaged in unprofessional conduct or in lewd or immoral conduct in connection with the delivery of professional service to patients.

* Sec. 13. AS 08.64.330 is repealed and re-enacted to read:

Sec. 08.64.330. DISCIPLINARY SANCTIONS. (a) When it finds that a licensee is guilty of an offense under AS 08.64.325, the board may impose the following sanctions singly or in combination:

(1) permanently revoke a license to practice;

(2) suspend a license for a determinate period of time;

(3) censure a licensee;

(4) issue a letter of reprimand;

(5) place a licensee on probationary status and require him to

(A) report regularly to the board upon matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a licensee.

(b) The board may withdraw probation status if it finds that the

deficiencies which required the sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if he continues to practice. A person whose license is suspended under this section shall be entitled to a hearing by the board no later than seven days after the effective date of the order. He may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license which has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

(e) A license may be suspended until a hearing can be held to determine the licensee's fitness to practice in the state upon receipt of certified evidence that his license to practice medicine in another state, territory or province of the United States or Canada has been suspended or revoked.

(f) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

* Sec. 14. AS 08.64.360 is amended to read:

Sec. 08.64.360. PENALTY FOR PRACTICING WITHOUT A LICENSE OR IN VIOLATION OF CHAPTER. (a) Except for a physician assistant and a physician-trained mobile intensive care paramedic under AS 08.64.170, a person practicing medicine or osteopathy in the state without obtaining and filing an appropriate license is guilty of a class B misdemeanor [AND UPON CONVICTION IS PUNISHABLE BY A FINE OF NOT LESS THAN $50 NOR MORE THAN $100, OR BY IMPRISONMENT FOR NOT LESS THAN 10 DAYS NOR MORE THAN 90 DAYS, OR BY BOTH]. Evidence that the defendant has failed to

file a license with the clerk of the court is prima facie evidence that the defendant is not licensed. Each day of illegal practice is a separate offense.

(b) A person who practices or attempts to practice or who holds himself out as practicing a system or mode of treating the sick or afflicted in the state or who diagnoses, treats, operates for, or prescribes for an ailment, blemish, deformity, disease, disfigurement, disorder, injury or other mental or physical condition of any person, without having a valid unrevoked and unsuspended license or authorization as provided in this chapter, or without being authorized to perform the acts under a license, authorization or certificate obtained in accordance with another provision of law, is guilty of a class B misdemeanor.

* Sec. 15. AS 08.64.380(3) is amended by adding a new subparagraph to read:

(I) refusing to provide emergency care which, in the professional judgment of the licensee, is essential to prevent loss of life, limb or immediate undue pain and suffering, and is within the licensee's area of competence.

* Sec. 16. AS 08.64.030, 08.64.110, 08.64.160, 08.64.200(1), and 08.64.-380(3)(C) are repealed.

* Sec. 17. This Act takes effect immediately in accordance with AS 01.10.-070(c).

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

SB 580

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill 580 - An Act relating to professional licensing and to the
Title regulation of the practice of medicine; and providing for an effective date.
Requested by Health, Education & Social Services Committee Date 4/30/80

II. FISCAL DETAIL

Agency Affected Commerce and Economic Development
Program Category Affected Consumer Protection
BRU, Program, or Subprogram(s) Affected Regulation and Licensing of Professions
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100	PERSONAL SERVICES	-0-	37.2	40.0	42.6	45.6	49.0
200	TRAVEL	-0-	6.6	7.1	7.6	8.1	8.7
300	CONTRACTUAL	-0-	-0-	-0-	-0-	-0-	-0-
400	COMMODITIES	-0-	-0-	-0-	-0-	-0-	-0-
500	EQUIPMENT	-0-	-0-	-0-	-0-	-0-	-0-
600	LAND & STRUCTURES	-0-	-0-	-0-	-0-	-0-	-0-
700	GRANTS, CLAIMS, ETC.	-0-	-0-	-0-	-0-	-0-	-0-
	TOTAL	-0-	43.8	47.1	50.2	53.7	57.7

FUNDING (Thousands of Dollars)

GENERAL FUND	-0-	43.8	47.1	50.2	53.7	57.7
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify Fund Source)	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS

FULL TIME	0	1	1	1	1	1
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

Personnel Services (7% inflation factor used)
One Investigator located in Anchorage at Range 18A $37,186.44

Travel (7% inflation factor used)
5 Days Per Diem per month at $60.00 per day X 12 3,600.00
One Transportation at $250.00 per month X 12 3,000.00

IV. DATE 4/30/80 PREPARED BY Ann Griggs, Director
AGENCY Occupational Licensing
PHONE 465-2534

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

SB # 580

EQUIPMENT (This is a one time expense in FY'81)

1 Bookcase	$ 84.76
1 four drawer file	181.90
1 chair	126.83
2 side chairs	121.52
1 desk	389.38
1 typewriter table	60.93
1 mat	35.46
1 typewriter	900.00
Total	$ 1,900.78

LAND AND STRUCTURES

(7% inflation factor used)

126 Square feet at $1.25 per foot per month X 12 = $1,890.00

WO#8373
Cook ✓

WORK DRAFT

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

SENATE BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to professional licensing and to the regulation of the practice of medicine; and providing for an effective date."

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

* Section 1. AS 08.01.050 is amended by adding a new subsection to read:

(c) After consulting with the State Medical Board (AS 08.64.010), the department shall employ an individual to serve as the investigator for that board. The investigator shall

(1) not be a member of the State Medical Board;

(2) conduct investigations into alleged violations of AS 08.64, and into alleged violations of regulations and orders of the State Medical Board;

(3) conduct investigations based on complaints directed at the department or the State Medical Board; and

(4) be directly responsible and accountable to the State Medical Board.

* Sec. 2. AS 08.01.100(a) is amended to read:

(a) Except as otherwise provided in this title, [ALL] licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

* Sec. 3. AS 08.64.010 is amended to read:

Sec. 08.64.010. CREATION AND MEMBERSHIP OF STATE MEDICAL BOARD. The governor shall appoint a board of medical examiners, to be known as the State Medical Board, consisting of five [LICENSED] physicians

licensed in the state and [,] residing in as many separate [ALASKA] judicial districts as possible, and two persons with no direct financial interest in the health care industry.

* Sec. 4. AS 08.64.020 is amended to read:

Sec. 08.64.020. [STATE MEDICAL BOARD] TERM OF OFFICE. Members shall be appointed for staggered terms [A TERM] of four years, subject to confirmation by a majority of the members of the legislature in joint session, and shall hold office until their successors are appointed and qualified. The terms of the public members of the board shall be staggered so that they do not expire at the same time. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the second term.

* Sec. 5. AS 08.64.040 is amended to read:

Sec. 08.64.040. REMOVAL OF MEMBERS. The governor may remove a member of the board for cause. The board may by regulation provide that unexcused absences from meetings constitute cause for removal.

* Sec. 6. AS 08.64 is amended by adding new sections to read:

Sec. 08.64.085. MEETINGS OF THE BOARD. The board shall hold meetings at least four times a year.

Sec. 08.64.115. DUTIES. The board shall

(1) after a hearing, impose disciplinary sanctions on persons who violate this chapter, or the regulations or orders of the board;

(2) as needed, establish requirements for licensing by regulation in addition to requirements set out in this chapter;

(3) adopt regulations insuring that renewal of licenses is contingent upon proof of continued competency on the part of the licensee.

* Sec. 7. AS 08.64.240 is amended to read:

Sec. 08.64.240. LICENSE REFUSED. If the applicant fails the exam-

ination, or is determined by the board to be [MORALLY OR] professionally unfit to practice medicine or osteopathy in this state, or fails to comply with any of the other requirements of this chapter, the board shall refuse to grant the license.

* Sec. 8. AS 08.64.250 is amended to read:

Sec. 08 64.250. LICENSURE BY CREDENTIALS [ENDORSEMENT]. The board may waive the examination requirement and license by credentials [ENDORSEMENT] if the physician or podiatry applicant meets the requirements of AS 08.64.200 or 08.64.209, submits proof of continued competency as required by regulation, pays the required fee and has

(1) an active license from a board of medical examiners established under the laws of a state or territory of the United States or a province of Canada issued after thorough examination; or

(2) passed an examination given by the National Board of Medical Examiners or the Federation of State Medical Boards of the United States if the applicant is a physician, or passed an examination given by the National Board of Podiatry Examiners if the applicant is a podiatrist.

* Sec. 9. AS 08.64.270(a) is amended to read:

(a) The board may issue a temporary permit to an applicant who meets the requirements of AS 08.64.200, [OR] 08.64.205, or 08.64.209 and pays the required fee.

* Sec. 10. AS 08.64.311 is amended to read:

Sec. 08.64.311. [BIENNIAL] LICENSE RENEWAL. Licenses shall be renewed every four years [BIENNIALLY].

* Sec. 11. AS 08.64.315 is amended to read:

Sec. 08.64.315. FEES. The following fees are imposed under this chapter:

(1) application..... $ 50 [$25]

(2) license by examination..... $200 [125]

(3) license by credentials [ENDORSEMENT] or waiver of examination..... 200 [100]

(4) temporary permit..... $50 [25]

(5) locum tenens permit..... $50 [25]

(6) license renewal due every four years [, BIENNIAL], active..... $300 [100]

(7) license renewal due every four years [, BIENNIAL], inactive..... $100 [25]

(8) license by reexamination..... $75 [75]

* Sec. 12. AS 08.64.325 is repealed and re-enacted to read:

Sec. 08.64.325. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS. The board may impose a sanction when the board finds after a hearing that a licensee

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects his ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under his supervision which does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or other drugs which impairs his ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients.

* Sec. 13. AS 08.64.330 is repealed and re-enacted to read:

Sec. 08.64.330. DISCIPLINARY SANCTIONS. (a) When it finds that a licensee is guilty of an offense under AS 08.64.325, the board may impose the following sanctions singly or in combination:

(1) permanently revoke a license to practice;

(2) suspend a license for a determinate period of time;

(3) censure a licensee;

(4) issue a letter of reprimand;

(5) place a licensee on probationary status and require him to

(A) report regularly to the board upon matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a licensee.

(b) The board may withdraw probation status if it finds that the deficiencies which required the sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if he continues to practice. A person whose license is suspended under this section shall be entitled to a hearing by the board no later than seven days after the effective date of the order. He may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license which has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

(e) A license may be suspended until a hearing can be held to determine the licensee's fitness to practice in the state upon receipt of certified evidence that his license to practice medicine in another state, territory or province of the United States or Canada has been suspended or revoked.

(f) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

* Sec. 14. AS 08.64.360 is amended to read:

Sec. 08.64.360. PENALTY FOR PRACTICING WITHOUT A LICENSE OR IN VIOLATION OF CHAPTER. (a) Except for a physician assistant and a physician-trained mobile intensive care paramedic under AS 08.64.170, a person practicing medicine or osteopathy in the state without obtaining and filing an appropriate license is guilty of a class B misdemeanor [AND UPON CONVICTION IS PUNISHABLE BY A FINE OF NOT LESS THAN $50 NOR MORE THAN $100, OR BY IMPRISONMENT FOR NOT LESS THAN 10 DAYS NOR MORE THAN 90 DAYS, OR BY BOTH]. Evidence that the defendant has failed to file a license with the clerk of the court is prima facie evidence that

the defendant is not licensed. Each day of illegal practice is a separate offense.

(b) A person who practices or attempts to practice or who holds himself out as practicing a system or mode of treating the sick or afflicted in the state or who diagnoses, treats, operates for, or prescribes for an ailment, blemish, deformity, disease, disfigurement, disorder, injury or other mental or physical condition of any person, without having a valid unrevoked and unsuspended license or authorization as provided in this chapter, or without being authorized to perform the acts under a license, authorization or certificate obtained in accordance with another provision of law, is guilty of a class B misdemeanor.

* Sec. 15. AS 08.64.380(3) is amended by adding a new subparagraph to read:

(I) refusing to provide emergency care which, in the professional judgment of a licensee, is essential to prevent loss of life, limb or immediate undue pain and suffering, and is within a licensee's area of competence.

* Sec. 16. AS 08.64.030, 08.64.110, 08.64.160, 08.64.200(1), and 08.64.380(3)(C) are repealed.

* Sec. 17. This Act takes effect immediately in accordance with AS 01.10.070(c).

MEDICAL BOARD - SECTIONAL

Sec. 1 -- Establishes investigative position to be assigned to Medical Board

Sec. 2 -- With the exception of our health boards, DOL is mandated to issue licenses biennally as currently provided for in statute

Sec. 3 -- Adds language, physicians licensed in the state instead of "licensed" physicians; and deletes reference to "Alaska" judicial district so it reads . . . "in as many separate ~~judicial~~ ~~districts~~ geographical areas of THE STATE ~~as possible~~ . . ."

Sec. 4 -- Provides for board members to serve "staggered terms" of four years and limits board membership to two consecutive four year terms

Sec. 5 -- Allows the board to constitute unexcused absences as grounds for removal of a board member

Sec. 6 -- Adds a new section allowing the board to have four meetings annually (they currently have three) -- AND ADDS "CONTINUED COMPETENCY" REQUIREMENT

Sec. 7 -- Deletes reference to "morally"

Sec. 8 -- Provides for "licensure by credentials: and includes podiatry as a specialty whereby an individual can be licensed under this section. Also this section adds the "proof of continued competency requirement" provision to the licensure by credentials requirements

Sec. 9 -- Allows issuance of temporary permit to podiatrist

Sec. 10 - Provides for license renewal to occur every four years

Sec. 11 - Fees section

Sec. 12 - Grounds for disciplinary sanction

Sec. 13 - Enumerates disciplinary sanctions

Sec. 14 - Penalty section. Subsection (b) is added

Sec. 15 - Adds sec (I) to definition of unprofessional or dishonorable conduct

Sec. 16 - Repeal section

Sec. 17 - Effective date

WORK DRAFT BILL	WORKSHOP RECOMMENDED CHANGES - MEDICAL BOARD	SB 580
Page 1, line 21 -	Give Department of Commerce "hire/fire" authority but assign investigator to State Medical Board	Page 1, line 22
Page 2, line 1 -	Have physicians on the Board reside in different "geographic regions" of the state	Page 2, line 3
Page 2, line 23 -	Section 6 - Delete AS 08.64.115(2) under "duties" section	
Page 4, line 3 -	Licensure by credential fee - $200	Page 4, line 3
Page 5, line 12 -	Re: to AS 08.64.330 should read AS 08.64.325	Page .5, line 13

SB

583

COMMITTEE REPORT

SENATE

FURTHER: None

5/12/80

Date: 5/13/80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 583

professional licensing and regulation of the practice of psychology

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Glen Steinbeisser

Gaetta

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Glen Hanks
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

SB 583
By Hess

"An act regulating ~~SHESS~~ 79-80
professional licensing and
to the regulation of the practice
of psychology and providing for

Introduced 5-12-80
Logged 5-12-80
Referred none
Comm. Hearing - none - no bill only a work draft.
" Action 5-13-80 Unanimous all members signing "do pass"

Oxford Pendaflex
STOCK No. 7531/3

REPEALERS — PSYCH BOARD

Sec. 08.86.070. Duties of the board. (a) 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;

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 sections 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. 08.86.230. Definitions. In this chapter

(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;

SB583

BOARD OF PSYCHOLOGISTS - SECTIONAL

Sec. 1 -- Provides "exception" to current statute which renews licenses biennally and allows our "health boards" to renew licenses every four years.

Sec. 2 -- Changes board's composition: increases number of psychologists from three to four and reduces number of public members from two to one.

Sec. 3 -- Changes board members' terms from three to four years and limits board membership to two successive four-year terms.

Sec. 4 -- Allows for "removal of board members".

Sec. 5 -- Increases number of board meetings from one to three annually.

Sec. 6 -- Under "duties section" this provision allows the board to adopt by regulation continued competency requirements. In addition, the board is to define areas requiring "specialty training" and adopt standards delineating criteria whereby a psychologist can be certified to practice as a specialist.

Sec. 7 -- Allows board authority to order disciplinary sanctions.

Sec. 8 -- This section stipulates than at individual qualifying to take the exam for licensure must hold a doctorate degree from an accredited school with "an approved program." The American Psychological Association has adopted standards designed to evalute psychological programs and schools meeting these standards and are endorsed as having "an approved program". The board wants to use these standards in determining whether the applicant has received adequate training in attaining his degree.

Sec. 9 -- FEES

Sec. 10 -- "Licensure by credentials" section.

Sec. 11 -- This section modifies the qualifications for the "associate" exam. This provision requires that the applicant have a masters degree from a school with "an approved program" with primary emphasis on psychology and 24 credit semester hours of the applicant's course work relating to the "specialized area" in which licensure is requested.

Sec. 12 -- This section provides that the applicant for associate licensure be required to have three years "supervised" experience AFTER obtaining the masters degree.

Sec. 13 -- Adds a new section allowing the associate to be licensed to practice in the specific field in which he is trained.

Specifies that associate will function under the "supervision" of a psychologist.

Specifies that the supervising psychologist will consult with the associate and insure that work of the associate is consistent with accepted professional practices.

Specifies that the supervising psychologist and associate submit a statement to the board designating the "specialty area" in which the associate intends to work and the conditions governing supervision.

Sec. 14 -- Adds new language to the definition of "practice of psychology" delineating when a person is "representing himself to be a psychologist".

Sec. 15 -- Adds new language to the exemption provision. Exempts an individual from licensure if he is employed by a governmental unit, educational institution, or private agency, whose activities require some involvement of work of a psychological nature but is supervised and does not render psychological services for renumeration above his salary.

Adds language to the "exemption provision" allowing certain professions to be exempt from licensure (e.g. social worker, pastoral counselor) as long as they do not hold themselves out to be a psychologist.

Sec. 16 -- "Grounds for imposition of disciplinary sanctions" and "disciplinary sanction" section.

Sec. 17 -- Penalty provision

Sec. 18, 19, 20, 21, 22 -- DEFINITIONS

Sec. 23 -- Brings board under "Administrative Adjudication" section of the Administrative Procedures Act.

Sec. 24 -- Repealers

Sec. 25 -- Effective date

EXAMPLES OF "SPECIALTY AREAS" PSYCHOLOGICAL ASSOCIATES COULD BE LICENSED IN ---

1) Psychological Examiner (Psychometrist)

B) Educational/Vocational Counselors

C) Drug and Alcohcl Abuse Counselors

D) School Psychologist

E) Mental Health Associate (Mental Health Clinians)

F) Industrial/Organizational consultant

G) Personnel/Guidance Counselors

SB

584

COMMITTEE REPORT

SENATE

FURTHER: None

5/13/80

Date: 5-13-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 584 professional licensing and regulation of veterinarians

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Chairman

CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

S 3584 "an Act authorizing ..." S. HESS 79-80
By HESS

Introduced 5-13-80
Logged 5-13-80
Referred none
Comm. Hearing none - (work dropped yes)
" Action - Bicycled 5-13-80 taken Senate Secy

Oxford Pendaflex
STOCK No. 753 1/3

SECTIONAL - SB 584

VETERINARIAN BOARD

Sec. 1 -- 08.01.100(a) — Provides "exception" to current statute which renews licenses bienally and allows our "health boards" to renew licenses every four years.

Sec. 2 -- 08.98.010 — Changes board's composition - Increases number of members from three to five consisting of four veterinarians and one public member.

Sec. 3 -- 08.98.020 — Provides for members to serve "staggered" terms of four years and limits board membership to two successive four year terms.

Sec. 4 -- 08.98.025 — Allows for "removal of board members".

Sec. 5 -- 08.98.040 — Increases number of annual meetings from one to three and adds language defining a "quorum" as a "majority of board members" and provides for "a majority vote of those present" to represent the decision of the board.

Sec. 6 -- Board's "powers and duties" section is reenacted deleting reference to grounds for revocation/suspension of license (so that it will appear in our "grounds for imposition of disciplinary sanctions" section similar to our other health board bills) and provides for the board to:

- -- adopt regulations to safisfy our "continued competency" requirement
- -- prepare an annual report discussing board's activities
- -- collect data and monitor standards/availability of veterinary services
- -- establish education/training/examination for veterinary technicians

Sec. 7 -- Allows those with "temporary permits" to practice veterinary medicine and provides for veterinary technicians to perform certain functions as prescribed in regulation.

Sec. 8 -- Under "content of examination" the various subject categories are deleted and provides for the following to be incorporated into the exam administered by the board:

1. National Exam;
2. practical skills exam;
3. demonstration of practical skills.

Sec. 9 -- Establishes criteria to be qualified for licensure--specifically adds language requiring the applicant to have no disciplinary santions pending against him and exempting the applicant from taking the National Exam if he passed it within the past five years or has been in active practice within five of the past seven years.

Sec. 10 -- Provides for a "temporary license" to be issued to applicant until results of examination are published.

Sec. 11 -- "Licensure by credential" section. Also provides for issuance of temporary permit.

Sec. 12 -- FEES

Sec. 13 -- "Grounds for imposition of disciplinary sanction" section

Sec. 14 -- Definitions: "accredited veterinary school", "animal", "practice of veterinary medicine", "veterinary technician".

Sec. 15 -- Prings board under "administrative adjudication" section of the Administrative Procedures Act.

Sec. 16 -- Repealers

Sec. 17 -- Effective date

REPEALERS - VET BOARD

Sec. 08.98.030. Executive secretary of board. The commissioner of commerce and economic development is the executive secretary of the board. (§ 1 ch 91 SLA 1963; am § 59 ch 218 SLA 1976)

Sec. 08.98.060. Board regulations. (a) The board shall adopt procedural regulations describing how a person applies for and takes an examination under this chapter.

(b) The board shall adopt substantive regulations

(1) defining conduct which, if engaged in by a veterinarian, is evidence of incompetence;

(2) specifying approved schools under § 170(1) of this chapter;

(3) specifying the subject matter to be covered in an examination for veterinarians. (§ 1 ch 91 SLA 1963)

Sec. 08.98.130. Examination. A person who passes the examination given by the board is entitled to be licensed as a veterinarian. (§ 1 ch 91 SLA 1963)

Sec. 08.98.170. Qualification for examination. A person is entitled to take the examination who

(1) was graduated from a school of veterinary medicine approved by the board;

(2) Repealed by § 25 ch 245 SLA 1970.

(3) has completed application forms and returned them to the board;

(4) has paid the fee specified in § 190 of this chapter;

(5) has not had a veterinarian license revoked for cause in another jurisdiction;

(6) is of good moral character. (§ 1 ch 91 SLA 1963; am §§ 5, 6 ch 94 SLA 1966; am § 25 ch 245 SLA 1970)

Sec. 08.98.230. Injunction. When it appears that a person has engaged in or is about to engage in an act constituting a violation of § 120 of this chapter, the board, through its executive secretary, shall bring an action in the superior court to enjoin the act and to enforce compliance with § 120 of this chapter. (§ 1 ch 91 SLA 1963)

Sec. 08.98.210. Out-of-state veterinarian. A veterinarian in good standing in a veterinary association of another state or territory or the District of Columbia which licenses veterinarians to practice veterinary medicine may be licensed without examination and otherwise upon substantially the same terms and conditions as are fixed in the jurisdiction from which he has come for the licensure of a veterinarian from this state. As a prerequisite to licensure the board shall require a veterinarian to take and pass an examination, unless the applicant has

(1) passed a state veterinarian examination;

(2) engaged in the active practice of veterinary medicine for at least five out of the previous seven years before filing the application excluding time spent in the military service of the United States;

(3) graduated from an accredited school of veterinary medicine

(4) met the character requirements established by the board in the manner [illegible] (§ 1 ch 91 SLA 1963; am § 4 ch 94 SLA 1966; am § 2 ch 34 SLA 1967)

Sec. 08.98.250. Definitions. In this chapter

(1) a person who practices veterinary medicine, surgery, or dentistry is one who does any of the following:

(A) appends to his name a title or abbreviation indicating to the public that he is a veterinarian;

(B) for compensation, diagnoses or treats diseases, injuries, or deformities of domesticated animals;

(C) holds himself out to the public as one who diagnoses or treats diseases, injuries, or deformities of domesticated animals;

(D) maintains premises for receiving, examining, and treating a domesticated animal for compensation;

SCR

10

COMMITTEE REPORT

SENATE

FURTHER: NONE

2/13/79

Date: 3/14/79

Mr. President:

The Committee on HESS has had SCR 10

Recognizing International Year of the Child & encouraging Alaska to participate in local observances

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Glenn Godwin
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

SCR 10 "Recognizing ~~State Govt Day~~ Child and Encouraging Alaskans
By Rodey to participate in the Soberonics"

Introduced 2-13-79
Logged 2-14-79
Referrals none
Comm. Meeting 3-14-79
action - Passed by Hudson, Stevens, Ferguson & Frederiksen

International Year of the Child

SENATE CONCURRENT RESOLUTION NO. 10, by Senator Rodey. RESOLVED clause states: "...Alaska State Legislature acknowledges the important role of children in our society and joins with other states and nations throughout the world in recognizing 1979 as 'International Year of the Child;' and...encourages the citizens of Alaska to create and participate in local observances... which will enhance our understanding and appreciation of our children, which will stimulate improvements in our parenting skills and public services, and which will help us create a better world for our children to grow up in."

Introduced February 13 and referred to HESS.

United Nations Up-Date

it of underprivileged chil-
universal problem. Child
s and illiteracy are just a few
cerns that affect every com-
mun...,

This year, the United Nations is observing the International Year of the Child. It is a time to create an awareness of the needs of children and to serve as a catalyst to implement legislation to solve these problems. The International Year of the Child also marks the 20th anniversary of the UN Declaration of the Rights of the Child. This declaration points out that the child shall enjoy special protection, and shall be given opportunities, by law, to develop physically, mentally, spiritually, and socially in a healthy and normal manner and in conditions of freedom and dignity.

International Year of the Child National Commissions

There will not be a World Conference to set up a plan of action. In lieu of such a world conference, there will be National Commissions established in many countries around the world to recommend needed reforms. Mrs. Jean Young, wife of Ambassador Andrew Young, is the Chairman of the United States National Commission. Addressing a meeting on the issues that affect children world-wide, Chairman Young



International Year of the Child 1979

said, "We want to be able to celebrate childhood, we want to engage in new and rewarding experiences with our children, we simply want to express our love and care for them. We want to highlight their achievements and glory in their accomplishments."

The United Nations has designated UNICEF to coordinate the activities for the International Year of the Child (IYC). Dr. Aldaba-Lim, Assistant Secretary-General, is the Special Representative for IYC.

UN Decade for Women

We are now entering the fourth year of the United Nations Decade for Women: Equality, Development and Peace. A UN Preparatory Committee is planning for the World Conference in 1980. The conference, scheduled for a two-week period, will evaluate the results of the objectives of the first half of the decade and will then set up a program of action for the second half. Denmark will be the host government for this particular conference which will be held in Copenhagen in 1980.

The secondary theme of the conference is "Employment, Health and Education." Emphasis will be on elaborating action oriented plans for integrating women in the developmental process, particularly by promoting economic activities and employment opportunities on an equal footing with men, through the provision of adequate health and educational facilities.

The Preparatory Committee recommendations were submitted in a report to the UN General Assembly for approval. The Committee has recommended the appointment of a Secretary-General for the Conference from ourside the UN system and from a developing country. The Conference Secretary-General will be assisted by the Centre for Social Development and Humanitarian Affairs, headed by Mrs. Helvi Sipila, Assistant Secretary-General. The Centre is moving to Vienna this year, so it has been recommended that the Conference Secretariat remain in New York for full access to the UN organizations.

Work is progressing on a Draft Convention on the Elimination of Discrimination Against Women to be completed at the 34th General Assembly.

In BPW, we have a ten-year commitment to advance the goals of the World Plan of Action that are in accord with BPW objectives. We were in Mexico City for IWY, in Houston for the National Women's Conference, and now we can look ahead to the World Conference in Denmark in 1980 to accelerate these goals.

UN Day

October 24th, UN Day, commemorates, each year, the day the United Nations Charter came into being in 1945. At that time there were 51 member nations. There are now 151 member nations with the admittance of the Solomon Islands and Dominica at the beginning of the 33rd UN General Assembly Session.

During that session, the General Assembly observed the 30th anniversary of the Universal Declaration of Human Rights on December 10th—Human Rights Day. Mrs. Eleanor Roosevelt, one of the principal authors of the Declaration, was a distinguished member of BPW.

A Conference on Science and Technology for Development will be held in Vienna next August. The objective is to strengthen the technological capacity of developing countries to enable them to apply science and technology to their own development.

A future date to remember: in 1981, the United Nations will observe the International Year for Disabled Persons. The theme will be "Full Participation."

International Week Kit Available

International Week, celebrated the third full week in February, is a time for BPW members throughout the world to identify the achievements they share and examine the problems they have in common.

During International Week members should become more fully aware of our affiliation with the International Federation and should renew their commitment to advancing The World Plan of Action during this Decade for Women.

The International Week Kit contains information that will make your club's observance of International Week an exciting BPW event. This kit is available at no cost from the Program Department.

The Candlelighting Ceremony which traces the history of the International Federation is available from the Sales/Order Department for $.35.

Dem copy
do not remove from file

Introduced: 2/13/79
Referred: Health, Education & Social Services

IN THE SENATE BY RODEY

SENATE CONCURRENT RESOLUTION NO. 10

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

Recognizing International Year of the Child and encouraging Alaskans to participate in local observances.

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

WHEREAS children with all their joy, curiosity, creativity, insight, and trust are a perpetual source of delight and inspiration; and

WHEREAS children are our most valuable resource and our hope for the future; it is up to them to carry our work and dreams forward and to determine whether our diverse Alaskan cultures and lifestyles flourish or die; and

WHEREAS the third of our population in Alaska who are children are substantially dependent on adults for their care and well being, and how well we as adults fulfill our responsibilities to our children is one measure of the greatness of this or any society; and

WHEREAS the United States as a whole is one of the richest and most technologically advanced nations of the world, yet the high rates of infant mortality, the prevalence of child abuse and neglect, and the insufficiency of medical care and pre-school and after school care, indicate that the quality of care for our children is sometimes wanting; and

WHEREAS even in Alaska, despite the levels of assistance and service provided by both the public and private sector, children at times still face serious obstacles to their healthy physical, emotional, and intellectual development, such as poor nutrition, untreated disease, inadequate shelter, and education not suited to their culture or special needs; and

WHEREAS as soaring rates of teenage alcoholism and drug abuse, vandalism and crime, the falling educational achievement scores, and the prevalence of

teenage pregnancy appear to indicate our failure to provide a world for our children where social responsibility, achievement, and self-respect are valued and attainable goals for them; and

WHEREAS times are rapidly changing, and the lives of our children are substantially different than our own childhoods; we must therefore learn more about our children and their lives before we can provide them with meaningful guidance; and

WHEREAS each child is unique, with his or her own personality, abilities, and special needs, and it is up to us to see that each child receives the love, personal attention and education suited to both that child's special abilities and disabilities, to enable that child to become a useful and productive member of society;

BE IT RESOLVED that the Alaska State Legislature acknowledges the important role of children in our society and joins with other states and nations throughout the world in recognizing 1979 as "International Year of the Child;" and be it

FURTHER RESOLVED that the Alaska State Legislature encourages the citizens of Alaska to create and participate in local observances of International Year of the Child which will enhance our understanding and appreciation of our children, which will stimulate improvements in our parenting skills and public services, and which will help us create a better world for our children to grow up in.

SCR

26

COMMITTEE REPORT

SENATE

FURTHER: None

3/27/79

Date: 3/28/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SCR 26 creation of a school of travel management in the University of Alaska

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[/] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING DO PASS

MEMBERS HAVING OTHER RECOMMENDATIONS:

_____

CHAIRMAN

S 60 (Rev. 12/78)

SCR 26 "Relating to the creation of a board of travel management in the U of HK."
By Hasbrouck

Introduced 3-27-79
Logged 3-27-79
Referred None
Comm. meeting 3-28-79
Comm Action - Passed to Senate Secy.

SCR

28

SCR 28 "Urging Auch. School Board to reconsider its decision to close the Woodland Park School. 1979-80 SESS

By Rodey

1-21-80 Ltr'd to Sen. Secy.

Introduced 4-11-79
Logged 4-11-79
Referrals none
Comm. Hearing
" action

Notify: Sen. Rodey

SCR

34

S. HESS 79-80

SCR 34 "Requesting removal of the
"Bradley" sculpture "Nimbus"

Introduced 4-20-79
Logged - 4-20-79
Hearings none
Comm. Hearing
" Action

1-21-80 - Lt'd & Adm. Secy.

SCR

35

COMMITTEE REPORT

SENATE

4/23/79

FURTHER: None

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION and SOCIAL SERVICES has had SCR 35
Directing the Legislative Council to conduct a feasibility study relating tc educational television

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[✓] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Coletta

Johnson

Stan Galloway

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Glenn Hadsell
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

SCR 35

By Ferguson, Fahrenkamp, Bennett, Kittell, Lockhart, Strasma & Swiergawski

"Directing the ~~LRB~~ Legislative Council to conduct a feasibility study relating to educational television"

Introduced 4-23-79
Logged 4-23-79
Referred None
Comm. Hearing 4-26-79
" Action Passed - Tricycled.

SCR

45

COMMITTEE REPORT

SENATE

2/18/80

FURTHER: None

Date: 3-17-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SCR 45

research and support activities by the Arctic Research Laboratory at Barrow

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Johnston

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Colletta Hoffer

Glenn Hackney
CHAIRMAN

DO 17-45

S 60 (Rev. 12/78)

Introduced 2-18-80
Logged 2-19-80
Referrals NONE
Comm. meeting 3-17-80
" action passed ind rec. taken Senate Secy 3-18-80 9:30 Am.

SCR 45 By Rodey "Research Support Activities SHESS 79-80 by the Arctic Research Laboratory at Barrow".

Notify J. Chris Noah - Executive Dir. Ak. Council on Science notified 3-13-80.
" Doris Hoffice 3-13-80
" Sprau Rodey - 3-13-80

J. CHRISTOPHER NOAH
EXECUTIVE DIRECTOR
ALASKA COUNCIL ON SCIENCE & TECHNOLOGY

OFFICE OF THE GOVERNOR
POUCH AV
JUNEAU, ALASKA 99811

OFFICE (907) 465-3510
RES. (907) 789-2035

Caretaker states by 1982. This would give state time to react to closure.

March 17, 1980

Testimony of J. Christopher Noah

on SCR 45

"Relating to Research and Support Activities by the Naval Arctic Research Laboratory at Barrow"

Senate Concurrent Resolution 45 does a good job briefly outlining the situation with regard to the Naval Arctic Research Laboratory (NARL). SCR 45 parallels the thinking of most people involved in arctic research in that it acknowledges the need for such a unique research facility. However, most also agreed that NARL has had difficulties of such magnitude that it cannot continue to function without addressing these problems.

Although there has been concern over the closing of the NARL and there are many examples as to what NARL has accomplished in the past and how present programs would be affected, with its closure insufficient study has gone into how NARL relates to the ever changing research needs of the state and nation.

Experts have recommended that money and personnel are needed to keep NARL afloat but have not devised a plan which would clearly explain what the scientific research function of the installation should be. Neither has a study been proposed as to what the economic effects of closure on Barrow and Fairbanks would be.

The federal government and the University of Alaska have a good start on this question, especially in the document entitled "THE NAVAL ARCTIC RESEARCH LABORATORY IN CHANGING TIMES - Report and Recommendations", January 1980. However, more needs to be done, not on what activities should be undertaken at NARL - but the basic purposes and functions of a far north research laboratory.

The impetus behind SCR 45 is that:

1) with NARL on the verge of being dismantled, to look into the effects this would have on research and arctic policy in Alaska and the economic ramifications associated with closure; and

2) if indeed, NARL should be kept open, what changes need to be instituted to ensure that it continues as a viable research facility; well attuned to the needs of the state and nation.

Building on the good work of the past, additional questions need to be addressed concerning:

1) Who will manage the facility?
2) What is its value to Alaska?
3) What is the role of the facility in state research?
4) How does the facility fit into the overall national arctic policy? and finally
5) If there is no well defined arctic policy, then how can one be developed?

SCR 45 would not only give Alaska a chance to determine the function and "being" of NARL, but to begin to determine what Alaskans think should be the United States' research priorities in the arctic; policies which have been heretofore nonexistent.

It is also a chance to show that the United States through Alaska can be a leader in research in the circumpolar region.

March 17, 1980

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SCR

46

COMMITTEE REPORT

SENATE

2/18/80

FUPTHER: Finance

Date: 4-21-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SCR 46

requesting the Governor to propose social services programs

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Tabor, Vice Chair
Galletti
Turnbull

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Thomas Hockett
CHAIRMAN

DO P. HES

S 60 (Rev. 12/78)

Introduced 2-18-80
Logged 2-19-80
Referrals: Finance
Comm. meeting 4-21-80
" action Passed out 4 do pass.

SCR 46
By: Ripley, Meland
+ Hachney

"Requesting ~~State Govt.~~ 4-21-80
proposal Bovine parvo
virus program and promote
recommended budget bill
~~to~~ under provisions of Section
under rule xx by the S. Sect.

Social Service Programs (exclusion of Title XX funding)

SENATE CONCURRENT RESOLUTION NO. 46, by Senators Rodey, Meland and Hackney. Requests that the Governor prepare and submit a budget for social services of the Department of Health and Social Services for FY 82 that excludes federal support under Title XX of the Social Security Act due to complexity of planning, needs assessment, monitoring, and specific service reporting requirements on social services programs administered by the state, and the regulations of Title XX have the effect of limiting those who may be served by state programs because of income, eligibility, and service restrictions based on national needs and income standards.

Introduced February 18 and referred to HESS, then to Finance.

Sen Rodeys office
Def'd.
attd.

Title XX of the Social Security Act
Implications in Alaska

Title XX, as originally intended and as misleadingly titled, "Grants to States for Social Services," was designed to be a revenue sharing grant to states for services to low-income individuals. The Act, 93-647, after a thorough going over by various lobbying interests contrary to original intention did not result in a grant with options for services chosen by each individual state as to its local need. On the contrary, it is highly regulated federal matching monies best suited for the delivery of services to urban poor.

Administratively, Title XX requires states to fulfill a series of idealistic planning and needs assessment activities. It requires two plan documents. One, the Administrative Plan, must be updated depending on changes in Federal and State law. The other, the Annual Comprehensive Social Services Plan, must be published twice annually, one in Proposed form and one in Final. Both documents must include a long list of requirements pertaining to the design of the State agency responsible for Title XX services, such as cost allocation and budgeting, federal funding parameters, eligibility requirements, location of services, specifics as to the type of services which can be federally funded, public comment and planning requirements, reporting of technical information, monitoring and auditing requirements and annual needs assessment. It specifies the income level of those eligible for services and requires the state to offer certain social services to certain individuals.

Title XX for Alaska

Although Alaska receives the smallest federal grant under Title XX, $4,620 million for 1981, it has the highest delivery costs and the largest land mass to cover. Although it does not have county governments with which to share administrative and delivery costs as other states do, it must meet the same federal requirements - there are no exceptions. The following is a very brief list of the requirements of Title XX and the resulting program effects and estimated costs in Alaska. They are listed in general order of appearance in 45 CFR 228 - Title XX of the Social Security Act.

1. (228.5-6) Designation by the Governor of a single state agency responsible for Title XX operation including:

    a. development and maintainence of the State Administrative Plan
    b. the Annual Proposed and Final Social Services Plan
    c. projection of estimated expenditures
    d. accountability of Federal funds
    e. establishing and maintaining standards for determining eligibility for the services
    f. administration and supervision of the provision of services
    g. operating the program on a statewide basis - to all geographic areas
    h. complying with Federal program reporting requirements.

Effects to Alaska: The cost impact of this regulation on Alaska by comparison to other states is enormous since Alaska does not have county governments nor a consistent local tax formula. Alaska must assure statewide delivery of services by administering the entire program centrally. Although a state may purchase services from local providers, it must continue to provide the administrative and social services worker assessment oversight and must assure that federal dollars are buying statewide services. Without the requirements of Title XX, the state could contract for services from local private providers in entirely without costly state oversight. For Example, Homemaker Services could be contracted in entirety without "Adult Protective Services" social worker supervision and assessment. This results in double the administrative costs; administrative costs for the state and administrative costs for each local service providers both necessarily having data/reporting systems, accounting systems, payment systems, supervisors, managers, etc. As we progress further through the regulations in Title XX, one can see why administrative costs are high especially for Alaska.

2. (228.7) State financial participation. "A State Plan under Title XX shall provide that state funds will be included in meeting the cost of the program" - while the federal funds available for Title XX programs totaled $4,728,000 in FY 1980, the state share totaled nearly $12,000,000. Certainly the state is participating; the federal 4.7 million could not produce a viable program. Paramount to this regulation is the question - how much of the federal dollar is spent meeting requirements to receive the federal funds? Estimates depend on the variables included. This writer believes that while the majority of the 4.7 million in Alaska is used to meet federally imposed administrative and service requirements not suited to Alaska's social service needs and clientele and could be used to buy more efficient and appropriate services, much of the 4.7 million can be viewed as offsetting costs which the state would incur with or without federal regulations. The question then really boils down to whether Alaskans would prefer a service program designed for and in behalf of the Alaskan people or spending the service dollar to both meet federal requirements and provide a marginally suitable service program. The state already provides the lion's share of the funds. On the other hand, the federal government provides less than one third of the funding and nearly 100% of the service requirements.

3. (228.8) Statewide operation - the argument continues from item #2 in that the federal government requires statewide operation (something all Alaskans want but usually ask for different services in different locations depending on the residents priority needs), but only foots less than one third of the bill.

4. (228.12 & 13) Federal regulations in this section set forth standards for residential facilities and day care centers and homes. Alaska has already been forced to discontinue federal funding for day care, foster care and institutions, since Alaskan facilities typify Alaskan conditions and don't fall within lower 48 urban architectural conditions and staffing standards. However, we must still meet these requirements for eligiblity for general Title XX funding. This is an example of inappropriate requirements for Alaska causing additional administrative costs.

5. (228.17) Reports and maintainence of reports. This requirement, a paperwork requirement, requires the state to supervise and maintain records and provide regular federal reports on the services, service costs, determination of individual eligibility, etc. Most of these records and reports are of absolutely no interest or worth to state program and financial operations. This requires the state to maintain an expensive computerized management and individual client record system which is designated primarily to meet federal regulation. Information requests from our own Alaska legislature, state auditors and administrators, also necessitates operation of such a system; however, it is often frustrating to not be able to provide appropriate and accurate information for one's own use since the system must provide the necessary federal reports required for federal funding and is primarily designed to do so. Eliminating federal reports and requirements from the system design would free up the system for appropriate and meaningful state use.

   Probably the most frustrating effect of the federal requirements for reports and records comes from the social worker's point of view. An estimated 15% of all direct service staff time is spent complying with various federal reporting and paperwork requirements. Inherent in the field of professional social work practice is the necessity to maintain case summaries and reports, court testimony and reports, etc. These items are necessary. However, federal requirements are often unnecessary and impractical bureaucratic paperwork, creating tasks of little meaning to their casework, their supervision, or their clients. This is 15% of social worker's time wasted translating in dollar amounts to $700,000 in FY 1980 Social Serivces BRU which could be better spent in providing services to individuals or providing information or reports on Alaska's own service needs and problems.

6. (Subpart C beginning with 228.20) "Comprehensive Annual Social Services Program Plan" - this section requires the publication of the Proposed and Final Annual Social Services Plan and specifies what must be in the plan, including specifications concerning:

   a. a time-line for the planning process (does not synchonize with the State's own budget planning process)

b. methods of receiving public comments - this is designed for an urban ear in mind and is not workable in Alaska's rural vastness. We have to comply regardless, thus preventing the expenditure of funds for more appropriate public input in the services program.

c. Federal goals and objectives each service must be directed towards accomplishing.

7. (Subpart C, D, E, and F beginning with 228.24) The individuals which federal regulations allow to be served. This includes requirements of maximum income for eligiblity, services to people on public assistance programs, requirements for fee schedules for services to individuals with incomes over 80% of the national median income, etc.

The services eligibility and financial limitation sections of Title XX regulation are the primary restrictions in Title XX with reference to Alaska's social service program. Title XX which started out being revenue sharing grants to states for any social service program desired and neeeded by a state, became a program restricted for delivery to the "urban-type" poor. As an example, the "Fifty Percent Rule" (228.56) requires that one-half of the federal funds must be used for services to individuals receiving AFDC, SSI or Medicaid. In an urban low income area of the lower 48 states, there are high concentrations of people receiving federal assistance. Social service programs may be directed to these populations with relative ease. In Alaska, public assistance recipients are scattered widely in bush locations. Furthermore, the average income in Alaska is nearly double the national standard, making individuals with low incomes in regard to Alaskan standards ineligible for federal assistance programs. Finally, Alaskans generally believe that individuals and families having problems should receive services no matter what their income; this is the reasoning behind our current program design - services are provided without regard to income only. Federal regulation provides that services to victims of abuse, neglect, or exploitation can be without regard to income eligiblity. However, the 50% Rule for public assistance recipients still applies, meaning that although victims of abuse, neglect, or exploitation are eligible for services without regard to their income, one-half of the service expenditures must be in behalf of federal financial or medical assistance recipients.

As an example of the constraints caused by federal services and eligiblity requirements on Alaska's services program, homemaker services is probably the most critical. Homemaker support as it is now incorporated into the services offered to Alaskans (mostly to the elderly and handicapped) provides over 1.0 million in Alaska's federal match. Since Alaska chooses to offer this service without

regard to income and with regard to an individual's circumstances and needs, it must be a "protective service." After service is initiated, data clerks in Central Office must search public assistance records to verify federal financial assistance eligibility for meeting the "50% Rule." Sixty-seven percent (67%) of all homemaker recipients are receiving federal public assistance, meeting a large percentage of Alaska's requirements under the "50% Rule." Many advocates for de-institutionalization, the aging and handicapped would like to disassociate homemaker service from both Adult Protective Services as well as restrictive federal income eligibility requirements. Social service administrators, direct service personnel and professional homemaker service providers agree with this effort. However, such a move would jeopardize the state's claim for federal funds in the amount of over 1.0 million.

The State's child protective services program is another example: Alaskans generally believe that a child in danger of abuse or neglect deserves services whether their family is financially stable or not. This is in keeping with national efforts and beliefs as well. However, the 50% Rule applies. As in homemaker service, data clerks in Central Office must verify a child's eligiblity for federal categorical assistance programs. In the case of Child Protective Services, only 30 percent of all children receiving services qualify for meeting the 50% Rule. The largest portion of these children are eligible due to their being placed out of their home by the state in foster care. Foster care placement makes them eligible for medicaid. If children are served while in their own home, they are not eligible. In other words, services to children in their own homes jeopardizes federal funds. This is contrary to all goals for children services in Alaska.

3. Title XX Training (45 CFR 228.80 Subpart H) Under Title XX there is a separate federal funding allotment for states to be used for training of staff providing Title XX social services. In Alaska, these funds are used to train social workers in delivery of adult and child protective services. Since it must be used only for Title XX services, state funded social services are restricted from utilizing this resource. Foster parents, local private contractors, municipalities, other state agencies - all providing valued Alaskan social services may not use the states only social services training program since it is partially funded with federal Title XX money.

To Summarize:

1. Federal regulation under Title XX has the effect of restricting the service clientele in Alaska from those who need services due to income, eligibility and service limitations based on national needs and income standards.

2. Federal regulations indirectly result in social service administrators not being able to design an appropriate program for Alaskan's with reference to local Alaska's social service needs.

3. The social services dollar in Alaska could be utilized for more effective direct services if federal regulations causing unnecessary administrative overhead were eliminated.

4. Federal Title XX training funds may not be utilized to train staff who are providing services funded through other resources such as Indian Child Welfare monies, state-only funded services, such as the State's aging and youth programs, etc.

F. Bruce Steadman
Title XX Planner

FISCAL IMPACT

DSS programs for FY 81 will exceed $20,000,000. The Title XX ceiling is $4,649,000 (plus $280,000 for training), less than one quarter of the total expenditures, yet because of federal regulatory requirements, the federal government, in effect, "drives" the Division's overall program. Sensible, forthright innovations, as seen by Alaskans, are difficult to put in place. It's a bargain for the Federal government: for 4.6 million they get to control, in a significant way, 20 million and social services delivery in Alaska.

Title XX, in itself, is not an innately bad law. Not in intent. The intent was to assist low income families in avoiding dependency, or becoming victims of abuse and neglect, or becoming institutionalized. The problem is, those things can happen to any of us, no matter what our economic status may be. Yet, to be eligible for Title XX monies, state programs making Title XX claims must spend at least one half of the claim on services provided to low income families. Or face withdrawal of funds.

But whereas the Title XX law is not innately bad (helping the poor, after all, it not an ignoable objective) the regulations that followed the law, are. All regulations are restrictive. Some are positively so. Some are mindlessly so. And some, like Title XX regulations, are destructively restrictive. Two short examples:

1. If a child is taken into custody, because of abuse or neglect, and placed in an institution, he is considered to be without income and, therefore, on the "good" (poor) side of the 50% rule. This applies regardless of the family income. But if a treatment plan is developed, whereby the the child remains in his home, and the family's income is above the national poverty line, he falls on the "bad" side of the rule. Too many children treated at home jeopardizes Title XX funding. Better to institutionalize them.

2. The Division wants to train staff and providers of Title XX services. The regulations state that any training session must last at least five days. Four days - Title XX funds withdraws. This might fall more into the mindless (and wasteful) category, except that it does jeopardize valuable training possibilities. For example, DSS plans training for specialized foster parents. The initial session lasts five days, but it would be more appropriate to have follow-up two day sessions after foster parents begin providing care for children. Five days are unnecessary; to extend these sessions would be padding, both in training content and in money spent. Furthermore, many foster parents could not take that much time away from their homes - and the children they are trying to help! It may, therefore, be necessary to cancel the follow-up sessions.

All of the above may not have much relevance to "fiscal impact." To lose Title XX means a loss of 4.9 million dollars in Federal funding. To free the state from strings which attach to these dollars probabaly cannot result in concomittment offsetting reductions in the state budget. That is, it is estimated that 15% of staff time is taken up with Title XX compliance; in dollars this runs to about $7,000,000; therefore, a 15% reduction in staff could take place and offset $7,000,000 of the $4,900,000 federal loss. This would be difficult to implement. Smaller offices would be reduced (e.g., 15% of one or two social workers?). Reduction would be have to be made only in the larger offices, such as Anchorage, Fairbanks, Juneau and Ketchikan. To make such reductions could save about $400,000.

The real fiscal impact would not be seen in this coming budget year. But the implications for the future would be significant. Alaska would not run its social services program in isolation from the other states and the Federal government. It would accept all the valuable information and consultation it could obtain. BUT ALASKA WOULD MAKE ITS OWN DECISIONS. And we, as Alaskans, ultimately being the only legitimate experts on Alaska, could not help but make more responsible fiscal plans, decisions, and implementations. Not to mention a drastically improved quality of social services delivery.

With the demise of Title XX and with the retention of staff as provided for in the FY 81 legislative budget, DSS could make this promise: no further requests in future years for Division staff unless warranted by an increase in state population. This is, in fact, a very large promise, for social service needs in Alaska are awesome. But with the freedom to act independently (independently of HEW, responsible to Alaska) DSS is confident it could provide a first rate program for our state, one that could match any other state. Well that's almost a cop out. Matching any other state's record in the delivery of social services wouldn't be all that difficult. We would have the best.

TITLE XX TRAINING
Implications for Alaska

Under Title XX of the Social Security Act, states are granted funds for personnel training. Training includes in-service training, and short and long term training for personnel directly related to providing services under the State's approved Annual Title XX Plan. Regulations and restrictions to allowable costs for federal financial participation in training are found in 45 CFR 228, subpart H.

Federal funds are available, then, to Alaska for training staff individuals who are directly, or through contract, providing services which are claimed for federal financial participation in the State's Annual Title XX Plan. In Alaska this means that we may only claim for training Division of Social Services' personnel, foster parents directly serving child protective service clients and homemaker support service providers. As with all federal funding, there are many restrictions and program consequences associated with receipts.

Many of these restrictions are generated from regulations and requirements of the general Title XX services program. Other problems result from the fluctuation of federal funding available after state budgets are prepared. For the most part, however, Alaska's unique geography, service needs and political subdivisions were not taken into account when Washington bureaucrats and big-city lobbying interests developed the training regulations. The following is a list of funding limitations and program restrictions and their consequent implications for Alaska's social services training program.

Training Funds Amount

Until October of 1979, federal training funds were not limited as they are in the general Title XX services allottments to states. Training programs were, therefore, only limited in Alaska by the amount of the 25 percent match appropriated by the legislature (federal training funding is based on a 75/25 federal matching formula).

On October 1, 1979, following the beginning of Alaska's 1980 fiscal year on July 1st, the Division was notified that the federal money available to Alaska for Title XX training was being reduced from $270,300 to $154,000. This is currently a tentative reduction pending action by Congress which will reportedly change the appropriation again. Obviously, it is virtually impossible for the Division to plan and manage a training program for Alaskans when funding is not stable nor the amount of funding is not known before administrative and legislative budget planning.

Providing that Congress acts on pending training legislation, Alaska will be allotted training funds based on population. Once again, Alaska's relatively small population will prevent adequate delivery of a service to a state service network where cost is higher due to expensive travel and per diem costs. To be more specific: the proposed funding formula will allow each state 3 or 4% of its general Title XX allottment (4.620 million for Alaska FY 81) for training. This allottment is based on Alaska's percent of the total United States population. In an urban state where training centers and programs are available with little or no travel costs, and where population is densely distributed, this allocation formula is not unreasonable. As an example - at the 4% formula for training, Alaska will receive $184,000 compared to the state of Washington's $1,730,676. Washington has virtually no travel costs in providing training. The majority of training expenses in Alaska is travel to and from training locations.

Who May be Trained (228.81)

Due to the inadequate federal funding received to operate Alaska's Title XX services program, Alaska limits its Title XX plan to claiming federal funds on three services - Information and Referral, Child Protection, and Adult Protection. Other states' federal Title XX funds are claimed for vocational rehabilitation services, alcohol and drug abuse services, aging services, correctional services, mental health services, local preventative services, and so on.

Federal regulation only allows states to train individuals (state, local, private providers, and volunteers who are directly involved with Title XX program services. Consequently, in Alaska, our training program is limited to DSS staff whose salaries are claimed for federal Title XX financial participation, foster parents who provide a resource to Child Protective Service children and Homemaker Service providers who provide an Adult Protective service. This compares to other states who may provide training to nearly everyone in their state who provide some sort of human service.

One of the stated objectives of the Department of Health and Social Services and the Division of Social Services is to shift the emphasis on provision of services from state agency services to local private provider services. Native corporations and municipalities would, therefore, be funded by contract to provide early intervention and prevention services. However, much to the disappointment of both the local providers and state administrators, Title XX regulation prevents the state from assisting in the training of these non-Title XX providers. Effective delivery of services and effective use of state funds often relies on the abilities and preparedness of the staff. Specialized training has a significant impact on the ability of human services staff to provide meaningful and practical services to Alaskans. Since Title XX funds the only human services training center in the State, and most private provider agencies are small with meager administrative resources,

it seems appropriate that they could receive training from the State's training center, sharing the resource with other state and locally funded agencies. Unless the state funds, other than the required 25 percent match, are provided for training, or the state expand its limited Title XX program, other providers of Alaskan human services may not utilize this training resource.

Training Activities Federally Matchable

Federal regulations are very specific as to the type, conditions and length of training which will be paid by federal funds. The following is a list of Title XX training activities which are seventy-five percent (75%) federally funded.

1. State agency employees and Title XX service contractual providers in full-time training of eight consecutive weeks or longer...feds will match salaries, fringe benefits, travel and education costs for state employees and travel and education costs for providers.

2. For state employees and private providers in full-time training for five full consecutive days or longer - travel, per diem, and education costs.

3. For state employees and private providers in part-time training less than five consecutive days - only education costs.

Comment: Item 2 and 3 above have been particularly troublesome for Alaska. In plain language, we may not pay for travel to and from training unless the training itself lasts five full days or more. Many times, the particular training need does not require five days. However, in order to get federal matching we must ask foster parents, homemakers, and social workers to be gone from their jobs or home for an entire week resulting in loss of time and costly administrative arrangements. In other states where travel is usually by personal care and is an insignificant cost factor, the five day training requirement is not a problem. In Alaska, where travel from one small town to the next is by expensive air travel, the costs are significant and as a result of the five day minimum administrative and service delivery time loss is also significant.

Alaska has fought this regulation on the basis that a training activity should include the time spent traveling to and from training, since in Alaska training participants must often travel a great distance (i.e., Barrow to Anchorage) to receive training. Therefore, a day of travel before and after three days of training would equal five days. This concept has been rejected, causing providers and state personnel to frequently be gone seven days instead of five and requiring additional time away from the job and additional per diem expenses. Once again, it seems that federal regulation has been written for urban areas without flexibility for Alaskans operating in different geographic and unique population distribution circumstances.

4. Purchasing Training Activities From Private Sector Experts

Federal funds are only available to pay private individuals and agencies (not state agency training employees) specializing in human service training for salary, fringe benefits, travel and per diem. Federal funds will not pay overhead costs such as clerical, equipment and rent. This prevents the state from purchasing training services from private providers since they are not able to pay their overhead costs. The state is able to contract with individual trainers and experts from local agencies as long as only their salaries are claimed for federal matching.

F. Bruce Steadman
Title XX Planner

PATRICK RODEY
ANCHORAGE

Alaska State Senate

JUNEAU, ALASKA 99811

601 W. 5TH AVE. SUITE 820
ANCHORAGE, ALASKA 99501

DURING SESSION

POUCH V
JUNEAU, ALASKA 99811

M E M O R A N D U M

TO: Sen. Glenn Hackney

FROM: Sen. Pat Rodey PMR

DATE: April 16, 1980

SUBJECT: SCR 46, RE: Title XX Funds

I would very much appreciate it if you could expedite this bill being passed out of your committee as soon as possible. Thank you.

mary -
Lets set for monday 4/21

4-17-80 Rodey notified

SCR

48

COMMITTEE REPORT

SENATE

FURTHER: Finance

2/19/80

Date: 3-17-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SCR 48

continuation of the satellite television project

under consideration and (a majority of the committee) (the committee) reports it back with the follow'ng recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Coletta Do pass

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Lorn Jacobson

CHAIRMAN

S 60 (Rev. 12/78)

NO REC

Introduced 2-19-80
Logged 2-19-80
Referral Finance
Comm. Meeting 3-17-80

SCR 48
By: The Labor & Mgmt. Committee by Request

"Relating to the ~~Satellite Network~~ 1980 the satellite television pregnant."

Called Jim Sourby for F/N - 2/13/80
He and Roger of Transp. is the one not been spoke with Melendez in Transp. She was here Condition obtain a demand req. 2-13-80 2:20 CA
F/N - no impact statement

Alaska State Legislature

Senate

JUNEAU, ALASKA

TO: Senator Hackney

FROM: Senator Ferguson

SUBJ: SCR 48, Continuation of the Satellite Television Project

DATE: March 14, 1980

I would first of all like to thank you for scheduling hearings on SCR 48, and to apologize for not being able to be present. Prior committments in Kotzebue have necessitated delaying my return to Juneau until Tuesday evening.

SCR 48 was introduced at the request of the Alaska Public Broadcasting commsision in an effort to further their endeavours to reach an agreement with the Department of the Air Force to provide satellite television coverage to their Alaska Division. Additionally if this agreement is reached the Air Force would share with the State of Alaska Transponder #9. This would enable us to have two transponders for use in providing live television coverage to the urban and rural areas of the state.

Mr. Porcaro of the Broadcasting Commission asked our assistance in showing support for his efforts in securing this agreement and in response we introduced this resolution.

It is my understanding that negotiations are continuing on this agreement and that passage of the resolution would be helpful in showing support on behlaf of the state legislature.

Thank you for your consideration in this matter. I will be glad to answer any questions upon my return to Juneau.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. SCR 48
Title Continuation of the Satellite Television Project
Requested by Senator Hackney Date 3/17/80

II. FISCAL DETAIL
Agency Affected Transportation & Public Facilities
Program Category Affected Planning & Research
BRU, Program, or Subprogram(s) Affected
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
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 Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)
It does not appear that implementation of the intent of Senate Concurrent Resolution Number 48 would have any appreciable financial impact on the existing costs.

The State and the Air Force are currently leasing satellite transponders to provide television services to their respective audiences. Some duplication of effort exists when the Air Force system carries programs which are also carried by the State system. These are generally commercial network programs carried by urban broadcast stations. If an agreement can be negotiated with the Air Force whereby certain programs of theirs can be made available to Alaska broadcasters, more time would be available on the State system for intra-State television delivery.

Because the State has leased full-time satellite television service and because of the tape delay center, from which most intra-State programs originate and which is manned during normal TV viewing hours, increasing the amount of intra-State programming would have little or no effect on the cost of this service.

IV. DATE 3/17/80 PREPARED BY Ted McIntire
AGENCY DOT/PF
PHONE 465-3900

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

33-001 (Rev. 12/79)

SJR

14

COMMITTEE REPORT

SENATE

(R)

1/31/79

FURTHER:

Date: 2-28-79

Mr. President:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had SJR 14

Protesting Internal Revenue Service regulations removing the tax-exempt status of certain private schools

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

_____

CHAIRMAN

S 60 (Rev. 12/78)

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

TO: SJR 14 SENATE BILL No. _____

HOUSE BILL No. _____

PAGE: 1 LINE: 19 and 20

line 19: after "schools" delete "which do not meet stringent and capricious affirmative action requirements and quotas"

SJR #14 "Protecting [illegible] Senate 79-80
By Bradley [illegible] removing the tax-exempt status of certain private pd.

Introduced 1-31-79
Logged 1-31-79
Referrals ——
Comm. meeting 2-28-79 Passed with amendment taken Senate desk 3-1-79 Office 8:35 A.m.
" action Passed with am.



Alaska Baptist Association

Resolution # 15-6
Adopted at 15th Annual Conference
held on March 1 & 2, 1979

Whereas we see continuing attempts by the Internal Revenue Service to control our churches and Christian schools through regulations and procedures that would deprive us of our first Amendment rights, and whereas Senator Bradley has introduced Senate Joint Resolution # 14 which eloquently and forthrightly expresses our cause,

Be it resolved that we, the Alaska Baptist Association, convened in our Annual Conference in Sterling Alaska, March 1 & 2, 1979, do immediately inform our elected officials in Juneau that we desire them to pass this resolution without delay, and be it further resolved that copies of this resolution be sent to President Carter and other officials as are vitally involved in the investigation of this matter, and to National Association of Christian Schools, and the Alaska Association of Christian Schools.

Alaska Baptist Association

Resolution # 15-5
Adopted at 15th Annual Conference
held on March 1 & 2, 1979

Whereas, many of our members are bearing a double financial burden in the education of their children by supporting public education thru taxation while sending their children to Christian Schools, because it is their religious conviction that they should do so,

Be it resolved that we, the Alaska Association of Baptist Churches as convened for our annual meeting in Sterling on March 1& 2, 1979, recommend the passage of SB-48 currently under consideration by our State Legislators, if underlines 23-36 of the bill be amended to include "or church denominational school".

SJR 14

Alaska Pacific University

Anchorage, Alaska 99504 907-276-8181

A STATEMENT TO THE SENATE HEALTH AND SOCIAL SERVICES COMMITTEE

As a representative of Alaska Pacific University, I would like to voice our support for Senate Bill 48 and Senate Joint Resolution 14, currently under consideration by the Senate Health and Social Services Committee.

The escalating costs of education, both public and private, have had a profound effect on the numbers of students in Alaska who are going on to a post-secondary education after graduation from high school. Although there is an apparent surplus of college-trained professionals in some areas, there continue to be serious shortages in others. Alaskan colleges and universities are faced with the responsibility of--in fact are charged by the public with--the development of accessible professional programs, the staffing and administration of those programs, and with informing the public of the availability of those programs in an efficient and economical manner. Increasing costs are adversely restricting these responsibilities. Ultimately the burden for maintaining well-educated leadership in Alaska rests with the taxpayer, with respect to public institutions, and the individual student or the parents of students enrolling in private institutions. Often that burden is too great. The alternative is increased reliance upon state or federal financial assistance programs. Invariably, these include educational loans, the availability of which is becoming more and more limited. Most of us are aware of the tremendous default rates for government loans; these defaulted loans not only escalate the costs of program administration, they also encumber the graduating student with considerable liabilities at the beginning of a career, liabilities in the form of debts that are more often than not uncollectable.

A reasonable tuition credit against taxes is an alternative that encourages participation in higher education and provides relief directly to those who need

it most--the career-bound students or students who seek a change in careers.

For these reasons, Alaska Pacific University supports Senate Bill 48 and Senate Joint Resolution 14, and we encourage their passage.

Thank you.

James E. Stevens
Assistant Dean

GRACE BAPTIST ACADEMY

(A Ministry of Grace Baptist Church)
1801 E. 68th Avenue
Anchorage. Alaska 99507

Alaska State Legislature
Teleconference Hearings
Legislative Information Office
1024 West Sixth Avenue
Anchorage, Alaska
February 28, 1979

With respect to SJR No. 14, I want to commend Senator Bradley for his keen understanding of the attempt of the IRS to force the closing of many of the Christian schools that have come into existence in the last two decades. His insight into the value of a "free marketplace of ideas" in order to keep our nation great clearly indicates that he is a man who has valuable ideas to promote in State and National governmental circles in behalf of the people he represents.

If the clear violation of the First Amendment as proposed by the IRS were to go unchallenged by our elected officials, we would lose hope of our survival as a church because both compliance or noncompliance with that proposal would dictate the demise of our Christian schools. We are praying for the passage of SJR14.

On the subject of Senate Bill No. 48 Senator Bradley's intent is welcomed with great enthusiasm by citizens who, whether by religious conviction or because they seek an educational and disciplinary philosophy differing from that offered by most public schools, have been paying double for the education of their children. Such discrimination against certain taxpayers is borne by them to demonstrate their sincere concern for the education and welfare of their children.

Relief from the double cost burden, or even a 50% credit as proposed strikes me as a right approach to the present inequity. But I see in SB48 that the "eligible educational institutions" are required to "meet accreditation or approval criteria established by the department by regulation."

Inasmuch as past attempts by the department to regulate private schools have included such regulations as would abridge our rights and could conceivably force us to compromise our religious convictions, I would respectfully ask that part (d) of SB48 and any reference to "eligible educational institutions" be excluded from the bill. This becomes a necessity to us because of the First Ammendment Rights, and would be in accord with the thinking of Senator Bradley as expressed in SJR #14.

Rev. Ludwig Zarbock, Pastor
Grace Baptist Church

PLEASE PRINT

Name William L. Hayes

Representing Anch. Christian Schools

Address 6401 Northern Lights

Phone

Here to TESTIFY T

Here to OBSERVE

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

William L. Hayes
(signature)

Have you participated in other legislative teleconferences? ~~No~~ How many? Would you have participated in this hearing if the network were not available?

PLEASE PRINT

Name Jerry O'BRIEN

Representing Anchorage Christian School

Address 6501 Dibart

Phone 338-4025

Here to TESTIFY T

Here to OBSERVE

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Jerry O'Brien
(signature)

PLEASE PRINT

Name Burton Carney

Representing Harvester Christian Church

Address 9101 Brayton Drive, 99507

Phone 344-0528

Here to TESTIFY T

Here to OBSERVE

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Burton Carney
(signature)

Have you participated in other legislative teleconferences? No How many? Would you have participated in this hearing if the network were not available? No

Name JERRY PREVO (T)

Here to TESTIFY

Representing ALASKA ASSOC. OF CHRISTIAN SCHOOL

Address 6401 E. NORTHERN LIGHTS

Here to OBSERVE

Phone 333-4812

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Jerry Prevo
(signature)

Have you participated in other legislative teleconferences? NO How many?

Would you have participated in this hearing if the network were not available? YES

PLEASE PRINT

Name Shyla Hansen (T)

Here to TESTIFY X

Representing Anchorage Christian Schools

Address

Here to OBSERVE

Phone

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Shyla M. Hansen
(signature)

PLEASE PRINT

Name Ron King (T)

Here to TESTIFY

Representing Anchorage Christian Schools

Address 6101 E. Northern Lights

Here to OBSERVE

Phone 337-9575

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Ronald H. King
(signature)

Have you participated in other legislative teleconferences? No How many?

Would you have participated in this hearing if the network were not available? yes

PLEASE PRINT

(T)

Name Kay Frank Here to TESTIFY YES

Representing The Citizens Log Comm (State)

Address SRB -516 PALMER AK Here to OBSERVE ____

Phone 745-4128

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Kay Frank
(signature)

Have you participated in other legislative teleconferences? no How many? ____ Would you have participated in this hearing if the network were not available? no

PLEASE PRINT

(T)

Name GLENN W. CLARY Here to TESTIFY X

Representing Self

Address 5700 College DR. Here to OBSERVE ____

Phone 3376708

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Glenn W. Clary
(signature)

PLEASE PRINT

(T)

Name Bill Leight Here to TESTIFY ✓

Representing SELF

Address 3011 Kerry Cir Here to OBSERVE ____

Phone 337 2495

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

William W. Leight
(signature)

Have you participated in other legislative teleconferences? no How many? ____ Would you have participated in this hearing if the network were not available? yes

PLEASE PRINT

(T)

Name Betty Burrows Here to TESTIFY ✓

Representing Myself - present

Address 2801 Bridlewood Here to OBSERVE ____

Phone 243-3539

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Betty Burrows
(signature)

PLEASE PRINT

(T)

Name Margaret Green Here to TESTIFY ✓

Representing Tom Thumb Montessori

Address 2605 Zuni St Here to OBSERVE ____

Phone 277-5033

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Margaret Green
(signature)

Have you participated in other legislative teleconferences? Yes How many? 1 Would you have participated in this hearing if the network were not available?

PLEASE PRINT

(T)

Name Alberta R. Keyes Here to TESTIFY ✓

Representing Self

Address PO Box 10-1212 Here to OBSERVE ____

Phone 344-5397

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Alberta Keyes
(signature)

Have you participated in other legislative teleconferences? No How many? ____ Would you have participated in this hearing if the network were not available? Yes

How did you learn about this hearing?

Name Dawson Fagan Lewayne Payne Here to TESTIFY (T)

Representing E. T. Pb Church of God

Address 1211 S. Bragaw Here to OBSERVE ____

Phone 243-2822

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

_____
(signature)

Date: ... this hearing

PLEASE PRINT

Name Jack Bacher Here to TESTIFY (T)

Representing Anchorage Christian Academy

Address 7145 Madelynne Dr Here to OBSERVE ____

Phone 333-1414

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Jack Bacher
(signature)

Date: ... Would you have participated in this hearing

PLEASE PRINT

Name Fred B. Morgan Here to TESTIFY X

Representing Self

Address Box 2329; Anch, AK. 99510 Here to OBSERVE ____

Phone 277-8522

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Fred B. Morgan
(signature)

Have you participated in other legislative teleconferences? Yes How many? 2

Would you have participated in this hearing if the network were not available? No

Name Patricia a Steinmetz Here to TESTIFY (T) ✓

Representing MY SELF

Address 325-D Gulkana ST Here to OBSERVE ____

Phone 862-5268

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Patricia a Steinmetz
(signature)

Have you participated in other legislative teleconferences? No How many? ____ Would you have participated in this hearing if the network were not available? NO

PLEASE PRINT

Name Joseph O. Steinmetz Here to TESTIFY (T) ✓

Representing MYSELF

Address 325 D GULKANA ST. Here to OBSERVE ____

Phone 862-5268

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Joseph O. Steinmetz
(signature)

Have you participated in other legislative teleconferences? NO How many? ____ Would you have participated in this hearing if the network were not available? NO

PLEASE PRINT

Name RICHARD C SOUERNS Here to TESTIFY (T)

Representing SELF

Address SRA Box 1507B Anch AK 99507 Here to OBSERVE ____

Phone 349-4165

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Richard C Souerns
(signature)

Have you participated in other legislative Would you have participated in this hearing

Name JAMES E. STEVENS Here to TESTIFY ✓

Representing ALASKA PACIFIC UNIVERSITY

Address ANCHORAGE, AK. 99504 Here to OBSERVE ____

Phone 276-8181

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

James E Stevens
(signature)

Have you participated in other legislative teleconferences? n/a How many? ____ Would you have participated in this hearing if the network were not available? YES

PLEASE PRINT

Name Ed Reinus Here to TESTIFY X

Representing My Self

Address 8310 Wellsley Ct Here to OBSERVE ____

Phone 344-4131

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Edwin V. Reinus
(signature)

Have you participated in other legislative teleconferences? N.O. How many? ____ Would you have participated in this hearing if the network were not available? No

PLEASE PRINT

Name Rev. Ludwig Zerbe Here to TESTIFY ✓

Representing Grace Baptist Church

Address 1801 E. 68th Ave. Here to OBSERVE ____

Phone 349-5426

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

(signature)

Have you participated in other legislative ... Would you have participated in this hearing

Attachment telecopied

Name DENISE KNAPP Here to TESTIFY ____

Representing DELTA DENTAL PLAN OF ALASKA

Address 1400 W. 31st AVE. Here to OBSERVE ____

Phone 278-3624

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

D. Knapp
(signature)

Have you participated in other legislative teleconferences? no How many? ____

How did you learn about this hearing? From notice mailed to Alaska

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network:
___ instead of travel
___ instead of phone conversations

PLEASE PRINT

(T)

Name ALLEN BIANCO Here to TESTIFY X

Representing PRIVATE SCHOOLING

Address P.O. Box 10-785 Here to OBSERVE ____

Phone 344-7738

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Allen Bianco
(signature)

PLEASE PRINT

(T)

Name Mrs Evelyn M. Hadfield Here to TESTIFY ____

Representing ____

Address 8050 Lake Axis #2 Here to OBSERVE ____

Phone 276-3656

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Mrs. Evelyn M. Hadfield
(Signature)

Have you participated in other legislative teleconferences? ____ Would you have participated in this hearing

Name Dan Zinck — Here to TESTIFY X

Representing MYSEC

Address 935 E 7th — Here to OBSERVE ____

Phone 344-2013

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Dan Zinck
(signature)

Have you participated in other legislative teleconferences? X How many? 1

Would you have participated in this hearing if the network were not available? ____

How did you learn about this hearing? ll

If yes, did you use the network: instead of travel

PLEASE PRINT

left

Name Denny BALASCIO — Here to TESTIFY X

Representing ____

Address S.E.A Box 1631-C 99507 — Here to OBSERVE X

Phone 399-7487

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

D.M. Balascio
(signature)

PLEASE PRINT

left

Name Rod Thompson — Here to TESTIFY X

Representing Self

Address P.O. Box 2333 — Here to OBSERVE ____

Phone 344-1026

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Rodney A. Thompson
(signature)

Have you participated in other legislative teleconferences? NO How many? ____

Would you have participated in this hearing

PLEASE PRINT

Name [illegible] Here to TESTIFY ____

Representing Self & Homer's educators

Address 9647 3rd Ave Here to OBSERVE ✓

Phone 275-8179

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

[signature]
(signature)

PLEASE PRINT

Name NANCY N. MARKLEY Here to TESTIFY ____

Representing SENATOR MIKE GRAVEL

Address P.O. BOX 2283, ANCHORAGE 99510 Here to OBSERVE ✓

Phone 277-4591

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Nancy N. Markley
(signature)

Have you participated in other legislative teleconferences? NO How many? ____ Would you have participated in this hearing if the network were not available? ____

PLEASE PRINT

Name Rob Mourant Here to TESTIFY X

Representing Alaska Student Lobby

Address 631 E 22nd Apt B11 99503 Here to OBSERVE ____

Phone 276-7312

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Rob Mourant
(signature)

Have you participated in other legislative teleconferences? 0 How many? Would you have participated in this hearing if the network were not available?

PLEASE PRINT

Name Alan Daniels — Here to TESTIFY ____

Representing Anchorage Christian School

Address 6401 E. N. Lights Blvd. — Here to OBSERVE ✓

Phone ____

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Alan R. Daniels
(signature)

Have you participated in other legislative teleconferences? mr How many? ____ Would you have participated in this hearing if the network were not available? ____

PLEASE PRINT

Name René Hunter — Here to TESTIFY ____

Representing Anchorage Christian Schools

Address 6401 E. Northern Lights — Here to OBSERVE ✓

Phone ____

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

René St. Hunter
(signature)

Have you participated in other legislative Would you have participated in this hearing

PLEASE PRINT

Name Jim Julien — Here to TESTIFY ____

Representing Anchorage Christian Schools

Address 6401 E. Northern Lights — Here to OBSERVE ✓

Phone ____

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Jim Julien
(signature)

Have you participated in other legislative Would you have participated in this hearing

PLEASE PRINT

Name Lori Hall — Here to TESTIFY ____

Representing Anchorage Christian Schools

Address SRH Box 47A Anch. AK 99502 — Here to OBSERVE ✓

Phone 344-0477

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Lori Hall
(signature)

PLEASE PRINT

Name Alecia Aniotti — Here to TESTIFY ____

Representing Anchorage Christian Schools

Address 6401 Northern Lts. — Here to OBSERVE ✓

Phone 337-9575

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

(signature)

Have you participated in other legislative teleconferences? ____ How many? ____ Would you have participated in this hearing if the network were not available? ____

How did you learn about this hearing? ____ If yes, did you use the network: ____

PLEASE PRINT

Name KEVIN MAGUIRE — Here to TESTIFY ____

Representing ANCHORAGE CHRISTIAN SCHOOLS (A.C.S.)

Address 6401 E NORTHERN LIGHTS — Here to OBSERVE ✓

Phone ____

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Kevin Maguire
(signature)

Have you participated in other legislative — Would you have participated in this hearing

PLEASE PRINT

Name DOROTHY LEE

Here to TESTIFY ____

Representing THE SALVATION ARMY

Address 135 E. 8TH

Here to OBSERVE X

Phone 277-2591

& TO WRITE

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Dorothy Lee
(signature)

Have you participated in other legislative teleconferences? No How many? ____

Would you have participated in this hearing if the network were not available? ?

How did you learn about this hearing?

Mailed-notice

If yes, did you use the network:
__ instead of travel
__ instead of phone conversations
__ instead of mailed testimony

Date: 2/28/79 Subject: SB 48, SB 214, SJR 14 Location: Anchorage

The following teachers and students from the Anchorage Christian School were prepared to testify on SB 48 and SJR 14 during the teleconference 2/28/79, but because of the large number of witnesses scheduled agreed to have four spokesmen express their views. (The spokesmen were Mr. O'Brien, Mr. Hovey, Mr. Moreland and Miss Hanson).

Ronald Kine
Terry Roache
Harold Lewis
Tim Bishop
Alecia Chriscie
Kelly Mason
Theresa Pierce
Steven van Dusen
Ellis Blacksheer
Rogert Bogner
Jimmy Julien
Delores March
Debbie Summers
Linell Wood
Lori Gam
Lori Schultz
Allen Daniels
Vicky Bailey
Paul Green
Nanette Hunt
Katie Julien
Monte Moreau
Shawn Brownell
Randy Lewis
Theresa Cordesi
Kevin McGuire
Nancy Carter
Jimmy Carter
Tony Orr
Melanie Smith
Beth Vickrey
Pam Bond
Donna Charles
Terry Tickerson
Lori Hall
Renee Heyter
Danny Church
Jeanie Day
Scott Willis
Philip Ullrich
Taylor Pinkney
Tammy McIntyre
McCollough
David Hovey

ALASKA'S LARGEST SUNDAY SCHOOL



Anchorage
Baptist Temple

6401 East Northern Lights
Anchorage, Alaska 99504
907 333-6535

JERRY PREVO
PASTOR

ASSISTANT PASTORS

BILL LEIGHT
W. CARLIN DEMPSEY
DEL BROCK
JOHN EMERY
MARK MULLINS

SECRETARY

GRACE MITCHELL

March 1, 1979

The Honorable Glenn Hackney
Senator from Alaska
Pouch V
Juneau, Alaska 99811

Dear Sir:

I am very much interested in SB 48 regarding educational tuition credit. I believe it is a fair bill, and one that is overdue. Some fear that it will hurt the public school system, but I believe to the contrary, that it will strengthen the public schools. It will finally convince the public school administrators and people that they must do something to improve the educational programs for our children today.

I believe part D under section 1 should be amended to read that an "eligible educational institution is one which meets accreditation or approval by criteria established by the Alaska State Legislature." This could be done by adding the words at the end "or Section 4 of AS 14.40.010 (b)1." This is the Alaska Compulsory Education Statute that states that a child must attend a public school or one of the three other kinds of schools. Since those schools have been approved by the Legislature, they should automatically be approved as eligible educational institutions. We believe this needs to be spelled out clearly by the Legislature in order to prevent the Department of Education from coming up with regulations beyond those which the Legislature has already prescribed.

Of course, this will not give any relief to parents who send their children to a church-sponsored school unless House Joint Resolution 11 is passed, which will allow indirect aide to religious sponsored schools.

ALASKA'S LARGEST SUNDAY SCHOOL



Anchorage
Baptist Temple

6401 East Northern Lights
Anchorage, Alaska 99504
(907) 333-6535

JERRY PREVO
PASTOR

ASSISTANT PASTORS

BILL LEIGHT
W. CARLIN DEMPSEY
DEL BROCK
JOHN EMERY
MARK MULLINS

SECRETARY

GRACE MITCHELL

Also, we are very much interested in SJR 14, protesting Internal Revenue Service regulations removing tax exempt status of certain private schools. Your support of this resolution will be very much appreciated. Action on this bill is very important, since IRS is steadily moving forward to invoke these unconstitutional regulations.

Thanks in advance for your help.

Sincerely,

Jerry Prevo

Dr. Jerry Prevo

HARVESTER CHRISTIAN ACADEMY
DIVISION OF SOUL HARVEST, INC.

9101 BRAYTON DRIVE
ANCHORAGE, ALASKA 99507
907-344-0528

February 28, 1979

Testimony before the House H.E.S.S. Committee
Legislative Information Office, Anchorage

SJR14

Good afternoon Senator Hackney and Committee members.

I am Burton Carney, Principal of Harvester Christian Academy in Anchorage which is the teaching ministry of Harvester Christian Church, Paul Glover, Pastor. Harvester Christian Academy is an active member of the Alaska Association of Christian Schools and affiliated with the American Association of Christian Schools.

I am strongly in favor of SJR14 and seek to enlist your support for its passage. The bill is well written and directly addresses the problem that church schools face in this state.

The U.S. government, acting through the IRS, presently requires each private religious school to register with the IRS, using their standard form 5578, which provides the IRS with certain information regarding the control of the school, and what exemption covers the school, and requires a statement of non discrimination. The schools are also presently required to include a policy statement of racial nondiscrimination in all of its brochures and catalogues dealing with student admissions, programs and scholarships. It must also presently make known its racially nondiscriminatory policy through publication in a newspaper, or communication through use of the broadcast media, of such nondiscriminatory policy.

The newly proposed guidelines go even further in extending the control of the IRS over private Christian schools. This includes a determination by the government as to the number of minority students actually enrolled, as well as an inquiry into the various activities of the school, covering such things as student admissions, the hiring of teachers and other staff personnel, the use of the building, which, in many cases is a church facility, and an examination of the curriculum to determine whether there is any special minority oriented curriculum or orientation programs.

With the new guidelines, the government proposes to control the school's ability to admit or deny admittance to any student applying to the school, as well as the school's ability to hire or fire the teachers. As many Christian schools only hire teachers who have the same religious belief, and admit only those students who either belong to the church or are willing to subscribe to the same religious beliefs, this decision to include private schools under the

proposed guidelines infringes upon the right of our churches and parents to have their children taught by someone who holds the same values as they do, and to have the necessary religious atmosphere, generated by a unanimity of faith among the students. This not only infringes upon the religious liberties of the parents, the students, and the teachers, it does so in a way that is completely contrary to the reasons why exemptions were originally given to churches and church schools.

We object to the new IRS proposal because it puts the financially expensive burden of proof as to whether churches are operated in a nondiscriminatory manner on the churches themselves. It really uses the GUILTY UNTIL PROVEN INNOCENT APPROACH which is contrary to the basic American way for doing things.

For these reasons I ask that you please support SJR14 and pass it quickly so that it may be sent on to Washington.

SB48

I also wish to speak today concerning SB48 Tuition Credits.

I appreciate the fact that SB48 recognizes the fact that parents exercising their freedom of choice by sending their children to private schools bear an undue financial burden. They must not only pay taxes for public education, but also tuition that averages $1,000 per child in this state. Tax relief is needed.

However, our church, its staff, and the church families are OPPOSED to the passage of SB48 unless an additional phrase is added to line 26 that includes the words, "OR school operated as a ministry of a church."

Without the additional wording being added, the State of Alaska would have to approve my church's educational ministry before our parents could receive the tax benefit. Not only does this violate the Constitutional separation of church and state, but sets a dangerous precedent for state intervention into church programs.

To be state approved implies that our school would have to conform to the same regulations as the public schools in this state. Our church schools purposefully operate in a manner different than the public schools. There is always the chance that an over-zealous official will attempt to interfere with our church school program, as has occurred in some other states, if we were to be state accredited or state approved.

I would seek to remind members of the Committee that SB323 was passed into law last year. Alaskan statutes NOW recognize as private schools not only those that are state accredited or state approved, but ALSO those private schools which have their own teacher training and academic programs as long as they can demonstrate that the children are learning equally well as their public school counterpart.

Since an Alaskan statute NOW recognizes as a school one that is NOT state approved or state accredited, please add wording to SB48 that would likewise recognize this change in our laws.

I do want to say that if this Committee does not add this wording to protect the integrity of our church, we will find it necessary to do everything in our means to oppose its final passage into Alaskan law.

In summary, SB48 attempts to alleviate a definite problem that our parents face, but needs additional wording to PROTECT our church according to the principle of separation of church and state.

Thank you.

Burton Carney

Burton Carney

SJR 14

Sen. Bradley. Mr. Chairman, I introduced both of these bills, SJR 14 and SB 48 by request of a lot of private schools in the Anchorage area. In regards to SJR 14, this resolution simply supplements hundreds of thousands of letters that have been sent to the President of the United States, U. S. Senators and Representatives, and the Internal Revenue Service, not to mention those sent to state legislators such as ourselves.

If we do not take action now, of which the resolution is a part, to inform the powers in Washington, D. C. of our intention to resist and hopefully prevent proposed IRS regulations which threaten our private schools at the loss of their tax-exampt status. Our contributions to these schools will eventually be considered a government subsidy if you claimed them as a tax exemption even though your contribution may be to a church or some other private and nonprofit school. If it is a church school this could even include your offerings. A government subsidy means only one thing: government control. If we permit, government will either eliminate or take over control of our private schools which are, for the most part, much superior to most of our public schools. Achievement tests have proven this. Many of the private high schools are graduating our youth from school as competent graduates at the age of 15 and 16 and are even teaching additional courses such a the principals of free enterprise, economic development and business, which made our nation the greatest on earth.

Passage of this resolution may subsequently assist in passage of U. S. Senate Bill 103 which has been introduced in the 94th Congress. This bill would delay implemention of the proposed IRS regulations and permit time for hearing in federal legislation if necessary. Our Congressman Don Young has joined numerous other congressmen in requesting Congressman Ulman, who is Chairman of the House Ways and Means Committee, to hold public hearings on the IRS regulations. The Internal Revenue Code now gives a tax exemption to charitable, religious and educational institutions. Tax exempt status is valuable to private schools for two reasons: it means that the government itself, they and their employees are not required to participate in the social security program; more important it means that the contributions to these schools are tax deductible by the donor. The effective government subsidy inherent in this tax deduction amounts to billions of dollars a year for all private schools and their benefactors. One of the purposes of the exemption is to encourage educational diversity.

To save time I shall provide a hand our which is a synopsis of the IRS regulation demands and the members of the committee can read it for themselves.

26 people from Anchorage proceded to testify on both SJR 14 and SB 48. No one was opposed to SJR 14.

Sen. Sturgulewski. Line 19, I wonder if you would have a major . . . .

Overall I think there has been a very excellent idea expressed in your whereas's and conclusions, I think it is important that Congress does in fact allow for full public debate on an issue like this. I do, however, have a concern on line 19 when it begins "which do not meet stringent and capricious affirmative action requirements and quotas." I wonder if you might consider a deletion of that portion. I do not know all of the things that may be good, bad and indifferent about the particular regulations that are being proposed and I think that your statement is very strong without singling out a part of it and its really my personal feeling that weakens the ability of this particular resolution to go forward. I think it is an important resolution. I wonder if you would consider dropping that wording or having the bill amended to delete it?

Sen. Bradley. yes, I think it suggests something we don't need to suggest.

Sen. Sturgulewski. With that I see no reason I could not support with a do pass.

Sen. Fahrenkamp. Since this same type of bi[illegible]s being heard at the present time in Congress in the House [illegible]s and Means committee, I think it would be appropriate if we planned on having this bill be effective in influencing those hearings It would be good for us to address this just as quickly as we can and get it out.

Motion to make amendment. No objection to amendment. So ordered. Out with individual recommendations as amended.

Office Copy

Introduced: 1/31/79
Referred: Health, Education & Social Services

IN THE SENATE BY BRADLEY

SENATE JOINT RESOLUTION NO. 14

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

Protesting Internal Revenue Service regulations removing the tax-exempt status of certain private schools.

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

WHEREAS a free marketplace of ideas is the cornerstone of a democratic society, and a flourishing of private schools offering a choice of religious and educational philosophies is essential to the greatness of our nation; and

WHEREAS Congress has recognized the important educational role of private schools and implemented the constitutional requirement of separation of church and state by granting tax-exempt status to private schools; and

WHEREAS most private schools cannot cover their operating costs with tuition but depend heavily on tax-exempt donations; and

WHEREAS the Internal Revenue Service has threatened the very existence of private schools by writing regulations which would remove the tax-exempt status of private schools which do not meet stringent and capricious affirmative action requirements and quotas; and

WHEREAS this precedent-setting decision by the Internal Revenue Service, which would have a major impact on the future course of American education, is a profound change in the policies established by Congress, and is in effect usurping the policy-making responsibilities of Congress;

BE IT RESOLVED that the Alaska State Legislature protests the regulations proposed by the Internal Revenue Service which threaten private schools with the loss of their tax-exempt status; and be it

FURTHER RESOLVED that the Alaska State Legislature urges Congress to enact legislation similar to S. 103, now introduced in the 94th Congress,

which would delay the promulgation and effective date of the Internal Revenue Service regulations and would give Congress a chance to weigh the effects of such regulations and take appropriate action.

COPIES of this resolution shall be sent to the Honorable Jimmy Carter, President of the United States; Mr. Jerome Kuntz, Commissioner, Internal Revenue Service; the Honorable Orrin G. Hatch, U. S. Senator from Utah and prime sponsor of the Save Our Schools Act; and to the Honorable Ted Stevens and the Honorable Mike Gravel, U S. Senators, and the Honorable Don Young, U. S. Representative, members of the Alaska delegation in Congress.

SJR

22

COMMITTEE REPORT

SENATE

FURTHER: None

2/13/79

Date: 2-12-79

Mr. President:

The Committee on Health, Education and Social Services has had SJR 22

applauding Alaska hospitals voluntary cost containment efforts & requesting progress report to the legislature

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

SJR22
By Hackney

"Expressing the ~~[illegible]~~ Volunteer Cost Containment efforts & requesting progress report to the legislature

Notify Jennie Potts

Introduced: 2-13-79
Logged: 2-13-79
Referrals: None
Comm. meeting 3-12-79
" action Passed Taken Senate Secy @ 8:30 A.M. - 3-13-79

FOR ALLIED HOSPITAL ASSOCIATION PUBLIC RELATIONS DIRECTORS

EXHIBIT #3

January 1979 Vol. 7, No. 1

Allied Public Relations Directors to Meet in April

The annual meeting of the allied association PR directors will be held at LaMansion, San Antonio, TX, April 25-27. The program will include discussions of industry issues, and problems and programs as they relate to the public affairs function in state, regional and metropolitan hospital organizations.

Members are urged to begin making plans to attend and to send any program suggestions to Dick Bregstein, director, public affairs, Illinois Hospital Association, 1200 Jorie Blvd., Oak Brook, IL 60521, (312) 325-9040.

Update on Voluntary Effort Includes National and State-Level Priorities and Physician Involvement

For those who were not able to take part in the PR Commo-Net call on November 29 and requested information on the Voluntary Effort (VE), here is a summary.

The National Steering Committee met November 20 and reviewed the VE work plans from the state associations and approved them, asking that key staff of participating organizations assure that all figures are in sync.

National and state-level priorities

The committee set four priorities for state and national levels next year: 1) Continue to build awareness of and commitment to VE on the part of hospitals and physicians; 2) Increase monitoring and reporting activities on state and national levels; 3) Provide technical assistance to hospitals in their cost containment efforts; and 4) Lay the foundation for VE beyond 1979 and deal with issues in addition to hospital costs.

A package was mailed in mid-November to institutional members to aid them with suggestions on how to achieve compliance with the Administration's wage and price guidelines. The subject heading on the VE Technical Assistance Program letterhead was "Salary Guidelines Under Voluntary Wage and Price Guidelines." Any questions about the mailing should be directed to Emily Johnson, Financial Systems Department, AHA.

Tips on resources for physician involvement

The primary resources for information on how to involve physicians in private practice as well as in hospitals are Bill Cohan and Robin Menes at the AMA, 535 N. Dearborn St., Chicago, IL 60610.

The AMA has produced a kit for use by individual physicians or medical staffs. It was mailed to state and county medical societies and is available to state hospital associations from the individual societies.

AHA resources for information about physician involvement are Patricia Parks, Division of Medical Services, (312) 280-6453; Paul Earle, VE executive director, (312) 280-6634; and Joe Rosmann, VE assistant director, (312) 280-6583.

National Hospital Week to Focus on Costs

The theme for National Hospital Week, May 6-12, is "The Voluntary Effort -- It's Working for You." Hospitals' strides in delivering cost-effective care in the best interests of the American people will be emphasized, as well as efforts to maintain the unique concept of voluntarism in this country.

Kits, which will be mailed to members in February, will contain materials and artwork that will help hospitals demonstrate how patients and the community can best utilize hospital services to get the most cost-effective care. Suggestions for involving employees will stress the importance of their contributions to reducing the cost of health care.

Maryland Survey Tells Pols' Views on Health

Maryland voters were able to find out, for the first time, how gubernatorial candidates stood on health issues through the laudable efforts of the Maryland Hospital Association (MHA).

An Editorial

ve

Voluntary Effort advances at surprising pace for such a task

The Voluntary Effort (VE) — which was just an idea only a few short months ago — is moving toward reality with surprising speed when you consider the enormity of such an undertaking and the diversity of the elements of the health care industry that are involved.

The National Steering Committee on Voluntary Cost Containment drafted a 15-point program in mid-December, 1977, as a blueprint for an unprecedented grass roots movement to hold down health care costs. Within less than two months, state-level cost containment committees were organized — or were in the process of being organized — in all 50 states and the District of Columbia, thanks to the joint cooperation of the hospital and medical associations in each state.

It is true, of course, that some states are moving faster than others to implement the program. But, take into consideration the fact that the various entities of the health care industry are better organized in some states than in others.

The Voluntary Effort was never intended to be something that could be accomplished easily. The vast complexities within the health delivery system would most certainly prevent any such eventuality.

By and large, the Voluntary Effort has been well received throughout the country by state hospital and medical associations and individual hospital administrations and medical staffs. There has been, of course, some skepticism. This is only natural because there are many questions to be answered and much restudy to be done to find out where and how to cut costs without affecting the quality of care.

It must be emphasized that the Voluntary Effort is not a one-shot program confined to a definite time frame. It will — and must — continue indefinitely, regardless of what happens legislatively because its success or failure is not tied directly to legislation. It was not undertaken to thwart one piece of legislation — although, admittedly, the threat of mandatory cost controls was a major catalyst in getting the effort under way. Health care industry leaders are convinced that voluntary cost containment is a far better alternative than more government regulation.

The voluntary program is designed to tackle the tough problem of reducing the rate of increase in hospital costs. Thus, it is tied to the peaks and valleys of the nation's economy, and the dilemma of inflation is likely to be with us for a long time to come.

Also, voluntary cost containment must be an ongoing effort because there always will be those who believe that government can do a better job of holding down costs by law or regulation than the private sector can — or is willing to do — voluntarily. It is time to prove how wrong the skeptics can be, including those within our own industry.

It is very difficult to understand why leaders in the Executive Branch, especially the President and Secretary of HEW, won't support the industry's Voluntary Effort to police itself. The President said in his State of the Union Message in January that he did not believe in wage and price controls and stated that "a sincere commitment to voluntary restraint provides a way, perhaps the only way, to fight inflation without government interference." Yet, his Administration insists on going ahead with its mandatory cost control legislation.

We often hear various members of Congress say that anything government can do, the private sector can do better. Now is the time for them to back that belief.

To put it bluntly, the Voluntary Effort has placed the integrity of the health care industry on the line. We must not fail.

Steering Committee guides grass roots effort to curb health costs

When Congressman Dan Rostenkowski (D-Ill) challenged the health care industry late in 1977 to voluntarily contain costs as a means of avoiding mandatory controls, he touched off a massive grass roots program of unprecedented proportions in the private sector of the health delivery system.

The challenge carried the weight of authority because Rostenkowski is chairman of the Health Subcommittee of the House Ways and Means Committee and a sponsor of the Carter Administration's hospital cost control legislation.

The American Hospital Association (AHA), American Medical Association (AMA) and Federation of American Hospitals (FAH) joined forces, and, in November, 1977, launched the historic, industry-wide voluntary cost containment program — called the Voluntary Effort (VE).

The first major step was the appointment of a blue ribbon National Steering Committee on Voluntary Cost Containment — composed of representatives of providers, carriers, business and consumers.

The committee co-chairmen are:

□Samuel Tibbitts, chairman of the AHA and president of the Lutheran Hospital Society of Southern California.

□Robert B. Hunter, M.D., chairman of the AMA board of trustees and a general practitioner from Sedro Wooley, Washington.

Other committee members are:

□Andrew W. Miller, president-elect of the FAH and senior vice president of Hospital Corporation of America (HCA).

□Robert Froehlke, president of the Health Insurance Association of America (HIAA).

□Harold Buzzell, president of the Health Industry Manufacturers Association (HIMA).

□Walter McNerney, president of the Blue Cross/Blue Shield Association.

□Mrs. Virginia Knauer, former presidential special assistant on consumer affairs and president of Virginia Knauer and Associates, consumer consultants.

Then came the second major step.

Goals drafted

At its initial meeting in December, 1977, the National Steering Committee drafted a 15-point program of guidelines and goals — which is the crux of the Voluntary Effort.

The major goals of the program are:

A reduction in the rate of increase in hospitals expenditures of 2 percentage points a year over the next two years.

No net increase in hospital beds during 1978.

A reduction in new capital investment during 1978 and 1979.

Here is a summary version of the 15 points established by the National Steering Committee:

1. Affirmed the action taken by the AHA, AMA, and FAH urging the immediate creation of state-level voluntary cost containment committees, established through the leadership of the state hospital association and state medical society.

2. Affirmed the action called for by the AHA in its recent mailgram to member institutions requesting an immediate reassessment of planned budget and charge adjustment to be implemented beginning January 1, to see if anything further can be done in



National Steering Committee

the short term to reduce these increases, consistent with sound medical practices.

3. Established as the primary objective of the voluntary cost containment program a reduction in the rate of increase in hospital and health care expenditures so that the gap between this rate of increase and that of the Gross National Product is significantly narrowed over the next several years. The first step would be to reduce the rate of increase in total non-federal expenditures by 2 percentage points each year for 1978 and 1979.

4. Established interim guidelines linked to No. 3 above for consideration by (a) all hospitals for reassessing their current budget, and (b) the newly created state committees to identify those hospitals where special cost containment efforts need to be carried out and to provide directions for state-level committees in developing their cost containment and review activities.

Would trim investment

5. Establish a national goal of significantly reducing new capital investment over the next couple of years, including an objective of no net additions to the total stock of hospital beds as of December 31, 1977, and reducing capital expenditures to 80% of the price adjusted annual average for 1975, 1976, and 1977.

6. Requested that all hospital medical staffs reaffirm their commitment to carry out effective utilization review programs to assure the efficient provision of health care services and, consistent with

sound medical practice, all hospital medical staffs should consider ways to further tighten their utilization review programs.

7. Called for expanded study and development between state committees of programs to significantly improve productivity in hospitals, giving special emphasis to ways in which hospitals can hold the line on or reduce man hours per admission. The objective is for each hospital to improve productivity by 2% per year for 1978 and 1979.

8. To accelerate current trends to improve the health delivery system through multihospital systems, shared service programs, increased accessibility to primary care, and to increase the alternatives for delivery of health services, particularly through HMOs and single and multispecialty medical groups.

9. Called for the immediate communication of the above stated goals and guidelines to all hospital chief executive officers, chiefs of medical staffs, hospital board chairmen, state hospital and medical societies and all other allied associations, urging their support and cooperation of this program.

10. Called upon the AHA, AMA, and FAH to develop technical assistance programs to assist both hospitals and state committees in meeting the goals of the voluntary cost containment programs.

Supplier's support asked

11. Urged each hospital supplier to support the voluntary cost containment program and to exercise restraint in its pricing policies.

12. Established a subcommittee for public education to develop approaches for explaining the voluntary program to the public. This committee also should consider ways to actively involve consumers, providers, trustees, industry, labor, and others in an effort to contain hospital and health care costs and to consider ways to resolve the problem of increasing public demand for health services.

13. Called upon the CEOs of the AHA, AMA, and FAH to contact the Department of Health, Education and Welfare, the Council on Wage and Price Stability, congressional leaders and the White

Model resolution in support of Voluntary Effort

Here is a model resolution that the governing boards of hospitals have been asked to adopt in support of the Voluntary Effort:

WHEREAS, the American Hospital Association, the American Medical Association, and the Federation of American Hospitals, in recognition of the need to restrain the rate of increase in health care expenditures, agreed to organize a Voluntary Cost Containment Program and urged each hospital to reassess its operating and capital budgets to see if anything further can be done to reduce these budgets, consistent with sound medical practice, and

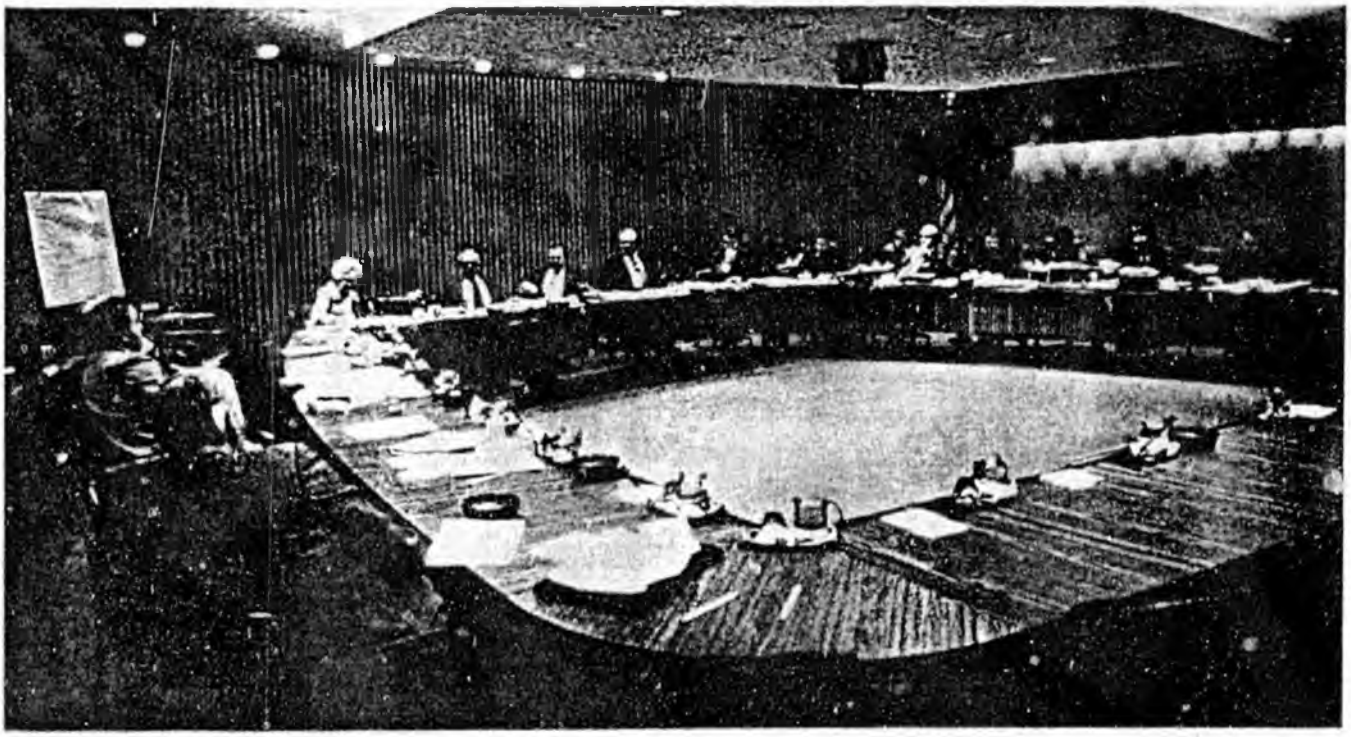
WHEREAS, the American Hospital Association, the American Medical Association, and the Federation of American Hospitals have organized a National Steering Committee on Voluntary Cost Containment, which has developed a 15-point program to be implemented through state-level voluntary cost containment committees and through voluntary action of individual hospitals, and

WHEREAS, the State **(name)** Voluntary Cost Containment Committee has been organized, has endorsed the National Steering Committee's 15-point program, and has developed a Provisional Certification Program, and

WHEREAS, the Governing Board **(or other title)** of the **(name)** Hospital has thoroughly reviewed these developments with the medical staff and the chief executive officer and is in agreement with the steps that have been taken at the national and state levels, and

WHEREAS, the Governing Board **(or other title)** of the **(name)** Hospital is strongly committed to voluntary action as the key to cost containment and desires to play a leadership role in demonstrating the value of voluntary action in cost containment,

THEREFORE BE IT RESOLVED, that the Governing Board **(or other title)** of the **(name)** Hospital strongly supports the program of the State **(name)** Voluntary Cost Containment Committee, has independently initiated a reassessment of its operating and capital budgets to see if any further reductions or postponements can be made, consistent with sound medical practice, pledges the use of all reasonable means to keep operating expenditures and capital budgets at the lowest levels on a continuing basis, consistent with sound medical practice, and seeks formal certification by the State **(name)** Voluntary Cost Containment Committee.



The National Steering Committee on Voluntary Cost Containment meets at the Chicago headquarters of the American Hospital Association.

House with respect to the program's goals and guidelines for the purposes of obtaining their support and cooperation, as well as industry and labor.

14. Called upon insurance carriers, other purchasers of care, industry and organized labor to examine alternatives to existing health insurance programs that would include expanded consumer cost sharing and cost effective alternatives to existing coverages, and other approaches to heighten the awareness of health care consumers regarding the cost of health services.

15. Called upon the Department of Health, Education and Welfare and other federal agencies to carry out cost effectiveness studies regarding all existing federal regulations affecting the health care industry to be completed by the end of 1978.

Committees formed

By January 30, 1978, state-level voluntary cost containment committees had been organized in 48 states and the District of Columbia by state hospital and medical associations — and the final two states formed committees in February.

Thus, the program was set in motion at the national and state levels in less than two months.

New impetus was added to the Voluntary Effort in early February when Rostenkowski addressed the annual meeting of the AHA in Washington, D. C. He praised the industry for launching the voluntary program and then made the surprise announcement that he would introduce legislation calling for standby cost controls, which would be implemented if it failed.

The sponsors of the Voluntary Effort are seeking antitrust clearance from the U. S. Justice Department on two primary issues relating to the use of specific numerical objectives by state committees in implementing the program with individual hospitals in the state, and the use of public disclosure as an incentive to gain participation by individual hospitals.

The massive Voluntary Effort has included the mailing of 23,000 letters to the nation's hospital chief executive officers, board of trustee chairmen and chiefs of medical staffs, urging their support of the program.

In separate interviews with the *Review*, members

of the National Steering Committee expressed appreciation over the response of the health care industry to the voluntary program, but their predictions of success ranged from "optimistic" to "wait-and-see."

Progress 'remarkable'

Committee co-chairman Tibbitts, AHA chairman, described the progress to date as "remarkable."

"We are getting all of the states lined up, and most of their committees have met. Also, I am amazed by the agreements that we have had on the National Steering Committee as to what our goals and objectives should be. I have to give credit to the AMA for really coming forward and saying — yes, the doctors have to be involved and recognize their part in hospital costs."

Tibbitts admitted that he was concerned about the psychological factors involved with the introduction of legislation for standby controls. He said he feared some hospitals might become discouraged because of the belief that "whatever we do, we might get the boom lowered on us anyway."

Speaking of the steering committee, Tibbitts commented, "I would say that, so far, our discussions have been very good, healthy and cooperative. Each member has a little different problem. Unfortunately, we don't have a labor representative as yet, but, we hope to get one in the future. Expansion of the committee is planned, and we soon expect to have a representative from the Association of County Governments."

The AHA chairman emphasized that he was a firm believer in the Voluntary Effort, and "I would encourage every state hospital association, every hospital, and every medical society to really get behind this program and work and push as hard as possible to make it a success."

Miller, president-elect of the FAH and the investor-owned hospitals' representative on the committee, believes the next two months will be "extremely critical to the success of this effort."

Cooperation needed

"In the next two months," he explained, "state committees will complete their organizational process, and hospitals will be endorsing and committing themselves to the objectives of the program. What is needed, of course, is 100 percent cooperation."

Miller said that hospital administrators and chiefs of medical staffs "are going to have to put the success of this program above their own immediate interests because it is important to the long-term progress of health care in this country."

"Personally, I feel that administrators and chiefs of staff will respond very positively to this challenge, and I believe that investor-owned hospitals will take the forefront in this effort," he said.

He believes that the Voluntary Effort "will accomplish more than just asking hospitals to re-examine their budgets and redouble their cost containment efforts."

"This effort will serve as a communications vehicle and a focal point to relate better to Congress, health insurance companies, consumers, and even to physicians, regarding the problems facing hospitals," Miller explained. "We must build on this foundation. We must focus first on the hospitals and then move beyond that into the physicians' influence on health care costs. Then, we need to expand to other areas. So, I foresee that this effort will go on for several years before being replaced by something else."

Buzzell, who heads the Health Industry Manufacturers Association (HIMA), said that his organization had endorsed the concept of the Voluntary Effort and "specifically endorses No. 11 of the 15-point program, which urges each hospital supplier to support the voluntary cost containment program and to exercise restraint in its pricing policies."

"So, our commitment is one of enthusiasm and full of cooperation to make this program work," he said.

Buzzell believes that standby controls could have both a positive and a negative impact. The positive impact, he explained, is that it would warn the hospital industry of the consequences if the voluntary program failed.

"The negative impact," he said, "is that the legislation would enable the federal government to expand its regulatory arm — and I think that would be disastrous."

Buzzell said he was disappointed that the Voluntary Effort had not been endorsed by both the federal and state governments.

"Also," he noted, "I see a major flaw in the sense that we have not yet obtained the cooperation of the segment of our society that really causes a good portion of the costs of hospitals to occur. I am referring, of course, to labor, and labor costs can only be controlled if we get the cooperation of labor unions."

Sees opportunity

McNerney, head of Blue Cross/Blue Shield, believes the Voluntary Effort "is an excellent opportunity for the private sector to display initiative and to establish itself as a socially accountable and publicly accountable force."

McNerney said he would like to see the AHA, AMA, and FAH "move more aggressively and faster" in implementing the voluntary program.

He also believes that industries serving the hospital industry "are going to have to be part of the dialogue (of cost containment) and exercise as much restraint as possible."

McNerney says it is essential that each hospital have a cost containment committee — involving the trustees, administration and the medical staff in the format and procedures of such a panel.

"This is a very important point," he stressed. "It is very essential that a hospital administrator — and I mean all of them — does not sit back and wait to see how things are going — whether this is a successful venture — whether somebody else is going to give more or less. It concerns me that, in a situation like this, some people tend to be cozy and adopt a wait-and-see attitude.

"Now is the time for some individual leadership,

AHA vice president wears second hat . . .

Paul W. Earle, vice president of the American Hospital Association (AHA), is wearing a second hat as executive director of the Voluntary Effort.

He is responsible for the day-to-day activities connected with the first joint, voluntary program of its kind in the health care industry.



Earle

Organization and communication are the prime objectives as the Voluntary Effort moves through the embryonic stages. The emphasis has shifted from the National Steering Committee on the Voluntary Cost Containment Program to the state voluntary cost containment committees.

"We are now in the process of starting a provisional certification program," Earle said. "Some of the states have already done this.

"This is Stage One of the program wherein each state committee will ask every hospital in its state to take the cost containment issue up with its board of trustees and medical staff," he explained. "Boards will be asked to approve resolutions supporting the voluntary program and indicating to the state committee or the state hospital association what its rates of increase will be and what it is doing to contribute to voluntarily restraining increases."

Earle has served in several executive capacities since joining the AHA staff in 1968. He is a graduate of Princeton University and holds a master's degree in business administration from the University of Chicago Graduate School of Business.

He became an associate director of AHA in 1971, and in 1973 was promoted to director of management services. He was named vice president in 1975. He is responsible for three major AHA divisions — health delivery systems, human resources management and medical services.

expressed at the individual hospital level. If the administrator is frustrated about his potential loss of control — his potential loss of flexibility — his ability to manage the institution — now is the time to pay a small price toward a very large end — a future where there is more flexibility to get things done, rather than less."

Effort required

Froehlke, head of the Health Insurance Association of America (HIAA), believes that the Voluntary Effort is going "to take much effort and sacrifice on the part of hospital people throughout the country."

He expressed the viewpoint that the program was not moving fast enough, because "we should have been moving three years ago."

"But, having had a late start, and looking at all the problems involved, I think the industry is moving as fast as it can — but not fast enough," he said.

Froehlke said that the HIAA board "applauded and endorsed the Voluntary Effort and urged member companies to cooperate," at its February, 1978, meeting. He qualified this by noting that the HIAA was "not going to put all of its eggs in the Voluntary Effort basket."

"We are going to continue to stress peer review, prospective budget review and alternate methods of delivering health care," he said.

Froehlke said that the HIAA board had endorsed the Rostenkowski standby controls bill — just as it had endorsed the Administration's cost control legislation. He noted that the Rostenkowski bill "is the only piece of cost containment legislation in the hopper now that does, in effect, endorse the Voluntary Effort."

He believes that hospitals can show their sincerity in the voluntary program by statistically proving that they are holding down the inflationary spiral and making the kind of tough management decisions that will ensure this.

To explain program

Mrs. Knauer, who served as a special assistant on consumer affairs in both the Nixon and Ford Administrations, has been given the responsibility by the steering committee to develop a program to explain the Voluntary Effort and the impact on cost of

as executive director of VE campaign

Earle said he was gratified, generally, over the progress that was being made at the state level although, understandably, some states were moving faster than others.

"One of the encouraging things about the committees that are being appointed," he said, "is that they are broadly based, similar to the National Steering Committee. A key aspect of this whole program is the fact that we are not talking just about hospitals but the whole private sector of health care delivery. Some state committees that have been organized are involving government, business, and, in some cases, labor, too, or at least getting labor's support. Also planning agencies are involved, too. So, this is a broad direction for the state committees to follow."

Earle said that many questions, received by his office regarding the program, seek clarification of the various points of the 15-point guidelines and goals, established by the National Steering Committee.

"Actually, what we are doing is asking every hospital in the country to take another look at its budget and operating capital and see what they can do beyond what they already have done to constrain costs," he explained. "Then we are asking every hospital to make an ongoing commitment to voluntarily restrain their increases. What one hospital can do is going to be different from another. For example, some hospitals are looking at the possibility of shutting down wings while others are thinking about postponing capital spending or cutting back in capital projects. So it really varies all over the map."

Earle conceded that it was too early to tell how successful "this whole program is going to be, but the response that we have received from various states and individual hospitals — and from physicians — give us cause to be optimistic that we can get the job done."

Federation of American Hospitals
April 1978 REVIEW

Program Introduced To Hold Hospital Costs

Hospital Affiliates International, Inc., has announced that it is introducing its a containment program more than 100 hospital or manages.

The program, effective immediat designed to limit hosp increases for patient c average of 7.5% or le 12-month period.

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House Unit Backs Voluntary Cost Cuts By Hospitals, Rejects Mandatory Curbs

WALL STREET JOURNAL

costs down in hospitals will work better than government attempts to put a ceiling on hospital cost

Besides voluntary pr recently proposed by t largest medical as sociations, individ-

a hard fight at later stages in the legisl process. Seven Democrats voted for the

50 state panels formed for Voluntary Effort



Energy conservation goal of state hospitals

g hospital energy conserva- viding a safe and comfor ment for patients is the of the Kansas Hospital the Kansas Hospital tation.

d at the KHA annual k in Overland Park, ve the problems of erupted supplies of ulating utility costs n hospital costs. It

cerned with utility shortages and uncertainties of supplies. Last winter many Kansas hospitals reported curtailment of natural gas supplies and were forced to switch to alternate, higher priced fuel at substantially higher fuel bills. Many reported increases of approximately 300 percent in their fuel bills during that period. For example, an 80-bed Kansas hospital reported it was required to burn propane instead of natural gas for 22 days last winter which resulted in a

Hospital Commended For Cost Containment

Johns Community Hospital has received a Certificate of Recognition from the Texas Statewide Hospital Productivity Center which is dedicated to effecting immediate and continuing savir in individual hospitals. To date, substantial cost savings have been demonstrated. Reduction in costs to date amount to more than $56 million."

In issuing the Certificate of Recognition, Johns Community Hospital was praised by Hurst for its efforts to contain health care costs, improve the overall productivity of the hospital system in Texas and maintain high quality community health care. Administrator Louis West and his staff were recognized for attaining high productivity goals.

THA, based in Austin, is the trade association of hospitals in Texas with a membership of over 690 health care institutions.

Workers help hospital save

By Jerrie Packrell
Deseret News correspondent

PANGUITCH — While hospital costs over the nation rose about 20 percent last year, Garfield Memorial Hospital managed to maintain a 10 percent

2 tals ma medical servic

By TOM REOCH
Health-Science Writer

In a cost-cutting move, Woman's General here has ices they tal in tw on the Eas

For mo tals have director, months, they have begun sharing other administrative personnel. Now medical services are a joint operation.

Woman's General Hospital will be used for medical and surgical patients. Also, Merrick Hall, the 14-bed alcoholism unit for women will remain at the hospital.

Polyclinic Hospital will handle podiatry and gynecology patients and maintain a small nutritional unit. Polyclinic's Family Medical Care Center, operated with the

City of Cleveland, wi 2210 E. 85th St.

Woman's General, at 18

officials say, but for now each hospital remains under the control of separate boar of directors. Representatives from each board sit on a combined board to decide on matters affecting joint operations.

In situations in which the hospitals have similar medical departments, the departmentMs will often be headed by one person or co-department heads.

Dr. Robert Bowman of Woman's General and Dr. Harman Shocket of Polyclinic are co-chiefs of staff for the combined hospitals.

istrator, Sister Georgette ing as the objective for its 4

IE NEW YORK TIMES, TUESDAY, JANUARY 31, 1978

Health Industry Forms a Voluntary Program to Control Hospital Costs

costs also

health volume of this Texas banded

He suggested strict adherence to the practical, constantly keeping an eye to sustaining interest on the part of existing mdical staffs and at the same time put the best possible face on coops tractive to the young f future membership.

Stan Groth, vice p Presbyterian Hospital, the proposed cooperati to obtain a significant Agency and its subar Georgette Jean said "a

Robert Armstrong management planning plained the rationale f. speakers included Les Northridge Hospital i assistant administrator

Hospitals Save $96 Million

The Texas Hospital Assn (THA) has announced total savings of some $96,000,000 to nonfederal, short-term community hospitals. This was accomplished through the efforts of individual hospitals and the operations of the Statewide Hospital

information, sharing of ideas and suggesting better work methods all Texans as well as our friends in neighbouring states will be able to utilize the finest in health care at the lowest cost. In fact, hospital costs in Texas are 20 percent lower than national average

year."

It was pointed out by Hurst that these savings were being used by hospitals to offset the ravages of inflation while maintaining quality care.

Another spokesman for THA pointed out that Hurst

A LEGISLATOR'S VIEW OF THE VOLUNTARY EFFORT

by Dan Rostenkowski (D-IL)

The following remarks were made by Rep. Dan Rostenkowski, chairman of the Subcommittee on Health of the House Ways and Means Committee, before the National Invitational Symposium on the Voluntary Effort in Chicago, November 8, 1978.

This afternoon, I hope that you will forgive me if I do not focus primarily on the statistical evidence of the accomplishments of the Voluntary Effort [VE]. The results of your activities—as measured by the hospital panel survey data—have been quite broadly reported. So broadly reported that, in recent months, I have come to know hospital expenditure percentages almost as well as voting percentages in Chicago's Eighth Congressional District, and believe me, those latter percentages are ones that I really know quite well.

But to be serious for a moment or two, I would like to express my sincere recognition and appreciation of your achievements to date. As major inflation indicators have progressed steadily upward in recent months, hospital costs, for a change, have not been leading the charge. Your promises of last year and your efforts to fulfill them have resulted in a considerable improvement in the status quo—much to the surprise of many. For that, everyone in this room is to be commended.

When I addressed the House of Delegates of the American Hospital Association in Washington not quite nine months ago, I noted that your efforts to voluntarily restrain the rapid rise in hospital costs were consistent with the President's 1978 State of the Union address, which expressed the view that "a *sincere* commitment to voluntary constraint" provides a way to best grapple with inflation without direct government controls. You have made that *sincere* commitment, and the results of your commitment are being acknowledged more openly in Washington every day.

Just two weeks ago the President outlined his program to deal with inflation throughout our economy. In detailed fact sheets accompanying his prepared remarks, the President did again call for the enactment of hospital cost containment—a subject I would like to return to in a few moments. But at least as significantly, the President's explanatory papers discuss in specific detail the need to decelerate the inflation in medical care costs—primarily hospital costs—by a rate greater than the one-half percent which was being asked of other industries. To be specific, and I quote, "A more appropriate standard for this industry is a deceleration of at least two percentage points next year and continued deceleration in future years until the rate of growth in medical expenditures is brought into line with the rate of growth of the overall Gross National Product." Those goals sound quite familiar to me. Although the VE may not be loved by all in Washington, your goals and your accomplishments certainly now are recognized in high places.

If I correctly interpret the President's goals, he wants to couple this year's accomplishments with a similar success next year so that the growth in total hospital expenditures is brought into line with the GNP growth rate. Sounds like somebody has been analyzing the effect of my compromise bill.

In my opinion, the President's goals, which also happen to be your goals, and consistent with the goals endorsed by my subcommittee—are reasonable. Simply stated, they mean the growth in overall hospital expenses each year—expenses which are related to increased utilization, improvement in your product (and growth of the hospital sector) as well as general inflation of the economy—should be approximately the same as the sum of real growth and inflation in the rest of the economy.

So, after two years of rather emotional debate on the issue of hospital cost containment, it appears that we all now agree on our major goal, where we should be heading to improve the present situation. In witnessing the Administration and your industry slowly narrowing the distant poles that once separated you, I have observed significant concessions on both sides. From the industry, I have for the first time seen a genuine admission that there is a real problem here; you have stopped being negative and publicly recognized that maintenance of the status quo was just

not acceptable. From the Administration, there have been concessions as well. The President's recently stated goal of keeping the growth in hospital costs consistent with the overall growth in the economy is certainly far more flexible than the original cost containment proposal which emerged from HEW in April of 1977.

So now that we have considerable agreement on where we want to go, the question remains what is the best way to get there. This is where your industry and I continue to have our differences.

Long experience in government has given me an acute sense of the limitations of government intervention and a deep respect for the importance of freedom of choice and diversity in the health industry. Like you, I want to see a system that handles cost containment through healthy competition and real bargaining processes, a system marked by voluntary efforts within bounds acceptable to the public and the government. And I believe that this is the kind of system the American people would prefer.

I have been well aware, however, that this view is not shared by everyone. Many sincere people—both within and outside the government—are discouraged by the hospital industry's past record in controlling costs, and what they view as unkept promises made by the industry when wage and price controls were removed several years ago. I cannot, in all good conscience, ignore their views or their assessment of the record. And I have found that it is necessary, within the framework of our pragmatic political system, to take these views into account. Thus, I offered in the last Congress what I believed to be a reasonable reconciliation of divergent views—primary reliance on the industry's voluntary efforts to achieve a goal we all share, with recourse to a federal fallback program only if the industry's voluntary program fails to meet its objectives. Given the universal recognition of the fact that a serious problem does exist, I believe we can do no less than face up to the reality that a failure of the voluntary approach will leave no alternative but government intervention.

I must say that the response of the health community to my challenge to develop a voluntary program has persuaded me that my initial judgment was correct. I want to assure you that I—and many others—remain aware of what has been accomplished and that we will continue to closely follow and acknowledge your efforts.

In our habit of measuring successes and failures in this area strictly in terms of percentages, we can lose sight of the real dollar impact of the Voluntary Ef-





fort. From fiscal year 1977 to 1978, Medicare hospital benefit outlays increased by 17.1 percent. In the congressional budget for the fiscal year which began October 1, 1978, the projected Medicare increase for these same benefits is 12.5 percent. The sharp drop in percentage growth for this part of the Medicare program is $805 million; $680 million of this reduction is being attributed to the effect of the Voluntary Effort. Your work is making a difference.

I hope, however, that I will not be misunderstood. My compliments, like all compliments given to or by politicians, are provisional. Every politician knows that he cannot stand only on his past record—he has to be able to provide a program for the future, assurances as to what he will do tomorrow. You are all familiar with the question every constituency regularly poses: "Yes, but what have you done for me lately?"

The moral I draw from this is that you dare not think you can rest on your laurels. Nine months or even one year of success will not persuade those who need to be persuaded that the voluntary program can achieve its goals on a long-range basis and that we can rely on all within the industry to subordinate more narrow interests to the larger public interest. To accomplish that purpose you will have to repeat your success, maintain the high level of dedication and enthusiasm so far attained, and produce long-term results that continue to justify your faith in the capacity of the industry to meet freely and responsibly defined goals.

I believe that the critical test of the industry's sincerity and capacity to responsibly manage itself without the direct intervention of the federal government still lies ahead. There can be no letting up, no backsliding, no self-congratulation. Too much is at stake for all of us. Too much yet remains to be proved. And let me say, also, that it is an effort worth undertaking—not just for the negative reason of avoiding government controls, but for the positive reason of restoring public confidence in the industry's total commitment to the health and welfare of the American people.

As we look ahead to next year in the Congress, I cannot help but believe that progress on federal legislation to control hospital costs will inevitably be linked to progress that you make on the Voluntary Effort. Although I have not recently discussed next year's legislative agenda with anyone in the Administration, I am quite sure that some revised form of hospital cost containment legislation will be advocated early in the next session. From my standpoint, I continue to believe a rational standby program would be the most effective incentive to help you pursue your goals. In either event, much legislative improvement can of course be made— both in the Administration's original approach and in my standby program. These both surely will be considered during the next session.

But as I say this, it should also be noted that I am a political realist. I know—and you know—that whatever happens during legislative debate on this issue will be done with a full appreciation of the performance of the Voluntary Effort. Just as it is clear that your failure to continue to achieve your goals will accelerate congressional action next year on this issue, the continued success of the Voluntary Effort cannot be ignored. To put it simply, your best weapon to slow the advancement of federal legislation in this area—is to preempt the need for it. Continued success of the Voluntary Effort might well just do that.

In first discussing this issue at the American Hospital Association meeting last February, I compared your response to President Carter's proposal to the impact of the old army draft—I said that nothing stimulates volunteers as effectively as the genuine fear of the draft. So in closing today, let me remain consistent in my analogy. There are some in Washington who today regret that the Congress has done away with the old Selective Service System. They still believe compulsory military service should be required for all. There are others who believe that the draft should be available on a standby basis, in case there isn't sufficient voluntary effort to meet our military goals. Finally, there is a third group—the one which to date has prevailed. They argue that the voluntary army is working, so we should forget about the draft and focus on other legislative priorities.

For cost containment, the Administration has urged mandatory, and I have urged standby approaches, but you are going to make it tough for us to sell either program as long as your voluntary army is producing solid statistical results. Your future, ladies and gentlemen, is in your hands. Your cost containment performance in each of the 50 states will strongly influence what the Congress does during the next year. ■

AHA, READER'S DIGEST TEAM UP TO BENEFIT LTC INSTITUTIONS

During 1978, the Reader's Digest Association, in cooperation with the AHA's Office of Public Affairs, conducted a special program through which it donated more than 400 stereo home entertainment systems worth more than $200,000 to AHA member institutions.

The quadraphonic systems, which included turntables, dust covers, AM-FM stereo radios, eight-track stereos, and four speakers, were part of a discontinued line of equipment that Reader's Digest Association wished to phase out. In exchange for its donation, Reader's Digest Association wanted the AHA to select the recipient institutions and publicity for the program.

The AHA recommended that the systems be offered to long-term care institutions, because they usually have recreation rooms where the equipment can be used and because the number of such institutions closely matched the number of available stereo systems. The AHA issued a general press release about the donation program, notified the selected institutions about the donation, and supplied them with sample press kits to publicize the donation.

Reader's Digest Association was delighted with the press coverage the program received and believed that it was very successful, especially because of the AHA's cooperation. AHA membership response to the program was overwhelmingly favorable, as shown by some of the comments that appeared in members' publications or in letters of thanks received by the Reader's Digest Association:

"The system serves as a constant reminder that there is a way and a role for private enterprise to show its concern for people who are institutionalized."

"Our employees are devising methods of making the system portable so that a maximum number of our residents, located in separate wards, might enjoy the excellent sound reproduction."

"The Entertainment System has been installed in our main hospital dining room, where approximately 400 patients will now have the opportunity of listening to background music during meal periods."

"I hope that you have an idea of the limited recreation budget in a state hospital so that you will know just how much this fine system will add to the pleasure of our patients."

"Our kids are deriving a tremendous amount of pleasure from this great audio equipment."

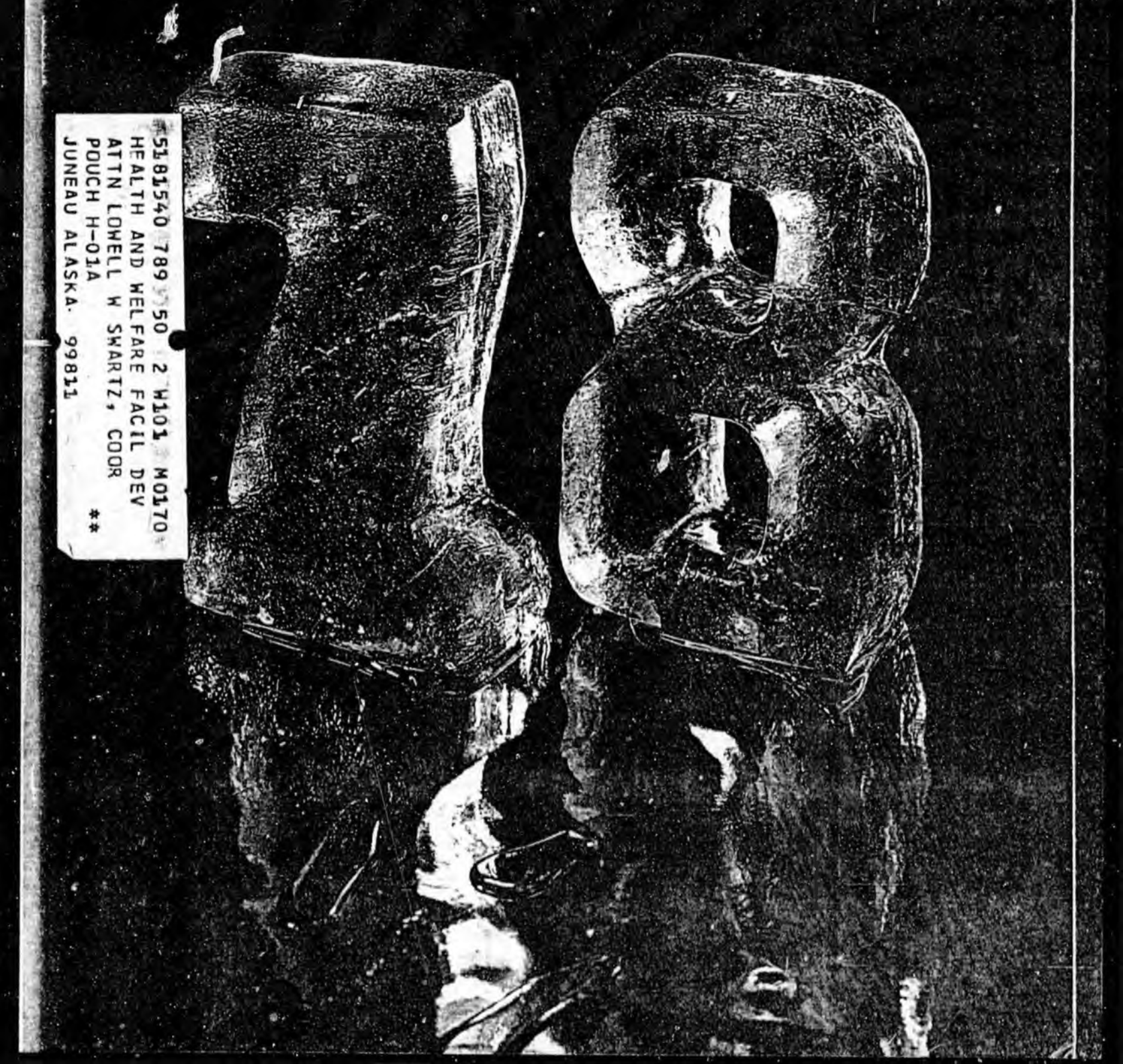
In addition, this program was a valuable undertaking for the AHA, enabling it to provide a tangible benefit to its member institutions and their patients and providing it with an opportunity to work effectively with a segment of private business. ■

DECEMBER 16, 1978

hospitals

JOURNAL OF THE AMERICAN HOSPITAL ASSOCIATION

Synopsis '78
Including the index to Vol. 52



5181540 789 50 2 W101 M0170
HEALTH AND WELFARE FACIL DEV
ATTN LOWELL W SWARTZ, COOR
POUCH H-01A
JUNEAU ALASKA 99811
**

POSITION PAPER/Department of Health and Social Services

Position Paper

Senate Joint Resolution 22

"Applauding the Alaska hospitals' voluntary cost containment efforts and requesting a progress report to the legislature."

The position of this department is to wholeheartedly support the SJR which resolves that the Legislature: applauds the voluntary cost containment efforts of the Alaska Hospital Associations; desires a continued information exchange between the two bodies; and, respectfully requests a report of the latter body to the former body not later than January 15, 1980.

Recommended by: _____ 2-23-79
Joe L. Betit
Coordinator
Office of State Health Planning
and Development

Approved by: _____ 3/18/79
Helen D. Beirne
Commissioner
Department of Health and
Social Services

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Recommended by: Joe Betit — 2-23-79

Joe V. Betit
Coordinator
Office of State Health Planning
and Development

Date

Approved by: Helen D. Beirne — 3/18/79

Helen D. Beirne
Commissioner
Department of Health and
Social Services

Date

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Recommended by: Joe Betit 2-23-79

Joel Betit
Coordinator
Office of State Health Planning
and Development

Date

Approved by: Helen D. Beirne 3/18/79

Helen D. Beirne
Commissioner
Department of Health and
Social Services

Date

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Recommended by: Joe Betit — 2-23-79 (Date)

Joe Betit
Coordinator
Office of State Health Planning
and Development

Approved by: Helen D. Beirne — 3/18/79 (Date)

Helen D. Beirne
Commissioner
Department of Health and
Social Services

delete duplicate

frames of

Position Paper

SJR 22

SJR

27

COMMITTEE REPORT

SENATE

3/9/79

FURTHER: None

Date: 3-12-79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SJR 27

urging Congress to return to the states the right to regulate mines with respect to health & safety standards

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

_____

Bertye Antonovich

_____

_____

_____

_____

_____

_____

_____

MEMBERS HAVING
OTHER RECOMMENDATIONS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

CHAIRMAN

S 60 (Rev. 12/78)

SJR 27
By: Bennett

"Urging Congress to return to the states the right to regulate mines and with respect to safety & health standards"

Introduced 3-9-79
Logged 3-9-79
Referrals None
Comm. Meeting 3-12-79
" action - Passed - taken Senate Secy @ 8:30 AM. 3-13-79

SJR

34

SJR 34 "Relating to the disposal of ~~nuclear~~ SHESS 79 ~~SD~~ waste materials in ~~Florida~~"
By: Kerstetter

Introduced 4-18-79
Logged - 4-18-79
Referred Judiciary
Comm. Hearing
" Action

Rules & Rep Secy 1-21-80

SJR

54

COMMITTEE REPORT

SENATE

FURTHER: None

2/22/80

Date: 3-17-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SJR 54 marine sanitation requirements imposed by U.S. Coast Guard regulations

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Goltz
Fuhrman

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Tom Lee
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

✓ SJR 54 "Relating to ~~marital~~ ~~[illegible]~~ requirements imposed by U.S.C.D. regulations."
By State Affairs Committee

✓ Introduced 2-22-80
Logged 2-22-80
Referred none
Comm. meeting 3-17-80
1 action passed taken Senate Secy. 3-19-80 - 8:30 AM.

✓ Notified Mr Hutmacher U.S.C.D.
✓ Mr Lerby Ayman

HB

2

CSHB 2 (Rules) SJRES 79th Act relating to ~~taxation~~ the personal [illegible]

Introduced 3-22-79
Logged - 3-29-79
Referrals
Chmn. Herring
11 Actions

4-18-80 - held due to others asking to make amendments/Letter

Sponsors → Letter of Intent Levin

Notify
Jerry Dillard 3370

CSHB 2 - Passed 30 Ayes - 10 Not voting

FN (1) Brian Mitchell (Public Defender)
FN (2) Richard Burrin (Ad. Court System)
FN (3) Thos. Brenton Crim Div. 455
(Russ Meekin)

Please Notify

Mrs. Reed - wk - 6-7370 ✓
Hm - 9-9355

Richard McKay - 272-5522 (279-4624 work number)

Dr. Michael Graf - 452-8251 ✓

(Miscellaneous) Ed Bell Bruno coming

also Dept of Public Safety
" of Law
Court ~~Division~~
sponsored Act for. Reps Key Cheryl Thompson ... he can come

Allgood 4-16-80

Rocky Plotnick - message @ 3591

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, 1979

SUBJECT: House Bill 2 - Mental Illness

TO: Senator Glenn Hackney

FROM: Kenneth E. Vassar, Legislative Counsel

I would like to bring to your attention a typographical error which is in CSHB 2 (Rules). It is in the definition of "provider of outpatient care" on page 3 , lines 18 - 22 of that bill. A line was inadvertently deleted from the definition. This error can be cured by the following amendment:

Page 34, line 21

Before "by" insert the following:

"patients who are ordered to undergo involuntary outpatient treatment"

KEV:nem

Alaska State Legislature

House of Representatives

Committee on Judiciary

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

March 17, 1979

The Honorable Terry Gardiner
Speaker of the House
Alaska State Legislature
Juneau, Alaska 99811

Dear Mr. Speaker:

In recommending passage of HB 2, it is the intent of the Judiciary Committee that:

1. No funds be diverted from existing community mental health centers to carry out this legislation.

2. Not all facilities be designated at once, rather that the designation program start with a few key facilities and expand as agreements can be negotiated and funds become available.

3. In designation of facilities consideration should be given to surplus capacity in existing hospitals and medical facilities.

Sincerely,

Charles H. Parr
Chairman

ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CS FOR HOUSE BILL 2 (Judiciary) Revised

Title Relating to mentally ill persons; and providing for effective date.

Requested by Judiciary Committee Date 3/15/79

II. FISCAL DETAIL

Agency Affected Health & Social Services

Program Category Affected Mental Health

BRU, Program, or Subprogram(s) Affected

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES						
200	TRAVEL		19.0	2.8	3.1	3.4	3.7
300	CONTRACTUAL		~~100.0~~	~~100.0~~	~~50.0~~	~~130.0~~	~~70.0~~
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.		~~737.6~~	~~444.6~~	~~569.8~~	~~718.3~~	~~788.4~~
	TOTAL		19.0 ~~856.6~~ ~~1194.2~~	2.8 ~~547.4~~	3.1 ~~622.9~~	3.4 ~~851.7~~	3.7 ~~862.1~~

FUNDING (Thousands of Dollars)

			19.0 ~~856.6~~				
GENERAL FUND			~~1194.2~~	2.8 ~~547.4~~	3.1 ~~622.9~~	3.4 ~~851.7~~	3.7 ~~862.1~~
FEDERAL FUNDS							
OTHER (Specify Fund Source)							

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

SEE ATTACHED

Line Item		
200	Transportation costs associated with required periodic hearings	$ 19.0
300	DELETE cost of designating facilities ($100.0)	0
700	DELETE 8 new community mental health professionals ($400.0)	0
700	DELETE patient costs in new designated facilities ($337.6)	0
	Total House Finance Recommendation:	$ 19.0

Russ Meekins

Russ Meekins, Chairman
House Finance Committee Date:

IV. DATE 3/19/79 PREPARED BY Thomas R. Branton, Asst. Director

AGENCY Health & Social Services, Div. of MH & DD

PHONE 465-3370

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

33-001 (Rev. 12/78)

FISCAL NOTE
CS FOR HOUSE BILL 2 (Judiciary) **Revised**

III. ANALYSIS

The first fiscal impact is the requirement of Article 8, 47.30.700. In community programs where a single mental health professional is employed and service demands are already high, we project a need to add an additional mental health professional. This would be an immediate first-year need. Each staff and related salary costs is projected at 50.0:

8 X 50.0 = 400.0 new community resources.

FY 81 following this will become a part of the regular program costs.

All in BRU Community Mental Health Grants, 03-36-03, Object Code 700.

The Department would project some increase in escort and transportation costs associated with the required periodic hearings in AS 12.45.090 and AS 12.45.110.

Year 1 will require a full review of at least 10 patients currently in Atascadero. Each patient requires 2 trooper escorts, therefore, 4 round trips X 10 patients = 40 round trips @ $400 = 16.0. 2 days per diem for 2 troopers for 30 trips = 60 days per diem @ $50 = 3.0.

Year FY 81 thereafter we project 4 new cases per year.
5 round trips each = 2.0.
4 days per diem X 4 trips = 16 days @ $50 = .8.

All in BRU Contract Forensic Service, 03-36-02, Object Code 200.

The cost of designating a facility is projected as the associated costs of one professional who must assume the designated title as the head of the designated facility. The projected schedule and cost is:

1980 - Fairbanks, Juneau @ 50. = 100.0
1981 - Ketchikan, Kodiak @ 50. = 100.0
1982 - Valdez @ 50. = 50.0
1983 - Kenai, Bethel @ 65. = 130.0
1984 - Nome @ 70. = 70.0

All in Contract Forensic Service 03-36-02, Object Code 300.

We project an increase in State costs associated with patients in the new designated facilities. When no other party is found to pay these expenses, the emergency hospital fund of the Division of Mental Health and Developmental

Disabilities must make payment. Costs are estimated at bed years on a statewide basis (1 bed year is 365 X daily cost).

1980 5 bed years @ 185/day = 337.6
1981 6 bed years @ 203/day = 444.6
1982 7 bed years @ 223/day = 569.8
1983 8 bed years @ 246/day = 718.3
1984 8 bed years @ 270/day = 788.4

All in Regional Community Mental Health Services, 03-36-03, Object Code 700.

ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CS FOR HOUSE BILL 2 (Judiciary) See Revised

Title Relating to mentally ill persons; and providing for effective date.

Requested by Judiciary Committee Date 3/15/79

II. FISCAL DETAIL

Agency Affected Health & Social Services

Program Category Affected Mental Health

BRU, Program, or Subprogram(s) Affected

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES						
200	TRAVEL		19.0	2.8	3.1	3.4	3.7
300	CONTRACTUAL		100.0	100.0	50.0	130.0	70.0
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.		737.6	444.6	569.8	718.3	788.4
	TOTAL		856.6 ~~1194.2~~	547.4	622.9	851.7	862.1

FUNDING (Thousands of Dollars)

GENERAL FUND			856.6 ~~1194.2~~	547.4	622.9	851.7	862.1
FEDERAL FUNDS							
OTHER (Specify Fund Source)							

POSITIONS

FULL TIME							
PART TIME							
TEMPORARY							

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

SEE ATTACHED

IV. DATE 3/19/79 PREPARED BY Thomas R. Branton, Asst. Director

AGENCY Health & Social Services, Div. of MH & DD

PHONE 465-3370

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/78)

FISCAL NOTE
CS FOR HOUSE BILL 2 (Judiciary)

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1983	8 bed years @ 246/day	= 718.3
1984	8 bed years @ 270/day	= 788.4

All in Regional Community Mental Health Services, 03-36-03, Object Code 700.

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CSHB 2

Title An Act relating to mentally ill persons - effective date

Requested by HESS Date March 15, 1979

II. FISCAL DETAIL

Agency Affected Office of the Governor

Program Category Affected Justice

BRU, Program, or Subprogram(s) Affected Public Defender Agency

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES		63.8	67.0	70.4	73.9	77.6
200	TRAVEL		2.5	2.6	2.7	2.9	3.0
300	CONTRACTUAL		6.0	6.3	6.6	7.0	7.3
400	COMMODITIES		.7	.7	.8	.9	.9
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		74.5	76.6	80.5	84.6	88.8

FUNDING (Thousands of Dollars)

GENERAL FUND		74.5	76.6	80.5	84.6	88.8
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		2	2	2	2	2
PART TIME						
TEMPORARY						

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

This act provides for new hearing procedures for involuntary committment for persons suffering from mental illness. Probable cause hearings, (with right of defense counsel) are to be held according to the following schedule:

1. 72 hours 2. 14 days 3. 90 days, 4. 120 days
5. every 120 day period thereafter.

An indigent respondent is entitled to be represented by the Public Defender Agency. In addition, the respondent is entitled to have his/her own medical professional testi-

This new hearing schedule would require an additional attorney in Anchorage, plu legal secretary. Six thousand dollars would be needed in contractual services to pay for expert testimony.

IV. DATE March 15, 1979 PREPARED BY Brian Shortell

AGENCY Public Defender Agency

PHONE 279-7541

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev 12/78)

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 2
Title An Act Relating to Mentally Ill Persons
Requested by House Judiciary Committee Date 2/22/79

II. FISCAL DETAIL
Agency Affected Alaska Court System
Program Category Affected Administration of Justice
Budget Request Unit(s) Affected Alaska Court System

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES		13.6	19.2	20.4	21.6	22.9
200 TRAVEL						
300 CONTRACTUAL		22.5	31.8	33.7	35.7	37.8
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		36.1	51.0	54.1	57.3	60.7

FUNDING (Thousands of Dollars)

GENERAL FUND		36.1	51.0	54.1	57.3	60.7
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME		.6	.6	.6	.6	.6
TEMPORARY						

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

The primary fiscal impact of HB 2 on the Alaska Court System will come in two areas: 1) increased number of hearings will require additional professional and clerical staff time; 2) the Court System must , when requested, appoint and pay for independent physicians to examine patients prior to the hearing held within 14 days of their commitment. This analysis looks at each cost area separately.

The Court System, in conjunction with the staff of API, has developed rough estimates of the number of hearings required under HB 2. These estimates are:

72 hour hearing - 200-250/year
14 day hearing - 150/year
90 day hearing 10-20/year

IV. DATE February 26, 1979 PREPARED BY Richard P. Barrier
AGENCY Alaska Court System
PHONE 264-0545

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

At the present time, the court is conducting 50-100 hearings per year, which require an average of one afternoon per week for 2 hours. Hearings are conducted at API, and the Probate Master and In-Court Clerk for the Court System travel to API for the hearings. It is projected that the increase of approximately 300 hearings/year will add about 7 hours/week to the hearing schedule, or roughly 20 percent of a full-time work week. The Attorney General, API staff, and generally the Public Defender also must attend each of these hearings.

In addition to in-court time, the calendaring, noticing, and clerical follow-up of the additional hearings will require approximately 20 percent of a full-time clerical position.

The personnel cost associated with this bill is therefore:

Probate Master	(Range 24)	$38,868	X	20%	=	7,774
In-Court Clerk	(Range 12)	16,296	X	20%	=	3,259
Court Clerk	(Range 10)	14,328	X	20%	=	2,866
						13,899
		Benefits at 30%				4,169
						$18,068

The cost to the Court System for psychiatric examination by independent physicians is projected as follows:

150 evaluations at $200 = $30,000

The projected fiscal impact for FY 80 reflects 75 percent of a total year's cost, due to the October 1, 1979 effective date. The following years are projected at 6 percent inflation increases.

COMPARISON - AS 47.30 and CS FOR HOUSE BILL 2
4/9/80

CURRENT STATUTE

NEW SECTION

CSHB 2

* Section 1. AS 47.30 is amended by adding new sections to read:

ARTICLE 6. MENTAL HEALTH PROGRAM.

Sec. 47.30.655. PURPOSE. The purpose of this major revision of Alaska civil commitment statutes is to more adequately protect the legal rights of persons suffering from mental illness. The legislature has attempted to balance the individual's constitutional right to physical liberty and the state's interest in (1) protecting society from persons who are dangerous to others; and (2) protecting persons who are dangerous to themselves, by providing due process safeguards at all stages of commitment proceedings. In addition, the following principles of modern mental health care have guided this revision:

(1) that persons be given every opportunity to accept voluntary treatment before involvement with the judicial system;

(2) that persons be treated in the least restrictive alternative environment consistent with their treatment needs;

(3) that treatment occur as promptly as possible and as close to the individual's home as possible;

(4) that a system of mental health community facilities and supports be available;

(5) that patients be informed of their legal rights and be informed of and allowed to participate in their treatment program as much as possible;

(6) that persons who are mentally ill but not dangerous to others be committed only if there is a reasonable expectation of improving their mental condition.

CURRENT STATUTE

Sec. 47.30.010. Powers and duties of department. (a) The department is the mental health authority of the state, and shall (1) develop and submit to the surgeon general of the United States Public Health Service, and administer a complete and comprehensive program for the prevention of mental illness and the care and treatment of the mentally ill, including in-patient and out-patient care and treatment; (2) take the actions and undertake the obligations which are necessary to participate in federal grants-in-aid programs and accept federal or other financial aid from whatever sources for the study, examination, care and treatment of the mentally ill; and (3) shall administer AS 47.30.010 — 47.30.340.

(b) The department may

(1) 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;

(2) take the actions necessary to carry out a program for the prevention of mental illness or for the furnishing of in-patient and out-patient care or treatment for the mentally ill, including the procurement of services of specialists or other persons on a contractual or other basis;

(3) provide for the hospitalization of mentally ill patients in designated hospitals;

(4) enter into arrangements with the surgeon general of the public health service for the care or treatment of the mentally ill in hospitals of the public health service in the state or in another state;

(5) enter into contracts with hospitals for the custody and care or treatment of the mentally ill;

(6) enter into contracts which incorporate safeguards consistent with AS 47.30.010 — 47.30.340 and the preservation of the civil rights of the patients with another state for the custody and care or treatment of patients previously committed from this state under 48 U.S.C. § 46 et seq., and P.L. 830, 84th Congress, 2nd Session, 70 Stat. 709;

(7) prescribe the form of applications, records, reports, and medical certificates required by AS 47.30.010 — 47.30.340;

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Sec. 47.30.660. POWERS AND DUTIES OF DEPARTMENT. The department is the mental health authority of the state and shall

(1) administer a comprehensive program for the prevention of mental illness and the care and treatment of the mentally ill, including inpatient and outpatient care and treatment and the procurement of services of specialists or other persons on a contractual or other basis;

(2) take the actions and undertake the obligations which are necessary to participate in federal grants-in-aid programs and accept federal or other financial aid from whatever sources for the study, examination, care, and treatment of the mentally ill;

(3) administer AS 47.30.655 - 47.30.915;

(4) designate, operate, and maintain treatment facilities equipped and qualified to provide inpatient and outpatient care and treatment for the mentally ill;

(5) provide for the placement of mentally ill patients in designated treatment facilities;

(6) enter into arrangements with governmental agencies for the care or treatment of the mentally ill in facilities of the governmental agencies in the state or in another state;

(7) enter into contracts with treatment facilities for the custody and care or treatment of the mentally ill;

CURRENT STATUTE

(8) require reports from the head of a hospital concerning the care of patients;

(9) visit each hospital to review methods of care or treatment for patients;

(10) investigate complaints made by a patient or an interested party on behalf of a patient;

(11) delegate upon mutual agreement to another office or agency of it, or a political subdivision of this state, or a hospital designated, any of the duties and powers imposed upon it by AS 47.30.010 — 47.30.340; and

(12) provide for and pay the costs of transportation of patients and of the attendants who are needed, if transportation is necessary to secure appropriate examinations or hospitalization of the mentally ill, or for returning a patient discharged or placed on convalescent status from a hospital to his home or place of convalescence. (§ 102 ch 87 SLA 1957)

Am. Jur., ALR and C.J.S. references. — 26 Am. Jur., Hospitals and Asylums, § 1 et seq.; 28 Am. Jur., Insane and Other Incompetent Persons, § 1 et seq.

Municipal power to accept and administer trust for insane asylum, 10 ALR 1377.
44 C.J.S. Insane Persons §§ 62 to 72.

Sec. 47.30.290. Department may adopt and issue regulations. The department may adopt appropriate regulations to implement AS 47.30.010 — 47.30.340 and to cover matters not expressly touched upon or anticipated but necessarily implied by the provisions of AS 47.30.010 — 47.30.340. (§ 130 ch 87 SLA 1957)

CSHB 2

(8) enter into contracts which incorporate safeguards consistent with AS 47.30.655 - 47.30.915 and the preservation of the civil rights of the patients with another state for the custody and care or treatment of patients previously committed from this state under 48 U.S.C., sec. 46 et seq., and P.L. 830, 84th Congress, 2nd Session, 70

(9) prescribe the form of applications, records, reports, requests for release and consents to medical or psychological treatment required by AS 47.30.655 - 47.30.915;

(10) require reports from the head of a treatment facility concerning the care of patients;

(11) visit each treatment facility at least annually to review methods of care or treatment for patients;

(12) investigate complaints made by a patient or an interested party on behalf of a patient;

(13) delegate upon mutual agreement to another officer or agency of it, or a political subdivision of this state, or a treatment facility designated, any of the duties and powers imposed upon it by AS 47.30.655 - 47.30.915; and

(14) promulgate regulations to implement the provisions of AS 47.30.655 - 47.30.915.

COMPARISON - AS 47.30 and CS FOR HOUSE BILL 2
4/9/80

CURRENT STATUTE

NEW SECTION
SEC. 47.30.040(c)
NEWLY ADMITTED PATIENTS

CSHB 2

ARTICLE 7. VOLUNTARY ADMISSION FOR TREATMENT.

Sec. 47.30.670 STANDARDS FOR VOLUNTARY ADMISSION. A person 14 years of age or older may be voluntarily admitted to a treatment facility if he is suffering from mental illness and he voluntarily signs the admission papers.

Sec. 47.30.675. NOTICE OF RIGHTS. (a) Upon application for voluntary admission a person shall be given a copy of the following documents which shall be explained to him as necessary:

(1) notice of rights as set out in AS 47.30.825 - 47.30.865 and an explanation of any document served upon him; and

(2) notice that should he desire to leave at a time when the treatment facility determines that he is mentally ill and as a result is likely to cause serious harm to himself or others or is gravely disabled, the faciiity could initiate commitment proceedings against him.

(b) If the applicant for voluntary admission does not understand English, the explanation shall be given in a language he understands.

Sec. 47.30.680. DISCHARGE OF VOLUNTARY PATIENTS. The professional person in charge of the treatment facility or his designee shall discharge any patient who no longer meets the standards established in AS 47.30.670.

CURRENT STATUTE

NEW SECTION

CSHB 2

Sec. 47.30.685. NOTICE OF INTENT TO LEAVE FACILITY; COMMITMENT. A voluntary patient who is 14 years of age or older and who desires to leave a treatment facility must submit to the facility a written notice of intent to leave on a form provided to him by the facility. Upon immediate investigation, the professional person in charge of the treatment facility or a designated mental health professional shall evaluate the patient in writing and discharge the patient immediately or give him written notice that involuntary commitment proceedings will be initiated against him. The treatment facility may detain the patient for no more than 48 hours after receipt of the patient's notice of intent to leave in order to initiate involuntary commitment proceedings.

Sec. 47.30.690. VOLUNTARY ADMISSION OF MINORS UNDER 14 YEARS OF AGE. (a) A minor under the age of 14 may be admitted for 30 days evaluation, diagnosis and treatment at a designated treatment facility if his parent or guardian signs the admission papers and if, in the opinion of the professional person in charge of the facility,

(1) he is gravely disabled or is suffering from mental illness and as a result he is likely to cause serious harm to himself or others;

(2) there is no less restrictive alternative available for his treatment; and

(3) there is reason to believe that the patient's mental condition could be improved by the course of treatment.

CURRENT STATUTE

New Section

CSHB 2

(b) The minor may be released by the treatment facility at any time during the 30-day period if the professional person in charge of the facility or his designated mental health professional determines the minor would no longer benefit from continued hospitalization and the minor is not dangerous. The minor's parents or his guardian must be notified by the facility of the contemplated release and that, unless they initiate involuntary commitment proceedings, the minor will be released.

Sec. 47.30.695. NOTICE OF REQUEST FOR RELEASE OF MINORS UNDER 14 YEARS OF AGE FROM VOLUNTARY DETENTION AND COMMITMENT. The parent or guardian of any minor who is less than 14 years of age may request and obtain immediate release of the minor at any time.

CURRENT STATUTE

Sec. 47.30.070. Hospitalization upon court order. (a) An interested party, a licensed physician, a peace officer or the head of an institution in which an individual is hospitalized, or the department may, by filing an application with the superior court, start proceedings for the hospitalization of an individual by judicial commitment.

(b) On receipt of a . application, the superior court shall give notice of the commencement of proceedings to the proposed patient, to his legal guardian, and to other interested parties.

(c) As soon as practicable after notice of the commencement of proceedings is given, the superior court shall appoint one or more designated examiners to examine the proposed patient and report within 48 hours to the court their findings as to the mental condition of the patient and his need for care or treatment in a hospital. The court may consider the choice of the patient in appointing an examiner. If the designated examiner reports that the proposed patient refuses to submit to an examination, the court shall give notice to the proposed patient and order him to submit to the examination. The order may direct that he be taken into custody and detained pending a hearing.

(d) The examination shall be held at a hospital or other medical facility, at the home of the proposed patient, or at another suitable place, inside or outside this state, not likely to have a harmful effect on his health.

(e) If the report of the designated examiner states that the proposed patient is not mentally ill, the court shall terminate the proceedings and dismiss the application. Otherwise, the court shall immediately fix a date for a hearing and give notice of the hearing. The hearing shall be held not more than 15 days from receipt of the report of the designated examiner.

(f) The proposed patient, the applicant, the legal guardian and other interested parties, as determined by the superior court, shall be given notice of the hearing and an opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses. The court may, in its discretion, receive the testimony of any other person. The proposed patient shall not be required to be present, and the court may exclude all persons not necessary for the conduct of the proceedings.

(g) The hearing shall be conducted as informally as is consistent with orderly procedure and in a physical setting not likely to have a harmful effect on the mental health of the proposed patient. The entire proceedings may be recorded stenographically or with the use of mechanical recording devices which the superior court approves. The

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ARTICLE 8. INVOLUNTARY ADMISSION FOR TREATMENT.

Sec. 47.30.700. INITIATION OF INVOLUNTARY COMMITMENT PROCEDURES. (a) Upon petition of any adult person, a judge shall immediately conduct a screening investigation or direct a local mental health professional employed by the department or by a program which receives money from the department under AS 47.30.520 - 47.30.620 to conduct a screening investigation of the person alleged to be mentally ill and, as a result of that condition, alleged to be gravely disabled or to present a likelihood of serious harm to himself or others. Within 48 hours after the completion of the screening investigation, a judge may issue an ex parte order orally or in writing, stating that there is probable cause to believe a person is mentally ill and that condition causes the person to be gravely disabled or to present a likelihood of serious harm to himself or others. The court shall provide findings on which the conclusion is based, appoint an attorney to represent the respondent, and may direct that a peace officer take the person into custody and deliver him to the nearest designated appropriate facility for emergency examination or treatment. The ex parte order shall be provided to the respondent and made a part of the respondent's clinical record.

(b) The petition required in (a) of this section shall allege that the respondent is reasonably believed to present a likelihood of serious harm to himself or others or is gravely disabled as a result of mental illness and shall specify the factual information on which that belief is based including the names and addresses of all persons known to the petitioner who have knowledge of those facts through personal observation.

CURRENT STATUTE

CSHB 2

court shall prepare and maintain a summary record of all relevant and material evidence which is offered concerning the mental condition and the residence of the proposed patient and may relax the rules of evidence to the extent of receiving affidavits, certificates of licensed physicians and other writings of similar apparent authenticity and reliability.

(h) An opportunity to be represented by counsel or advisor shall be given to the proposed patient, and if neither he nor others provide counsel or advisor, the superior court shall appoint a counsel or advisor. If not less than two days before the date fixed for the hearing, the proposed patient 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 the evidence concerning the mental condition and residence of the proposed patient.

(i) The superior court shall terminate the proceedings and dismiss the application upon completion of the hearing and consideration of the record, except that the court shall order the hospitalization of the proposed patient for an indeterminate period if the court or the jury finds the proposed patient is mentally ill and (1) because of his illness is likely to injure himself or others if allowed to remain at liberty; or (2) is in need of immediate care or treatment in a hospital, and because of his illness, lacks sufficient insight or capacity to make responsible decisions concerning hospitalization.

(j) If the superior court orders the hospitalization of the proposed patient, a finding shall be made as to the residence of the patient. A copy of the finding and the summary of proceeding shall accompany the patient to the hospital. The order of hospitalization shall be directed to the department. The department shall assure the order's execution.

(k) Notwithstanding any other provision of AS 47.30.010 — 47.30.340, except AS 47.30.170, commitment proceedings under this section shall not be commenced with respect to a patient admitted under AS 47.30.020 unless release of the patient is first requested in accordance with AS 47.30.050.

(l) An order for hospitalization under this section is not a judicial determination of legal incompetency, except to the extent provided in AS 47.30.130(b). Proceedings for a determination of legal incompetency and the appointment of a guardian for a patient who has been ordered hospitalized may be started before, during or after proceedings under this section, if the circumstances of the case require and the condition of the patient permits. (§ 103 ch 87 SLA 1957; am §§ 5 — 7 ch 127 SLA 1959)

COMPARISON - AS 47.30 and CS FOR HOUSE BILL 2
4/9/80

CURRENT STATUTE

This section and AS 47.30.060 are silent on burden and standard of proof. State v. Alto, Sup. Ct. Op. No. 1777 (File No. 3748), 589 P.2d 402 (1979).

Different treatment of persons civilly committed by reason of insanity and of persons acquitted of crime by reason of insanity. — See State v. Alto, Sup. Ct. Op. No. 1777 (File No. 3748), 589 P.2d 402 (1979).

Cited in Clark v. State, Sup. Ct. Op. No. 187 (File No. 311), 388 P.2d 816 (1964); Kostic v. Smedley, Sup. Ct. Op. No. 103 (File No. 2140), 522 P.2d 535 (1974).

Sec. 47.30.030. Emergency hospitalization. (a) If the certificate by a licensed physician under AS 47.30.020 states a belief that the individual is likely to injure himself or others if allowed to remain at liberty, or is in need of immediate hospitalization, an interested party or peace officer may, upon endorsement of the certificate for this purpose by the department or by a superior court, take the individual into custody, apply to a designated hospital for his admission, and transport him to the hospital.

(b) An interested party or peace officer who has good and valid reason to believe that an individual is mentally ill, and because of his illness is likely to injure himself or others if not immediately restrained, may, pending examination or certification by a licensed physician, or pending endorsement of the certification as provided in (a) of this section, take the individual into custody, and transport him to the most accessible medical facility and obtain a certificate for endorsement under (a) of this section, or take the steps which are necessary to arrange for a judicial commitment under AS 47.30.070. Transportation shall be allowed as is set out in AS 47.30.110. The application for admission shall state the circumstances under which the individual was taken into custody and the reason for the belief.

(c) AS 47.30.010 — 47.30.340 do not limit the availability and utilization of designated hospitals or designated parts of them for other appropriate purposes except that the use of the designated hospitals or parts of them shall be primarily for the care and treatment of the mentally ill. (§ 104 ch 87 SLA 1957)

CSHB 2

Sec. 47.30.705. EMERGENCY DETENTION FOR EVALUATION. A peace officer who has probable cause to believe that a person is gravely disabled or is suffering from mental illness and is likely to cause serious harm to himself or others of such an immediate nature that considerations of safety do not allow initiation of involuntary commitment procedures set out in AS 47.30.700, may cause the person to be taken into custody and delivered to a treatment or evaluation facility. Upon arrival at the treatment facility, the peace officer shall complete an application for examination of the person in custody and be interviewed by a mental health professional at the facility.

CURRENT STATUTE

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REFER TO AS 47.30.705

Sec. 47.30.090. Detention under special circumstances. (a) Pending removal to a hospital, a patient taken into custody under AS 47.30.030 or AS 47.30.070 or ordered hospitalized under AS 47.30.070 or pending the hearing under AS 47.30.070 may be detained in a medical facility, his home, a licensed foster home, or any other suitable facility under the reasonable conditions which the department fixes. The patient shall not, except because of and during an extreme emergency, be detained in a nonmedical facility used for the detention of individuals charged with or convicted of penal offenses. The department shall take the reasonable measures, including provision for medical care, which are necessary to assure proper care of an individual temporarily detained under this section.

(b) No patient may be released or discharged from custody during the pendency of proceedings for judicial hospitalization if, in the opinion of the head of the hospital, it would be unsafe to the patient or others, unless the superior court, upon the application of the patient or an interested party, determines justifiable reason exists for release or discharge.

(c) No patient held on order of a court in an action or proceeding arising out of a criminal offense may be discharged except after 15 days' written notice to the court. (§ 110 ch 87 SLA 1957)

COMPARISON - AS 47.30 and CS FOR HOUSE BILL 2
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Sec. 47.30.040. Newly-admitted patients. (a) The head of a designated hospital shall have a preliminary examination of each patient held within 48 hours after the close of the day of his admission by a designated examiner, to determine if there is a reasonable necessity existing for the patient's continued hospitalization and immediate medical attention.

(b) At the end of the 48 hours, a patient admitted under AS 47.30.020 or AS 47.30.030, shall be discharged without application if a preliminary examination has not been held or if, upon examination, the designated examiner refuses or fails to certify to the head of the designated hospital that in his opinion the patient is mentally ill and is either likely to injure himself or others if allowed at liberty, or in need of care or treatment in a hospital and because of his illness lacks sufficient insight or capacity to make responsible decisions concerning it. All other patients shall be discharged when, in the opinion of the head of the designated hospital, there is no further need for their hospitalization. Notice of discharge shall be given to the department and the court or person responsible for the order of hospitalization, who shall have an additional 48 hours within which to make other arrangements under AS 47.30.070 or otherwise.

(c) A patient admitted under AS 47.30.020 or AS 47.30.030 may remain for treatment on a voluntary basis under the same conditions prescribed for patients admitted under AS 47.30.020, with the conditions stated in AS 47.30.050 applying with respect to discharge. If a patient admitted under AS 47.30.020 or AS 47.30.030 elects to remain for treatment on a voluntary basis, the head of the designated hospital in that instance shall ascertain that the patient has at the time sufficient insight or capacity to make responsible application for his own hospitalization and the head of the hospital or his designee shall certify his opinion to this. Notice of the patient's decision to remain on a voluntary basis shall be given to the court that issued the order. (§ 105 ch 87 SLA 1957; am § 4 ch 127 SLA 1959)

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Sec. 47.30.710. EXAMINATION. (a) A patient who is delivered under AS 47.30.700 or 47.30.705 for emergency examination and treatment to a treatment facility shall be thoroughly examined and evaluated as to his mental and physical condition by a mental health professional and by a physician within 24 hours after arrival at the facility.

(b) If the mental health professional who performs the emergency examination has reason to believe that the patient is (1) mentally ill and that condition causes the person to be gravely disabled or to present a likelihood of serious harm to himself or others, and (2) is in need of care or treatment, the mental health professional may hospitalize him on an emergency basis. If a judicial order has not been obtained under AS 47.30.700, the mental health professional shall apply for an ex parte order authorizing hospitalization for emergency treatment.

Sec. 47.30.715. ACCEPTANCE OF ORDER. When a facility receives a proper order for evaluation, it must accept the order and the person for an evaluation period not to exceed 72 hours. The facility shall promptly notify the court of the date and time of the respondent's arrival. The court shall set a date, time and place for a 14-day commitment hearing, to be held if needed within 72 hours after the respondent's arrival, and the court shall notify the facility, the respondent, his attorney, and the prosecuting attorney of the hearing arrangements. Evaluation personnel, where used, shall similarly notify the court of the date and time when they first met with the respondent.

CURRENT STATUTE

Sec. 47.30.120. Notice of hospitalization. When a patient is admitted to a hospital under AS 47.30.010 — 47.30.340 other than upon his own application, the head of the designated hospital shall notify immediately the patient's legal guardian, parent, spouse, or next of kin, if known. The head of the designated hospital admitting an individual under a provision of AS 47.30.010 — 47.30.340, or discharging an individual so admitted, shall immediately make a report of the discharge to the superior court and to the department. (§ 114 ch 87 SLA 1957)

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Sec. 47.30.720. RELEASE BEFORE EXPIRATION OF 72-HOUR PERIOD. If at any time in the course of the 72-hour period the mental health professionals conducting the evaluation determine that the respondent does not meet the standards for commitment specified in AS 47.30.700, the respondent shall be discharged from the facility or the place of evaluation by evaluation personnel and the petitioner and the court so notified.

Sec. 47.30.725. COMMITMENT PROCEEDING RIGHTS; NOTIFICATION. (a) When a person is detained for evaluation under this chapter, he shall be immediately notified orally and in writing of his rights under this section. Notification shall be in a language understood by the respondent. His guardian, if any, and if the respondent requests, an adult designated by the respondent, shall also be notified of the respondent's rights under this section.

(b) Unless a person is released or voluntarily admits himself for treatment within 72 hours of his arrival at the facility or, if he is evaluated by evaluation personnel, within 72 hours from the beginning of his meeting with evaluation personnel, he is entitled to a court hearing to be set for not later than the end of that 72-hour period to determine whether there is cause to detain him after the 72 hours have expired for up to an additional 14 days on the grounds that he is gravely disabled or mentally ill and as a result presents a likelihood of serious harm to himself or others. The facility or evaluation personnel shall give notice to the court of the releases and voluntary admissions under AS 47.30.700 - 47.30.820.

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(c) The respondent has a right to communicate immediately, at the department's expense, with his guardian, if any, or an adult designated by the respondent and the attorney designated in the ex parte order, or any attorney of the respondent's choice.

(d) The respondent has the right to be represented by an attorney, to present evidence and to cross-examine witnesses who testify against him at the hearing.

(e) The respondent has the right to be free of the effects of medication and other forms of treatment to the maximum extent possible before the 14-day commitment hearing; however, the facility or evaluation personnel shall be able to treat him with medication under prescription by a licensed physician or a less restrictive alternative of his preference if, in the opinion of a licensed physician and another mental health professional, these treatments are necessary to

(1) prevent bodily harm to the respondent or others;

(2) prevent such deterioration of the respondent's mental condition that subsequent treatment might not enable him to recover; or

(3) allow the respondent to prepare for and participate in the proceedings.

(f) A respondent, if he is represented by counsel, may waive, orally or in writing, the 72-hour time limit on the 14-day commitment hearing and have the hearing set for a date no more than seven calendar days after his arrival at the facility. The respondent's counsel shall immediately notify the court of the waiver.

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Sec. 47.30.730. PROCEDURE FOR 14-DAY COMMITMENT; PETITION FOR COMMITMENT. (a) In the course of the 72-hour evaluation period, a petition for commitment to a treatment facility may be filed in court. The petition must be signed by two mental health professionals who have examined the respondent. The petition must

(1) allege that the respondent is mentally ill and as a result is likely to cause harm to himself or others or is gravely disabled;

(2) allege that the evaluation staff has considered but has not found that there are any less restrictive alternatives available that would adequately protect the respondent or others; or, if a less restrictive involuntary form of treatment is sought, specify the treatment and the basis for supporting it;

(3) allege with respect to a gravely disabled respondent that there is reason to believe that the respondent's mental condition could be improved by the course of treatment sought;

(4) allege that a specified treatment facility or less restrictive alternative that is appropriate to the respondent's condition has agreed to accept the respondent;

(5) allege that the respondent has been advised of the need for, but has not accepted, voluntary treatment, and request that the court commit the respondent to the specified treatment facility or less restrictive alternative for a period not to exceed 14 days;

(6) list the prospective witnesses who will testify in support of commitment or involuntary treatment;

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(7) list the facts and specific behavior of the respondent supporting the allegation in (1) of this subsection.

(b) A copy of the petition shall be served on the respondent, his attorney, and his guardian, if any, before the 14-day commitment hearing.

Sec. 47.30.735. 14-DAY COMMITMENT. (a) Upon receipt of a proper petition for commitment, the court shall hold a hearing at the date and time previously specified according to procedures set out in AS 47.30.-715.

(b) The hearing shall be conducted in a physical setting least likely to have a harmful effect on the mental or physical health of the respondent, within practical limits. At the hearing, in addition to other rights specified in this chapter, the respondent has the right

(1) to be present at the hearing; this right may be waived only with the respondent's informed consent; if the respondent is incapable of giving informed consent, the respondent may be excluded from the hearing only if the court, after hearing, finds that the incapacity exists and that there is a substantial likelihood that the respondent's presence at the hearing would be severely injurious to his mental or physical health;

(2) to view and copy all petitions and reports in the court file of his case;

(3) to have the hearing open or closed to the public as he elects;

(4) to be proceeded against according to the rules of evi-

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dence applicable to civil proceedings;

(5) to have an interpreter if he does not understand English;

(6) to present evidence on his behalf;

(7) to cross-examine witnesses who testify against him;

(8) to remain silent.

(c) At the conclusion of the hearing the court may commit the respondent to a treatment facility for not more than 14 days if it finds, by clear and convincing evidence, that the allegations required in AS 47.30.730(a) are true.

(d) If the court finds that there is a viable less restrictive alternative available and that the respondent has been advised of and refused voluntary treatment through the alternative, the court may order the less restrictive alternative treatment for not more than 14 days.

(e) The court shall specifically state to the person committed, and give the person written notice, that if commitment or other involuntary treatment beyond the 14 days is to be sought, the person shall have the right to a full hearing or jury trial.

Sec. 47.30.740. PROCEDURE FOR 90-DAY COMMITMENT FOLLOWING 14-DAY COMMITMENT. (a) At any time during the respondent's 14-day commitment, the professional person in charge of the treatment facility to which the person has been confined, or his professional designee, may file with the court a petition for 90-day commitment of that person. The petition must include all material required under AS 47.30.730(a) except that references to "14 days" shall be read as "90 days"; and

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(1) allege that the respondent has attempted to inflict or has inflicted serious bodily harm upon himself or another since his acceptance for evaluation, or that he was committed initially as a result of conduct in which he attempted or inflicted serious bodily harm upon himself or another, or that he continues to be gravely disabled;

(2) allege that the respondent has received appropriate and adequate care and treatment during his 14-day commitment;

(3) be verified by the professional person in charge of the facility providing treatment during the 14-day commitment, or his professional designee.

(b) The court shall have copies of the petition for 90-day commitment served upon the respondent, his attorney, and his guardian, if any. The petition for 90-day commitment and proofs of service shall be filed with the clerk of the court, and a date for hearing shall be set, by the end of the next judicial day, for not later than five judicial days from the date of filing of the petition. The clerk shall notify the respondent, his attorney, and the petitioner of the hearing date at least three judicial days in advance of the hearing.

(c) Findings of fact relating to the respondent's behavior made at a 14-day commitment hearing under AS 47.30.735 shall be admitted as evidence and may not be rebutted except that newly discovered evidence may be used for the purpose of rebutting the findings.

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Sec. 47.30.745. 90-DAY COMMITMENT HEARING RIGHTS. (a) A person subject to a petition for 90-day commitment has, in addition to the rights specified elsewhere in this chapter, or otherwise applicable, the rights enumerated in this section. Written notice of these rights shall be served on the respondent, his attorney, his guardian, if any, and an adult designated by the respondent at the time the petition for 90-day commitment is served. An attempt shall be made by oral explanation to insure that the respondent understands the rights enumerated in the notice. If the respondent does not understand English, the explanation shall be given in a language he understands.

(b) Unless the respondent is released or voluntarily admits himself following the filing of a petition and before the hearing, he is entitled to a judicial hearing within five judicial days of the filing of the petition as set out in AS 47.30.740(b) to determine whether the allegations required in AS 47.30.740(a) are true. If the respondent voluntarily admits himself following the filing of the petition, the voluntary admission constitutes a waiver of any hearing rights under AS 47.30.740 or under AS 47.30.685. If at any time during the respondent's voluntary admission under this subsection, the respondent submits to the facility a written notice of intent to leave, the professional person in charge of the treatment facility may file with the court a petition for 120-day commitment of the respondent under AS 47.30.770. The 120-day commitment hearing shall be scheduled for a date not earlier than 90 days after the respondent's voluntary admission.

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(c) The respondent is entitled to a jury trial upon request filed with the court if the request is made at least two judicial days before the hearing. If the respondent requests a jury trial, the hearing may be continued for no more than 10 calendar days. The jury shall consist of six persons.

(d) If a jury trial is not requested, the court may still continue the hearing at the respondent's request for no more than 10 calendar days.

(e) The respondent has a right to retain an independent licensed physician or other mental health professional to examine him and to testify on his behalf. Upon request by an indigent respondent, the court shall appoint an independent licensed physician or other mental health professional to examine him and testify on his behalf. The court shall give consideration to an indigent respondent's request for a specific physician or mental health professional. A motion for the appointment may be filed in court at any reasonable time before the hearing and shall be acted upon promptly. Reasonable fees and expenses for such expert examiners shall be determined by the rules of court.

(f) The proceeding shall in all respects be in accord with constitutional guarantees of due process and, except as specifically provided in this chapter, the rules of evidence and procedure in civil proceedings.

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(g) Until the court issues a final decision, the respondent shall continue to be treated at the treatment facility unless the petition for 90-day commitment is withdrawn. If no decision has been made within 20 days of filing of the petition, not including extensions of time due to jury trial or other requests by the respondent, he shall be released.

Sec. 47.30.750. CONDUCT OF HEARING. The hearing shall be conducted in the same manner, and with the same rights for the respondent, as set out in AS 47.30.735(b).

Sec. 47.30.755. COURT ORDER. (a) After the hearing and within the time limit specified in AS 47.30.745, the court may commit the respondent to a treatment facility for no more than 90 days if the court or jury finds by clear and convincing evidence that the allegations required in AS 47.30.740(a) are true.

(b) If the court finds that there is a less restrictive alternative available and that the respondent has been advised of and refused voluntary treatment through the alternative, the court may order the less restrictive alternative treatment after acceptance by the program of the respondent for a period not to exceed 90 days.

Sec. 47.30.760. PLACEMENT AT CLOSEST FACILITY. Treatment shall always be available at a state-operated hospital; however, if space is available and upon acceptance by another treatment facility, a respondent who is committed shall be placed by the court at the treatment facility closest to his home unless the court finds that

(1) another treatment facility in the state has a program

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more suited to the respondent's condition, and this interest outweighs the desirability of the respondent being closer to home;

(2) another treatment facility in the state is closer to the respondent's friends or relatives who could benefit him through their visits and communications; or

(3) the respondent wants to be further removed from his home, and the mental health professionals who sought his commitment concur in the desirability of removed placement.

Sec. 47.30.765. APPEAL. The respondent shall have the right to an appeal from any order of involuntary commitment. The court shall inform the respondent of this right.

Sec. 47.30.770. ADDITIONAL 120-DAY COMMITMENT. (a) The respondent shall be released from involuntary treatment at the expiration of 90 days unless the professional person in charge of the treatment facility, or his designee, files a petition for a 120-day commitment conforming to the requirements of AS 47.30.740(a) except that all references to "14-day commitment" shall be read as "the previous 90-day commitment" and all references to "90-day commitment" shall be read as "120-day commitment".

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(b) The procedures for service of the petition, notification of rights and judicial hearing shall be as set out in AS 47.30.740 -47.30.-750. If the court or jury finds by clear and convincing evidence that the grounds for 90-day commitment as set out in AS 47.30.755 are present, the court may order the respondent committed for an additional treatment period not to exceed 120 days from the date on which the first 90-day treatment period would have expired.

(c) Successive 120-day commitments are permissible on the same ground and under the same procedures as the original 120-day commitment. No order of commitment may exceed 120 days.

(d) Findings of fact relating to the respondent's behavior made at a 14-day commitment hearing under AS 47.30.735, a 90-day commitment hearing under AS 47.30.750, or a previous 120-day commitment hearing under this section shall be admitted as evidence and may not be rebutted except that newly discovered evidence may be used for the purpose of rebutting the findings.

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Sec. 47.30.775. COMMITMENT OF MINORS. The provisions of AS 47.-30.700 - 47.30.820 are applicable to minors; however, all notices required to be served on the respondent in AS 47.30.700 - 47.30.820 shall also be served on the parent or guardian of respondents who are minors, and parents or guardians of minor respondents shall be notified that they may appear as parties in any commitment proceeding concerning the minor and that as parties they are entitled to retain their own attorney or have one appointed for them by the court. A minor has the same rights to waiver and informed consent as an adult under this chapter; however, he shall be represented by counsel in waiver and consent proceedings.

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Sec. 47.30.050. Application for discharge and emergency detention. (a) An individual, 30 days after admission to a designated hospital under AS 47.30.020 or an individual admitted to a designated hospital under AS 47.30.030, shall be immediately discharged upon his request or upon the request in writing of an interested party or peace officer, except that

(1) if admitted upon his own application, his discharge may be conditioned upon his agreement;

(2) if under 18 years of age and admitted under AS 47.30.020, his discharge before becoming 18 years of age may be conditioned upon the consent of his parent or guardian; and

(3) if the head of a designated hospital within 48 hours after receiving the request, files with the superior court a certification that in his opinion the discharge of the patient would be unsafe to the patient or others, the discharge may be postponed for not more than five days to begin commitment proceedings under AS 47.30.070; if the court finds that because of justifiable circumstances, proceedings for judicial hospitalization cannot reasonably be instituted in that time, the discharge may be postponed for not more than 15 days.

(b) The head of the designated hospital shall provide reasonable means and arrangements for informing patients of their right to discharge, as provided in AS 47.30.010 — 47.30.340, and for assisting the patients in making requests for discharge under this section. (§ 106 ch 87 SLA 1957)

Sec. 47.30.060. Petition for judicial determination. A patient who is hospitalized under AS 47.30.020, AS 47.30.030 or AS 47.30.070 may have the need for his continued hospitalization determined or redetermined on his own petition or that of an interested party or a peace officer, to the superior court. On receipt of the petition, the superior court shall conduct proceedings in accordance with AS 47.30.070 except that the proceedings need not be conducted if the petition is filed sooner than (1) six months after the issuance of an order of hospitalization under AS 47.30.070; (2) one year after the filing of a previous petition under this section; or (3) 30 days after the voluntary application and admission of a patient. (§ 107 ch 87 SLA 1957)

Superior courts have exclusive jurisdiction over proceedings under this article. 1959 Op. Att'y Gen., No. 34.

This section and AS 47.30.070 are silent on burden and standard of proof. State v. Alto, Sup. Ct. Op. No. 1777 (File No. 3748), 589 P.2d 402 (1979).

Different treatment of persons civilly committed by reason of insanity and of persons acquitted of crime by reason of insanity. — See State v. Alto, Sup. Ct. Op. No. 1777 (File No. 3748), 589 P.2d 402 (1979).

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Sec. 47.30.780. EARLY DISCHARGE. The professional person in charge of a treatment facility or his designee shall at any time discharge a committed person on the ground that the person is no longer gravely disabled or likely to cause serious harm as a result of mental illness. A certificate to this effect shall be sent to the court which shall enter an order officially terminating the involuntary commitment.

Sec. 47.30.785. AUTHORIZED ABSENCES. A respondent undergoing involuntary treatment on an inpatient basis under this chapter may be given authorization to be absent from the treatment facility during times specified by the professional person in charge of the facility, or his professional designee, when an authorization to be absent is in the himself or others. [illegible]ondent and he is not likely to cause harm to

Sec. 47.30.790. RETURN FROM UNAUTHORIZED ABSENCE. When a respondent undergoing involuntary treatment on an inpatient basis under this chapter is absent from the treatment facility without, or in excess of, authorization under AS 47.30.785, the professional person in charge of the facility or his professional designee may cause the respondent to be taken into custody and returned to the treatment facility.

Sec. 47.30.795. INVOLUNTARY OUTPATIENT CARE FOR COMMITTED PERSONS. (a) A committed person who was not originally committed to involuntary outpatient care under the provisions of this chapter may be released before the expiration of his commitment period on the condition that he receive specified outpatient treatment from a provider of outpatient care, for a length of time not to exceed the duration of his commitment period, when the professional person in charge of the treatment facility or his professional designee finds that

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Sec. 47.30.200. Release on convalescent status. The head of a designated hospital may release a patient on convalescent status when he believes that convalescent status is in the best interest of the patient. Convalescent status shall, so far as practicable, include provisions for continuing responsibility to and by the hospital, and for a plan of treatment on an out-patient basis or under the direction of a licensed physician. Periodically, at intervals consistent with good medical practice and with existing circumstances, the head of the designated hospital shall re-examine the facts relating to the condition of the patient on a convalescent status and, if he determines that hospitalization is no longer necessary, he shall discharge the patient. (§ 121 ch 87 SLA 1957)

Stated in Clark v. State, Sup. Ct. Op. No. 127 (File No. 311), 388 P.2d 816 (1964).

Sec. 47.30.210. Readmission. Before the discharge of a patient under AS 47.30.200 the head of the designated hospital from which the patient is given convalescent status may readmit the patient. If there is reason to believe that it is to the best interest of the patient to be rehospitalized, the department or head of the designated hospital may issue an order for the immediate rehospitalization of the patient. The order, if not voluntarily complied with, upon the endorsement by the court, authorizes a peace officer to take the patient into custody and transport him to the designated hospital or, if the order is issued by the department, to a hospital designated by it. (§ 122 ch 87 SLA 1957)

Sec. 47.30.220. Discharge upon medical review. The head of a designated hospital shall have the condition of every patient reviewed as often as is consistent with good medical practice. If the head of a designated hospital determines that the conditions justifying hospitalization no longer exist, the patient shall be discharged, even if he was admitted on his own application, notwithstanding AS 47.30.050(a)(1), and the department shall be notified immediately. If the patient was not admitted on his own application, notice of the discharge shall also be given to one of the following persons: the patient's legal guardian, parent, spouse, or next of kin, if known, and, if the patient was hospitalized by judicial process, to the superior court which ordered him committed. (§ 123 ch 87 SLA 1957; am § 12 ch 127 SLA 1959)

Stated in Clark v. State, Sup. Ct. Op. No. 127 (File No. 311), 388 P.2d 816 (1964).

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(1) security for the person or others no longer requires that he be treated on an inpatient basis; and

(2) there is reason to believe that the person's mental condition would improve as a result of the specified outpatient treatment.

(b) A copy of the conditions for early release shall be given to the person, his attorney, his guardian, if any, the provider of outpatient care, and the court.

(c) If at any time during the commitment period the provider of outpatient care determines that the person can no longer be treated on an outpatient basis because he is likely to cause harm to himself or others or is gravely disabled, the provider shall give the patient oral and written notice, with copies to the patient's attorney, his guardian, if any, the court and inpatient treatment facility, that he must return to the inpatient treatment facility within 24 hours for a length of time

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not to exceed the duration of his commitment period. If the person fails to arrive at the treatment facility under a 24-hour notice, the facility shall cause the person to be taken into custody and transported to the facility. A peace officer shall assist the provider of outpatient care or the facility if requested.

(d) If the provider of outpatient care determines that the patient will require continued outpatient care after the expiration of his commitment period, the provider is entitled to initiate further commiment proceedings in the same manner as if the provider were the professional person in charge of a treatment facility, and the provisions of this chapter are applicable, except that provisions relating to inpatient treatment shall be read as applicable to outpatient treatment.

Sec. 47.30.800. CONVERSION OF INVOLUNTARY OUTPATIENT TREATMENT TO INPATIENT COMMITMENT. (a) A respondent ordered by the court under the provisions of this chapter to receive involuntary outpatient treatment may be required to undergo inpatient treatment when the provider of outpatient care finds that (1) the respondent is mentally ill and is likely to cause serious harm to himself or others or is still gravely disabled; (2) the respondent's behavior since the hearing resulting in court-ordered treatment indicates that he now needs inpatient treatment to protect himself or others; (3) there is reason to believe that the respondent's mental condition will improve as a result of inpatient treatment; and (4) there is an inpatient facility appropriate to the respondent's need which will accept him as a patient. Treatment for these respondents shall be available at state-operated hospitals at all times.

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(b) Upon making the findings specified in (a) of this section, the provisions of AS 47.30.795(b) relating to notice and AS 47.30.745 relating to hearing are applicable.

Sec. 47.30.805. COMPUTING PERIODS OF TIME. (a) Except as provided in (b) of this section,

(1) computations of a 72-hour evaluation period do not include Saturdays, Sundays, legal holidays, or any period of time necessary to transport the respondent to the treatment facility;

(2) a 14-day commitment period expires at the end of the 14th day after the 72 hours following initial acceptance;

(3) a 90-day commitment period expires at the end of the 90th day after the expiration of a 14-day period of treatment;

(4) a 120-day commitment period expires at the end of the 120th day, after the expiration of a 90-day period of treatment or previous 120-day period, whichever is applicable.

(b) When a respondent has failed to appear or absented himself contrary to any order properly made or entered under this chapter, the relevant commitment period shall be extended for a period of time equal to the respondent's absence if written notice of absence is promptly provided to the respondent's attorney and his guardian, if there is one, and if, within 24 hours after the respondent has returned to the evaluation or treatment facility, written notice of the corresponding extension and the reason for it is given to the respondent, his attorney, and to the court.

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Sec. 47.30.100. Writ of habeas corpus. An individual who is detained under AS 47.30.010 — 47.30.340 is entitled to a writ of habeas corpus upon proper petition by himself or an interested party to a court authorized to issue writs of habeas corpus in the jurisdiction in which he is detained. (§ 111 ch 87 SLA 1957)

Sec. 47.30.330. Criminal penalties. A person who intentionally causes, or attempts to cause, or conspires with another person to cause an individual to be committed to a hospital under AS 47.30.010 — 47.30.340, knowing or having reasonable grounds for believing that the individual is not mentally ill and in need of hospitalization, is punishable by a fine of not more than $10,000, or by imprisonment for not less than one year nor more than 10 years, or by both. The court may order all or part of the fine paid to the injured individual. (§ 133 ch 87 SLA 1957; am § 37 ch 43 SLA 1964)

Amendment of section inapplicable to offense committed before October 1, 1964. — See 1964 Op. Att'y Gen., No. 8.

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Sec. 47.30.810. HABEAS CORPUS. Nothing in this chapter may be construed as limiting a person's right to a writ of habeas corpus.

Sec. 47.30.815. LIMITATION OF LIABILITY; PENALTY FOR FALSE APPLICATION. (a) A person acting in good faith upon either actual knowledge or reliable information who makes application for evaluation or treatment of another person under this chapter is not subject to civil or criminal liability.

(b) The following persons may not be held civilly or criminally liable for detaining a person under AS 47.30.700 - 47.30.915 or for releasing a person under AS 47.30.700 - 47.30.915 at or before the end of the period for which the person was admitted or committed for evaluation or treatment if the persons have performed their duties in good faith and without gross negligence:

(1) an officer of a public or private agency;

(2) the superintendent, the professional person in charge, the professional designee of the professional person in charge, and the attending staff of a public or private agency;

(3) a public official performing functions necessary to the administration of AS 47.30.700 - 47.30.915;

(4) a peace officer responsible for detaining a person under AS 47.30.700 - 47.30.915.

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(c) A person who wilfully initiates an involuntary commitment procedure under AS 47.30.700 without having good cause to believe that the other person is suffering from a mental illness and as a result is gravely disabled or likely to cause serious harm to himself or others, is guilty of a felony.

Sec. 47.30.820. RETROACTIVITY. Except as provided in this chapter, the provisions of this chapter do not in themselves impair any action taken in a proceeding pending under statutes in effect before October 1, 1979, nor do they apply retroactively to terminate the detention of a person previously committed under statutes in effect before October 1, 1979. However, 90 days after October 1, 1979, the provisions of this chapter apply to all persons committed under statutes in effect before October 1, 1979.

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Sec. 17.30.130. Right to humane care and treatment and consent to surgery, certain psychiatric therapies and autopsies. (a) The department shall be guided by the principles of humane care and treatment, and, to the extent that facilities, equipment and personnel are available, shall provide medical care or treatment in accordance with the highest standards of accepted medical practice.

(b) Consent to surgery, the psychiatric therapies which the department determines, and autopsies must be obtained for a patient before the undertaking of the surgery, psychiatric therapies or autopsies from one of the following persons: spouse, guardian, either parent, or eldest adult child. If none of these persons is found in this state within a reasonable time, or in the case of an emergency, the commissioner of health and social services or his designee, upon being notified of the pertinent medical facts, may give the consent. However, when the head of the hospital is of the opinion that the patient has insight or capacity to make a responsible decision, the patient's consent shall be obtained before the surgery or psychiatric therapies; his consent shall be determinative, and no other consent is necessary. However, in the case of a minor, consent shall also be obtained from the parent or guardian. The person giving the consent, or a person who acts after the consent is given and is authorized to perform the act undertaken by him is not liable civilly or criminally if the act is done by him in his official capacity or in the capacity set out in AS 47.30.010 — 47.30.340. (§ 115 ch 87 SLA 1957; am § 9 ch 127 SLA 1959; am § 29 ch 70 SLA 1964; am § 6 ch 104 SLA 1971)

Sec. 47.30.110. Mechanical restraints. Mechanical restraint shall not be applied to a patient unless the head of the hospital or his designee determines that the medical needs of the patient require it. The use of a mechanical restraint and reasons for it shall be made a part of the clinical record of the patient over the signature of the head of the hospital or his designee. (§ 116 ch 87 SLA 1957)

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ARTICLE 9. PATIENT RIGHTS.

Sec. 47.30.825. PATIENT RIGHTS; MEDICAL. All patients who are receiving services from a treatment facility licensed under AS 18.20.-020, have the following rights:

(1) The patient, or his counsel, guardian, or the adult designated in accordance with AS 47.30.725 if the patient is mentally incapable of participation, shall be entitled to participate in formulating his individualized treatment plan and in the evaluation process as much as possible, at minimum to the extent of requesting specific forms of therapy, inquiring why specific therapies are or are not included in his treatment program, and being informed as to his present medical and psychological condition and prognosis. The treating physician may not withhold any of this information from the patient.

(2) Counsel and guardian for a patient, or if there is no guardian the adult designated in accordance with AS 47.30.725, have the right at all reasonable times to examine all records of, and plans for, the patient's treatment and to make copies, upon payment of costs if requested, of any portion of these records.

(3) Every patient has the right to know the name of medication that he is asked to take, what its purpose is, and what side effects may occur with this medication. If the patient is incapable of understanding the purpose and side effects of the medication, the treating physician or mental health professional shall explain it to the patient's counsel or guardian, or if there is no guardian the adult designated in accordance with AS 47.30.725.

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Sec. 47.30.150. Rights of patient. (a) Subject to the general rules and regulations of the hospital and except to the extent that the head of the hospital determines that it is necessary for the medical welfare of the patient to impose restrictions, every patient may

(1) communicate by sealed mail or other manner with persons, including official agencies, inside or outside the hospital;

(2) receive visitors; and

(3) exercise all civil rights, except as modified by AS 47.30.130(b) including the right to dispose of property, execute instruments, make purchases, enter contractual relationships, and vote, unless he has been adjudicated incompetent and has not been restored to legal capacity.

(b) Notwithstanding the limitations authorized by this section on the right of communication, every patient may communicate by sealed mail with the department, the governor, and the superior court which ordered his hospitalization.

(c) The limitations imposed by the head of a hospital on the exercise of these rights by a patient and the reasons for the limitations shall be made a part of the clinical record of the patient. (§ 117 ch 87 SLA 1957)

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(4) The quiet room, or other form of physical restraint, may not be used, except as provided in this paragraph unless a patient is likely to physically harm himself or others unless restrained. The form of restraint utilized shall be that which is in the patient's best interest and which constitutes the least restrictive alternative available. When practicable, the patient shall be consulted as to his preference among forms of adequate, medically advisable restraints including medication, and his preference shall be considered. Nothing in this section is intended to limit the right of staff to use the quiet room at the patient's request or with his knowing concurrence when deemed in the best interests of the patient. Patients placed in a quiet room or other physical restraint shall be checked at least every 15 minutes or more often if good medical practice so indicates. Patients in the quiet room must be visited by a staff member at least once every hour and must be given adequate food and drink and access to bathroom facilities. At no time may a patient be kept in the quiet room or other form of physical restraint against his will longer than necessary to accomplish the purposes set out in this paragraph. All uses of the quiet room or other restraint shall be recorded in the patient's medical record, the information including but not limited to the reasons for its use, the duration of use, and the name of the authorizing staff member.

(5) All persons have the right to be free from unnecessary or excessive medication. Psychotropic medication shall be administered only on the order of a licensed physician when the physician determines that such medication is in the best interest of the patient or will

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(6) A patient capable of giving informed consent shall have the absolute right to accept or refuse electro-convulsive therapy or aversive conditioning. Patients who lack substantial capacity to make this decision may not be given such therapy or conditioning without a court order following a hearing compatible with full due process.

(7) In no event may treatment include psychosurgery, lobotomy or other comparable form of treatment without specific informed consent of the patient, including a minor unless he is clearly too young or disabled to give an informed consent in which case the consent of his legal guardian shall be required. In addition, no such treatment may be given without a court order after hearing in accord with full rights of due process.

(8) When, in the written opinion of a patient's attending physician, a true medical emergency exists and a surgical operation is necessary to save the life, physical health, eyesight, hearing or member of the patient, the professional person in charge of the treatment facility or his professional designee may give consent to the surgical operation if time will not permit obtaining the consent of the proper relatives or guardian or appropriate judicial authority. However, no operation may be authorized if the patient is not a minor and knowingly withholds consent on religious grounds.

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(9) Each person upon discharge shall have a discharge plan specifying the kinds and amount of care and treatment he should have after discharge and such other steps as he might take to benefit his mental health after leaving the facility. The patient shall have the right to participate, as far as practicable, in formulating this plan. A copy of the plan shall be given to him, his guardian, the court, if appropriate, and any follow-up agencies.

Sec. 47.30.830. PROHIBITION OF EXPERIMENTAL TREATMENTS. (a) No experimental treatments involving any significant risk of physical or psychological harm may be administered to any patient.

(b) If the personnel of an evaluation or treatment facility are uncertain as to whether a proposed technique is experimental or is experimental applied to a particular respondent or would involve a significant risk of mental or physical harm to the patient, the matter may be referred to the commissioner of health and social services for a determination. The patient, his attorney, his guardian, if any, and an adult designated by the patient, shall, simultaneously with the referral to the commissioner, be provided with copies of all the documents by which the referral is made and shall have the opportunity to provide evidence to the commissioner on the question.

(c) A determination that a treatment technique is experimental and entails significant risks of mental or physical harm shall be binding upon all persons involved in the administration of treatment to a patient for purposes of this section.

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Sec. 47.30.835. CIVIL RIGHTS NOT IMPAIRED. No person undergoing evaluation or treatment under this chapter may be denied a civil right, including but not limited to, the right to free exercise of religion and the right to dispose of property, sue and be sued, enter into contractual relationships and vote. Court-ordered treatment or evaluation under this chapter is not a determination of legal incompetency.

Sec. 47.30.840. RIGHT TO PRIVACY AND PERSONAL POSSESSIONS. A person undergoing evaluation or treatment under this chapter shall

(1) not be photographed without his consent and that of his guardian if a minor, except that he may be photographed upon admission to a facility for identification and administrative purposes of the facility; all photographs shall be confidential and may not be released by the facility except under court order;

(2) at the time of admission to an evaluation or treatment facility, have reasonable precautions taken by the staff to inventory and safeguard his personal property; a copy of the inventory signed by the staff member making it shall be given to the patient and made available to his attorney and any other person authorized by the patient to inspect the document;

(3) have access to individual storage space for his private use while undergoing evaluation or treatment;

(4) be permitted to wear his own clothing, to keep and use his own personal possessions including his toilet articles if they are not considered unsafe for him or other patients who might have access to

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Sec. 47.30.260. Disclosure of information. (a) All certificates, applications, records and reports, other than an order of a court made for the purposes of AS 47.30.010 — 47.30.340, and directly or indirectly identifying a patient or former patient or an individual whose hospitalization was sought under AS 47.30.010 — 47.30.340, together with clinical information relating to the patients, shall be kept confidential and shall not be disclosed by a person except insofar as

(1) the individual, or his legal guardian or, if he is a minor, his parent or legal guardian consents;

(2) disclosure is necessary to carry out a provision of AS 47.30.010 — 47.30.340; or

(3) a court directs, upon its determination that disclosure is necessary for the conduct of proceedings before it and that failure to make the disclosure would be contrary to the public interest.

(b) Nothing in this section precludes disclosure, upon proper inquiry, of information concerning current medical condition to the members of the immediate family of a patient.

(c) A person who violates this section is guilty of a misdemeanor, and is punishable by a fine of not more than $500, or by imprisonment for not more than one year, or by both. (§ 127 ch 87 SLA 1957; am § 14 ch 127 SLA 1959)

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them, and to keep and be allowed to spend a reasonable sum of his own money for his own needs and comfort;

(5) be allowed to have visitors at reasonable times;

(6) have ready access to letter writing materials, including stamps, and have the right to send and receive unopened mail;

(7) have reasonable access to a telephone, both to make and receive confidential calls.

Sec. 47.30.845. CONFIDENTIAL RECORDS. Information and records obtained in the course of evaluation, examination or treatment are confidential and are not public records, except as the requirements of a hearing under this chapter may necessitate a different procedure. Information and records may be disclosed under regulations established by the department only to

(1) physicians and providers of health, mental health or social and welfare services involved in caring for, treating or rehabilitating the patient;

(2) individuals to whom the patient has given written consent to have information disclosed;

(3) persons authorized by a court order;

(4) persons doing research or maintaining health statistics, if the anonymity of the patient is assured, and the facility recognizes the project as a bona fide research or statistical undertaking;

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(5) the division of corrections in cases in which prisoners confined to the state prison are patients in the state hospital on authorized transfers either by voluntary admission or by court order;

(6) governmental or law enforcement agencies when necessary to secure the return of a patient who is on unauthorized absence from a facility where the patient was undergoing evaluation or treatment.

Sec. 47.30.850. EXPUNGEMENT OF RECORDS. Following the discharge of a respondent from a treatment facility or the issuance of a court order denying a petition for commitment, a respondent may at any time move to have all court records pertaining to the proceedings expunged on condition that he file a full release of all claims of whatever nature arising out of the proceedings and the statements and actions of persons and facilities in connection with the proceedings.

Sec. 47.30.855. POSTING OF RIGHTS. The rights set out in AS 47.-30.825 - 47.30.855 shall be prominently posted in all treatment facilities in places accessible to all patients. A patient who does not understand English shall have his rights explained to him in a language he understands.

Sec. 47.30.860. NOTICES IN LANGUAGES OTHER THAN ENGLISH. Where practicable all documents and notices required by this chapter to be served on a respondent, or on his parents, guardian or adult designee, shall be explained in a language the person understands if he is not competent in English.

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Sec. 47.30.865. DISCRIMINATION PROHIBITED. (a) The fact that a person is or has been evaluated or treated for mental illness may not be a basis for discrimination in:

(1) seeking employment;

(2) resuming or continuing professional practice or previous occupation;

(3) obtaining or retaining housing;

(4) obtaining or retaining licenses or permits, including but not limited to motor vehicle licenses, motor vehicle operator's and chauffeur's licenses, and professional or occupational licenses.

(b) Applications for positions, licenses and housing may contain no requests for information concerning evaluation or treatment experiences.

(c) It is unlawful for a person to aid, abet, incite, compel or coerce the doing of an act forbidden under this section or to attempt to do so.

CURRENT STATUTE

Sec. 47.30.110. Transportation. (a) When an individual is to be hospitalized under AS 47.30.010 — 47.30.340, the department shall arrange, upon the request of a person having a proper interest in the individual's hospitalization, and is authorized to pay for the individual's transportation to the designated hospital, with appropriate medical or nursing attendants and by the available means which are appropriate and suitable. The department may pay return transportation of an individual and appropriate medical and nursing attendants after a finding under AS 47.30.010 — 47.30.340 that the individual is not mentally ill. When practicable, one or more relatives or friends of the individual to be hospitalized shall be permitted to accompany him. The department may pay necessary travel, housing and meal expenses incurred by one relative or friend in accompanying the individual to the hospital if the department determines

(1) that the best interests of the individual's health require that he be accompanied by the relative or friend;

(2) the relative or friend accompanying the individual is indigent.

(b) When necessary, the department shall arrange for a peace officer or other suitable person to accompany the individual. (§ 113 ch 87 SLA 1957; am § 8 ch 127 SLA 1959; am § 1 ch 36 SLA 1966)

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ARTICLE 10. MISCELLANEOUS PROVISIONS.

Sec. 47.30.870. TRANSPORTATION. When a person is to be evaluated or involuntarily committed to a facility, or presented for a judicial hearing under this chapter, the department shall arrange, and is authorized to pay for, the person's necessary transportation to the designated facility or hearing with appropriate medical or nursing attendants and if necessary a peace officer. The department shall pay return transportation of a person, appropriate medical and nursing attendants, and if necessary a peace officer, after a determination that the person is not committable, at the end of a commitment period, or at the end of a voluntary stay following an evaluation conducted in accordance with AS 47.30.715 at a treatment facility. When advisable, one or more relatives or friends shall be permitted to accompany the person. The department may pay necessary travel, housing and meal expenses incurred by one relative or friend in accompanying the person if the department determines that the person's best interests require that he be accompanied by the relative or friend and the relative or friend is indigent.

CURRENT STATUTE

Sec. 47.30.170. Nonresident patients. (a) The admission papers of a person who is hospitalized under AS 47.30.010 — 47.30.340 shall include a statement as to his residence. The department may return a patient who is not a resident of the state to the state of his residence. If the state in which he has residence does not accept him as a patient, the department may order the discharge of the patient. The department may initiate proceedings for judicial hospitalization under AS 47.30.070, if the patient is certified by the head of a hospital to be mentally ill and (1) dangerous to himself or to others if allowed at liberty, or (2) in need of immediate custody and care or treatment, and lacking sufficient insight and capacity to make responsible decisions concerning hospitalization.

(b) To facilitate the return of nonresident patients, the department may enter a reciprocal agreement or compact with another state, providing for the prompt return, under appropriate supervision, of residents of that state who are mentally ill. Mentally ill residents of this state who have been hospitalized outside this state may be admitted, with the approval of the department, to a hospital designated by the department.

(c) The department may enter reciprocal agreements or contracts with another state, providing for custody and care or treatment of mentally ill residents of this state by the other state, and for the custody and care or treatment of mentally ill residents of that state by this state, on a reimbursable basis.

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Sec. 47.30.875. NONRESIDENT PATIENTS. (a) The admission papers of a person who is admitted to a treatment facility under this chapter shall include a statement as to his residence. The department may return a patient who is not a resident of the state to the state of his residence with court approval if the person has been committed. If the state in which he has residence does not accept him as a patient, the person shall be treated as a resident under the provisions of this chapter.

(b) To facilitate the return of nonresident patients the department may enter a reciprocal agreement or compact with another state providing for the prompt return under appropriate supervision of residents of that state who are mentally ill. Mentally ill residents of this state who have been placed in a facility outside this state may be admitted with the approval of the department to a treatment facility in the state designated by the department. The department may enter into reciprocal agreements or contracts with another state providing for custody, care or treatment, or return of mentally ill residents of this state by the other state and for the custody and care or treatment of mentally ill residents of that state by this state on a reimbursable basis. A resident of this state who has been committed in another state and is returned in accordance with this section shall, within 72 hours of his admission to the designated facility, be examined. After examination the mental health professional in charge of the facility shall release him or shall petition for involuntary commitment as prescribed in AS 47.30.740.

CURRENT STATUTE

Sec. 47.30.180. Interstate compact. This state ratifies and adopts by reference "The Interstate Compact on Mental Health" consisting of 14 articles approved on September 30, 1955, by the Northeast State Governments Conference on Mental Health. The department is designated as compact administrator with full power to carry out the purpose of the compact and to make all necessary regulations to implement the compact. (§ 119(e) ch 87 SLA 1957; added by § 11 ch 127 SLA 1959)

Sec. 47.30.190. Rights outside state. Nothing in AS 47.30.010 — 47.30.340 alters or impairs the application or availability to a patient, while hospitalized in another state, under contractual arrangements entered in accordance with AS 47.30.010 — 47.30.340 of the rights, remedies, or protective safeguards provided by the laws of this state or of the other state. (§ 120 ch 87 SLA 1957)

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(c) In taking action under (a) and (b) of this section, consideration shall be given to the best interests of the patient particularly to the relationship of the patient to his family, legal guardian, or friends to maintain relationships and encourage visits beneficial to the patient.

Sec. 47.30.880. INTERSTATE COMPACT. This state ratifies and adopts by reference "The Interstate Compact on Mental Health" consisting of 14 articles approved on September 30, 1955, by the Northeast State Governments Conference on Mental Health. The department is designated as compact administrator with full power to carry out the purpose of the compact and to make all necessary regulations to implement the compact.

Sec. 47.30.885. RIGHTS OUTSIDE STATE. Nothing in this chapter alters or impairs the application or availability to a patient, while hospitalized in another state under contractual arrangements entered in accordance with the provisions of this chapter, of the rights, remedies or protective safeguards provided by the laws of this state.

CURRENT STATUTE

Sec. 47.30.230. Provision for personal needs upon discharge. The department shall make arrangements which are necessary to insure that

(1) no patient is discharged or placed on convalescent status from a designated hospital without suitable clothing; and

(2) an indigent patient discharged or placed on convalescent status is furnished suitable transportation to his permanent residence in this state or other suitable place at the discretion of the department, and a reasonable amount of money to meet his immediate needs. (§ 124 ch 87 SLA 1957)

Sec. 47.30.240. Disposition of personal effects and unclaimed funds. (a) All articles of personal property in the custody of the head of the designated hospital which belong to a patient who dies before his release on convalescent status or discharge, or to a patient who leaves the hospital without authority, if unclaimed by the patient or his legal heirs or representatives within one year after the death or departure of the patient, shall be disposed of in the manner prescribed by the department, and the proceeds shall be deposited in the state treasury. The money remaining to the credit of the patient, if unclaimed by his legal heirs or representatives or by the patient within the period of one year after the death or departure of the patient, shall be deposited in the treasury.

(b) If a mentally ill individual has died in a foreign hospital and the department desires to recover the patient's personal property under this section, the commissioner of health and social services or his designated representative may secure the property and for that purpose only is designated the decedent's administrator. All property so recovered shall be disposed of as provided by law. (§ 125 ch 87 SLA 1957; am § 13 ch 127 SLA 1959; am § 1 ch 138 SLA 1962; am § 1 ch 35 SLA 1968; am § 6 ch 104 SLA 1971)

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Sec. 47.30.890. PROVISION FOR PERSONAL NEEDS UPON DISCHARGE. The department shall make arrangements which are necessary to insure that

(1) no patient is discharged from a treatment facility without suitable clothing; and

(2) an indigent patient discharged is furnished suitable transportation to his permanent residence in this state or other suitable place at the discretion of the department and a reasonable amount of money to meet his immediate needs.

Sec. 47.30.895. DISPOSITION OF PERSONAL EFFECTS AND UNCLAIMED FUNDS. (a) All assets in the custody of a treatment facility which belong to a patient who dies before his discharge, or to a patient who leaves the hospital without authority, if unclaimed by the patient or his legal heirs or representatives within four years after the death or departure of the patient, shall be disposed of in the manner prescribed by the department and the proceeds shall be deposited in the state treasury.

(b) If a mentally ill individual has died in a foreign facility and the department desires to recover the patient's personal property under this section, the commissioner of health and social services or his designated representative may secure the property and for that purpose only is designated the decedent's administrator. All property so recovered shall be disposed of as provided by law.

CURRENT STATUTE

Sec. 47.30.250. Disposition of funds subject to claim. The department shall make diligent inquiry in every instance after departure without authority or death of a patient, to ascertain his whereabouts or that of his legal heirs or representatives, and shall turn over to the proper person the money or articles of personal property in the custody of the head of the hospital to the credit of the patient. Claims to the money or articles of personal property, including claims by this state, may be presented to the department at any time. Claims by this state have priority, as set out in AS 47.30.270. If a claim other than by this state is established by clear and convincing evidence more than one year after the death or departure without authority of a patient, it shall be certified to the legislature for consideration, and the legislature may pay the claim. (§ 126 ch 87 SLA 1957)

For meaning of "clear and convincing" evidence required to prove heirship where property has escheated, see Waks v. State, Sup. Ct. Op. No. 111 (File No. 163), 375 P.2d 136 (1962), and note under AS 09.50.110.

Sec. 47.30.280. Fees and expenses for judicial proceedings. The witnesses and the jury in proceedings for judicial hospitalization are entitled to the fees, compensation and mileage established by law. Compensation, mileage, fees and other expenses arising from judicial hospitalization proceedings shall be audited and allowed by the superior court of the district in which the proceedings are held, and when audited and allowed shall be paid by the clerk of the court in the same manner and from the fund as he pays the other incidental expenses of the court. To the extent that services of a peace officer are used to carry out AS 47.30.010 — 47.30.340, he is entitled to fees and actual expenses from the same source and in the same manner as for his other official duties. (§ 129 ch 87 SLA 1957)

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Sec. 47.30.900. DISPOSITION OF FUNDS SUBJECT TO CLAIM. The department shall make diligent inquiry in every instance after departure without authority or death of a patient, to ascertain his whereabouts or that of his legal heirs or representatives, and shall turn over to the proper person the money or articles of personal property in the custody of the head of the facility to the credit of the patient. Claims to the money or articles of personal property, including claims by this state, may be presented to the department at any time. If a claim other than by this state is established by clear and convincing evidence more than four years after the death or departure without authority of a patient, it shall be certified to the legislature for consideration and the legislature may pay the claim.

Sec. 47.30.905. FEES AND EXPENSES FOR JUDICIAL PROCEEDINGS. (a) The witnesses and the jury in commitment proceedings are entitled to the fees, compensation and mileage established by law. Compensation, mileage, fees and other expenses arising from commitment proceedings shall be audited and allowed by the superior court of the district in which the proceedings are held and when audited and allowed shall be paid by the clerk of the court in the same manner and from the fund as he pays the other incidental expenses of the court. To the extent that services of a peace officer are used to carry out the provisions of this chapter, he is entitled to fees and actual expenses from the same source and in the same manner as for his other official duties.

CURRENT STATUTE

Sec. 47.30.270. Liability for expense of hospitalization and transportation. (a) 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 under AS 17.30.010 — 47.30.340, in the manner and proportion which the department finds is not detrimental to the patient's rehabilitation and which is within their ability to pay. The charges may not exceed the actual cost of the care or treatment as determined by the department. 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. The order of the department relating to the payment of charges by parents shall be prospective in effect and shall relate only to charges to be incurred after the order, except that if the parent intentionally conceals his ability to pay, he shall be ordered to pay to the extent of his ability the charges accruing during the period of the concealment. The order of the department relating to the payment of charges by the patient or his legal representative shall be issued within six months of the date on which the charge was incurred. The department may make necessary investigations to determine the ability to pay, and may require sworn statements of income by the parents. The order shall remain in full force and effect unless modified by subsequent court or department orders.

(b) As used in (a) of this section, the term "actual cost of the care and treatment" means either the rate provided for by a contract entered into under AS 47.30.010 — 47.30.340, or, in the absence of a contract, a daily rate fixed by the department, and includes expenses of transportation incidental to examination or hospitalization.

(c) The department may charge, or accept from a person money or property, for the care or treatment of an in-patient or out-patient or for other purposes, even if the payment is not required by an order of the department, so long as the total payments received do not exceed the actual cost of care or treatment.

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(b) An attorney appointed for a person under this chapter shall be compensated for his services as follows:

(1) the person for whom an attorney is appointed shall, if he is financially able under standards as to financial capability and indigency set by the court, bear the costs of the legal services;

(2) if the person is indigent under those standards, the costs of the services shall be borne by the state.

Sec. 47.30.910. LIABILITY FOR EXPENSE OF PLACEMENT IN A TREATMENT FACILITY. (a) A patient, or his legal representative acting in a representative capacity, or his spouse, or his parents if the person 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 under AS 47.30.655 - 47.30.915. The charges may not exceed the actual cost of the care and treatment as determined by the department. The department may order payment of charges by the patient or by the person responsible for payment of the charges for the patient's care and treatment under this subsection, according to ability to provide for payment. The department may make necessary investigations to determine the ability to provide for payment and may require sworn statements of income by the patient, or his legal representative acting in a representative capacity, or his spouse or parent. In the exercise of his descretion, the commissioner may impose full liability for the patient's actual cost of care and treatment on the patient, his legal representative, his spouse or parent for refusal to supply a sworn statement of income.

CURRENT STATUTE

(d) The amount of liability for care and treatment which is ordered by the department to be paid and which is not paid for by the patient or by his legal representative acting in a representative capacity constitutes a lien in favor of this state against all property of the patient. The unpaid amount of liability is a debt to the state and is a first, prior and preferred claim against the estate of the patient after death, and after expenses of administration and all just claims for medical care of last illness and burial expenses have been paid. The claim based upon information submitted by the department shall be prepared and filed by the attorney general. The amount of liability for care and treatment which is ordered by the department to be paid and which is not paid by the parent before the parent's death, shall be discharged or collected from the patient. No claim lies against the assets or estate of the deceased parent.

(e) All money paid by the patient or on his behalf, under this section, shall be deposited in the state treasury.

(f) If an order of payment is entered by the department under this section and delinquency in the payment of any amount due the state under the order continues for a period of more than 30 days after the notification of the legal representative or parent of the patient by the department, the state may proceed to collect the amounts due by appropriate proceedings. Actions to enforce the collection of payments may only be brought within three years after the date of notification of a delinquent payment. (§ 12 ch 87 SLA 1957; am §§ 15, 16 ch 127 SLA 1959; am § 2 ch 35 SLA 1968; am §§ 1—3 ch 98 SLA 1974)

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An order for payment of charges shall be issued by the department within six months after the date on which the charge was incurred. The order shall remain in full force and effect unless modified by subsequent court or department order. Liability under this subsection shall be determined as follows: a patient hospitalized under AS 47.30.655 - 47.30.915, or the person responsible for payment of charges for the patient, may be required to pay according to his ability to provide for payment, as determined by the department, and in the manner and proportion which the department finds is not detrimental to the patient's rehabilitation; however, after the patient has been hospitalized under this chapter for an aggregate period of 12 months, the patient or person responsible for payment may not be required to pay more than $50 a month toward the charges for the care and treatment of the patient.

(b) As used in (a) of this section, the term "actual cost of the care and treatment" means either the rate provided for by a contract entered into under AS 47.30.655 - 47.30.915, or, in the absence of a contract, a daily rate fixed by the department, and includes expenses of transportation incidental to examination or hospitalization.

(c) The department may charge, or accept from a person money or property, for the care or treatment of an in-patient or out-patient or for other purposes, even if the payment is not required by an order of the department, so long as the total payments received do not exceed the actual cost of care or treatment.

CURRENT STATUTE

Sec. 47.30.275. Property taken under eminent domain powers. (a) If a recipient's property to which, under AS 47.30.270(d), a lien for assistance has attached is taken for urban renewal or other public purposes, the department, with the approval of the attorney general, may release its lien upon the property or the proceeds which are paid the recipient as a result of the taking.

(b) If the recipient expresses his intention to purchase a personal dwelling, the proceeds shall be paid by the taking authority into an escrow account under escrow instructions approved by the department. If the proceeds are paid into such an account and are applied by the recipient within one year to the purchase of a personal dwelling, the proceeds may not cause a reduction of the amount of assistance to which the recipient would otherwise be entitled. The department shall inform the recipient of the provisions of this section at the time of the taking.

(c) Nothing in this section prohibits a lien in an amount equal to the total of all assistance granted the recipient from attaching to property purchased with the proceeds paid by the taking authority. (§ 2 ch 60 SLA 1968)

Legislative history report. — For report on ch. 60, SLA 1968 (CSHB 583 am), see 1968 House Journal, p. 540.

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(d) All money paid by the patient or on his behalf, under this section, shall be deposited in the state treasury.

(e) If an order of placement is entered by the department under this section, and delinquency in the payment of any amount due the state under the order continues for a period of more than 30 days after the notification to the patient or the legal representative, spouse, or parent of the patient by the department, the state may proceed to collect the amounts due by appropriate proceedings. Actions to enforce the collection of payments may only be brought within three years after the date of notification of a delinquent payment.

(f) The orders of the department issued under this section shall relate only to charges incurred after October 1, 1979.

COMPARISON - AS 47.30 and CS FOR HOUSE BILL 2
4/9/80

CURRENT STATUTE

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Sec. 47.30.915. DEFINITIONS. In this chapter

(1) "court" means a superior court of the state;

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

(3) "evaluation facility" means a health care facility that has been designated or is operated by the department to perform the evaluations described in this chapter, however, no correctional institution or facility or jail may be used as an evaluation facility for purposes of this chapter;

(4) "evaluation personnel" means mental health professionals designated by the department to conduct evaluations as prescribed in this chapter who conduct evaluations in places in which no staffed evaluation facility exists;

(5) "gravely disabled" means a condition in which a person, as a result of mental illness, is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness or death highly probable if care by another is not taken;

(6) "inpatient treatment" means care and treatment rendered inside or on the premises of a treatment facility, or a part or unit of a treatment facility for a continual period of 24 hours or longer;

COMPARISON - AS 47.30 and CS FOR HOUSE BILL 2
4/9/80

CURRENT STATUTE

Sec. 47.30.340. Definitions. In AS 47.30.010 — 47.30.340, unless the context otherwise requires,

(1) "court" means the superior court;

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

(3) "designated examiner" means a licensed physician designated by the department as specially qualified, under standards established by it for the purpose of AS 47.30.010 — 47.30.340, in the diagnosis of mental illness, except that for areas in which no licensed physician so qualified is available, any licensed physician may be designated;

(4) "designated hospital" means a "hospital" which is designated and authorized by contract with the department to provide care and treatment of the mentally ill;

(5) "head of a hospital" means the individual in charge of a hospital, or his designated representative, except that when the individual or his designee in charge of a hospital is not a licensed physician, authority placed in the head of a hospital by AS 47.30.010 — 47.30.340 which involves in major part the exercise of medical judgment shall be exercised by a licensed medical official of the hospital who is designated by the individual in charge of the hospital;

(6) "hospital" means a public or private hospital or institution located in the state or in another state equipped and qualified to provide care and treatment for the mentally ill;

(7) "individual," as used in AS 47.30.020, 47.30.030 and 47.30.070, means a resident of or a person in the state;

(8) "interested party" means an interested, responsible adult including the legal guardian, spouse, parent, adult children, or next of kin of an allegedly mentally ill individual or patient;

(9) "licensed physician" means (A) an individual licensed under the laws of the state to practice medicine, (B) a medical officer of the government of the United States while in the state in the performance of his official duties, (C) a medical officer of the state, or (D) a physician licensed under the laws of another state;

(10) "mentally ill individual" means an individual having a psychosis or senile changes which substantially impair his mental health to the degree that he is a danger to himself or others; the definition does not include an individual suffering from acute alcoholism or drug addiction;

(11) "patient" means a resident of or person in the state qualified under AS 47.30.010 — 47.30.340 for hospitalization as a mentally ill individual;

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(7) "least restrictive alternative" means mental health treatment facilities and conditions of treatment which are

(A) no more harsh, hazardous or intrusive than necessary to achieve the treatment objectives of the patient; and

(B) involve no restrictions on physical movement nor supervised residence or inpatient care except as reasonably necessary for the administration of treatment or the protection of the patient or others from physical injury;

(8) "likely to cause serious harm" means

(A) a substantial risk of imminent and substantial bodily harm to the person himself, as manifested by recent attempts at suicide or bodily harm; or

(B) substantial risk of imminent and substantial bodily harm to one or more other persons as manifested by behavior causing, or attempting harm, including, in regard to evaluations, at least one incident within 30 days before the filing of a petition for emergency hospitalization;

(9) "mental health professional" means a psychiatrist or physician who is licensed to practice in this state; a clinical psychologist certified by the state Board of Psychologist and Psychological Associate Examiners; a registered nurse with psychiatric training, licensed by the State Board of Nursing; and a social worker with a master's degree and experience in the field of mental illness;

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(12) "peace officer," when used in connection with cases which involve individuals who, because of mental illness, are likely to injure themselves or others if allowed to remain at liberty, includes a state police officer, municipal or other local police officer, state, municipal, or other local health officer, public health nurse, U.S. Marshal or Deputy U.S. Marshal, or a person authorized by a court;

(13) "resident" means a person who is residing in the state; a married woman may establish a residence apart from her husband, and an unemancipated minor takes the residence of the parent or guardian with whom he is living;

(14) "state" includes a state of the United States, the District of Columbia, the territories and possessions of the United States, and the Commonwealth of Puerto Rico, and, with the approval of the United States Congress, Canada. (§ 101 ch 87 SLA 1957; am §§ 1, 2 ch 127 SLA 1959; am § 1 ch 115 SLA 1961; am § 65 ch 32 SLA 1971; am § 6 ch 104 SLA 1971; am § 3 ch 165 SLA 1978)

Cross reference. — As to persons with handicaps by reason of mental or physical disabilities, see AS 47.80.

Effect of amendment. -- The 1978 amendment deleted "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—3.50 of this chapter" following "danger to himself or others" in paragraph (10).

Editor's note. — As to intent of 1978 amendatory act, see § 1, ch. 165, SLA 1978, effective July 1, 1978, in the 1978 Temporary and Special Acts and Resolutions.

Legislative history report. — For report on ch. 32, SLA 1971 (HB 111 am), see 1971 House Journal, p. 138.

Sec. 47.30.020. Authority to receive patients. The head of a hospital designated by the department under AS 47.30.010 may receive for observation, diagnosis, care, and treatment an individual

(1) upon application by the individual, including a minor with the consent of parent or guardian; (2) upon application by an interested party, by a peace officer, by the department, or by the head of an institution in which the individual may be, subject to the approval of the head of the hospital if the application is accompanied by a certificate of a licensed physician stating that on a basis of an examination held not more than 15 days before the individual's admission, the individual is in the physician's opinion mentally ill, or has symptoms of mental illness, and because of his illness is (A) likely to injure himself or others if allowed to remain at liberty, or (B) in need of care or treatment in a hospital. (§ 103 ch 87 SLA 1957; am § 3 ch 127 SLA 1959)

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(10) "mental illness" means 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 constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness;

(11) "peace officer" includes a state police officer, municipal or other local police officer, state, municipal, or other local health officer, public health nurse, United States marshal or deputy United States marshal, or a person authorized by the court.

(12) "provider of outpatient care" means a mental health professional or hospital, clinic, institution, center or other health care facility who has been designated by the department to accept for treatment by the court or who are released early from inpatient commitments on condition that they undergo outpatient treatment;

(13) "screening investigation" means the investigation and review of facts which have been alleged to warrant emergency examination or treatment, including interviews with the persons making such allegations, any other significant witnesses who can readily be contacted for interviews, and, if possible, the respondent;

(14) "state" means a state of the United States, the District of Columbia, the territories and possessions of the United States, and

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the Commonwealth of Puerto Rico, and, with the approval of the United States Congress, Canada;

(15) "treatment facility" means a hospital, clinic, institution, center or other health care facility which has been designated by the department for the treatment or rehabilitation of mentally ill persons and for the receipt of these persons by court-ordered commitment, but does not include correctional institutions;

(16) "professional person in charge of the treatment facility" means the senior mental health professional at the facility; in the absence of a mental health professional it means the chief of staff or other senior physician.

CURRENT STATUTE

Sec. 47.30.080. Commitment or transfer to a United States agency. (a) If, before or during the commitment proceeding conducted under AS 47.30.070, the superior court receives a certificate from an agency of the United States showing that accommodations are available and that the individual is eligible for care, the court may, if the individual is found to be in need of hospitalization, order the individual to be placed in the custody of that agency for hospitalization. When by court order an individual is admitted to a hospital or institution operated by an agency of the United States inside or outside of the state, the patient is subject to the rules and regulations of the agency. The head of a hospital or institution operated by the agency and in which the individual is hospitalized has, with respect to the individual, the same powers as the department or the head of a hospital, concerning the detention, transfer, custody, conditional release, or discharge of patients. However, the court retains the jurisdiction to inquire into the mental condition of an individual so hospitalized, and to determine the necessity for continuing his hospitalization, and every order of hospitalization issued under this section is so conditioned.

(b) An order of a court of another state to an agency of the United States authorizing hospitalization of an individual has the same effect as to the individual while in this state as in the jurisdiction in which the court entering the order is located, and the courts of the jurisdiction issuing the order retain jurisdiction of the individual for the purpose of inquiring into his mental condition and of determining the necessity for continuance of his hospitalization. This state consents to the application of the law of the state in which the court issuing the order for hospitalization is located, with respect to the authority of the head of a hospital or institution operated in this state by an agency of the United States to retain custody, transfer, conditionally release or discharge the individual hospitalized. This section does not prevent the state from entering into a contract with a federal agency for the custody and care or treatment of persons coming under the jurisdiction or assistance of the federal agency. (§ 109 ch 87 SLA 1957)

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DELETED

CURRENT STATUTE

Sec. 17.30.160. Transfer. (a) The department may authorize the transfer of a patient from one hospital to another inside or outside of this state, if it determines that the transfer is consistent with the medical needs of the patient. In the determination, consideration shall be given to the maintenance of the relationship of the patient to his family, legal guardian, or friends and the encouragement of visits beneficial to the

CSHB 2

Deleted

CURRENT STATUTE

Sec. 12.45.090. Commitment after judgment of not guilty. If the jury finds the defendant not guilty on the ground of mental disease or defect and the court considers his being at large dangerous to the public peace or safety, the court shall order him to be committed to an institution authorized by the commissioner of health and social services to receive that person, and held in custody until the disease is cured or the defect corrected or he is otherwise discharged from the institution by authority of law. (§ 6.10 ch 34 SLA 196:; am § 6 ch 104 SLA 1971; am § 2 ch 119 SLA 1972)

CSHB 2

* Sec. 2. AS 12.45.090 is repealed and re-enacted to read:

Sec. 12.45.090. COMMITMENT AFTER JUDGMENT OF NOT GUILTY. (a) If the court or jury finds the defendant not guilty on the ground of mental disease or defect as excluding responsibility and the court considers his being at large dangerous to the public peace or safety, the court shall immediately commit the defendant to the custody of the commissioner of health and social services.

(b) If the defendant asserts at the time a verdict of not guilty on the ground of mental disease or defect as excluding responsibility is returned that he is not presently suffering from a mental disease or defect which causes him to be a danger to the public, a hearing shall be set within 60 days to determine the necessity of further commitment. The hearing shall be held before either the court or a jury of six persons who may be drawn from the jury impaneled for a trial on the underlying charge in accordance with rules promulgated by the supreme court. At the hearing, the defendant has the burden of proving by a preponderance of the evidence that he is not presently suffering from a mental disease or defect which causes him to be a danger to the public.

(c) If the court or jury determines that the defendant has failed to sustain his burden of proof, the court shall order him to be commited to the custody of the commissioner of health and social services and held in custody for a period of time not to exceed the maximum sentence for the offense committed by the defendant or until the disease is cured or the defect corrected or he is otherwise discharged from the institution by authority of law.

CURRENT STATUTE

CSHB 2

(d) The defendant may file a petition in the superior court for a hearing to have the need for his continued hospitalization determined or redetermined. The defendant is entitled to a hearing on the question no sooner than six months after his initial commitment and annually thereafter. The burden and standard of proof at a release hearing shall be the same as at the initial hearing and the defendant shall be entitled to a hearing before a jury of six upon request filed not later than 15 days before the date set for the hearing with the court.

(e) Continued hospitalization following the expiration of the maximum term of sentence of the criminal offense for which the defendant was acquitted on the ground of mental disease or defect shall be governed by the standards and burden of proof relating to civil commitments under AS 47.30.700 - 47.30.915.

(f) A person committed under this section may not be released during the term of commitment except upon court order following a hearing under this section. The state may at any time request the court to release the defendant on the grounds that the defendant has been cured of the mental disease or defect and is no longer a danger to the public peace or safety.

(g) The committing court in its commitment order shall require the commissioner of health and social services or his authorized representative to submit periodic written reports on the mental condition of a person who is committed under (a) of this section.

(h) A copy of all petitions for release shall be served on the state attorney general. A copy shall also be served upon the attorney of record, if he is not the attorney general, who represented the state

CURRENT STATUTE

Sec. 12.45.110. Commitment on finding of insanity. (a) When the trial court determines, in accordance with § 100 of this chapter, that an accused is or was so mentally incompetent that he is unable to understand the proceedings against him or properly to assist in his own defense, the court may commit the accused to the custody of the commissioner of health and social services or his authorized representative until the accused is mentally competent to stand trial, or until the pending charges against him are disposed of according to law. The accused is not subject to expenses of hospitalization and transportation incurred as a result of his commitment under this section and the liability for payment in AS 47.30.270 does not apply to commitments under this section.

(b) The committing court in its commitment order shall require the commissioner or his authorized representative to submit periodic written reports upon the mental condition of an accused person who is committed under (a) of this section. (§ 6.12 ch 34 SLA 1962; am § 1 ch 43 SLA 1966; am § 6 ch 104 SLA 1971)

CSHB 2

* Sec. 3. AS 12.45.110 is repealed and re-enacted to read:

Sec. 12.45.110. COMMITMENT ON FINDING OF INCOMPETENCY. (a) When the trial court determines by a preponderance of the evidence, in accordance with AS 12.45.100, that a defendant is so mentally incompetent that he is unable to understand the proceedings against him or properly to assist in his own defense, the court shall order the proceedings against him stayed, except as provided in (d) of this section, and may commit the defendant to the custody of the commissioner of health and social services or his authorized representative for further evaluation and treatment until the defendant is mentally competent to stand trial, or until the pending charges against him are disposed of according to law, but in no event longer than 90 days.

(b) On or before the expiration of the initial 90-day period of commitment the court shall conduct a hearing to determine whether or not the defendant remains incompetent. If the court finds by a preponderance of the evidence that the defendant remains incompetent, the court may recommit the defendant for a second period of 90 days. The court shall determine at the expiration of the second 90-day period whether the defendant has become competent.

CURRENT STATUTE

CSHB 2

If at the expiration of the second 90-day period the court determines that the defendant continues to be incompetent to stand trial, the charges against him shall be dismissed without prejudice and continued commitment of the defendant shall be governed by the provisions relating to civil commitments under AS 47.30.700 - 47.30.915 unless the defendant is charged with a crime involving force against a person and the court finds that the defendant presents a substantial danger of physical injury to other persons and that there is a substantial probability that the defendant will regain competency within a reasonable period of time, in which case the court may extend the period of commitment for an additional six months. If the defendant remains incompetent at the expiration of the additional six-month period, the charges shall be dismissed without prejudice and either civil commitment proceedings shall be instituted or the court shall order the release of the defendant. If the defendant remains incompetent for five years after the charges have been dismissed under this subsection, the defendant may not be charged again for an offense arising out of the facts alleged in the original charges, except if the original charge is murder.

(c) The defendant is not subject to the expenses of hospitalization or transportation incurred as a result of his commitment under this section. Liability for payment under AS 47.30.910 does not apply to commitments under this section.

CURRENT STATUTE

Sec. 12.45.115. Determination of sanity after release from commitment. (a) When, in the medical judgment of the custodian of an accused person committed under § 110(a) of this chapter, the accused is considered to be mentally competent to stand trial, the committing court shall hold a hearing, after due notice, as soon as conveniently possible after release of the accused from custody. At the hearing, evidence as to the mental condition of the accused may be submitted including reports by the custodian to whom the accused was committed for care.

(b) If at the hearing the court determines that the accused is presently mentally competent to understand the nature of the proceedings against him or to assist in his own defense, appropriate criminal proceedings shall be commenced against the accused.

(c) If at the hearing the court determines that the accused is still presently mentally incompetent, the court shall recommit the accused as provided in § 110(a) of this chapter.

(d) A finding by the court that the accused is mentally competent to stand trial in no way prejudices the accused in a defense based on mental disease or defect excluding responsibility. This finding may not be introduced in evidence on that issue or otherwise be brought to the notice of the jury. (§ 2 ch 43 SLA 1966; am §§ 4—6 ch 119 SLA 1972)

CSHB 2

(d) A defendant receiving medication for either a physical or a mental condition may not be prohibited from standing trial, if the medication either enables him to understand the proceedings against him and to properly assist in his own defense or does not disable him from understanding the proceedings and assisting in his own defense.

* Sec. 4. AS 12.45.115 is amended to read:

Sec. 12.45.115. DETERMINATION OF SANITY AFTER [RELEASE FROM] COMMITMENT. (a) When, in the medical judgment of the custodian of an accused person committed under AS 12.45.110 [AS 12.45.110(a)], the accused is considered to be mentally competent to stand trial, the committing court shall hold a hearing, after due notice, as soon as conveniently possible [AFTER RELEASE OF THE ACCUSED FROM CUSTODY]. At the hearing, evidence as to the mental condition of the accused may be submitted including reports by the custodian to whom the accused was committed for care.

(b) If at the hearing the court determines that the accused is presently mentally competent to understand the nature of the proceedings against him and [OR] to assist in his own defense, appropriate criminal proceedings may [SHALL] be commenced against the accused.

(c) If at the hearing the court determines that the accused is still presently mentally incompetent, the court shall recommit the accused in accordance with AS 12.45.110 [AS PROVIDED IN AS 12.45.-110(a)].

CURREN ATUTE

CSHB 2

(d) A finding by the court that the accused is mentally competent to stand trial in no way prejudices the accused in a defense based on mental disease or defect excluding responsibility. This finding may not be introduced in evidence on that issue or otherwise be brought to the notice of the jury.

* Sec. 5. AS 47.30.010 - 47.30.340 are repealed.

* Sec. 6. This Act takes effect October 1, 1979.

HB

22

COMMITTEE REPORT

SENATE

FURTHER: Judiciary

3/17/79

Date: 3/21/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had HB 22 relating to the donation of blood by those who have reached the age of 17 years

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Letter Judiciary

CHAIRMAN

S 60 (Rev. 12/78)

HB 22
By Senator Phillips

"An Act relating to the ~~Statutes of Florida~~ by those who have reached the age of 70 yrs."

Introduced 1-24-79
Logged 3-19-79
Referred Judiciary
Comm. meeting 3-28-79
" action - passed Taken Senate Secy. 3-28-79
3/31/80 sent back to Rules Comm.

Sponsor notified.
Senate Rules Office - Skip of "Suzanne"
Position paper herein

ALASKA STATE LEGISLATURE - HOUSE OF REPRESENTATIVES

IN SESSION:

POUCH V
JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-4948

SUITE 1, 1020 "I" STREET
ANCHORAGE, ALASKA 99501
TELEPHONE: (907) 277-6219

REP. M. F. "MIKE" BEIRNE
DISTRICT 7, ANCHORAGE

MEMBER OF:
FIFTH STATE LEGISLATURE
NINTH STATE LEGISLATURE
TENTH STATE LEGISLATURE
ELEVENTH STATE LEGISLATURE

COMMITTEES:
HEALTH
EDUCATION AND
SOCIAL SERVICES
COMMITTEE FOR REVIEW
OF REGULATIONS

March 23, 1979

The Honorable Glenn Hackney
Chairman, Senate Health, Education
and Social Services Committee
Pouch V, Mail Stop 3100
Juneau, AK 99811

Re: House Bill 22
Donation of Blood

Dear Senator Hackney:

This letter is in support of House Bill 22, which would permit 17 year olds to become blood donors without the need of obtaining specific written permission from their parents.

Many states have such legislation at this time and I am sure that Alaska blood banks and patients would benefit considerably by having this statutory privilege.

This identical bill was submitted to the previous Legislature, passed through the House and was approved by the Senate HESS Committee and was in the Senate Rules Committee at the time of adjournment. So, the bill has been considered before by the Senate HESS Committee and was approved.

The purpose of this bill is to permit 17 year olds to donate blood without the specific written permission of the parents. This substantially expands the number of young, healthy donors available for blood donations. Presently, a 17 year old may be inspired to donate blood but the simple complication of getting the parents' written consent requires an extra trip to the blood bank

and most of the donors then do not return.

Physically, there is no medical reason why a 17 year old is not physically able to donate a unit of blood. Each donor completes a medical questionnaire and takes a blood test and other medical tests prior to being approved as a donor.

The present system tends to delay and discourage the young people from joining in this community activity. All blood banks in Alaska are nonprofit operations. Permitting the young people to participate in this part of society that they can so well do builds in them a sense of belonging to the community, a community responsibility consciousness, and is, in a sense, a Junior Achievement program.

I can think of no reason why this privilege should not be extended to 17 year olds. Further, the blood banks would find this very helpful to them, and I have never heard any opposition to this program.

I hope that the Committee will again favorably consider this legislation.

Sincerely,

Mike Beirne /js
Dr. Mike Beirne
State Representative

MB:js

TELEGRAM

ALASCOM, INC.
PHONE: 586-6442
JUNEAU, AK 99802

1990 MAR 18 PM 5 52

02111 NL ANCHORAGE ALASKA 77 03-18 315P AST

PMS SEN GLEN HACKNEY

JUNEAU AK 1276

THE BLOOD BANK OF ALASKA APPRECIATES YOUR SUPPORT OF HB52
ALLOWING 17 YEAR OLDS TO CONTRIBUTE BLOOD. THE BLOOD BANK
SERVES THE ENTIRE STATE. WE FEEL THIS LEGISLATION DOES MUCH
TO PROMOTE A SENSE OF COMMUNITY SERVICE AND PRIDE OF GIVING
AMOUNG THE YOUNG, WHILE AT THE SAME TIME ASSURING AN ADEQUATE
SUPPLY OF BLOOD FOR ALASKANS IN NEED OF IT. WE HOPE THAT WE
CAN COUNT ON YOUR CONTINUED SUPPORT FOR THIS NEEDED LEGISLATION.

ELIZABETH A. KARALUNAS, EXECUTIVE DIRECTOR

BLOOD BANK OF ALASKA

POSITION PAPER/Department of Health and Social Services

POSITION PAPER
ON
HOUSE BILL NO. 22

"An Act relating to the donation of blood by those who have reached the age of 17 years."

This bill has two medical considerations:

1. Is there a shortage of blood donors in Alaska that could be relieved by allowing 17 year old persons to donate without permission of their parents or guardians? Hospital blood banks could answer this question based on their experience. The Department of Health and Social Services could investigate this issue if it is desired by the Legislature.

2. Is a 17 year old a suitable blood donor?

   Yes, at this age an adolescent can safely donate blood under the same guidelines as an adult.

This bill also has a significant sociologic consideration:

Why should the age of majority be lowered for this particular reason?

Until there has been demonstration of a compelling reason under the first medical consideration or the sociologic consideration, the Department of Health and Social Services is neutral towards this bill.

Recommended by:

Robert I. Fraser, M.D., Director 2/14/79

Approved by:

Helen D. Beirne 2/16/79

Helen D. Beirne, Commissioner
Dept. of Health & Social Services

Blood Donors — HOUSE BILL NO. 22, by Reps. Beirne and Phillips. Relates to blood donors over the age of 17. Amends AS 25.20 by adding new section 25.20.012:"EXCEPTION. Notwithstanding the provisions of AS 25.20.012, a person who has reached the age of 17 years may make blood donations without the permission of a parent or guardian." No effective date provided.

Introduced January 24 and referred to HESS.

Our copy
Do not remove from file

Introduced: 1/24/79
Referred: Health, Education & Social Services

IN THE HOUSE BY BEIRNE AND PHILLIPS

HOUSE BILL NO. 22

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the donation of blood by those who have reached the age of 17 years."

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

* Section 1. AS 25.20 is amended by adding a new section to read:

Sec. 25.20.012. EXCEPTION. Notwithstanding the provisions of AS 25.20.010, a person who has reached the age of 17 years may make blood donations without the permission of a parent or guardian.

Inconvenience -
Breaking away from parental authority

Barnes -
No shortage of blood

HB

66

CSHB 66
By Finance Committee
Orig Sponsors Hutchison, Mahoney, Phillips

"An Act ~~providing~~ relating to exemption for senior citizens from payment for ~~the~~ license for ~~the~~ sale of ~~the~~ liquor in the state"

F/N hearing is 0
orig sponsors notified
Dr Buckwell
Vern Berry - Dept of Revenue benefits

Introduced 2-26-79
Logged - 3-7-79
Referred Rules
Comm. Meeting 3-28-79
" action Passed taken Senate Sess 3-28-79
on floor of Senate 4-23-79 - Lee Jimmie amendment

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

March 28, 1979

HB 66

Rep. Chatterton. I'm here to testify in favor of CSHB 66. You have been furnished with things that will lead to this. As you see from the title, this is going to exempt senior citizens from payment of annual rental costs if their place of abode is on state land.

You have in your packet a copy of the chapter 97, session laws 1977 which in effect (1) exepmts senior citizens from payment of real property tax (2) a copy of chapter 73, specifically title 29.73.060 which also provides senior citizens over 65 a property tax equivalence payment which in effect could lead to the payment of up to $375 per year to a person who does not own real property but is renting his place of abode.

It seems to me, having taken care of those two situations, we only had one situation left. And to bring parity to people over 65 regardless of where they live either on real property owned by themselves or on property they are renting from someone else or possibly having their home on land that is leased from the state, we should give them their annual rental costs. That is, in essence, what CSHB 66 accomplishes.

It technically carries a zero fiscal note and the reason for that is that it becomes a negative income to the state. It doesn't cost the state anything, but you lose revenue.

We did have testimony in the House HESS Committee given by Director Ted Smith of the Division of Lands and they have no actual real estimate, but probably this bill will affect all of something less than two dozen or a dozen and one half people in the entire State of Alaska at the present time.

Sen. Hackney. If I'm 65 and am sitting on an oil well, is that exempted?

Rep. Chatterton. I know that your question is facetious,because you do know that on State property all of the mineral rights beneath the surface of the land belong to all of the people.

Sen. Sturgulewski. Would we tend to find in leased land more commercial value that might we find more similar situations to that where there are extraordinarily pieces of property. Are there many chances for abuse of people coming in.

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

Rep. Chatterton. That was one of the amendments that was made in the House. Let me call you attention to lines 17 and 18. "No exemption may be granted for any portion of the lease which is used by the leaseholder for any purpose other than his permanent place of abode."

Pat Conheady. The department has no objections to the bill.

Sen. Sturgulewski. I move that we pass out CSHB 66 with individual recommendations

So ordered

MEMO

3/27/79

TO: SEN HACKNEY

FROM: PAUL

Rundown on tommorrow's bills:

HB 22 - Provides for exception to Age of Majority statute (18 years old) allowing a person 17 years old to donate blood.

D-H/SS is taking a neutral position on this bill on the ground that there has not been a demonstrated/compelling need to lower the age limit; however, they state that a 17 year old can safely donate blood.

Dr. Beirne, sponsor of the bill, says by enacting this bill it will substantially expand the number of young, healthy donors available for blood donations. Dr. Beirne also hastens to add that an identical bill was approved by this committee last year.

CSHB 66 - Bill designed to exempt residents 65 years and over whose homes are situated on state leased land from the annual lease rent payment as prescribed in AS 38.05.085 which states "(1) for the initial 25 year period of the lease, the lessee shall pay the state a fixed base annual rent to be agreed upon by the parties in compliance with the provisions of this chapter. (2) the fixed based annual rent to be paid by the lessee shall be readjusted when the initial 25 year period of the lease has expired and thereafter, every 10 years; and....." CSHB 66 would remove this fixed based annual rent payment for those 65 years and over

The fiscall note on the bill is zero. The reason is because DNR says they do not maintain the type of information necessary to ascertain the number of individuals that would be eligible for this exemption. Rep. Chatterton says their is only a handful of perople out there that would be affected, approximately six or so. UP TO DOZ. OR TWO DOZ.

NOTE: property owners 65 and over are exempt from property taxes (AS 29.53.020(e)) and those 65 years and over who rent a permanent place of abode are eligible for the tax equivalency payments from the state. Property Tax Equivalency Payments are good for up to $375 per year for persons 65 and over who rent. (AS 29.73.060)

HB 98 - Bill designed to prohibit schools from administering any questionnaires which inquire into private family affairs of the student without written permission of the parent.

CSHB 108 - See attached transmittal letter for synopsis of bill. Also fiscal notes are attached. Difference between Dept. of Ed's fiscal note and House Finances fiscal note is the impact on the general fund. House Finance places zero impact on the general fund and places the cost on the Feds (100% 1st year) with interagency receipts/ program receipts picking up a portion of the tab in the next two FYs. In contrast, Dept of Ed's fiscal note has

H.B. 66

LAWS OF ALASKA

1977

Source: CSHB 5

Chapter No. 97

AN ACT

Relating to exemption from real property taxes for senior citizens; and providing for an effective date.

provides for exemption from property tax for residents over 65

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

* Section 1. AS 29.53.020(e) is amended to read:

(e) The real property owned and occupied as a permanent place of abode by a resident 65 years of age or over is exempt from taxation of the assessed value of the real property. Only one exemption may be granted with respect to the same property and, if two or more persons are eligible for an exemption with respect to the same property, the parties shall decide between or among themselves which shall receive the benefit of the exemption. No real property may be exempted under this subsection which the assessor determines, after notice and hearing to the parties concerned, has been conveyed to the applicant primarily for the purpose of obtaining the exemption. The determination of the assessor is appealable under AS 44.62.560 - 44.62.570.

* Sec. 2. This Act is retroactive to January 1, 1977.

* Sec. 3. This Act takes effect immediately in accordance with AS 01.10.070(c).

Permitted to become law without signature
Actual Effective Date: June 18, 1977, retroactive to January 1, 1977

H.B. 66

right to vote in charter commission election. — Where the Eagle River-Chugiak Borough was officially incorporated on September 12, 1974, but the act authorizing the residents of that area to vote on the question of whether or not to form a second class borough was held unconstitutional in Abrams v. State, Sup. Ct. Op. No. 1142 (File Nos. 2407, 2418), 534 P.2d 91 (1975) on April 15, 1975, and the Eagle River-Chugiak area was automatically reincorporated into the Greater Anchorage Area Borough, the Eagle River-Chugiak area residents were not unconstitutionally denied the right to vote in a February 11, 1975 election held in the Greater Anchorage Area Borough in which the creation of a charter commission was approved, and its members elected. Jordan v. Reed, Sup. Ct. Op. No. 1217 (File No. 2586), 544 P.2d 75 (1975).

Denying residents of the Eagle River-Chugiak area the right to vote on the question of who sits on the charter commission in the Greater Anchorage Area Borough was not a denial of fundamental fairness since the realignment of political boundaries which occurred as a result of the Abrams v. State, Sup. Ct. Op. No. 1142 (File Nos. 2407, 2418), 534 P.2d 91 (1975) decision is functionally equivalent to an annexation, and the general rule regarding annexation is that when territory has been lawfully and finally annexed, the new area becomes, ipso facto, a part of the municipality subject to municipal jurisdiction and it may be governed as the original municipal territory was governed prior to the change. Jordan v. Reed, Sup. Ct. Op. No. 1217 (File No. 2586), 544 P.2d 75 (1975).

And composition of commission need not reflect them. — Where the area encompassed within the former Eagle River-Chugiak Borough had a separate status under the de facto municipal incorporation doctrine, the composition of the charter commission need not reflect a group of citizens not part of the Greater Anchorage Area Borough at the time the charter commission was formed. Jordan v. Reed, Sup. Ct. Op. No. 1217 (File No. 2586), 544 P.2d 75 (1975).

Chapter 73. Miscellaneous Provisions.

Section
60. Property tax equivalency payments

Provides for property tax equivalency payments up to $375.00 per year for persons over 65 who rent

Sec. 29.73.060. Property tax equivalency payments. (a) A resident of the state 65 years of age or older who rents a permanent place of abode is eligible for tax equivalency payments from the state through the Department of Community and Regional Affairs.

(b) For purposes of determining payments to eligible persons, the department shall calculate a property tax equivalent percentage for each home rule or general law municipality, which levies a general property tax, at the rate of ½ per cent per mil. This percentage applied to the annual rent charged to the applicant or $375, whichever is less is the property tax equivalency payment.

(c) To obtain tax equivalency payments the eligible resident must apply to the department for payment for the preceding year by January 15 of each year on forms and in the manner prescribed by the department. Each applicant shall submit with the application rental receipts or, if rental receipts are not available, other evidence satisfactory to the department for determination of the fact of payment of rent and the amount paid.

(d) If two or more persons occupy a residence as tenants, not all of whom are eligible for tax equivalency payments under this section, the assessor shall determine equitable partial payments to be made to the eligible tenants. However, tax equivalency payments to an eligible

applicant may not be reduced because the spouse is less than 65 years of age. If all occupants in a residence are eligible for tax equivalency payments under this section, the occupants shall decide between and among themselves which shall receive payment. (§ 2 ch 217 SLA 1976)

Chapter 78. General Provisions.

Section
10. Definitions

Sec. 29.78.010. Definitions. In this title, unless otherwise provided, or the context otherwise requires,

(1) "borough" means a general law first, second or third class organized borough;

(18) "areawide power" means a power of an organized borough exercised throughout the borough;

(19) "nonareawide power" means a power of an organized borough exercised by the borough only in the area outside of cities.
(am § 7 ch 212 SLA 1976; am § 10 ch 93 SLA 1977)

Effect of amendments. — The 1976 amendment, effective June 21, 1976, added paragraphs (18) and (19).

The 1977 amendment substituted "first, second or third class" for "first or second class" in paragraph (1).

As the rest of the section was not affected by the amendments, it is not set out.

HB 550 AN ACT RELATING TO UNEMPLOYMENT INSURANCE; AND PROVIDING FOR AN EFFECTIVE DATE

AMENDED TITLE: SCS CS SS * AM S

PRIME SPONSORS: RULES BY REQUEST OF: GOVERNOR

DATE	SEQ. NO.	JOURNAL PAGE	HOUSE ACTION
05/25/77	01	1496	FIRST READING -- COMMITTEE REPORTS
05/12/78	05	1152	L&M -- DNP02, CS05
06/02/78	07	1415	FIN -- CS04, NR07
06/06/78	08	1466	SECOND READING
06/06/78	09	1466	FIN CS ADOPTED BY DIV 28-08-04
06/06/78	10	1467	AM TO AM01 ADOPTED BY DIV 22-15-03
06/06/78	11	1468	AM01 ADOPTED BY DIV 26-11-03
06/06/78	12	1468	AMC2 ADOPTED BY DIV 32-06-02
06/06/78	13	1469	AM03 NOT ADOPTED BY DIV 09-29-02
06/06/78	14	1469	AMC4 NOT ADOPTED BY DIV 12-27-01
06/06/78	15	1470	AMC5 ADOPTED BY UNAN CONSENT
06/06/78	16	1471	ADVANCED TO 3RD READING BY UNAN CONSENT
06/06/78	17	1471	THIRD READING
06/06/78	18	1471	PASSED BY DIV 30-09-01
06/06/78	19	1471	EFFECTIVE DATE VOTE SAME AS PASSAGE
06/06/78	20	1471	NOTICE OF RECONSIDERATION GIVEN
06/07/78	21	1493	READ AGAIN THIRD TIME
06/07/78	22	1493	PASSED ON RECONSIDERATN BY DIV 29-08-03
06/07/78	23	1494	EFFECTIVE DATE VOTE SAME AS PASSAGE
05/25/77	02	1496	EXTRA STATUTES
03/08/78	03	0511	SPONSOR SUB INTRODUCED
03/08/78	04	0511	GOV'S TRANSMITTAL LETTER
05/12/78	06	1152	L&M LTR OF INTENT - HSE
06/17/78	40	1763	FAILD TO CONC IN (S) AMS BY DIV 10-27-03
06/17/78	42	1763	FCC -- MEEKINS MCKINNON HAYES

DATE	SEQ. NO.	JOURNAL PAGE	SENATE ACTION
06/08/78	24	1300	FIRST READING -- COMMITTEE REPORTS
06/12/78	25	1399	L&M -- DNP02, CS01
06/13/78	26	1428	FIN -- DP(AM)03, L&M CS03, NR03
06/14/78	27	1462	RLS -- OTHER03 TAKEN UP IMMEDIATELY
06/14/78	28	1468	SECOND READING
06/14/78	29	1468	L&M CS ADOPTED BY DIV 10-09-01
06/14/78	30	1469	SECOND READING
06/14/78	31	1469	AM01 ADOPTED BY UNAN CONSENT
06/14/78	32	1469	AM02 ADOPTED BY VOICE VOTE
06/14/78	33	1469	ADVANCED TO 3RD READING BY UNAN CONSENT
06/14/78	34	1469	THIRD READING
06/14/78	35	1469	FAILED BY DIV 10-10-00
06/14/78	36	1470	NOTICE OF RECONSIDERATION GIVEN
06/15/78	37	1501	POSTPONED UNTIL 06/16/78 BY UNAN CONSEN
06/16/78	38	1526	PASSED ON RECONSIDERATN BY DIV 16-04-00
06/16/78	39	1526	EFFECTIVE DATE VOTE SAME AS PASSAGE
06/17/78	41	1588	FAILED TO RECEDE FRM AMS BY DIV 03-13-04
** 06/17/78	43	1588	FCC -- RODEY BUTROVICH MELAND

H.B. 64

HB 551 AN ACT PROVIDING AN EXEMPTION FOR SENIOR CITIZENS FROM PAYMENT FOR LAND LEASED FROM THE STATE

AMENDED TITLE: CS *

PRIME SPONSORS: CHATTERTON

CO-SPONSORS: MALONE PHILLIPS SWANSON

DATE	SEQ. NO.	JOURNAL PAGE	HOUSE ACTION
05/28/77	01	1599	FIRST READING -- COMMITTEE REPORTS
02/02/78	02	0207	S.A. -- CS04, NR01
03/01/78	03	0435	FIN -- S.A. CS09
03/06/78	04	0485	SECOND READING
03/06/78	05	0485	S.A. CS ADOPTED BY UNAN CONSENT
03/06/78	06	0485	ADVANCED TO 3RD READING BY UNAN CONSENT
03/06/78	07	0485	THIRD READING
03/06/78	08	0485	PASSED BY DIV 38-00-02

DATE	SEQ. NO.	JOURNAL PAGE	SENATE ACTION
** 03/07/78	09	0417	FIRST READING -- COMMITTEE REPORTS RESOURCES FINANCE RULES

COMMITTEE REPORT

SENATE

FURTHER: Finance

3/7/79 Date: 3-7-79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSHB 66

providing an exemption for senior citizens from payment for land leased from the state

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

Senior Citizens (exemption--lease rent)

HOUSE BILL NO. 66, by Reps. Chatterton, Malone, and Phillips. Amends AS 38.05 by addition of new section, "SENIOR CITIZENS EXEMPTION," which exempts persons 65 or older from payment of lease rent to state if property is occupied as permanent place of abode and leased under AS 38.05.070-105. Persons must file a written request for exemption. Legislature shall appropriate sums to cover amounts lost by operation of above. Does not provide for effective date.

Introduced January 24 and referred to HESS, then to Finance.

Senior Citizens (exemption--lease rent)

HOUSE BILL NO. 66, (see page 60). Reported back to the house February 14 by the HESS Committee with a majority of the committee recommending do pass with amendment. (Amendment is technical in nature). To Finance.

Senior Citizens (exemption--lease/rent)

HOUSE BILL NO. 66, (see pages 60; 228). Reported back to the House on February 26 by Finance with a majority recommending replace with SUBSTITUTE (same title) and that it do pass and attaches a fiscal note. SUBSTITUTE changes wording refering to exemptions granted for purposes other than permanent abode. Original bill stated that no exemptions would be granted "if the lease is used by the leaseholder for any purpose other than his permanent place of abode." SUBSTITUTE states: "No exemption may be granted for any portion of the lease which is used by the leaseholder for any purpose other than his permanent place of abode." Also changes reference to "director of land and water' to "commissioner".

Offered February 26 and referred to Rules.

Our copy
Do not remove from file

Original sponsors: Chatterton, Malone and Phillips

Offered: 2/26/79
Referred: Rules

IN THE HOUSE BY THE FINANCE COMMITTEE

CS FOR HOUSE BILL NO. 66

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act providing an exemption for senior citizens from payment for land leased from the state."

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

* Section 1. AS 38.05 is amended by adding a new section to read:

Sec. 38.05.098. SENIOR CITIZENS EXEMPTION. (a) The real property occupied as a permanent place of abode by a resident 65 years of age or over and leased by that resident from the state in accordance with AS 38.05.070 - 38.05.105 is exempt from the payment of an annual lease rent. Only one exemption may be granted with respect to the same property and, if two or more persons are eligible for an exemption with respect to the same property, the parties shall decide between or among themselves which shall receive the benefit of the exemption. No exemption may be granted for any portion of the lease which is used by the leaseholder for any purpose other than his permanent place of abode.

(b) No exemption may be granted except upon written application for the exemption on a form provided by the commissioner. The leaseholder must file the application not later than 60 days before the anniversary date of the lease, and shall file a separate application for each lease year for which the exemption is sought. If an application is filed within the required time and is approved by the commissioner, he shall allow a rental exemption for the lease year commencing on the anniversary date in accordance with the provisions of this section. The commissioner may at any time require proof in the form he considers necessary of the right to an exemption claimed under this section.

(c) The legislature shall annually appropriate from the general fund to a trust fund the amount necessary to reimburse the trust fund for revenue lost to it by the operation of (a) of this section.

HB

94

COMMITTEE REPORT

SENATE

2/13/79

FURTHER: Finance

Date: 2/13/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSHB 94 am

supplemental appropriations to Dept. of Education, division of vocat[illegible] rehabilitation, Dept. of Health & Social Services, division of socia[illegible] services

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[X] replace with CS for _____ [✓] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

CSHB 94AM
By Finance Committee

"Pending Pay ~~H+SS~~ applies to Dept of Educ. dir of vocational rehabilitation: Dept of H+SSd

Melinda Greene - ✓ notified - she drops Vick Graves - Ap Feb. - min. of Exec
Voc Rehab notified F. Pat Young
Dept of Educ notified - Nat Cle office

Introduced 2-9-79
Logged 2-13-79
Referred Finance
Comm. meeting 2-16-78
" acted 2-16-78 Passed SCSHB94

Alaska Social & Health Services

ALASKA SOCIAL & HEALTH SERVICES
"THE STUDIO CLUB"
(907) 279-2124

546 East 15th Avenue
Anchorage, Alaska 99501

P.O. Box 1917
Anchorage, Alaska 99510

March 11, 1979

Senator Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney,

We are writing this letter to thank you for twice passing the Omnibus or as it has been dubbed, Christmas Tree Bill# 94. As you know, an appropriation for $85,170.00 was included in this bill for the Studio Club. It is imperative that we receive this monies, as we are operating without monies and without salaries and have been for some time. If it were not for our CETA, Title VI Grant and our Older American, Title V Grant, we wouldn't even be operating. All of our in-kind monies have now been spent and we're looking at nothing. Just plain nothing.

It is our understanding that the bill is now on Governor Hammonds desk for signature and we are sincerely hoping that he will sign it, not veto it, and that he will do it in a short while and not take the 30 days which he can if he wishes.

It's difficult for us to say how much we appreciate this. In the above paragraphs, you can see how much we need the monies, but more than that is the fact that you have allowe! us more time to help people.

The Studio Club will endeavor even harder to prove that your faith in us was not misplaced and that your monies are not misspent, and that the people receive help they need and deserve. As you have seen run through everything that we do, everything that we write, WE BELIEVE THAT EVERYONE DESERVES A CHANCE. We thank you for the chance you have given us again. If you have any questions, if you wish any information, please do not hesitate to contact us. We are always happy to answer questions or provide information. Again we appreciate you, we thank you. We'll work hard, we will produce results that Alaska can well be proud of.

Sincerely,

Leonard & Henrietta

Leonard & Henrietta Nugen
Directors

Kaaren J. Riehle
7520 Chad Street
Anchorage, Alaska 99502

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

Please support House Bill 94 to provide temporary supplemental support for the efforts to curb the incidence of child abuse and neglect.

As you know, Alaska has a very high incidence of child abuse; resources are scarce. These funds are small but essential to support the Anchorage Child Abuse Board and the Fairbanks Child Protection Task Force to continue services to abusive families and abused children.

Thankyou for your support of HB 94.

Sincerely,

Kaaren J. Riehle

Ruth Moore
3356 Newcombe
Anchorage, Alaska 99504
February 14,1979

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

I know (not think) that House Bill #94 should be supported because if there is anyone that needs protection, it is children. Children are victims of adult problems. Adults take their frustrations out on innocent children that cannot defend themselves.

Thankyou,

Ruth Moore

Ruth Moore

February 15, 1979

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

I am presently on the Board of Directors of the Anchorage Child Abuse Board. As a child psychologist, and as a concerned citizen of Anchorage, I am 100% in support of HB 94.

It is extremely important that private community efforts get funded for the serious problem of child abuse. As our community grows, it will become more and more important that we be able to deal with the problem existing in our community at the grass roots level. However, in order for us to do that, we must obtain the necessary funding to educate the community and to provide services for it. The additional six social workers will be a welcome and needed addition in helping to deal with the problem of child abuse.

I strongly encourage the Senate to vote favorably for the passage of HB 94.

Sincerely,

Ivonne Heras

Ivonne Heras, Ph.D.

Feb 15

Dear Senator Glenn Hackney,

I am writing to express my support for House Bill 04. I have worked in the field of child abuse in Anchorage for the last four years. I am aware of the program that the Anchorage Child Abuse Board offers to the community and feel that these programs have been of great benefit to Anchorage. However, I am also aware that the Anchorage Child Abuse Board has not been able to provide as many services as needed due to lack of funding.

I strongly urge you to do all that is possible to see that House Bill 04 is passed by the legislature this spring.

Sincerely,

Brenda Foster

1972 Thurston
Anch. 99504

February 14, 1979

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

As a citizen of Alaska, I am strongly in support of House Bill 94, which has recently been introduced into the State Legislature. This bill provides for much-needed funds for the Anchorage Child Abuse Board and the State Division of Social Services, Anchorage Office, to carry on their much-needed work.

I and other supporters of these efforts urge your support of this bill.

Respectfully,

Gerald C. MacLaren MEC

Gerald C. MacLaren
2456 Resolution Drive
Anchorage, Alaska 99503

Box 1548
Route A
Anchorage, Alaska 99507

February 15, 1979

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

I recently learned that HB94 has been reported to your committee for consideration. I feel that Alaska's children need our help, as they are our future resource. In talking with personel at the Division of Social Services, I have learned that they have set priorities in reacting to child abuse as their linited staff compels tham to spend their time with the most serious cases. More funds for staff would certainly be a boom in allowing their agency to react to problems before they reach crisis level. Due to growing awareness of the extent of abuse in Anchorage, we need to provide additional family counseling, parenting classes, and an expanded Parent Aide program. The Child Abuse Board is working to fill this need. I strongly urge you to support funding for them.

Sincerely,

Marie Brown

Marie Brown

CHAIRMAN
MARIAN T. WITT, M.D.
3300 PROVIDENCE DRIVE
ANCHORAGE, ALASKA 99504

ALASKA CHAPTER
American Academy of Pediatrics

February 15, 1979

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

On behalf of the American Academy of Pediatrics, Alaska Chapter, I would urge you to give priority consideration to the issue of child abuse during the 11th legislative session. Both the State and National Academy of Pediatrics have set this issue as a top priority.

Alaska has one of the most severe child abuse problems in the nation. As physicians working in the Anchorage area, we deal frequently with serious child abuse cases. We are concerned about the lack of adequate staffing for the local office of the Division of Social Services. Without sufficient D.S.S workers to intervene with abusing families, children are needlessly put at risk.

We further support funding of the Anchorage Child Abuse Board which provides additional vital services to abusing and high risk families.

Attached please find additional support for the efforts of the legislators in the area of child abuse. The signatures are from many other members active in our academy.

Your assistance in this urgent matter is greatly appreciated.

Sincerely,

Marian T. Witt MD

Marian T. Witt, M.D.
Chairman, Alaska Chapter
American Academy of Pediatrics

WE THE UNDERSIGNED SUPPORT THE PASSAGE OF HB 94 TO PROVIDE ADDITIONAL CHILD PROTECTION WORKERS FOR ANCHORAGE DSS AND FUNDING FOR THE ANCHORAGE CHILD ABUSE BOARD. THE ISSUE OF CHILD ABUSE IS VERY IMPORTANT AND NEEDS TO BE DEALT WITH IMMEDIATELY.

Marian Willard M.D.
Alt Chapter Chairman - Academy of Pediatrics

John C. Tower M.D.

Marianne von Hippel, M.D.

Lou Ann Gagne
501 East 13th Avenue
Anchorage, Alaska 99501

February 15, 1979

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney,

Having worked with abusive families myself, I realize the extent of the problem faced by professionals in Anchorage.

One of the major problems social service agencies face, that of funding, could be alleviated by your action in voting for House Bill 94.

I strongly urge you to do so. Thank you.

Sincerely,

Lou Ann Gagne

SB 7

Pat Young

Need Relief costs were higher than anticipated.

38% was projected, 46% has been counted

Training Costs have gone up 32%.

Need funds of $30,000 can be supplied if applications are rec.

118 were selected and 98 of $15,000 was allocated.

Are invited to become a member of the Comm. Dept. by Contacting applications Chairman

Will Lapse 8/31 This year and probably 3 to 5 years

Review the Criteria of Expenditures Due to Composed of handicapped

---

Individual Training

Group Training

6 programs (Est. in 35) and Evaluation

Many received of Social workers acted

Ran of: 21 staff 60 volunteers

Vocational

Work Training

Evaluation Service for Clients

Has not budget from State last year

47,000 from

John Peck

Was there cannot [illegible]

returning by Dec. 2

February 13, 1979

Senator Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

House Bill 94 will be up for your consideration soon. This bill will provide temporary, supplemental support to agencies in Anchorage and Fairbanks seeking to curb the incidence of child abuse and neglect.

The incidence of abuse in our area is very high the resources available to meet it are very scarce. The amounts, made available through HB94, though small, are critical. The Anchorage Child Abuse Board will be able to continue serving abusive families, the Division of Social Services will able to provide better service with lower case loads, the Fairbanks Child Protection Task Force will be able to implement a useful program in that interior city, and related alcoholism problems can be treated as well.

I hope you will be able to suppor this bill for it will greatly enhance our ability to combat the tragic problem.

Thanks for your cooperation.

Best wishes,

Gary H. Holthaus

ALASKA HUMANITIES FORUM

429 D STREET • ANCHORAGE • ALASKA • 99501 • PHONE (907) 272-5341

CSHB 94am
SB 32

NAME	DEPT	BILL #
Conny Webb	HSS	32
Mabel Bowles	"	"
Brian Rogers	House of Rep.	94
Melinda Gryening	Anch. Child Abuse Bd.	94
Pat Young	Ed. - Div of Voc. Rehab	94
Jalen Dough		

Architects/Engineers/Planners
3201 C Street Suite 400
Anchorage, Alaska 99503
Telex 0902 5299 907/276 4035

Ellerbe®

February 14, 1979

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney

As a concerned citizen of this community, I feel it is urgent that House Bill 94 be passed. It is imperative that money be appropriated to the Anchorage Child Abuse Board, to the Fairbanks Child Ptotection Task Force, and the Division of Social Services, so that the problem of child abuse, which is so high in the State of Alaska be cut down and hopefully alleviated in the future.

I urge you to support House Bill 94.

Sincerely,

Gordon Edberg
Manager, Anchorage Division

STATE of ALASKA

MEMORANDUM

TO: Senator Glenn Hackney
Chairman
Health, Education & Social Services

DATE: February 8, 1979

FILE NO:

TELEPHONE NO:

FROM: Robert P. Gregovich, Ph. D. RPG
Program Administrator
Section of Developmental Disabilities
Division of Mental Health & DD

SUBJECT: INFORMATION REQUEST

Our records show that the Fairbanks Rehabilitation Association received the following supplemental appropriations:

May, 1978: $35,000 (CSHB 901)
May, 1977 $85,000 (CSSHCS CSSB 122)

In addition, I am informed that in 1978 $100,000 was added to FRA: budget via Vocational Rehabilitation.

Glenn. We can not find supplemental approp for years 76, 75 which is need to the 4 years you requested.
Attached letter is what Bob Gregovich refers to, the $100,000 only the year appears 77.
600 percent ✗ Grad.
100,000 " to Fairbanks. This info supplied by Mike Morgan (Pat Gruening) with Vocational Rehabilitation. 586-6500

Fairbanks Rehabilitation Association, Inc.

Glenn's Copy

805 Airport Road 456-8901
XXXXXXXXXXXXXX - FAIRBANKS, ALASKA 99701
TELEPHONE (907)XXXXXXX

HOPE CENTER DIVISION
XXXXXXXXXXXXXXXX
XXXXXXXXXX

HOPE INDUSTRIES DIVISION
805 AIRPORT WAY
456-8901

January 31, 1979

Consultant visited 2-

Representative Sally Smith
Pouch V
Juneau Alaska 99811

Dear Representative Smith:

It is with regret that the Fairbanks Rehabilitation Association must make a request for a supplemental appropriation of $70,000.00 during this year of austerity in state government. However, we make this request in a state of dire need caused by a variety of circumstances, many of which were beyond our control. We believe that the denial of this request may very well render our agency, which provides statewide training and rehabilitation services to the developmentally disabled, insolvent.

Fairbanks Rehabilitation Association operates four residential group homes and Hope Industries, both of which provide training to the developmentally disabled. In the past year, we have serviced clients from Barrow, Venetie, Nenana, Delta Junction, Copper Center, Kotzebue, Beaver, Fairbanks, Anchorage, Valdez, Ft. Yukon, Huslia, North Pole, Palmer and Dillingham. Our residential program has been called the finest in the state and we have been vigigent in our attempt to develop innovative and sophisticated training programs as well as sheltered workshop activities.

Nearly half of our deficit outlined above was caused by the complete breakdown of the boiler system at Hope Industries. Bills for the purchase of new equipment and installation total nearly $30,000.00. The rest of the debt resulted from a variety of problems. Major contributing factors include our move from a warehousing living situation for clients to more humane group homes, a client load often above our block funding from the state, the acquisition of businesses intended to expand sheltered workshop opportunities and the lack of a competent fiscal management capability in the organization's former administration. Details of the above situations will be available during a visit to Juneau by four board members (Beverly Staley, President; Mickey Rutherford, Vice President; Candace Magnusson, Secretary and James Arthur, Member). We hope to schedule visits with individual legislators as well as a presentation to the Fairbanks delegation between February 7 and 9.

In recognition of the state's severe financial problems, we are requesting a bare minimum of the funds which we feel we need to survive with our program intact. The impact of not receiving this assistance would be the liquidation of equipment,

property, etc. which would make continued operation unfeasible. At best, services would be curtailed for all but a few clients at a time when our waiting list has numbered up to 10 persons.

We would like to emphasize that we are not relying on the state to solve our financial difficulties. When the administration's lack of fiscal responsibility became apparent, the board responded by taking action to change the leadership and running the organization itself on a voluntary basis. We have reduced our staff from 29 persons in 1977 to 22 persons in 1979 with no reduction in clients or programs. Our administrative costs have been reduced through the combination of facilities and centralizing purchasing. We have arranged for free professional consulting to further cut costs, increase efficiency and upgrade the training program. We are actively recruiting for a new executive director with proven management experience and an excellent reputation in the rehabilitation field. We can document improvements in our training program over the last year in spite of the financial crisis. Finally, we will make a major effort to renegotiate our contract with the state when efficiency moves are complete and our program refined.

We sincerely believe and can show documentation that the above listed moves in concert with the supplemental appropriation of $70,000.00 will pull Fairbanks Rehabilitation Association out of financial chaos. We believe that the management ground work being laid at the expense of many hours of donated board of director's time will begin a new history of efficient management and fiscal responsibility for Fairbanks Rehabilitation Association.

Sincerely,

Beverly S. Staley
President
FRA Board of Directors

BSS/njm
CC: Senator John Sackett
Senator Don Bennett
Senator Bettye Fahrenkamp
Senator Glenn Hackney
Representative Brian Rogers
Representative Thelma Buchholdt
Senator George Hohman
Representative Charlie Parr
Representative Fred Brown
Representative Dick Randolph
Representative Bob Bettisworth
Representative Terry Gardiner

**** F.C.C. ANALYSIS ****

OBJECT GROUP	VARIATION		DESCRIPTION: F.C.C. VERSUS GOVERNOR
07 GRANTS, CLMS	700.0	39.7%	
** TOTAL	700.0	39.7%	

LEGISLATIVE INTENT:
ARCA IS TO RECEIVE A $600.0 GRANT AND FRA A $100.0 GRANT.

**** SENATE ANALYSIS ****

OBJECT GROUP	VARIATION		DESCRIPTION: SENATE VERSUS GOVERNOR
07 GRANTS, CLMS	600.0	34.0%	
** TOTAL	600.0	34.0%	

LEGISLATIVE INTENT:
ARCA IS TO RECEIVE A $600.0 GRANT.

**** HOUSE ANALYSIS ****

Note from FCC Report Fiscal Year 1978 operating & capital budget (Arctic Services operating)
Page 46

Various letters pertaining to Sec 3 - CSHB 94 am

1841 E. 56th Avenue
Anchorage, Alaska 99504

Senator Glenn Hackney
and Members of the Senate HESS Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney and Committee Members:

We are writing to express our concern regarding the special appropriation of $85,000 for alcoholism services for Anchorage as proposed by Representative Russ Meekins.

It is our understanding that these funds are intended for the Studio Club alcoholism program.

Our concerns are as follows:

1. The Studio Club is not a State-approved treatment program;

2. Other alcoholism and drug abuse treatment, prevention and education programs must apply to the State Office of Alcoholism and Drug Abuse for State monies in response to a Request for Proposals;

3. All other alcoholism and drug abuse programs must submit to local community and/or regional HSA review;

4. All other alcoholism and drug abuse programs must compete for funding available through (limited) State General Fund appropriations;

5. All other alcoholism and drug abuse programs in Anchorage are effectively precluded from receiving (and effectively prevented from applying for) grant funds directly from the State Office of Alcoholism and Drug Abuse;

6. All other alcoholism and drug abuse programs in Anchorage (unfortunately) must apply to and sub-contract with the Municipality of Anchorage in order to obtain State funds;

7. The amount of money proposed is exhorbitant given the type of program operated by the Studio Club and given the operational time period to be covered by such funds.

Senator Len Hackney
And Members of the Senate HESS Committee

From Segal and Wasserman
February 13, 1979

Page Two

It seems quite clear that to fund the Studio Club, or any other alcoholism or drug abuse program, as proposed by Rep. Meekins would represent an exceedingly irregular, preferential and unwise expenditure of State tax dollars.

Therefore, although we may sympathize with the Studio Club's needs and with the grant-in-aid restrictions imposed on Anchorage programs, we must urge you to amend Rep. Meekins' proposal deleting the allocation of any funds for alcoholism or clearly alcohol-related services.

We hope that our comments will be both useful and persuasive to you in your deliberations.

Thank you for your consideration.

Respectfully yours,

Bernard Segal

Paul Z. Wasserman

7th Studio Club

January 17, 1979

Senator Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Sen. Hackney,

We are all aware that alcoholism is the number one disease in this country. This certainly holds true for the Municipality of Anchorage, as well as all of Alaska.

Also, most of us are aware that many many dollars are spent in trying to combate this illness. Too much of this is spent on programs that just aren't doing the job.

I know of a program that IS doing a good job in this field. It is the Studio Club - located at 546 E. 15th Ave., in Anchorage. If you are not already acquainted with this remarkable program, may I suggest that you contact them to learn of their work.

As a ten year resident of Anchorage and a life time Alaskan, I urge you to support the Studio Club, if or when they ask you for your assistance in the future.

Sincerely,

Mrs. W. E. Butts, Jr.

Mrs. Walter E. Butts, Jr.
4147 Dorothy Drive
Anchorage, Alaska 99504

Dear Mr. Hackney

It has been brought to my attention that in the budget for 1977 the amount for the Student Club 546 E 15th has been over looked. I am concerned about this as I am an alumni.

I have been active now & no in part thanks to the guidance and direction received. The meetings, the movies the group sessions, the committees, and the family atmosphere played a large part in my recovery.

I am a wife, mother in Palmer with the only thing I can for me and the knowing I could go to the club anytime, but not knowing how to get there.

I was given the chance to enter and have with Student Club with the stipulation that I stay in the home under their care & able to do and a few days after completion of the study program. I was able to have a stronger bond and more peace with the hope that when the time is right I could be able to be employable in any trade and have more faith in myself & accomplishment given back something to you.

What ever you can do to see that the funds for 1977 are made available for the Student Club 546 E 15th would be appreciated by me and many others like me. That their funds be allocated to the Student Club to help

Sincerely yours
Jack R. Smith
3506 W 45th
Anch, Alaska
99503

Dear Mr. Hackney

It has been brought to my attention that in the budget for 1978 the money for the Shades Club 546 E 15th has been over looked. I am concerned about this as I am an alumni.

I have been collecting money in part thanks to the guidance and direction received. The meetings, the movies, the group sessions, the counselors, and the family atmosphere played a large part in my recovery.

There is no where else in Gabriel with the only thing going for us and the drinking. Socially I want to the drunk anymore but not knowing how to live sober.

I was given the chance to continue our work in the Shades Club with the responsibility by the house until this I was able to do and a few days after completion of the 30 day program I was able to have my own apartment. I am now working, and the day that I reach the limit of eight I will be able to be employed in any bank and have since finally an Society a responsible person with something to give.

Whatever you can do to see that the funds for 1978 are made available for the Shades Club 546 E 15th will be appreciated by me and many others who may that they might be available the Shades Club to help.

Sincerely yours
Jack R. Smith
2306 W 45th
Anch, Alaska
99503

Alaska Social & Health Services

ALASKA SOCIAL & HEALTH SERVICES
"THE STUDIO CLUB"
(907) 279-2124

546 East 15th Avenue
Anchorage, Alaska 99501

P.O. Box 1917
Anchorage, Alaska 99510

January 5, 1979

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney,

Each year it seems that we appeal to you for monies to continue the operation of the Studio Club. We always somehow or another seem to be left out, forgotten, or missed. In 1978, that appears to be what has happened to us. We have [redacted] as you already know, received $40,000.00 from the Municipality of Anchorage, and $30,000.00 from the Governors contingency fund. These monies have ran us into January and are expiring. We are asking for monies to continue from January to the end of June of 1979. And we are also hoping that you will consider us for monies for the 1979-80 year.

We realize that the cost is a factor that must be looked at closely. But we doubt that you will find a more cost effective program than the Studio Club. We not only produce results, we also save bucks. Our cost is $22.00 a day. Our operating cost is $16,700.00 a month. We are depending completely on state monies and what few in-kind monies we can garner from other sources. And believe me, we are scratching for the other sources.

You probably have received our Newsletter and probably you look at it and say well, it sounds good. You can look at Leonard and myself and you can say they've been around a long time. They seem to be pretty straight people. We cannot deny that we have been around a long time. We hope that we are pretty straight people. Our results are for real. They are real people and they are getting help, at a reasonable price. Believe me, you get more than a dollars worth for every dollar you give us. We also have two contracts, one with the Municipality of Anchorage for CETA employees for full-time, and one with the state for Older American employees for part-time. We would be lost without these contracts because they provide us with employees we need and have no funds to pay for any other way. This is getting into a long drawnout letter, and it was not our intention to write such a missile. All we ask is that you consider funding us for the remainder of 1979 and look at us hard for funding thru 1980.

Alaska Social & Health Services

ALASKA SOCIAL & HEALTH SERVICES
"THE STUDIO CLUB"
(907) 279-2124

546 East 15th Avenue
Anchorage, Alaska 99501

P.O. Box 1917
Anchorage, Alaska 99510

We believe that everybody deserves a chance. We do not believe that we should feed and clothe the constant repeater, who only uses programs. We do not believe that we should produce people to go out and misuse welfare and other help programs. We believe that we must produce people who can care for themselves, who can return to the field of employment, pay taxes, and lead a straight life, clean, sober, and happy. We are not 100% successful. If we were, everybody would be flocking to us for help. We have received much praise, little monies, but we have a lot of hope.

Please look at us and let us know if you feel we can be funded with immediate funds, and in the coming 1980 budget. As we have stated before, we feel that everybody deserves a chance. We feel that you have given us a chance and we proved ourselves. Now we need your help to continue on.

Sincerely,

Leonard and Henrietta

Leonard & Henrietta Nugen
Directors



Jan 9, 1979
1545 So Hoyt So 49
Anchorage, Alaska 99504

Dear Glenn,

I realize there will be a lot of demands for funding coming your way but I am hoping this request will be top proirity. I am writting you in behalf of the Studio Club at 540 E 15th Street in Anchorage. I am on the advisory board and have worked with the Studio Club for seven years now.

I have seen the alcholic and drug abusers come in beaten and down and leave there with hope and now good citizens. We don't win all the time but our sucess is great. People learn they are not alone and find how to like themselves and thus can cope with lifes problems better.
We are in need of emergency funding from Jan. to July 1979 and permanent funding for 1980. The Studio Club is a well run cost concious organization. With the need to get the most from our poor dollar this is one place it can be done. We serve the community and State well. This is a place that is needed.

We will gladly show you around the club if you havenot already been there. You can see how the money is spent and talk to some of the ones that have left and arenow out in the world paying taxes. You can also talk to some of the people at the club to learn more about the program. The phone number is 279-2124.

So Please do whatever you can to keep the doors of the Club open.

Thankyou for reading this

Sincerely
Allegra
Allegra Barnes

Form HLB-4 © The Drawing Board, Inc., Box 909, Dallas, Texas

P.O. box 4-1374
Anch. , Ak. 99509
January 10, 1979

Glenn Hackney
1136 Sunset Drive
Fairbanks, Ak.

Dear Mr. Hackney

I am writing you this letter in regards to the Studio Clubs situation. As you may be aware , the Studio Club is a halfway house for people with a drug or alcohol problem, and they are in very serious financial trouble due to lack of funding. This lack of funding will force them to close the doors at the end of January.

The reason I am writing you this letter is that I was a client of the Studio Club about a year ago. I personally believe that if I hadn't found the Studio Club, I would either be locked up or dead today. Before I came to the Studio Club I was a very sick person and didn't even know it. I was drinking most of the time and about to lose my job (which I did.) This was ussally the way I lost most of my other jobs in the past, because of my drinking.

On the 17th of January this year, I will have one year of total sobrity, one day at a time.

I really can't say enough about the Studio Club, Because it gave me a new way to live again, a life that I never thought could be possible for me. I feel that if they have to close the doors it would be shutting off help to other people that have the same problem that I have with alcohol. I would deeply appreciate any help you can give to get some funds appropriate for the Studio Club.

Thank You.

Yours Truly

Roger Solberg

Glenn Hackney
1136 Sunset Drive
Fairbanks, Ak.
99701

Sen. Hackney,

My name is William Hawley and I am a resident client at the Studio Club, 546 E 15th Avenue in Anchorage. I have been here for app. 3 1/2 mos. When I got here I had little or no use for myself or anyone else. Because of my alcoholism, I had a very negative attitude towards everything in particular and life in general.

My stay here at the Studio Club has helped me immensely. As a direct result of my stay here, I have acheived a smalll measure of self- cinfidence and maturity.

It has come to my attention recently that the Studio Club is in dire need of financial support. I find it difficult to beleive that such a worthwhile establishment as the Studio Club is having trouble finding support.

The job that is done here is not one that can be determined a success interms of dollars and cents. It is vastly more than that. People's lives are almost miraculously changed from worthless hopeless alcoholic and drug-addicted individuals to responsible, sober, and productive members of society. The dedication of the staff is one of the biggest reasons for its success. One example of this is that the director, Leonard Nugen,has been working since January 1, 1979, without a salary. Even with this limited supply of funds, the program has been operating very successfully. For istance the food here is better than I have had in a long time. The best that can be done with what is available is being done and for this I, and everyone here, is very grateful.

It is for this reason Sen. Hackney, that I would ask for your support for the Studio Club. If you could help us obtain the financial support necessary it would be greatly appreciated by many who have alredy been through this program, and also by the countless alcoholics and drug addicts who have not yet found a way out of their misery.

If funding is obtained, I feel certain that a great many more people may be helped by the Studio Club. I personally know many people who have been here at the Studio Club and have left and been able to return to normal, productive lives.

Thank you for taking the time to read this letter and if I can be of any further assistance to you please feel free to contact me. I would be interested to hear from you about this matter which is of grve concern to all of Alaska.

Sincerely Yours,
William Hawley

William Hawley
546 E 15th Ave.
Anchorage, Ak.
99501

753o Stanley Drive,
Anchorage, Alaska 99502,
January 10, 1979.

Honorable Glenn Hackney,
1136 Sunset Drive,
Fairbanks, Alaska 99701

Honorable Senator Hackney,

You know, I am sure, of the great alcohol abuse problem that exists in Alaska, but are you aware of the paucity of successful programs that are in existence to help these alcoholics recover from their addiction?

The Studio Club at 546 E. 15th Avenue in Anchorage has such a program. It serves people from all over Alaska and I am certain some of your contituents are among them. So far, its recovery program is the best in the state.

At this time, there is danger of it terminating the treatment and rehabilitation of alcoholics by the end of January, for lack of funds. It is urgent that the Studio Club obtain some State funding in order to continue its rehabilitation program for alcoholics.

Please feel free to visit the facility at any time and to make any inquiries as to the validity of the program.

Good rehabilitation programs are too few to let this one die. I urge your support on this issue.

Yours truly,

Dr. Dorothy M. Forest

January 4, 1979

Bob Donathan
1303 W. 46th
Anchorage, AK 99503

Glenn Hackney
1136 Sunset Drive
Fairbanks, AK 99701

Dear Mr. Hackney:

I hope you can find the time to read this letter. It is a matter of great concern to the people of the state of Alaska. Except for the people of this state, I would not be able to write it.

My name is Bob Donathan and I am an alcoholic. By the grace of God, I have been able to live and work among the beautiful people that are called normal people.

I had put myself down in the slime for so long, I didn't have the courage to ask these normal people for help.

Here in Anchorage, we have a treatment center. The treatment center is not here to save the world. It is here to give hope to those who want and need it. The people who run this center are not saints and don't claim to be. They are just folks who don't mind reaching down in dirt and picking people up, saying to them, "you don't have to live in the slime anymore if you don't want to." I have known these people about a year now, and I don't know of anyone they have turned away. I thank God they helped me get up.

The reason I am writing this letter, these people are out of funds to keep going. I don't know much about this funding, but it would be wonderful if you could give the matter some thought about a solution. This center is called the Studio Club.

I am very grateful to be able to write this letter.

Thank you.

Sincerely yours,

Bob Donathan

Bob Donathan

January 8, 1979

Senator Glenn Hackney
Pouch V
Juneau, AK 99811

Dear Senator Hackney:

My name is Elvis Cole and I am a resident of Anchorage. In 1976, I was a client at the Studio Club. Since that time I have been sober, I am employed and I have found a happier way of life.

Leonard and Henrietta tell me that they were left out of last years budget and they have been given enough money to exist until the middle of January. At that time they must look to the legislature for refunding. They also tell me that legislators and people who can appropriate money cast a suspicious eye on programs dealing with alcohol abuse. They doubt that they produce any sober results. I am one of the sober results and I am not ashamed to say so.

If there is any way that you can help the Studio Club get emergency funding and then funding on a regular basis, I am appealing to you to please do so. My voice is little enough payment for what I received and have reaped the rewards since I have left there. This program works, I know.

Sincerely yours,

Elvis Cole

Elvis Cole
741 Gum - Apt. 2074
Anchorage, AK 99501

RAG RASE BOND
SOUTHWORTH, MASS. U.S.A.
25% COTTON FIBER

January 9, 1979

Senator Glenn Hackney
Pouch V
Juneau, AK 99811

Dear Senator Hackney:

The Studio Club needs funding immediately as the small amount of do[illegible] they receive will be exhausted in January.

Does this program work? It did for me. I went through the Studio Cl[illegible] in 1975. I drank one time since then but I am now sober two and a half yea[illegible] I am employed, paying taxes, taking care of myself. I did not before.

When I came to the Studio Club I was so confused and sick I hardly knew my own name. They never asked me for any promises, they just said, if you want help you are at the right place, come on in. When I drank that one time, they encouraged me to try again. I have. It has worked. The Studio Club helps people. Leonard and Henrietta are always there. They know how to help us alcoholics and addicts.

Please, help them keep this vital, useful, successful program going.

I am one of the Studio Club's success stories. It works.

Sincerely,

Donald Sellers

Donald Sellers
546 E. 15th
Anchorage, AK 99501

Feljs

Bert Hall 264-4744

went directly to Assembly. Got direct Grant

not funded by Feljs

$ 2.5 million put into Alcs

Lending packet.

How would Studio Backup of Measures
Reviewed
TCHH

Headstart timeline to request them to
be monitored by City

Refer. Health Dept
Dir. of Health & Env.

Margaret Sharrow
1630 Winterset Drive
Anchorage, Alaska 99504

February 14, 1979

Senator Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney

I strongly urge your support of House Bill 94. The supplementary appropriation for the Anchorage Child Abuse Board will enable that agency to continue its invaluable work. I have seen how effective they are in working with families to help not only the child who is abused or neglected but working with families so that children may safely live at home. The appropriations for this agency are well spent.

The Anchorage Child Abuse Board does a good job of training and supervising many volunteers to work with families, thus adding to its effectiveness.

The additional child protection workers provided in this bill are urgently needed since child abuse/neglect are so prevalent in the Anchorage area.

With earlier intervention and more adequate follow-up this problem of abuse may be better treated and recurrence of severe problems are less likely.

Please do vote to pass House Bill 94.

Thank you,

Margaret Sharrow

Margaret Sharrow

February 14, 1979

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

I want to encourage you to support House Bill 94.

I have worked as a volunteer at the Anchorage Child Abuse Board for two years. There is a real need for a budget that will allow for increased staff to provide for the services to families in crisis that our community so desparately needs.

Your support of HB 94 is vital.

Sincerely,

Sharon Edberg

Sharon Edberg
8451 Miles Court
Anchorage, Alaska 99504

Yvonne Anderson
Catholic Women of Elmendorf
7611 Maryland
Elmendorf AFB, Alaska 99504

February 14, 1979

Senator Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

I have recently had the fortunate experience of finding out about the wonderful work that the Anchorage Child Abuse Program is accomplishing in Alaska.

House Bill 94 proposes money to help the Anchorage Child Abuse Board exist and I ask you to please support it.

Cordially,

Yvonne Anderson

Yvonne Anderson

Ann Morfell
SRA Box 1681-X
Anchorage, Alaska 99507

February 14, 1979

Dear Senator Hackney:

I am a citizen, a registered voter, and a parent aide for the Anchorage Child Abuse Board. It is common knowledge that child abuse in Alaska is the highest per capita than any of the 50 states. I doubt that too many would debate tha fact that the Anchorage Child Abuse Board is wanted, needed, and necessary, and to keep it going funds are vitally needed.

I support House Bill 94 and I urge you to also.

Cordially,

Ann Morfell

Ann Morfell

February 14, 1979

Senator Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

House Bill 94 is a very important bill to many Alaskans, including myself. The child abuse funds included in this legislation are vitally needed to help combat the staggering numbers of child abuse cases in our state. The efforts of the Anchorage Child Abuse Board need to be assured of continuing. Abusive parents can be helped if the services are available to them. By supporting the efforts of this largely volunteer agency, we are committing ourselves to helpingcombat the severe abuse problems in Anchorage.

The local Division of Social Services office is accutely understaffed. The additional funds in HB94 can help provide better coverage for the Anchorage area.

Your efforts in helping HB 94 pass are greatly appreciated.

Sincerely,

Judy A. Sharpe

Judy A. Sharpe

8020 HUCKLEBERRY
ANCH.
99502

Noreen Dougherty
540 West 20th St.
Anchorage, Alaska 99501

14 February 1979

Senator Glenn Hackney
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

I am a concerned citizen and I support House Bill 94. I feel the Anchorage Child Abuse Board needs the money as does the Division of Social Services.

I am familiar with the Anchorage Child Abuse Board's programs and find them a great necessity in the Anchorage area.

I urge your to support House Bill 94.

Thank you,

Noreen Dougherty

Noreen Dougherty

HB
98

COMMITTEE REPORT

SENATE

3/19/79

FURTHER: None

Date: 3/28/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had HB 98 relating to the administration of questionnaires in public schools

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Betty Fabian

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

HB 98
By Anderson
11 An Act relating to the Education
of [illegible] public schools;
and providing for [illegible] dates;

1

Introduced 1-30-79
Assigned - 2-19-79
Reported [illegible] NONE
Comm. meeting 3-28-79-
" action passed & taken H. Senate Day 3-28-79

Person notified
Dept of Educ.
Mark Shepherd called

Our copy
Do not remove from file

Introduced: 1/30/79
Referred: Health, Education & Social Services and Judiciary

IN THE HOUSE BY ANDERSON

HOUSE BILL NO. 98

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the administration of questionnaires in public schools; and providing for an effective date."

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

* Section AS 14.03 is amended by adding a new section to read:

Sec. 14.03.110. QUESTIONNAIRES AND SURVEYS ADMINISTERED IN PUBLIC SCHOOLS. A school district, principal or other person in charge of a public school, or teacher in a public school may not administer or permit to be administered in a school any questionnaire or survey, whether anonymous or not, which inquires into private family affairs of the student not a matter of public record or subject to public observation unless written permission is obtained from the student's parent or guardian.

* Sec. 2. This Act takes effect immediately in accordance with AS 01.10.-070(c).

Public Schools (questionnaires)

HOUSE BILL NO. 98, by Rep. Anderson. Amends AS 14.03 (Public Schools Generally) by adding new section, "QUESTIONNAIRES AND SURVEYS ADMINISTERED IN PUBLIC SCHOOLS." Provides that a "school district, principal or other person in charge... may not administer... any questionnaire or survey, whether anonymous or not, which inquires into private family affairs of the student not a matter of public record or subject to public observation unless written permission is obtained from the student's parent or guardian." Provides Act effective immediately.

Introduced January 30 and referred to HESS, then to Judiciary.

Legislative Reporting Service

page 96

Public Schools (questionnaires)

HOUSE BILL NO. 98, (see page 96). Reported back to the house on February 19 with a majority of the committee recommending do pass. To Judiciary.

BILLS PASSED (House)(cont'd)

Passed 37-3 absent

Public Schools (questionnaires)

HOUSE BILL NO. 98 (see pp. 96;263). Reported back to the House March 15 by Judiciary with majority of committee recommending it do pass. Referred to Rules and placed on March 17 calendar. Passed March 17, 37-0-3. Absent: Brown, Guy and Haugen. Effective date adopted.

CITY AND BOROUGH OF JUNEAU

YOUTH SURVEY

File H.B. 98

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.)

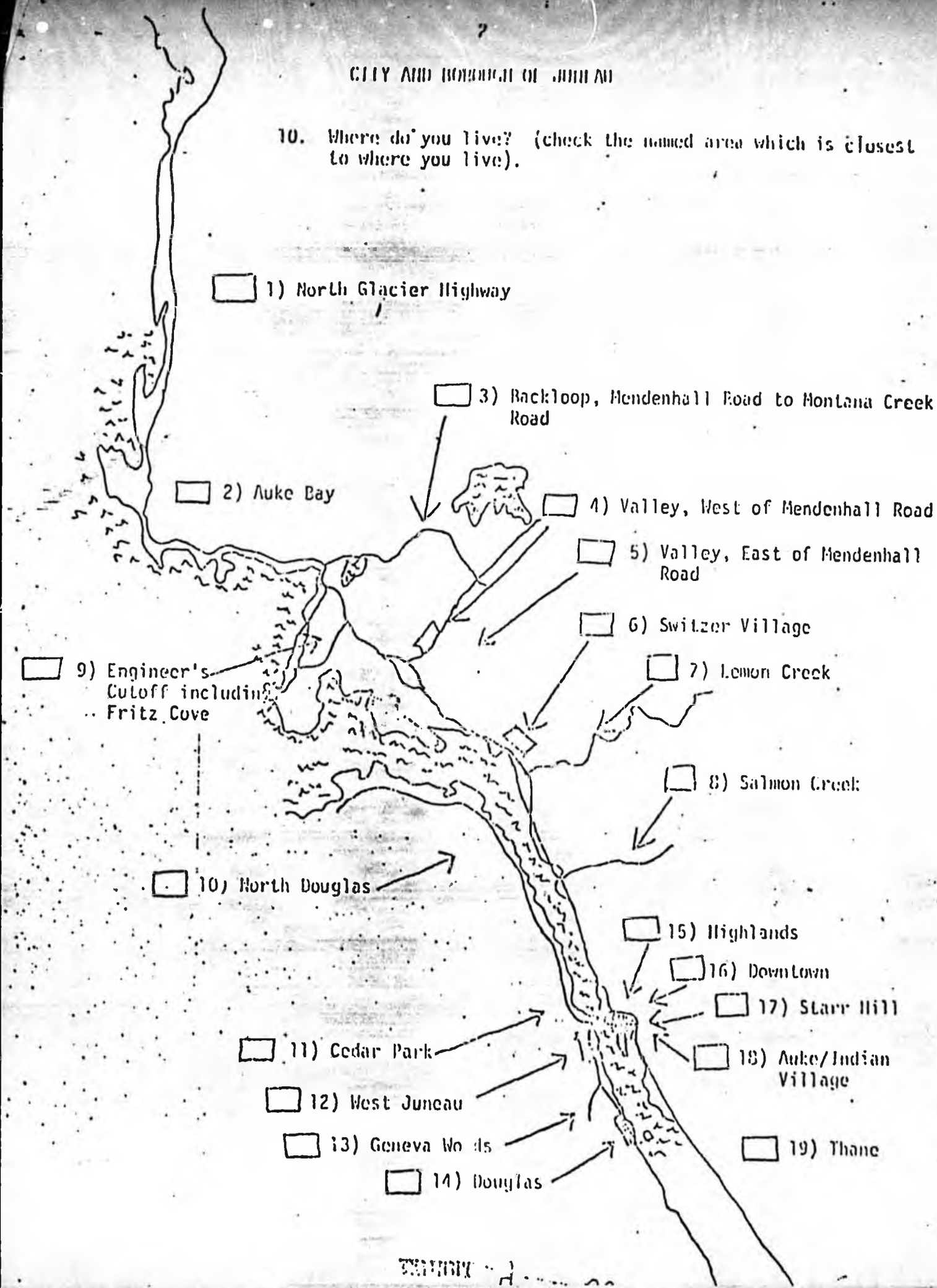
___

9. How many people live in your house? ___

EXHIBIT A page 1

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 _____.

EXHIBIT A

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)

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 there?	____	____	____	____

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?	____	____	____	____

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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?	____	____	____	____

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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 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 (CAA)

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	____ School Nurse
____ Teacher	____ State Trooper
____ Friend	____ School Counselor
____ Relative	____ Minister, priest, or religious rep.
____ Policeman	____ Community School Coordinator
____ Agency (name)	____ Nobody
_____	____ Other

b. In case of a school 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

A

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 least 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.

3/28/79

HB 98

Rep. Anderson. The bill is quite simple. I introduced this bill in response to what I consider to be a problem area in the administration of questionnaires and surveys. This came out of controversy that erupted in Juneau last year and would have caused some problems in the Dillingham school district, but I wrote a letter to the school board and asked them not to administer a survey that I felt inquired into private family affairs that are not any of the state's business or should not be a matter of public record; unless permission is obtained from the student's parent or guardian.

There are some people here today that would like to testify on the bill as to why they feel very strongly about having a bil of this nature pass the legislature and hopefully be signed into law.

I believe you have a copy of the survey . . .

Sen. Hackney. Is the survey that you are speaking of in the Dillingham area, was it similar to this one.

Rep. Anderson. Yes it was. As a matter of fact, the only different between this one and that one is that it had Dillingham School District inserted.

Sen. Fahrenkamp. I curious who put out this questionnaire and for what purpose.

Rep. Anderson. The City and Borough of Juneau, the particular one that you have in your packet. As I understand the purpose for administering this survey was to determine what type of youth services were available and what type of youth services were needed or required in the community for students or young people in their leisure time.

Sen. Sturgulewski. Were any of these actually used or did parents being alerted come into, was it actually administrered either in Juneau or in Dillingham.

Rep. Anderson. It was administered in Juneau, I believe, and there were a number of parents who were really quite inscensed by the administration of the questionnaire. Mr. Thetford I think can answer that answer that specific question on how it was done. As I understand it the students were brought into school and were told that it was a questionnaire. Because of peer pressure and so forth, there aren't a lot of students that wouldn't walk out and say no, they would would not participate in what could be construed as a good purpose to be served by answering the questions in here. There were a lot of them that

didn't have the courage to just walk out and say 'no, I don't want to be part of this.'

I would like to point out the survey is suppose to be confidential. But if you look at the questions, it wouldn't take very long to determine who was being questioned when you have questions such as: 'what school do you go to'; 'how old are you'; 'what is your sex'; 'which ethnic group do you belong to'; 'what grade are you in now'; 'how long have you lived in your present home'; 'which of the following best describes where you live'; 'how many rooms are in your home'; 'how many people live in your house'. Then on the second page it has a map of the City and Borough of Juneau and it asks you to check the named area which is closed to where you live. I think just on those two pages along, it wouldn't take very long to determine precisely who the person being questioned was.

I understand this was suppose to be confidential, but again, the survey does go into private family affairs and if a school district principal or any other person in the school desires a questionnaire of this nature then they should be required to get written permission from the student's parent or guardian.

Terry Thetford. I've probably been more closely involved with these surveys than probably anyone else. I was involved in a lawsuit with the City over the thing.

Nels already went through the first page which blows the thought that the surveys were anonymous. But what really inscensed us was that here was another instance where a government entity, be it a school district or anyone else, was able to invade a person's domicile without his consent. Basically just opening the door and walking around looking in the drawers.

To the point of being negative: 'there are not enough classes that are useful and important in school'; 'most of my teachers really do not care about me'; 'I have been discriminated against in school because of my race or ethnic background. That is very negative.

The stated objective of the survey was to evaluate youth services in the community. Originally the survey was in three parts; (1) sexual activities of the youth; (2) abstract questions about family life, where you went after school, what you did, how well your parents took care of you, how much they drank; and (3) evaluating the youth services in the community, the boy scouts, the girl scouts, parent planning. The third section I can see as very valuable. The first section was thrown out because they said it was too sensitive. Parents were not notified of the questionnaire. The students were selected at random. There were 260 some. I understand there were several pairs of twins which doesn't leave much creedance to the random sampling. The were not told; they were asked to report to a room, they reported to the room, the vice principal stood in front of the room. I talked to several students, The principal held up a survey and said ' this is a questionnaire to help improve Juneau, if anybody doesn't want to take it they don't have to, they can leave.' They were not

informed as to what was in the survey. They were not informed as to the types of questions or anything. When they were given the questionnaire and they realized it, the peer pressure would prevent them from being the firxt one to get up and walk out.

The crux of the whole thing, we fought this thing in court to the tune of $17,000. And not a word of this was ever used. The youth advisory council which was the only entity who had ever endorsed it threw it away and said it was not a valid survey they could not use.

I'm saying if it is a truly good survey, send it home to the parents and say we want your children to fill this out. If the parents think it is a good survey let them go. It doens't prevent the surveys from being given; it doesn't prevent a counsellor or teacher from taking a problem child into an office in a professional situation and asking if he has problems at home. That is a professional confidence that isn't for general public information.

This information was all compiled on a computer. Put on the banks at the U of A computer and with full access terminals out in the libarary here and all over the state, anybody had acess to the information. There is enough information compiled on all of us on computers that we don't need anymore of this kind of negative information.

Sen. Sturgulewski. We are talking about a whole lot of things that may happen in the future where we have elected boards that are suppose to be responsive; and many communities have cirriculum studies and groups and there is a process for handling this. You had a rough time. It bothers me to put on a state level that kind of thing and not leave it up to the local community, through their elected officials, and the public to be aware.

Terry Thetford. We went to the school board meeting when this survey was proposed. The City Council said if the school board will go for it we will fund it to the tune of $8,000. People were red faced, fist shaking mad; they said 'you can't do this, you cannot invade our homes'. And yet those elected officials set behind that table and shook their heads. One old lady got up and said 'we need this to evaluate youth services'; and they okayed it; so much for elected officials.

The bill doens't prevent a survey from being taken, all it says is that if a survey is going to be given that prys into family live, the parents have to give consent. It's not saying something can't be done. Let's put the control back in the parents' hands; they are responsible for those children until they reach the age of anjority. Let them be all the way responsible; don't let them just them be responsible where it is convenient. When it comes to the home the state has no business.

Marrouce Hall. I'm chairman of People for Better Education. I am very happy to see this particular problem being addressed by this committee and by the legislature in that we have had some experience with this particular kind of problem coming from a

number of different kinds of directions in the Anchorage school system. We have researched it quite thoroughly and I can at a later day, if you'd care, provide some examples of material much as Mr. Thetford did here. Generally our material has come through the school system or an individual teacher, depending.

I think what we are addressing here is even a borader problem, that being that there has been a move in education that has been toward psychological testing and personal evaluation much like this testing. Psychological testing has caused such a furor on the federal level that, you may or may not be aware that the federal education act was passed this year to include the Hatch amendment which prohibits any school district receiving federal funds for continuing with psychological testing. Psychological testing generally is very closely related to this kind of personal testing and the two seem to go hand in hand. I think its something that needs to be dealt with on this level and something that needs to be picked up by the school district. I think we'll see much more of the problem.

I believe that when there is a questions between the school district and the parents' rights, that they have to be weighed differently than a question of precluding the state taking the powers of the school district away. We are talking here, in my mind, about the right of the parent to control the child and be aware of the child. Anytime the state can reinforce the right of the parent and the responsibility of the parent, I think it's important.

I would hope that you do pass this bill out of committee and that it would be a really positive step forward for a parent to take control again of a child.

Sen. Fahrenkamp. I move the bill with do pass recommendations.

Sen. Sturgulewski. If that is individual recommendations . . .

Sen. Fahrenkamp. That's not what I moved, we'll have to change it if you can't live with it.

Sen. Sturgulewski. I can't live with it.

Sen. Fahrenkamp. Individual then.

HB
108

CSHB 108
By: Finance Comm. "An Act relating to [illegible] the State Library; [illegible] distribution and data access [illegible]

Introduced 3-13-79
Logged 3-20-79
Referral: None
Comm. meeting 3-28-79
" action-passed [illegible] Sec'y 3-28-79

Fiscal letter herein
Fiscal notes (2) herein 1-Ly. House Finance Comm.
2- State Library

House Finance Comm. notified
State Library (Room Johnson) notified by letter

State Library (distribution & data access center)

HOUSE BILL NO. 108, (see page 101). Reported back to the house February 8 by HESS with majority recommending do pass with amendment. Amendment substitutes less restrictive working ("shall" for "may") in sections relating to deposit of state publications in access center. Deletes "University of Alaska" and inserts "a state agency or municipality" in section relating to deposit of reports resulting from government funded research projects. Concurring: Buchholdt, (Chairman), Miles, Chatterton, Hurlbert, Munson, Bierne and Barnes.

To Finance.

State Library (distr. & data access center)

HOUSE BILL NO. 108, (See pages 101;139). Reported back to the House on March 13 by Finance with a majority recommending replace with SUBSTITUTE (same title) and reports it back with individual recommendations. Meekins (Chmn), McKinnon, Smith Rogers and Schaeffer recommend do pass. Moss, Guy, Haugen, Montgomery and Freeman have no recommendation. To Rules. SUBSTITUTE adds new Section 1, stating the purpose of enacting legislation extending the duties of the state library distribution center. Wording changes throughout the bill to include within the center "regional education attendance areas." SUBSTITUTE does not repeal AS 14.56.140 (List of publications) as did original bill.

Legislative Reporting Service

COMMITTEE REPORT

SENATE

3/20/79

FURTHER: None

Date: 3/28/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSHB 108

relating to functions and organization of sthe state library distribution and data access center

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[✓] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING DO PASS

for
with fiscal note

MEMBERS HAVING OTHER RECOMMENDATIONS:

for fiscal

CHAIRMAN

S 60 (Rev. 12/78)

State Library (distribution & data access center)

HOUSE BILL NO. 108, by the Rules Committee by request of the Governor. Amends AS 14.56.090, "Article 2. State [PUBLICATIONS] Library Distribution and Data Access Center." Changes wording in sec. 090 accordingly. Also amends AS 14.56.100 by stating that the distribution and data access center chall cooperate with "...federal municipal and private data collection and research efforts, promote the establishment of an orderly depository library and data index distribution and access system."

Repeals and re-enacts AS 14.56.100 (Duties of Center) by providing that each state agency, as well as municipalities that compile data at public expense, shall notify the center of published or compiled data and make available four copies to the center. Also provides that research projects conducted by a person for the U of A be requested to make available the final report.

Also adds new sections dealing with liaisons for state agencies, summaries and indices, computerization and efficiency. Does not provide for effective date.

Introduced January 31 and referred to HESS.

In his message transmitting the bill to the house for consideration, Governor Hammond stated:

"Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill relating to the function and organization of the State Library Distribution and Data Access Center. This bill is designed to provide broad access to a large and growing amount of information about the State of Alaska, most of which has been compiled at public expense. Many state agencies, federal agencies and local jurisdictions do research and compile data of Alaska, either internally or by contract. However, unless it is published and thereby made available through the State Publications Distribution Center in the State Library, much of this data remains unknown outside the originating agency and thus is underutilized.

"Under the bill, state and municipal agencies would designate an employee as a liaison with the State Library, notify the State Library of all data published or compiled at public expense and provide for its accessibility through the renamed State Library Distribution and Data Access Center. It is expected that computer information technology will be utilized in the indexing and accessing of the data. Although the State Library would expand

its present services to provide the indexing and listing, it is important to note that the location of the data will not necessarily be centralized. It is the "access" to the data that will be provided by this bill.

"This legislation will accomplish several worthwhile goals:

"1. Minimize duplication of costs in data gathering, retrieval and distribution.

"2. Provide multiple point access in various locations to research data that is produced by state, federal, local and private agencies.

"3. Create a rapid and comprehensive data transfer network in Alaska for both published and non-published materals.

"4. Enhance computer utilization through machine readable publication formats and coordination of reasonable standards of data collection, definition, indexing, sources, and scales.

"5. Coordinate efforts in Alaska with national information network activities."

THE FOLLOWING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

HB 108

January 30, 1979

The Honorable Terry Gardiner
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, I am transmitting a bill relating to the functions and organization of the State Library Distribution and Data Access Center. This bill is designed to provide broad access to a large and growing amount of information about the State of Alaska, most of which has been compiled at public expense. Many state agencies, federal agencies and local jurisdictions do research and compile data of Alaska, either internally or by contract. However, unless it is published and thereby made available through the State Publications Distribution Center in the State Library, much of this data remains unknown outside the originating agency and thus is underutilized.

Under the bill, state and municipal agencies would designate an employee as a liaison with the State Library, notify the State Library of all data published or compiled at public expense and provide for its accessibility through the renamed State Library Distribution and Data Access Center. It is expected that computer information technology will be utilized in the indexing and accessing of the data. Although the State Libray would expand its present services to provide the indexing and listing, it is important to note that the location of the data will not necessarily be centralized. It is the "access" to the data that will be provided by this bill.

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1. Minimize duplication of costs in data gathering, retrieval and distribution.

2. Provide multiple point access in various locations to research data that is produced by state, federal, local and private agencies.

3. Create a rapid and comprehensive data transfer network in Alaska for both published and non-published materials.

4. Enhance computer utilization through machine readable publication formats and coordination of reasonable standards of data collection, definition, indexing, sources, and scales.

5. Coordinate efforts in Alaska with national information network activities.

Sincerely,

S/JSH

Jay S. Hammond
Governor

THE PRECEDING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

Title Functions and Organization of the State Library Distribution and Data Access Center
Requested by Keith Speckina Date 1-23-79

II. FISCAL DETAIL

Agency Affected Department of Education
Program Category Affected State Library
Budget Request Unit(s) Affected State Library - Regular Operations

EXPENDITURES (Thousands of Dollars)

		FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100	PERSONAL SERVICES		47.8	66.8	70.0		
200	TRAVEL		2.9	2.5	2.5		
300	CONTRACTUAL		41.5	29.7	23.5		
400	COMMODITIES		1.0	1.0	1.0		
500	EQUIPMENT		6.8	-	4.0		
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		100.0	100.0	100.0		

FUNDING (Thousands of Dollars)

GENERAL FUND		0	25	60		
FEDERAL FUNDS		100.0	75	40		
OTHER (Specify)						

POSITIONS

FULL TIME		3*	3	3		
PART TIME						
TEMPORARY						

*Part year total of 26 months.

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

Personal services includes a Librarian II (range 17) and Clerk IV (range 9) for 10 months and a Librarian I (range 15) for six months. Included under Contractual is $15,000. for a study by an expert team to establish parameters, procedures and guidelines. Also included under Contractual is $9,500. for long line communication charges (probably WATS, Telenet or State Leased/shared line). Equipment estimate includes Terminal, typewriters, desks and chairs. Estimates were based on using the Washington Library Network. Immediate steps will be taken to input the Alaska State Publications cataloging information (now in magnetic tape format) into WLN. If the study or experience indicates another approach is more viable, the WLN input could still be used.

The first year funding is based on obtaining federal money. Future years show a phasing in of State funds as the program primarily serves state needs and will be able to demonstrate cost effectiveness.

IV. DATE 24 January 1979 PREPARED BY Richard B. Engen
AGENCY State Library
PHONE 465-2910

Original: Legislative Finance

FISCAL NOTE

I. REQUEST
Bill/Resolution No. CSHB 108
Title Functions & Organization of State Library Distribution & Data Access
Requested by House Finance Date 3/09/79 Center

II. FISCAL DETAIL
Agency Affected Department of Education
Program Category Affected State Library
Budget Request Unit(s) Affected State Library - Regular Operations

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES		47.8	66.8	70.0		
200 TRAVEL		2.9	2.5	2.5		
300 CONTRACTUAL		41.5	29.7	23.5		
400 COMMODITIES		1.0	1.0	1.0		
500 EQUIPMENT		6.8	-	4.0		
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		100.0	100.0	100.0		

FUNDING (Thousands of Dollars)

→ GENERAL FUND		--	--	--		
FEDERAL FUNDS		100.0	75.0	40.0		
OTHER (Specify)						
→ InterAgency Receipts			20.0	55.0		
Program Receipts			5.0	5.0		

POSITIONS

FULL TIME		3*	3	3		
PART TIME						
TEMPORARY						

*Part year total of 26 months

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

Personal services includes a Librarian II (range 17) and Clerk IV (range 9) for 10 months & a Librarian I (range 15) for 6 months. Included under contractual is $15,000 for a study by an expert team to establish parameters, procedures & guidelines. Also included under Contractual is $9,500 for long line communiciation charges (probably WATS, Telenet or State Leased/shared line). Equipment estimate includes Terminal, typewriters, desks & chairs. Estimates were based on using the Washington Library Network. Immediate steps will be taken to input the Alaska State Publications cataloging information (now in magnetic tape format) into WIN. If the study or experience indicates another approach is more viable, the WIN input could still be used.

The first year funding is based on obtaining federal money. Future years income assumes a decline in federal funds & the use of Inter-Agency Receipts from state agencies use fees, and Program Receipts from other agencies and individuals.

IV. DATE 3/10/79 PREPARED BY Russ Meekins, Chairman
AGENCY House Finance Committee
PHONE 465-3795

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

33-001 (Rev. 10/78)

Foster F. Diebold
President

UNIVERSITY OF ALASKA
FAIRBANKS, ALASKA 99701

March 23, 1979

The Honorable Glenn Hackney
Chairman, Senate Health, Education,
and Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

On behalf of the University of Alaska, I would like to suggest several changes to CSHB 108, "An Act relating to the functions and organization of the state library distribution and data access center".

Specifically, I would like to suggest that Sec. 14.56.100 be changed to add, "...in cooperation with the University of Alaska, and with....". A similar type of change in Section 14.56.120(e) would be useful, adding a new sentence, "When a research project or study is conducted for a person by the University of Alaska, the University of Alaska may request that person for permission to make copies of its final report available to the center under AS 14.56.090 - 14.56.180. If permission is granted, the report may be deposited with the center.

An additional change would be desirable in Sec. 14.56.150. The phrase "university or community college libraries" should be changed to read, "the University of Alaska".

A final recommended change would be in Sec. 14.56.180(2) where, "and the University of Alaska and its affiliated research institutes," would best be changed to read, "The University of Alaska".

You may also wish to consider the potential privacy problems with Sec. 14.56.130, and the potential copyright problems with Sec. 14.56.170.

Sincerely,

Foster F. Diebold
President

FFD/bkd
cc: Members, Senate HESS Comm.
Chairman, House Rules Comm.
Chairman, House Finance Comm.

AMENDMENT

OFFERED IN THE SENATE: BY: RAY & HACKNEY

TO: _____ SENATE BILL No. _____

HOUSE BILL No. CSHB 108

PAGE: _____ LINE: _____

Page 2, lines 28 & 29

Delete "unless prohibited from doing so by law" and insert in its place "unless the data is protected by the constitutional right to privacy or is of a type stated by law to be confidential or the agency is otherwise prohibited by law from doing so,"

Page 3, line 10:

Delete "unless prohibited from doing so by law" and insert in it place "unless the data is protected by the constitutional right to privacy or is of a type stated by law to be confidential or the municipality or regional educational attendance area is otherwise prohibited by law from doing so,"

Page 4, line 7:

After the period, add: "However, data which is protected by the constitutional right to privacy or is of a type stated by law to be confidential or which the agency is otherwise prohibited by law from distributing may not be furnished to the center."

3/28/79

CSHB 108

Dick Engen. This is very similar to a bill that was considered last year which was HB 742. It establishes a mechanism for statewide access to all the information, the data that is discovered, learned and investigated about the state.

A lot of studies are done, some of which exist only in a file drawer somewhere. Some of which exist as data sitting in a computer waiting to be called out by the person who put it in. But it isn't known to the other individuals who might be studying the same thing in the state.

A case that comes to point was a study of the Lower Kuskokwim. It turned out that an engineering firm from Anchorage happened to call the State Library to ask if we had any information that dealt with site plans, water, resources, population in the Lower Kuskokwim for each one of the individual districts in Lower Kuskowim School District. It happened the person they contacted at that time just had received in a two volume study done by Environmental Conservation on the Lower Kuskowim which addressed out of 7 items, 6 items were addressed. We told them about that publication.

The assumption has to be that a large scale study was aborted. So, what this is is an attempt to expand the functions the responsibilities of the State Library, State Publications Distribution Center which was originally established in 1970 to make available throughout the state publications that are put out by agencies of the State of Alaska so the citizens have the opportunity to find out what the state is actually producing. This also makes available information about a broader range of data as we get more and more into the world of computers and the ability to study more data and to acquire more and more. It doesn't bring it all together in one location. We haven't got the room or the staff to handle it. But we think people in Anchorage, in Fairbanks, in Nome and in Kodiak need to know where the information is, maybe the study has already been done.

Sen. Hackney. I noticed that the orginal funding of this would be entirely with federal funds. Then it progresses to 25/75 and then a 60/40 and then . . .

Dick Engen. There's been a revised fiscal note done in House Finance. It was in the House Journal. It takes out the general fund and puts it on to primarily inter-agency receipts and program receipts. Perhaps before I discuss that part I would like Mr. Holden to be able to present that approach that we had on it.

Dick Holden. I'm here for 2 reasons; as the deputy commissioner for planning and research for the Department of Transportation and Public Facilities and secondly as the interim chairman of the Alaska Council on Science and Technology.

Dick and I along with a few other people around the state have been trying to get something like this going for years.

I'm going to spend about $4.5 million in the next year and one half on transportation planning. Getting up a data base because we don't have one; finding out what exists; developing some econometric models to look at the cost of commodities and people movement. As an example, the Western Arctic Transportation Study we are underway with, we have $100,000 in there for data acquisition. If we had a system in place like this bill describes to where an agency when it did a report had to do the report in computer readable format. All that means is that you change the ball on the typewriter to one the computer can read. That data would be made available through the State Library to a data network so that the library could look up what you want, I'd save half of that going in.

The governor didn't quite believe that, he said 'you're going to need a bit of general fund money.' I said from my own unit in the department alone we'd be supporting more money than that for this operation. It would save us money.

Dave Hickock up at the AIDC in Anchorage was vistied by a consultant contacted by Ernie Mueller to do a soil study of some kind or other and just develop just data search on what was known about soils in the Northwest. So the guy walked in there and he happened to have Hickock first on his list, and he had a $90,000 with DEC. He asked Hickock if he had any of this information and Hickock said no, he had all of it. The consultant said would you give it to me, Hickock said no, he'd give it to Ernie Mueller. So Ernie cancelled the consultant's $90,000 contract.

Sen. Sturgulewski. Does it cover things like maps and so on.

Dick Holden. You can't put them on the computer but you can index them. You can say there is a map with these features . . .

Sen. Sturgulewski. You are talking about a pretty sophisticated software system aren't you?

Dick Engen. A lot of the retrieval technology exists now. Software already exists that we believe can be utilized to provide the system that we can work with it. We made a minimum estimate. It may well be low. Since, in effect, we are using it on the basis that we are going to be able to identify already available funds within agencies in order to fund the project if it does prove that it is low and there is a value to be received by the agency. Somehow it seems like the transfer is going to be possible in order to expand this need. We can only start so fast.

Dick Holden. The Council was asked to review the bill and we had two of the members, Dave Hickock from Anchorage and Neil Davis from Fairbanks reviewed the bill. We gave the comments to the House Finance Committee and Representative Rogers took it upon himself to amalgamate those comments he thought appropriate into the bill which was reviewed by Dick and myself. We think the House Finance Committee cleaned up a lot of bits and pieces.

Dick Engen. Public Safety had contacted me after the bill went through the House and had been concerned about a need for con-

fidentiality of some records. I will hasten to say the State Library System in no way is interested in getting into a sifting process where they have to decide if somebody is eligible to use it or not. That should be the originating agency. It is not the librarians job. I thought it was covered by the expression we used 'unless prohibited from doing so by law'. It's on page 2 beginning on line 26, but prohibition by law is a specific statute reference and there may be confidential materials that are actually printed.

Dick holden. Well I talked to Trig Herrmann and he said that covers it.

Sen. Fahrenkamp. I move this bill be passed out with do pass recommendations.

Sen. Hackney. Objections? So ordered.

OUT.

HB 108 will expand the services of the State Library Publications Distribution Center, which presently makes printed Alaska Documents available through depository libraries in various sections of the state, to include information and data on Alaska that is now gathered by a wide variety of agencies.

It will provide ACCESS to the information. It does not bring together in one location all of the files and data but, instead, will organize, index and make known the availability of the information so that it can be used throughout the State. It will also coordinate efforts in Alaska with national information network activities.

The system should eliminate the duplication of studies that comes about because various agencies or researchers do not know that the topic has already been studied. The funding will initially be primarily federal with interagency receipts providing for future years operation.

Changes made by the legislature were primarily in including the intent as part of the bill (Section 1); allowing municipalities to choose to participate rather than requiring their participation (Section 14.56.120,123 and 125); and providing that the state agency creating the data shall provide the abstract of it, rather than the State Library Distribution and Data Access Center (Section 14.56.125).

FISCAL NOTE

I. REQUEST
Bill/Resolution No CSHB 108 CSHB 108
Title Functions & Organization of State Library Distribution & Data Access Center
Requested by House Finance Date 3/09/79

II. FISCAL DETAIL
Agency Affected Department of Education
Program Category Affected State Library
Budget Request Unit(s) Affected State Library - Regular Operations

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES		47.8	66.8	70.0		
200 TRAVEL		2.9	2.5	2.5		
300 CONTRACTUAL		41.5	29.7	23.5		
400 COMMODITIES		1.0	1.0	1.0		
500 EQUIPMENT		6.8	-	4.0		
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		100.0	100.0	100.0		

FUNDING (Thousands of Dollars)

GENERAL FUND		--	--	--		
FEDERAL FUNDS		100.0	75.0	40.0		
OTHER (Specify)						
Inter-Agency Receipts			20.0	55.0		
Program Receipts			5.0	5.0		

POSITIONS

FULL TIME		3*	3	3		
PART TIME						
TEMPORARY						

*Part year total of 26 months

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

Personal services includes a Librarian II (range 17) and Clerk IV (range 9) for 10 months & a Librarian I (range 15) for 6 months. Included under contractual is $15,000 for a study by an expert team to establish parameters, procedures & guidelines. Also included under Contractual is $9,500 for long line communication charges (probably WATS, Telenet or State leased/shared line). Equipment estimate includes Terminal, typewriters, desks & chairs. Estimates were based on using the Washington Library Network. Immediate steps will be taken to input the Alaska State Publications cataloging information (now in magnetic tape format) into WIN. If the study or experience indicates another approach is more viable, the WIN input could still be used.

The first year funding is based on obtaining federal money. Future years income assumes a decline in federal funds & the use of Inter-Agency Receipts from state agencies use fees, and Program Receipts from other agencies and individuals.

IV. DATE 3/10/79 PREPARED BY Rose Hopkins, Chairman
AGENCY House Finance Committee
PHONE 465-3735

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

FROM GOVERNOR'S TRANSMITTAL LETTER

HB 108 is designed to provide broad access to a large and growing amount of information about the State of Alaska, most of which has been compiled at public expense. Many state agencies, federal agencies and local jurisdictions do research and compile data of Alaska, either internally or by contract. However, unless it is published and thereby made available through the State Publications Distribution Center in the State Library, much of this data remains unknown outside the originating agency and thus is underutilized.

Under the bill, state agencies would designate an employee as a liaison with the State Library, notify the State Library of all data published or compiled at public expense and provide for its accessibility through the renamed State Library Distribution and Data Access Center. Computer information technology will be utilized in the indexing and accessing of the data. Although the State Library would expand its present services to provide the indexing and listing, it is important to note that the location of the data will not necessarily be centralized. It is the "access" to the data that will be provided by this bill.

This legislation will accomplish several worthwhile goals:

1. Minimize duplication of costs in data gathering, retrieval and distribution.

2. Provide multiple point access in various locations to research data that is produced by state, federal, local and private agencies.

3. Create a rapid and comprehensive data transfer network in Alaska for both published and non-published materials.

4. Enhance computer utilization through machine readable publication formats and coordination of reasonable standards of data collection, definition, indexing, sources, and scales.

5. Coordinate efforts in Alaska with national information network activities.

CORRECTION

Our copy Do not remove from file

CS FOR HOUSE BILL NO. 108

The corrected version shows the following language with underlining which was inadvertently left out of the original bill:

Page 2, Line 14: , in cooperation with
Line 15: federal, municipal, and private data collection and research efforts,
Line 16: and data
Line 17: index distribution and access

Please discard all versions except this corrected one.

Our copy do not remove from file

Original sponsor: Rules/Governor

Offered: 3/13/79
Referred: Rules

IN THE HOUSE BY THE FINANCE COMMITTEE

CS FOR HOUSE BILL NO. 108

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the functions and organization of the state library distribution and data access center."

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

* Section 1. FINDINGS AND PURPOSE. (a) The legislature finds that

(1) there is a large and growing amount of information about the state, much of which has been compiled at public expense;

(2) many state agencies, federal agencies, and local governments do research and compile data on Alaska, directly or by contract, the results of which, unless published and made available through the state publications library distribution center of the state library, remain unknown outside the originating agency; and

(3) access to this underutilized data can be provided without necessarily centralizing the location of the data.

(b) In enacting legislation extending the duties of the current state publications library distribution center, it is the purpose of the legislature to

(1) minimize costs of data gathering, retrieval and distribution;

(2) provide multiple point access in various locations to research data which has been produced by state, federal and local agencies and private sources;

(3) establish a rapid and comprehensive data transfer network in the state for both published and non-published materials;

(4) enhance computer utilization through machine-readable

publication formats and coordination of reasonable standards of data collection, definition, indexing, sources and scales; and

(5) coordinate state efforts with national information network activities.

* Sec. 2. AS 14.56.090 is amended to read:

ARTICLE 2. STATE [PUBLICATIONS] LIBRARY DISTRIBUTION AND DATA ACCESS CENTER.

Sec. 14.56.090. STATE [PUBLICATIONS] LIBRARY DISTRIBUTION AND DATA ACCESS CENTER ESTABLISHED. There is established in the state library the [A] state [PUBLICATIONS] library distribution and data access center.

* Sec. 3. AS 14.56.100 is amended to read:

Sec. 14.56.100. DUTIES OF CENTER. The state [PUBLICATIONS] library distribution and data access center shall, in cooperation with federal, municipal, and private data collection and research efforts, promote the establishment of an orderly depository library and data index distribution and access system.

* Sec. 4. AS 14.56.120 i repealed and re-enacted to read:

Sec. 14.56.120. DEPOSIT OF PUBLICATIONS AND RESEARCH DATA. (a) Each state agency shall deposit, upon release, at least four copies of each of its state publications in the center. Additional copies of each publication may be requested by the center for deposit in quantities necessary to meet the needs of the depository library system and to provide inter-library service to those libraries not having depository status.

(b) Each state agency shall notify the center of the creation of all data published or compiled by or for it at public expense and provide for its accessibility through the center, unless prohibited from doing so by law.

(c) The center is also a depository for publications of municipalities and regional educational attendance areas, including surveys and studies produced by a municipality or regional educational attendance area or produced for it on contract. Four copies of each publication produced for a municipality or regional educational attendance area may be deposited with the center for record and distribution purposes.

(d) Each municipality or regional educational attendance area may notify the center of the creation of all data published or compiled by or for it at public expense and provide for its accessibility through the center, unless prohibited from doing so by law.

(e) When a research project or study is conducted for a person by a state agency, a municipality, or a regional educational attendance area, even though no state funding is involved, the state agency, municipality or regional educational attendance area shall request that person for permission to make copies of its final report available to the center under AS 14.56.090 - 14.56.180. If permission is granted, the report shall be deposited with the center.

* Sec. 5. AS 14.56 is amended by adding new sections to read:

Sec. 14.56.123. LIAISON WITH CENTER. Each state agency shall and each municipality and regional educational attendance area may designate one of its employees to be responsible for depositing the materials and information specified in AS 14.56.120.

Sec. 14.56.125. SUMMARIES AND INDICES. (a) Upon notification of the creation of data under AS 14.56.120, a state agency shall and a municipality or regional educational attendance area may prepare an abstract or summary of it.

(b) The center shall prepare and keep current an index of all publications and data abstracts or summaries on file and shall publish and distribute that index regularly to contracting depository libraries

and to other Alaska libraries upon request.

* Sec. 6. AS 14.56.130 is amended to read:

Sec. 14.56.130. OTHER DOCUMENTS REQUIRED OF STATE AGENCIES. Upon the request of the center, a state agency shall furnish the center with a complete list of its current state publications, data published or compiled by or for it at public expense, and a copy of its mailing or exchange lists.

* Sec. 7. AS 14.56 is amended by adding a new section to read:

Sec. 14.56.135. EFFICIENCY AND COMPUTERIZATION. The center shall, to the extent practicable, avoid duplication, coordinate its activities with other state agencies charged with record-keeping functions, and employ computerization to compile or organize research data and other materials.

* Sec. 8. AS 14.56.150 is amended to read:

Sec. 14.56.150. DEPOSITORY LIBRARY CONTRACTS. The center may enter into depository contracts with municipal, regional educational attendance area, university or community college libraries, public library associations, state library agencies, [AND] the Library of Congress and other state and federal library systems. The requirements for eligibility to contract as a depository library shall be established by the Department of Education upon the recommendation of the state librarian and shall include and take into consideration the type of library, its ability to preserve publications or data and to make them available for public use, and the geographical location of the library for ease of access to residents in all areas of the state.

* Sec. 9. AS 14.56.170 is amended to read:

Sec. 14.56.170. [LIMITED] DISTRIBUTION OF STATE PUBLICATIONS AND RESEARCH DATA. The center may not engage in general public distribution of either (1) state publications or lists of publications or (2) the

index of publications and research data. However, unless expressly prohibited by law, the center shall make available to any person, upon request, and under procedures established by it, publications, summaries, research data, indices, and other materials in its possession. Reasonable fees for reproduction or printing costs and for mailing and distribution of materials may be charged by the center.

* Sec. 10. AS 14.56.180 is amended to read:

Sec. 14.56.180. DEFINITIONS. In secs. 90 - 180 of this chapter, unless the context otherwise requires,

(1) "center" means the state [PUBLICATIONS] library distribution and data access center;

(2) "state agency" includes state departments, divisions, agencies, boards, associations, commissions, corporations and offices, and the University of Alaska and its affiliated research institutes;

(3) "municipal" and "municipality" includes cities and organized boroughs of every class, including municipalities unified under AS 29.68.240 - 29.68.440;

(4) "state publication" includes any official document, compilation, journal, bill, law, resolution, bluebook, statute, code, register, pamphlet, list, book, report, study, hearing transcript, leaflet, order, regulation, directory, periodical or magazine issued or contracted for by a state agency determined by the state librarian to be appropriate for retention in the center;

(5) "research data" or "data" means a representation of facts, concepts or instructions in a formalized manner suitable for communication, interpretation, or processing by humans or by automatic means which was prepared to serve as a basis for reasoning, calculation, discussion or decision and which is determined appropriate for indexing by the state librarian.

* Sec. 11. AS 14.56.140 is repealed.

* Sec. 12. The provisions of this Act establishing a state library distribution and data access center modify the existing responsibilities of information and data centers established by state law only to the extent specifically provided in this Act. The provisions of this Act do not modify in any manner the provisions of information exchange agreements entered into by state agencies with third parties and in effect on the effective date of this Act, or the responsibility of state agencies to provide data and information to the public.

HB

131

COMMITTEE REPORT

SENATE

FURTHER: None

2/20/79

Date: 2/21/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSHB 131

relating to the Pioneers' Home

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Betty Fahrenkamp

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Norm Trackey
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

CSHB 131 "An Act relating ~~SB~~ 79-80
By: HESS Pioneer Homes"
Orig. Sponsor: Gardiner
C. Freeman

Introduced 2-15-79
Logged 2-20-79
Referral None
Comm. Meeting 3-13-79
Comm. action Passed - Ref. Senate Secy. 11:30 AM 3-13-79

HB
178

CSHB 198 Relating to certificates of fitness; and providing for an effective date.
By Leden
Orig. Labor/Mgmt.

Returned to Senate &c. (5/7/80)

Logged - 5-7-80
Introduced 4-18-80
Referred none
Comm. meeting - 5-9-80
" action

Rec'd Senate

HB

179

COMMITTEE REPORT

SENATE

FURTHER: None

3/9/79

Date: 3/14/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had HB 179 relating to the Alaska Medical Facility Authority

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[✓] do pass with attached amendments(s)

[ ] same title

[ ] replace with CS for _____ [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[✓] reports it back without (INDIVIDUAL) recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING DO PASS

Sundberg

MEMBERS HAVING OTHER RECOMMENDATIONS:

Glenn Hackney
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

TO: _____ SENATE BILL No. _____

HOUSE BILL No. 179

PAGE: 1 LINE: 21,23,27 and 29

page 1, line 21: delete "service" and insert "system"

page 1, line 23: delete "may" and insert "shall"

line 23: delete "two" and insert "three"

page 1, line 27: delete "five" and insert "two"

page 1, line 29: delete entire line

AMENDMENT

OFFERED IN THE SENATE: BY: SENATE HESS

TO: _____ SENATE BILL No. _____

HOUSE BILL No. 179

PAGE: 2 LINE: 1 and 2

page 2, lines 1 and 2: delete entire lines

HB 179
By: Rules Committee
Council of Govt.

"An Act relating to the [illegible] Facility Authority; and providing for an effective date."

Introduced 2-12-79
Logged 3-9-79
Referrals - none
Comm. Meeting - 3-14-79
" Action 3-15-79 take X Senate Secy to have amendment typed

Gov's letter + 3 yes F/N

Senate Rules notified Gov's office "
Randy Phillips office
Rep. Bierne will be in attendance - did not say he wanted to testify.

3/16/79 Called Tom Minick - Info memo & Hospital service Statute

HB 179

Rep. Chatterton. I'm here to propose an amendment to HB 179. These were amendments that in the rush of these times were intended to be accomplished by the body of which I am a member, but carelessly were not.

The amendments are not my own, they are amendments that in concept were offered by the Department of Health and Social Services and also, in concept again, by the South Central Health Planning and Development Corporation from Anchorage.

Page 1, line 21: delete "service" and insert "systems"
Page 1, line 23, delete "may" and insert "shall"
line 23: delete "two" and insert "three"
Page 1, line 27: delete "five" and insert "two"
Page 1, line 29: delete entire line
Page 2, lines 1 & 2: delete entire lines

Sen. Ferguson. Mr. Chatterton, you have on page 1, line 29 "delete entire line" and then you delete the whole paragraph. I was wondering why you were doing that.

Rep. Chatterton. Senator Ferguson that is a recommendation of (1) the Department of Health and Social Services and I will paraphrase from their position paper that was handed to the House: 'While we still support the inclusion of public members we do not feel that a member of the state health planning and development agency which is within the department appropriately meets this classification, this classification being a public member.

Sen. Ferguson. I would move for the adoption of the amendments recommended by Representative Chatterton.

Sen. Hackney. No objections? So ordered.

Janice Gates. I think we are entirely in agreement with those amendments

Sen. Sturgulewski. I believe we had testimony did we not that the South Central Health Planning Agency supports this?

Rep. Chatterton. Yes.

Janice Gates. Actually all three health systems agencies support it.

Sen. Fahrenkamp. I move we pass out HB 179 as amended with individual recommendations.

Sen. Hackney. No objections? So ordered.

PROVIDENCE
HOSPITAL

3200 PROVIDENCE DRIVE - POUCH 6604
ANCHORAGE, ALASKA 99502
PHONE: (907) 276-4511

SISTERS OF
PROVIDENCE

SERVING IN THE WEST SINCE 1856

February 21, 1979

Honorable Thelma Buchholdt
Chairman
Health, Education & Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Representative Buchholdt:

We have reviewed H. B. 179, "An Act relating to the Alaska Medical Facility Authority; and providing for an effective date." We have some concerns and feel strongly that several changes should be made as follows:

1. Section . (a) (4) (A) line 23 - the word "may" should be deleted and the word "shall" should be inserted. This keeps the wording consistent with the references to nominees from SHCC (line 27) and SPD (line 2 page 2).

2. The nominees to the Authority from the State Health Planning and Development Agency (SHPDA) Section 1 (a) (4) (C) line 29ff), should be totally deleted from the bill.

   According to Section 1 (a) (4) line 17, the nominees designated are public members. State Health Planning Agency members are not public but are employees of the State of Alaska, under the jurisdiction of the Commissioner of HESS.

   Employees of the State (the SHPDA) should not be included as nominees of the Authority. In a voting situation, should a member of SHPDA and the Commissioner (his or her boss) differ on an application being considered, the employee from SHPDA would be in an untenable position as he/she would be reluctant to vote against his/her superior. Putting it another way, the Commissioner would have an extra vote in his/her pocket.

3. A small correction on line 21: The agency referred to is a health systems agency, not health service agency.

4. Transition (Section 2 page 2, line 3ff): There needs to be a period allocated to allow for transition, to give the SHCC and HSAs time to submit nominations and the Governor time to consider his decision. Therefore, we would suggest that you consider delaying the effective date of the act for 30 to 60 days after it is signed into law; or when the Governor appoints all the members of the Authority; which ever comes first.

Thank you for the opportunity of expressing our concerns on this bill. If you have any questions or wish further comments, please feel free to call on us at any time.

Sincerely,

Al M. Camosso
Administrator

cc Governor Jay Hammond
All HESS Committee members
Mr. Charles Rigden, Chairman, AHC
Mr. William Dann, President, SCHPD

Alaska Medical Facility Authority

HOUSE BILL NO. 179, by the Rules Committee by Request of the Governor. Amends AS 18.26.030 (Alaska Medical Facility Authority, Board of Directors) to read "(a) The authority shall be managed and controlled by a seven person board of directors, who serve at the pleasure of the governor,...". Also provides that four public members be appointed by the governor, deleting reference to appointment by "a majority of the members of the respective health service agency or council." Changes system of appointment by health service agency and provides that transition will occur upon the effective date of this Act. Provides for an immediate effective date.

Introduced February 12 and referred to HESS.

In his letter transmitting the bill to the House for consideration, Governor Hammond stated:

> Under the authority of art. III, sec. 18 of the Alaska Constitution, I am transmitting a bill which amends the Alaska Medical Facility Authority Act, AS 18.26, to allow it to qualify as a properly constituted authority of the State of Alaska under sec. 103(a) of the Internal Revenue Code. That section excludes interest on a qualified authority's obligations from the gross income of the purchasers of the bonds. I have been advised by the attorney general and by local bond counsel that the present composition of the board of directors of the authority disqualifies the authority from the special tax treatment under sec. 103(a) of the Internal Revenue Code. This feature, of course, is the primary purpose for having established the authority and is necessary to insure the marketability of the authority's offerings. I am attaching a copy of the attorney general's opinion which explains in somewhat greater detail the reasons why we feel these amendments are necessary.

Our copy
Please do not remove

Introduced: 2/12/79
Referred: Health, Education and Social Services

IN THE HOUSE

BY THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

HOUSE BILL NO. 179

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the Alaska Medical Facility Authority; and providing for an effective date."

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

* Section 1. AS 18.26.030(a) is amended to read:

(a) The authority shall be managed and controlled by a seven-person board of directors, who serve at the pleasure of the governor, consisting of

(1) the commissioner of revenue, who shall also chair the board;

(2) the commissioner of health and social services;

(3) the commissioner of community and regional affairs;

(4) four public members, appointed by the governor from among the nominees submitted by the following [A MAJORITY OF THE MEMBERS OF THE RESPECTIVE HEALTH SERVICE AGENCY OR COUNCIL]:

(A) [ONE MEMBER SHALL BE APPOINTED BY AND FROM AND AMONG THE MEMBERS OF] each [OF THE THREE] health service agency [AGENCIES] in the state, organized and operated in accordance with sec. 1512 [1521(b)], P.L. 93-641, which may submit two nominees from among the members of that agency;

(B) [ONE MEMBER SHALL BE APPOINTED BY AND FROM AMONG THE MEMBERS OF] the statewide health coordinating council, established by [IN] AS 18.07.011, which shall submit five nominees from among the members;

(C) the state planning and development agency, desig-

nated under sec. 1521(b), P.L. 93-641, and established by AS 18.-07.021, which shall submit two nominees.

* Sec. 2. TRANSITION. The terms of the current public members of the Alaska Medical Facility Authority expire on the effective date of this Act. Any current member is eligible for appointment by the governor if that member is nominated by the appropriate council or agency listed in AS 18.26.-030(a)(4) as amended in sec. 1 of this Act.

* Sec. 3. This Act takes effect immediately in accordance with AS 01.-10.070(c).

1135 West Eighth Avenue Suite I Anchorage, Alaska 99501
(907) 278-3631

August 8, 1978





Helen D. Beirne, Commissioner
Department of Health and Social Services
Pouch H-01
Juneau, Alaska 99811

Dear Commissioner Beirne:

In response to your letter of July 3, 1978, South Central Health Planning and Development (SCHPD), reviewed the issues surrounding the current bed capacity of Providence Hospital. In its review, the Agency examined the material considered in the April, 1977 SCHPD decision which recommended approval of Providence Hospital's request for a waiver, the May 16, 1978 opinion from the office of the Attorney General, relevant correspondence from your office, Providence Hospital and the Municipal Health Commission, and additional relevant information which has come to our attention since April, 1977.

In approving the requested bed waiver for Providence Hospital in April, 1977, SCHPD considered the significance of the square footage requirement, the need for beds as estimated by the Hill-Burton formula, construction costs, staffing efficiencies, occupancy rates and population boundaries. Background information was sent to the Department of Health and Social Services along with the SCHPD decision for approval of the bed waiver. A summary of that information follows.

The analysis showed that your agency and Region X concurred that the square footage in question was not a significant factor. Also, based on estimates using the Hill-Burton formula, it showed that the licensed bed complement (154 at Alaska Hospital and 250 at Providence Hospital) would be needed by 1981. Additionally, the cost of adding hospital beds was estimated to increase 2½ times by 1986. Research indicated that staffing efficiencies would be achieved if re-modelling were to occur. The occupancy rate at Providence Hospital, approximately 85% for several years, indicated that the hospital was being used to the desired capacity. Finally, the analysis noted that twenty percent of the patients for the two hospitals come from outside of the Anchorage area.

That analysis was reviewed during the past several weeks to determine whether any of the conclusions might be changed with more current information. The new calculations were based on more current utilization rates, proposed new formulae (both National and State), and adjustments for patient origin. The calculations resulted in a range of bed need

ALASKA HOSPITAL HAS ACTUALLY 197 BEDS, NOT 154, & ALL IT WERE OPENED IN 1976. THEN 43 beds closed, but AVAILABLE!
So why give MORE BEDS TO PROVIDENCE! MAKES NO SENSE!

estimates. However, all estimates show that more beds will be needed by 1980 than 154 at Alaska and 219 at Providence*. In addition, the calculations show that 404 beds (154 at Alaska and 250 at Providence) will be needed before 1982 or 1983, depending on the formula and population figures used. (If you would like further information on these calculations, we would be happy to provide it.)

SCHPD reviewed the opinion of the Attorney General and your July 3, 1978 letter which stated that there was an "absence of a determination that the additional beds are needed under Hill-Burton criteria". However, SCHPD did use the Hill-Burton formula to estimate bed need, and found that the 250 beds (with 154 at Alaska) would be needed by 1981. Along with the considerations of staffing efficiency, construction costs, and the other information mentioned above, the bed need estimates were analyzed and forwarded to the Department of Health and Social Services along with the recommendation that the waiver be granted in our April 27, 1977 letter.

Finally, SCHPD considered additional relevant information available since April, 1977. The Agency reviewed literature on economies of scale in hospitals and optimal hospital size. Also, the National Guidelines for Health Planning adopted March 28, 1978 regarding the general hospital bed supply and occupancy rate were considered. This information generally supported the agency's previous position related to existing facilities.

In conclusion, the Board of South Central Health Planning and Development has carefully re-examined its April, 1977 decision to recommend a waiver to allow Providence Hospital to have 250 beds, and finds that its previous position is reaffirmed. This determination is based on a range of bed need estimates, and considerations of staffing efficiency, construction costs and other relevant information. Since Providence Hospital agreed to postpone actual construction until the appropriate health planning bodies were consulted, and then proceeded in good faith, we urge you to uphold the decision made previously by the State.

Thank you for the opportunity to comment on this matter.

Sincerely yours,

Ron Hammett

Ron Hammett
Administrator

RH/ab

cc: Municipal Health Commission
Al Camosso, Administrator Providence Hospital

* Alaska Hospital has a license for 154, you indicated in your letter that there were 219 beds at Providence "planned at the time....funds were awarded".

Municipality of Anchorage

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

GEORGE M. SULLIVAN,
MAYOR

MUNICIPAL HEALTH COMMISSION

July 31, 1978

Helen Beirne, Ph.D
Commissioner
Department of Health & Social Services
Pouch H-01
Juneau, Alaska 99811

Dear Commissioner Beirne:

In response to your letter of July 3, 1978, the Municipal Health Commission, once again, reaffirms the position taken in March of 1977 with regard to the 250 bed capacity level at Providence Hospital. In the development of those recommendations to the State, both locally and at the regional Health Systems Agency level, numerous issues were addressed regarding the cost/effectiveness and viability of alternative bed capacity levels. These issues included:

- cost per patient day
- optimum patient flow
- optimum feasible staff ratio
- effectiveness of service provision
- inpatient utilization rates
- cost of existing versus new bed construction
- cost containment
- projecting bed need
- patient origin
- appropriateness of Hill Burton bed need formulas

After due consideration of these issues, it was recommended that the State of Alaska grant the permanent bed waiver, placing bed capacity at 250 at the Providence Hospital facility.

The reaffirmation of this region's earlier position is based upon several factors:

- Hill Burton bed need calculations
- number of beds per 1000 population
- occupancy rate formulas and federal guidelines revising same
- absence of an updated facility plan and statewide needs assessment

- cost containment in economies of scale
- utilization rate calculations
- catchment area definition

Each issue will be addressed briefly.

Hill Burton Five Year Bed Need Calculations

The Alaska State Plan for the Construction of Hospitals and Other Medical Facilities (1976 revision) utilizes a five year projection to identify area bed need. Because the projections utilized in the plan date back to 1974, more recent projections have been used to complete the following calculations:

Midyear Population (Civilian Non-Native in 1000's) Data: Munic. of Anch. Planning Dept.		Current Pt. Days	Use Rate (UR) $\frac{\text{Current Pt. Days}}{\text{Current Population}}$	1983 Projected Average Daily Census (ADC) $\frac{\text{1983 Pop x UR}}{365}$
1978	1983			
171.5	212.9	105,120	613	358

Midyear 1983 Bed Need $\frac{\text{Projected ADC}}{.85}$
421

Data on current bed capacity for Anchorage identifies a licensed capacity of 404 beds, and 45 beds constructed, holding a Certificate of Need, but unlicensed and unopened. At the current level of short term acute bed availability, Anchorage can meet projected bed need through 1983 year end.

2.50
154
404
45
449

Number of Beds per 1000 Population

The National Guidelines for Health Planning (CFR 42 Part 121), adopted March 28, 1978 provide for a reduction in the ratio of short term acute beds to 4 beds per 1000 population. Additionally, a 10% reduction (below the accepted ratio) is recommended by 1983. It should be noted that the present bed ratio in Anchorage is 2.62 beds per 1000 population. In 1983 the ratio will be 2.11 beds per 1000 population (based upon 449 beds). Both figures are well below the national maximum guidelines, and the five year ratio is 20% less than the present level, or twice the national recommended cutback rate.

Occupancy Rate Formulas

The same 1978 Revisions to the National Health Planning Guidelines revise the occupancy rates from 85% overall to 80% overall, and specify an occupancy rate of 70% for obstetrics and 65% for pediatrics. Providence Hospital 11PM Census indicates an 80.3% average occupancy rate for open beds for the first six months of 1978. Although this change in guidelines has a significant impact on bed utilization and patient flow, these changes are not reflected in the Hill Burton Formula provided by the State.

Facility Plan and Statewide Needs Assessment

The health planning process is, at best, a frustrating one. In an attempt to deal with issues of economics and issues of human need, solutions in one area often exacerbate problems in the other.

Of absolute necessity in any planning effort is accurate data, firm goals and objectives and a short and long range implementation strategy. The absence of an up-to-date, adopted, state plan, and a timely statewide facility needs assessment serves to reduce the ability to plan for future facilities and services. In the absence of valid and reliable adopted planning documents, it is imperative that the State rely heavily upon the local and regional planning bodies, who, with access to more recent and accurate data, are in a better position to provide long range projections.

Cost Containment in Economies of Scale

The economies of scale achieved in moderate size hospitals (200-400 beds) are a significant factor in efforts toward cost containment. The services which a hospital can offer show a high positive correlation to hospital size. According to the Department of Health Education and Welfare (Trends);

> "Plant and equipment assets per bed rise sharply for hospitals with less than 200 beds; for larger hospitals differences in the plant and equipment assets per bed are smaller, despite the fact that very large hospitals have significantly more special facilities than do the medium size institutions."

In reviewing cost containment impacts, marginal cost variations based on facility size must be included in any comparison model. Such marginal cost considerations are not addressed by state planning documents.

Utilization Rate Calculations

With the incorporation of the present use rate as part of the calculation of bed need, an assumption of appropriateness of current utilization rates is inherent. The factors which effect average utilization rate are numerous. In a five year retrospective review, an increase or decrease in the average utilization rate in excess of 25 days per 1000 population was noted under the following conditions:

- malpractice insurance crisis
- bed shortage
- transition to new facility
- bed surplus
- opening of outpatient surgicenter

It would appear appropriate, in the interest of validity and reliability, that a documented optimum utilization rate be established, prior to the application of formulas for determination of need. In the absence of documentation, any long range projection is subject to challenge.

Catchment Area

The population statistics utilized for calculating bed need under the Hill Burton formula (see page two) are restricted to residents of Anchorage. Based on a recent patient origin study, Providence hospital reports that approximately 15% of the patient census is comprised of non-Anchorage residents. This is interpolated for a resulting increase of 25,720 residents in the present service or catchment area.

A NEW DEAL FOR THEM - BUT NOT FOR ME.

Conclusion

I sincerely appreciate the opportunity to respond to your request. We urge you to continue to accept the 1977 recommendations of the Municipality and the Regional Health Systems Agency. Our appreciation of the difficulty of such decisions is sincere. It is our hope that you will uphold the importance of the local prerogative in the decision making process.

Sincerely,

Charles H. Rigden
Chairman, Municipal Health Commission

He is ADMINISTRATOR of The ALASKA Hospital AND of course has NO "Conflict of Interest"!

CHR/ch

February 16, 1977

The Honorable M [illegible]. Beirne
Alaska State Legislature
State of Alaska
Pouhh V
Juneau, Alaska 99811

Dear Representative Beirne:

In response to your letter written to me on January 24, 1977 and your letter written to Lois Jund on February 8, 1977, I contacted both Lowell Swartz, Coordinator for Health Facilities Development, Office of Planning and Research, and Anna Wenzel, Chief of Health Facilities Certification and Licensing, Division of Public Health, in order to provide you with the information you requested. As Mr. Swartz informed you in his letter of December 16, 1976, this waiver is to serve as a temporary measure in response to the current patient overflow at Providence Hospital and will extend only until phase two of the construction project has been completed. Mr. Swartz's office has apprised Providence Hospital of this stipulation.

Ms. Wenzel reports that she had granted the temporary waiver for Providence Hospital for the following reasons:

1. The on-site inspection held between September 14, 1976 and November 16, 1976, showed an overflow of patients.

2. Staffing for the beds in use at the time was ddequate.

3. According to the Attorney General's Office, Alabba Administrative Code, 7 AAC 12.010 (1)(1)(A)(vi) implies no regulatory prohibition to the granting of waivers.

I can appreciate your concerns andhhope that we have sufficiently answered your questions. Again, I point out that the waiver grantdd Providence Hospital is indeed temporaty and that the total bed capacity of the facility will not exceed that specified in the state Construction Plan when the remodeling process is completed.

Our Department will make every effort to assist you should you need any further information.

Sincerely,

Francis S.L. Williamson
Commissioner

March 8, 1979

Michael T. Beirne, M.D.
President
Lake Otis Clinic, Inc.
1020 "I" Street, Suite 1
Anchorage, Alaska 99501

Dear Dr. Beirne:

This is a much belated reply to your letter of January 5, 1979.

The retained copies of the letters of June 30, 1978 and July 20, 1978 from the Commissioner to Providence Hospital that you asked for in your January 5, 1979 letter have been xeroxed and copies are forwarded herewith.

I greatly regret the delay in our response, which resulted from the changing in the guard and the heavy press of business in the still understaffed office of State Health Planning and Development.

Sincerely,

Catherine M. Lloyd
Deputy Commissioner

Enclosures

JWB:jmm

bcc: OSHPD

June 30, 1978

Mr. Al M. Camosso
Administrator
Providence Hospital
3200 Providence Drive
Anchorage, Alaska 99504

Dear Mr. Camosso:

RE: State Funding Provided
Under Chapter 132, SLA 1974

As you may be aware, the Department of Law recently reviewed the actions of the Department of Health and Social Services with respect to its approval of the current bed capacity of Providence Hospital. The conclusions of the Department of Law are set forth in the enclosed opinion.

The opinion states that the Department of Health and Social Services cannot authorize public funds granted under authority of Chapter 132, SLA 1974, to be used in the provision of more than the 219 beds that were originally funded in the absence of a determination that the additional beds are needed under Hill-Burton criteria. The Department of Health and Social Services, unfortunately, did not resolve this issue when it permitted your institution to operate at its current capacity.

In accordance with the advice of the Department of Law, I will make a decision as to whether there is a need for the additional beds based upon Hill-Burton criteria. Before doing so, however, I will consider the recommendations of the Office of Planning and Research, as well as any recommendations submitted by South Central Health Planning and Development, Inc., the Municipal Health Commission, and, of course, Providence Hospital. All recommendations must be in writing and must be received by my office no later than August 15, 1978. I will promptly advise interested parties of my decision.

I am aware that this issue is of great importance to Providence Hospital. For this reason I believe that it would be appropriate to permit Providence Hospital to take an administrative appeal from my decision should the decision be adverse to it. An appeal would be heard by a hearing officer with no interest in the proceeding. In order to avoid any question of pre-judgment, I would adopt his or her decision as the final decision of the Department of Health and Social Services on this issue.

As is set forth in the enclosed opinion, there is no question as to whether Providence Hospital may currently be licensed to operate 250 beds. The question to be determined is simply whether certain state funds may be used in the provision of more than the 219 beds that were planned at the time those funds were awarded.

I appreciate it if you will confirm my assumption that Providence Hospital wishes to continue operating at its current capacity and will let me know whether the procedures set forth in this letter constitutes an acceptable manner in which to resolve this issue. I will then proceed to solicit recommendations of the various planning agencies.

Your continued cooperation is, of course, very much appreciated.

Very truly yours,

Helen D. Bcirne
Commissioner

Enclosure
HDB:RR:lar

bcc: Department of Law

July 20, 1978

Mr. Al M. Camosso
Administrator
Providence Hospital
Pouch 6604
Anchorage, Alaska 99502

Dear Mr. Camosso:

RE: State Funding Provided Under
Chapter 132, SLA 1974

Since you have asked for an immediate response Commissioner Beirne, who is out of town, has asked me to respond to your letter of July 12, 1978, seeking clarification of the matters addressed in her letter of June 30, 1978.

In your letter you inquire as to the status of the operational license of your institution. You also question the necessity of the determination addressed by Commissioner Beirne and express concern over its possible interim effects.

I am told that Providence Hospital has been issued a license to operate 250 beds from July 1, 1978, through June 30, 1979. The number of beds authorized in the license may be adjusted if necessary to accord with the resolution of the matters addressed by Commissioner Beirne.

As I read the Attorney General's opinion of May 16, 1978, the Department of Health and Social Services must determine whether an increase in the bed capacity of your institution is needed under Hill-Burton criteria assuming it desires to use certain public funds in the provision of more beds than orginally planned. It is apparent from Deputy Commissioner Jund's letter of May 6, 1977, that the department did not make this determination when it granted the waiver of licensing standards to which you refer.

The Department of Health and Social Services currently plans to honor progress payment requests. Any payments are subject to the resolution of the matters adressed by Commissioner Beirne.

I might add that even if the department were to find that more than 219 beds are not needed under Hill-Burton criteria then, barring other eventualities, Providence Hospital would still be entitled to the funds if it reduces its bed capacity to that originally planned.

I hope this letter provides the clarification that you desire.

Very truly yours,

Catherine M. Lloyd
Deputy Commissioner for
Administrative Management

CML:RR:lar
bcc: Rick Robertson, Dept. of Law
Certification and Licensing,
Division of Public Health

LAKE OTIS CLINIC, INC.
Suite 1
1020 "I" Street
Anchorage, Alaska 99501

(907) 277-6219

January 5,1979

Catherine M. Lloyd
Deputy Commissioner
Department of Health & Social Services
Pouch H-01
Juneau, Alaska 99811

Dear Deputy Commissioner Lloyd:

In response to your letter of December 5,1978, I note that the Commissioner has made a determination as to whether Providence Hospital should be entitled to continue to receive funding originally granted to it under the Hill-Burton Program. The determination you indicate was made on December 1,1978.

However, as I read the Commissioner's letter addressed to the Providence Hospital, and the reasoning behind such determination, I do not observe that final approval of their licensure was granted.

Perhaps you could explain this to me in letter form, so that my staff and I will be better advised as to what we may expect in the future, and what courses of action are open to us.

Also, I would appreciate your forwarding to me copies of the letters of June 30 and July 20 from the Commissioner to Providence Hospital. I have never received copies of those letters.

Thanking you kindly, I am

Sincerely ,

Michael F. Beirne, M.D.
President
Lake Otis Clinic, Inc.



ALASKA STATE LEGISLATURE - HOUSE OF REPRESENTATIVES

IN SESSION:

POUCH V
JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-4948

SUITE 1, 1020 "I" STREET
ANCHORAGE, ALASKA 99501
TELEPHONE: (907) 277-6219

REP. M. F. "MIKE" BEIRNE
DISTRICT 7, ANCHORAGE

MEMBER OF:
FIFTH STATE LEGISLATURE
NINTH STATE LEGISLATURE
TENTH STATE LEGISLATURE
ELEVENTH STATE LEGISLATURE

COMMITTEES:
HEALTH
EDUCATION AND
SOCIAL SERVICES
COMMITTEE FOR REVIEW
OF REGULATIONS

March 14, 1979

The Honorable Glenn Hackney
Chairman, Senate Health, Education
and Social Services Committee
Pouch V
Juneau, AK 99811

Dear Senator Hackney:

Re: HB 179

I will not testify before your committee today. I think you're loaded up with enough for today.

Go ahead and pass the bill out and I'll come in next week sometime and scream and holler about the health planners.

Best regards,

mike

Dr. Mike Beirne
State Representative

MB:js

POSITION PAPER/Department of Health & Social Services

HOUSE BILL 179

The Department of Health and Social Services supports House Bill 179 amending section 18.26.030(a) of the Alaska Medical Facility Authority Act to bring the language into compliance with section 103 of the Internal Revenue Code. The Alaska Medical Facility Authority establishes a financing mechanism for 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.

The Department agreed with the legislative amendment to the original proposal in the Tenth Legislature which expanded the membership of the Medical Facility Board to include public members. While we still support the inclusion of public members, we do not feel that a member of the State Health Planning and Development Agency, which is within the Department, appropriately meets this classification, as proposed in AS 18.26.030(a)(4)(C). The Department would thus recommend deleting subsection (C) and rewording subsections (A) and (B) to read as follows:

(A) One member shall be appointed from each of the three health services agencies in the state, organized and operated in accordance with sec. 1512 of P.L. 93-641, which may submit three nominees from among the members of that agency;

(B) One member shall be appointed from the statewide health coordinating council, established by AS 18.07.011, which may submit three nominees from among the members.

The Department of Health and Social Services supports House Bill 179 with the amendments recommended above and urges the expeditious enactment of this corrective legislation.

Helen D. Beirne

Helen D. Beirne, Commissioner
Department of Health & Social Services

2/27/79
Date

HB
189

COMMITTEE REPORT

SENATE

FURTHER: None

3/22/79

Date: 4/1/79

Mr. President:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had HB 189 am relating to elevator safety

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING DO PASS

MEMBERS HAVING OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

HB189 AM
By: Rules Comm.
By request of the Gov.

"An Act relating to elevator safety" SHES 79-80

Introduced 2-13-79
Logged - 3-22-79
Referred - none
Comm. Meeting 4-4-79 Passed
" Do Pass

notified Doris letter & FN
Jim Brady (LABOR DEPT.) prepare fp
Bill office notified.

Elevator Safety

HOUSE BILL NO. 189, by the Rules Committee by Request of the Governor. Amends AS 18.60.800 (Elevator Safety Standards) by adopting the 1978 edition of the American National Standards Institute Safety Code for Elevators, etc., as the minimum elevator safety code in Alaska. States that the Department of Labor shall establish fees for inspections and maintain records of fees collected and inspections performed. Section (c) states: "Inspections of elevators by the department shall be performed in accordance with the procedures set out in the American National Standard Institute's Practice (Inspector's Manual--ANSI 17.2), as approved May 29, 1973."

history
- HB 189 +m

Amends AS 18.60.810 (EMERGENCY POWER SOURCE) by stating that emergency power source must conform with ANSI minimum standards. No effective date provided.

Introduced February 13 and referred to Labor & Management, then to Judiciary.

In his message transmitting the bill to the House for consideration, Governor Hammond stated:

> Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill relating to elevator safety. The bill proposes essentially four changes in the statutory provisions dealing with elevator safety (AS 18.60.800 - 18.60.820).
>
> First, the bill would replace the 1971 national elevator standards with the 1978 standards as the minimum elevator safety standards for Alaska. Second, the bill would adopt the uniform inspection procedures for elevators established by the American National Standards Institute as the standard inspection procedures for elevators in Alaska. Third, the bill would authorize the Department of Labor to establish a schedule of fees for inspections performed by it in order to provide a source of program receipts to offset, in part, the department's costs of administering the elevator safety program. These first three changes would all be accomplished by sec. 1 of the bill.

Elevator Safety

HOUSE BILL NO. 189, (this report). Reported back to the house on February 16 by Labor and Management with a majority recommending do pass with a new fiscal note. To Judiciary.

Elevator Safety

HOUSE BILL NO. 189, (see pages 194;230). Reported back to the House on March 14 by Judiciary with a majority recommending do pass. To Rules.

Elevator Safety

HOUSE BILL NO. 189, (AMENDED)(see pages 194;230;392). Amendment No. 1 by Chatterton was adopted, deleting Section 2 of the Bill, an amendment to AS 18.60.810 (Emergency Power Source) which relates to conforming with standards established by the America National Standards Institute. The bill then passed the house 35-2-3. Nays: Carney and Malone. Not Voting: Eliason, Osterback and Schaeffer.

Introduced: 2/13/79
Referred: Labor & Management
and Judiciary

IN THE HOUSE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

HOUSE BILL NO. 189 am

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to elevator safety."

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

* Section 1. AS 18.60.800 is amended to read:

Sec. 18.60.800. ELEVATOR SAFETY STANDARDS. (a) The 1978 [DEPARTMENT OF LABOR SHALL ADOPT THE 1971] edition of the American National Standards Institute [STANDARD] Safety Code for Elevators, Dumbwaiters, Escalators and Moving Walks published by the American Society of Mechanical Engineers is adopted [,] as the minimum elevator safety code in [STANDARDS OF] the state.

(b) The Department of Labor shall

(1) promulgate or change regulations to carry out the provisions of secs. 800 - 820 of this chapter; [AND]

(2) inspect and certify elevators to meet the safety requirements;

(3) establish, by regulation, fees for inspections performed under secs. 800 - 820 of this chapter; and

(4) maintain a record of all inspections performed and of all inspection fees collected.

(c) Inspections of elevators by the department shall be performed in accordance with the procedures set out in the American National Standards Institute's Practice (Inspector's Manual -- ANSI 17.2), as approved May 29, 1973.

(d) In secs. 800 - 820 of this chapter, "elevator" includes elevators, dumbwaiters, escalators and moving walks.

Introduced: 2/13/79
Referred: Labor & Management
and Judiciary

IN THE HOUSE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

HOUSE BILL NO. 189

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to elevator safety."

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

* Section 1. AS 18.60.800 is amended to read:

Sec. 18.60.800. ELEVATOR SAFETY STANDARDS. (a) The 1978 [DEPARTMENT OF LABOR SHALL ADOPT THE 1971] edition of the American National Standards Institute [STANDARD] Safety Code for Elevators, Dumbwaiters, Escalators and Moving Walks published by the American Society of Mechanical Engineers is adopted [,] as the minimum elevator safety code in [STANDARDS OF] the state.

(b) The Department of Labor shall

(1) promulgate or change regulations to carry out the provisions of secs. 800 - 820 of this chapter; [AND]

(2) inspect and certify elevators to meet the safety requirements;

(3) establish, by regulation, fees for inspections performed under secs. 800 - 820 of this chapter; and

(4) maintain a record of all inspections performed and of all inspection fees collected.

(c) Inspections of elevators by the department shall be performed in accordance with the procedures set out in the American National Standards Institute's Practice (Inspector's Manual -- ANSI 17.2), as approved May 29, 1973.

(d) In secs. 800 - 820 of this chapter, "elevator" includes elevators, dumbwaiters, escalators and moving walks.

* Sec. 2. AS 18.60.810 is amended to read:

Sec. 18.60.810. EMERGENCY POWER SOURCE. All elevators which do not have an alternate power source shall be equipped with an emergency power source which <u>conforms with the minimum standards established by the American National Standards Institute, in ANSI 17.1, as approved May 29, 1973</u> [WILL PRODUCE SUFFICIENT POWER TO PROVIDE LIGHTS INSIDE THE ELEVATOR AND A RINGING ALARM WHICH CAN BE HEARD IN THE BUILDING FOR FIVE HOURS].

April 4

HB 189am

Dale Cheek. I'm Director of the Wage and Hour Division of the Department of Labor.

We are asking the committee to allow us to adopt a 1978 American National Standards Institute safety code. We are using the 1971 code presently. There are very few changes; but there are some minor changes. We are also asking for authority to establish fees for inspection by regulation. This is one of the units in our department that is required to generate 50% of the budget by program receipts and this is very necessary for this function to continue.

There are about 540 elevators in the state. About half of them are the lift, escalator, not the regular elevator that you see out here, so most of them do require some inspection and they are the ones that have a history of being most dangerous type.

We inspect them annually.

We now know how many units there are in the state and we now have regulations ready for hearings and we are reasonable certain that we can generate the amount of money as indicated on the revised fiscal note.

Sen. Ferguson. I move that we move out HB 189am with a do pass recommendation.

Sen. Hackney. Objections? No objections, so ordered.

HB
211

COMMITTEE REPORT

SENATE

FURTHER: None

3/27/79

Date: 4/4/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSHB 211 am relating to public elementary and secondary education

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[✓] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Ferguson

Fulenkamp

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

CSHB 211 Am
By HESS comm.
"An Act relating to [illegible] elementary and secondary education." [illegible] for

SHESS 79 80

Introduced 3-15-79
Logged - 3-27-79
Referrals sme
Comm. Meeting 4-4-79 Passed -
Comm Action

Gov's letter x F/N Levine
HESS notified Jennie (Exec. Hygiene)
Gov's Office "

Education (elementary & secondary)

HOUSE BILL NO. 211, By the Rules Committee by Request of the Governor. Amends AS 14.03.030 "School Term" to read: "The school term begins and ends on the dates fixed by the governing body of the school district. However, the term shall include not less than 180 days in session, except that, subject to the approval of the commissioner, a day used for in-service training of teachers may be substituted for a day in session, up to a maximum of 10 days. [THE COMMISSIONER MAY APPROVE A SCHOOL SCHEDULE ADOPTED BY A SCHOOL BOARD FOR A SCHOOL TERM OF LESS THAN 180 DAYS IN SESSION IF THE TOTAL HOURS DEVOTED TO INSTRUCTION OF PUPILS OR TO STUDY PERIODS FOR THE PUPILS UNDER THE SCHEDULE EQUAL OR EXCEED AT LEAST 680 HOURS, EXCLUSIVE OF INTERMISSIONS AND IN-SERVICE TRAINING OF TEACHERS, FOR THE FIRST, SECOND AND THIRD GRADES AND AT LEAST 850 HOURS, EXCLUSIVE OF INTERMISSIONS AND IN-SERVICE TRAINING OF TEACHERS, FOR ALL OTHER GRADES.]" (Note: Bracketed language deleted).

Amends AS 14.07.020(9), making available correspondence study programs from the state if none is offered from the local school district. See governor's letter for explanation of further amendments and repeals.

Provides section 1 and sections 3-7 take effect immediately and sections 2 and 8 take effect July 1, 1979.

Education (elementary & secondary)

HOUSE BILL NO. 211, (see page 209). Reported back to the House on March 15 by HESS with a majority recommending replace with SUBSTITUTE and reporting back with individual recommendations. Buchholdt (Chmn), Munson and Hurlbert recommend do pass. Miles, Chatterton, Barnes and Beirne have no recommendation. To Rules. Adds new section to AS 14.08 (Education in the Unorganized Borough) "046. ADVISORY SCHOOL BOARDS IN REGIONAL EDUCATIONAL ARRENDANCE AREAS" which states "A regional school board may establish advisory school boards, and by regulation shall prescribe their manner of selection, and organization, and their powers and duties." Amends AS 14.14.-140 "Restriction on Employment" by stating that school board members and immediate family may not be employed by the school board "except upon written approval of the commissioner." Deletes proposed amendment to AS 14.14.170(d) and new subsection (g) in original bill. Sec. 6 repeals AS 14.14.170 (Community school committees); 14.14.180 (Qualifications of community school committee members and voters); 14.14.200 (Duties). Sec. 7 repeals AS 14.40.700-14.40.730 "Compact for Education. Provides Sec. 1-6 take effect immediately and Sec. 7 takes effect July 1, 1979.

Education (elem. & sec.)

HOUSE BILL NO. 211, (SUBSTITUTE)(AMENDED)(see pages 209;393). On March 21 the SUBSTITUTE was adopted (see page 393) and Amendment No. 1 by Moss and Buchholdt was adopted. The amendment deletes language relating to school board members or their families being employed on the school board unless with written approval of the commissioner. Replaces with "(a) While serving on the school board, a member may not be employed by that local school board. Members of the immediate family of a school board member may not be employed by the school board without written approval of the commissioner." (Note: underlined language added). CSHB 211am was then returned to Rules in 3rd reading. The bill came up again on March 23 and Passed the House 28-2-10. Nays: Barnes and Martin. Not Voting: Bettisworth, Brown, Buchholdt, Carney, Ellason, Freeman, Moss, O'Connell, Parker and Randolph. The effective date clause was adopted.

VERBATIM TEXT OF HEARING

April 4, 1979

CSHB 211 am

Bill Thompson. CSHB 211am was originally requested by the Governor at the request of the Department of Education and is cleanup legislation that we feel will help us administer education law a little better.

The first section deals with the school term. About 5 years ago there was some language adopted that the commissioner could approve a shorter school term than 180 days if basically the instructional time remained the same. This was in light of the energy crises at the time. None of the school districts in the state have requested a shorter than 180 days for that particular purpose, nor has there been any approvals by the commissioner under that section. Therefore, we consider this superflous and not needed.

Sen. Sturgulewski. I have been in communication with out school district. This does eliminate the commissioner's discretion. There is a potential here for throwing some additional costs on the district such as under the act of God problem with the Mat-Su wind. It would mean those days would have to be made up. You might have some areas where you didn't get the word out to all teachers and they were paid and you had to have additional days, you might be throwing in some additional costs. Also, that is true I think on the question of busses where you have to pay even though you dou don't have school 50% of the contracted costs. I realise the state reimburses there. Is it such a burden for you to have some discretion in some of these matters.

Bill Thompson. No, this would not affect days of closures. Days of closures is in a different section. That is a different section of the law and does require the commissioner's approval.

Section 2 at the current time there is an inconsistency between regional education attendance areas and city and borough school districts. Regional education attendance areas are required to have a community school committee in each community that is served that's advisory to the district board. This amendment would say that the establishment of those committees is at the determination of the regional board; rather than being mandated that those committees be provided. The idea being that SB 35 establishing the REAA boards have been in existence long enough and it is a determination, a local determination, whether or not the advisory boards in each of the communities are needed. It's permissive rather than mandatory.

Section 3 deals with recall. Currently it says the commissioner of education shall be the clerk and the State Board of Education shall act as the assembly or the council. The department believes that this more properly belongs in the Lt. Governor's office and that the director of the Division of Elections who handles all other elections should also handle the recall elections.

There has been in the three year history, there has been 6 recalls.

Sen. Sturgulewski. There will be quite a lot of work done in the interim having to do with elections and certainly in recalls, but this is just a very simply thing. All it does is to move from you (DOE) to Elections.

Sen. Ferguson. The House has introduced HB 245 dealing with elections and I believe that Sen. Kelly with his election reform bill is going to take a look at the whole works in recall and not to necessarily hinder people from having someone recalled, but to stipulate certain items.

Bill Thompson. Section 4 would change who appoints the non-voting member of the military community when the department contracts with the contiguous municipalities for educational services in the on-base schools. That representative would be appointed by the affected school board rather than the State Board of Education.

Section 5, This clarifies restrictions on employment and nepotism and what exactly is the course.

Sen. Hackney. THe repealers are as simply pointed out in Sen. Ferguson's memorandum.

Bill Thompson. Section 6 is repealors dealing with community school committees because it becomes superfluous with the adoption of section 2 of the bill.

Se Section 7 repeals the Alaska participation in the education compact of the states which is the educational commission of the states. Our recommendation for that is that each year the dues are increasing and we can get the same information as far as an informative service from other sources, U. S. Office of Education, Teacher councils, National School Boards Association, and so on. As you know there is a fiscal note attached that becomes effective in 1981. The way the law reads, for Alaska participation, we have to notify them a year ahead that we are no longer going to participate therefore we would have to pay our dues in FY 80. But in FY 81 it would have a negative impact of $18.8 thousand.

Basically the ~~community school advisory committees are~~ education commission is more political than professional. Alaska's membership is made up as legislators, the governor's office, state board of education and the commissioner and what they do is an exchange of information between states. That's as far as what they provide in professional assistance to the department on educational finance, teacher certification, whatever.

Sen. Sturgulewski. I move CSHB 211am move from committee with a do pass recommendation.

NO objections so ordered.

Sec. 1 clean up language Specifies school term shall include not less than 180 days in session

Sec. 2 Allows ~~Regional school~~ boards to establish advisory school boards

Sec. 3 ~~Under direction of Director of elections~~ Date Dir. Bd. of Co. officer in charge of recall elections instead of Comm. of Ed

Sec. 4 Changes the appointing body for nonvoting delegates from Bd. of Ed. from State Bd. of Ed. to the local school bd.

Sec. 5 Local Bd members can't be employed by board and immediate family members only with written approval of Comm.
Members of immediate family of a supt. may be employed only with written approval of Board

Sec. 6 Repealers apply to community school committees and their duties as it becomes superfluous with adoption of Sec 2.

Sec. 7 Would allow state to withdraw from Compact for education

Original sponsor: Rules/Governor

Offered: 3/15/79
Referred: Rules

Please do not remove from file.

IN THE HOUSE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

CS FOR HOUSE BILL NO. 211 am

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to public elementary and secondary education; and providing for an effective date."

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

* Section 1. AS 14.03.030 is amended to read:

Sec. 14.03.030. SCHOOL TERM. The school term begins and ends on the dates fixed by the governing body of the school district. However, the term shall include not less than 180 days in session, except that, subject to the approval of the commissioner, a day used for in-service training of teachers may be substituted for a day in session, up to a maximum of 10 days. [THE COMMISSIONER MAY APPROVE A SCHOOL SCHEDULE ADOPTED BY A SCHOOL BOARD FOR A SCHOOL TERM OF LESS THAN 180 DAYS IN SESSION IF THE TOTAL HOURS DEVOTED TO INSTRUCTION OF PUPILS OR TO STUDY PERIODS FOR THE PUPILS UNDER THE SCHEDULE EQUAL OR EXCEED AT LEAST 680 HOURS, EXCLUSIVE OF INTERMISSIONS AND IN-SERVICE TRAINING OF TEACHERS, FOR THE FIRST, SECOND AND THIRD GRADES AND AT LEAST 850 HOURS, EXCLUSIVE OF INTERMISSIONS AND IN-SERVICE TRAINING OF TEACHERS, FOR ALL OTHER GRADES.]

* Sec. 2. AS 14.08 is amended by adding a new section to read:

Sec. 14.08.046. ADVISORY SCHOOL BOARDS IN REGIONAL EDUCATIONAL ATTENDANCE AREAS. A regional school board may establish advisory school boards, and by regulation shall prescribe their manner of selection, and organization, and their powers and duties.

* Sec. 3. AS 14.08.081 is amended to read:

Sec. 14.08.081. RECALL. The members of a regional school board

are subject to recall in accordance with AS 29.28.130 - 29.28.250, except that the director of the division of elections [COMMISSIONER OF EDUCATION] shall perform the functions of a municipal clerk, and the lieutenant governor [STATE BOARD OF EDUCATION] shall perform the functions of the assembly or council under those sections.

* Sec. 4. AS 14.12.030(d) is amended to read:

(d) Each city or borough school district that is operating schools on a military reservation under AS 14.12.020(a) has one nonvoting delegate from the military reservation or reservations to the school district board to advise and assist the board in matters relating to the military reservation schools operated by the school district and to act as liaison between the board and the military community. The nonvoting delegate shall be appointed by the school district board [STATE BOARD OF EDUCATION], shall serve at the pleasure of the school district board [STATE BOARD OF EDUCATION], and must [SHALL] be an inhabitant of the area served by the military reservation schools operated by the school district by contract. If an elected community school committee is established on a military reservation, the only inhabitants of that military reservation who are eligible for appointment as the nonvoting delegate are those inhabitants who are members of the elected school committee.

* Sec. 5. AS 14.14.140 is amended to read:

Sec. 14.14.140. RESTRICTION ON EMPLOYMENT. (a) While serving on the school board, a member may not be employed by that local school board. Members of the immediate family of a school board member [SCHOOL BOARD MEMBERS, OR MEMBERS OF THEIR IMMEDIATE FAMILIES,] may not be employed by the school board except upon written approval of the commisioner.

(b) Members of the immediate family of a chief school administra-

tor may not be employed by the chief school administrator except upon written approval of the school board [APPROV. L OF THE COMMISSIONER].

* Sec. 6. AS 14.14.170, 14.14.180, 14.14.190 and 14.14.200 are repealed.

* Sec. 7. AS 14.40.700 - 14.40.730 are repealed.

* Sec. 8. Sections 1 - 6 of this Act take effect immediately in accordance with AS 01.10.070(c).

* Sec. 9. Section 7 of this Act takes effect July 1, 1979.

Alaska State Legislature

Senate

OFFICIAL BUSINESS

POUCH V
CAPITOL BUILDING
JUNEAU, ALASKA 99811

MEMORANDUM

TO: Senator Glen Hackney
Chairman Senate HESS Committee

DATE: April 4, 1979

FR: Senator Frank Ferguson

SUBJ: CSHB 211

Following is an explanation of the amendment I proposed to the House HESS Committee which resulted in some of the changes incorporated in CSHB 211:

Sec. 2 of CSHB 211 allows the REAA's to establish advisory school boards. This new section 14.08.046 reads exactly the same as 14.12.035 (attached) which allows borough school districts to establish advisory school boards.

Sec. 6 of CSHB 211 repeals all sections of the statutes which relate to Community School Committees for the REAA's. (all sections attached). AS 14.14.170 establishes the community school committees. AS 14.14.180 relates to the qualifications of the community school committee members. AS 14.14.190 relates to the terms of office of community school members. AS 14.14.200 relates to the duties of community school committee members.

The amendments I proposed to CSHB 211 repeal all sections of the statutes relating to Community School Committees for the Regional Educational Attendance Areas; and adds a section to the statutes which allows the REAA's to establish advisory school boards. These amendments put the REAA's on the same footing as the Borough School Districts.

cc: Sen. Colletta
Sen. Sturgulewski
Sen. Fahrenkamp

school board shall be determined in the manner prescribed by AS 29.23.020.

(d) Each city or borough school district that is operating schools on a military reservation under § 20(a) of this chapter has one nonvoting delegate from the military reservation or reservations to the school district board to advise and assist the board in matters relating to the military reservation schools operated by the school district and to act as liaison between the board and the military community. The nonvoting delegate shall be appointed by the state Board of Education, shall serve at the pleasure of the state Board of Education, and shall be an inhabitant of the area served by the military reservation schools operated by the school district by contract. If an elected community school committee is established on a military reservation, the only inhabitants of that military reservation who are eligible for appointment as the nonvoting delegate are those inhabitants who are members of the elected school committee. (§ 1 ch 98 SLA 1966; am § 1 ch 71 SLA 1969; am § 1 ch 83 SLA 1974; am § 2 ch 13 SLA 1975; am § 6 ch 124 SLA 1975)

Effect of amendments. — The 1974 amendment added subsection (c).

The first 1975 amendment, effective March 16, 1975, added subsection (d).

The second 1975 amendment, effective July 1, 1975, deleted "from among the membership of the advisory school board if there is an elected advisory board" following "state Board of Education" in the second sentence of subsection (d) and added the third sentence of that subsection.

Sec. 14.12.035. Advisory school boards in borough school districts. A borough school district board may establish advisory school boards, and by regulation shall prescribe their manner of selection, organization, powers and duties. (§ 1 ch 81 SLA 1974)

Sec. 14.12.040. Transition. The transition from a five-man to a seven-man school board shall be made at the regular election following, or being held within 90 days preceding, the completion of the second regular school term during which the district maintains an average daily membership exceeding 5,000 or at the regular election following the effective date of an ordinance increasing board membership as provided in § 30(a) of this chapter. Once the district has a seven-man school board, the number of members shall not be changed. (§ 1 ch 98 SLA 1966; am § 2 ch 71 SLA 1969)

Sec. 14.12.050. School board terms. (a) The term of office of a member of a borough or city school board is three years and until a successor takes office. However, the members of a newly created five-man school board hold office for initial terms as follows: two for a term of three years, two for a term of two years and one for a term of one year, the terms being assigned to the members by lot. The members of a newly created seven-man school board hold office for initial terms as follows: three for a term of three years, two for a term of two years

School Boards is recognized as the organization and representative agency of the members of the school boards of the state. (§ 1 ch 98 SLA 1966)

Sec. 14.14.160. Cooperation and support of certain association functions. (a) The department and local districts may cooperate with the Association of Alaska School Boards in its inservice training program for school board members and in encouraging and fostering cooperation among the school boards affiliated with the Association of Alaska School Boards.

(b) School districts may expend district money to carry out the provisions of (a) of this section. (§ 1 ch 98 SLA 1966)

Sec. 14.14.170. Community school committees. (a) There is established a community school committee in each community or military reservation served by a school operated by a regional educational attendance area. If the regional educational attendance area school has an average daily membership of less than 251 pupils, the community school committee consists of three members. If the average daily membership is more than 250 pupils, the community school committee consists of five members.

(b) [deleted]

(c) In communities qualifying for three-member community school committees under (a) of this section, voters qualified under § 180 of this chapter may increase the committee to five members by referendum conducted at an election coinciding with an election for community school committee members. In communities qualifying for five-member community school committees under (a) of this section, voters qualified under § 180 of this chapter may increase the committee to seven members by referendum conducted at an election coinciding with an election for community school committee members.

(d) The date of election for community school committee members is the same as that for regular municipal elections in the second class city having the largest population in the area served by the committee or, if there is no second class city within the area, on an annual election date for such elections fixed by regulations of the department.

(e) Elections under (c) and (d) of this section shall be conducted upon such notice and otherwise substantially in the same manner as regular municipal elections which are held within the largest second class city in the area served by the committee. If there is no second class city within the area, elections shall be conducted upon at least 10 days published or posted public notice of the election and of the question or nominees to be voted on and under general rules for the elections as may be promulgated by regulation of the department. Elections relating to community school committees shall be supervised by the regional school board but shall be administered within second class cities as part of the regular municipal election.

(f) Elected members of community school committees are subject to recall in accordance with the provisions of AS 29.28.130—29.28.250, except that the chief school administrator of a regional educational attendance area shall perform the functions of the municipal clerk, and the regional school board shall perform the functions of the assembly or council under those sections. (§ 1 ch 98 SLA 1966; am § 10 ch 46 SLA 1970; am § 12 ch 32 SLA 1971; am § 1 ch 101 SLA 1971; am §§ 23, 24 ch 53 SLA 1973; am § 1 ch 37 SLA 1974; am §§ 3, 4 ch 72 SLA 1974; am §§ 4, 5 ch 13 SLA 1975; am § 7 ch 124 SLA 1975)

Effect of amendments. — The first 1971 amendment substituted "membership" for "enrollment" in the second and third sentences of subsection (a).

The second 1971 amendment added subsections (c), (d), and (e).

The 1973 amendment substituted "second" for "fourth" twice in subsection (d) and three times in subsection (e).

The first 1974 amendment added subsection (f).

The second 1974 amendment, effective July 1, 1975, in the first sentence of subsection (a), inserted "or military reservation," deleted "and" following "a school," and added "or by a city or borough school district by contract with the state" to the end. The amendment also added "which shall be advisory to the governing body of the school district that operates the on-base schools" to the end of the first sentence in subsection (b) and added the second sentence of that subsection.

The first 1975 amendment, effective March 16, 1975, deleted "or by a city or borough school district by contract with the state" from the end of the first sentence of subsection (a) and repealed subsection (b).

The second 1975 amendment, effective July 1, 1975, substituted references to community school committees for references to advisory school boards throughout subsections (a) and (c) through (f), substituted "a regional educational attendance area" for "the state or by a city or borough school district by contract with the state" at the end of the first sentence of subsection (a) and "regional educational attendance areas" for "state-operated" in the second sentence of that subsection, and deleted subsection (b). The amendment also substituted "regulations of the department" for "regulation of the board of directors for state-operated schools" at the end of subsection (d), substituted "department" for "board of directors for state-operated schools" at the end of the second sentence in subsection (e) substituted "regional school board" for "director of state-operated schools" in the third sentence of that subsection, and substituted "chief school administrator of a regional educational attendance area" for "director of state-operated schools" and "regional school board" for "board of directors for state-operated schools" in subsection (f).

Editor's note. — Section 9, ch. 72, SLA 1974 provides: "The term of office of a member of the Board of Directors for State-Operated Schools who is a resident of a military reservation whose schools are operated by a city or borough school district in accordance with a contract entered into under AS 14.14.110 by direction of the Department of Education shall be terminated on the effective date of the contract."

Section 10, ch. 72, SLA 1974 provides: "When on-base schools are operated by a city or borough school district by contract, the terms of office of those members of the on-base advisory school board that would expire during the transitional period shall be extended until the next regular municipal election provided for by AS 14.14.170(b), as amended by sec. 4 of this Act."

Section 8, ch. 13, SLA 1975, makes ch. 72, SLA 1974 effective on May 9, 1974, in accordance with AS 01.10.070(c).

Legislative committee reports. — For report on ch. 32, SLA 1971 (HB 111 am), see 1971 House Journal, p. 135. For report on ch. 53, SLA 1973 (CSHB 352), see 1973 House Journal, pp. 793, 855. For report on ch. 72, SLA 1974 (HCS CSSB 122 [Finance] am H), see 1974 House Journal, p. 519.

Sec. 14.14.180. Qualifications of community school committee members and voters. (a) A person may vote at an election for community

school committee members and may be elected to membership on a community school committee who

(1) is a citizen of the United States;

(2) has passed his 18th birthday;

(3) is an inhabitant of the area served by the school for at least 30 days preceding the election.

(b) Election to a community school committee is not an election to a civil office of this state. (§ 1 ch 98 SLA 1966; am § 67 ch 32 SLA 1971; am § 5 ch 72 SLA 1974; am § 8 ch 124 SLA 1975)

Effect of amendments. — The 1971 amendment substituted "18th" for "19th" in subsection (a)(2).

The 1974 amendment repealed paragraph (4) of subsection (a).

The 1975 amendment, effective July 1, 1975, substituted references to community school committees for references to advisory school boards in subsection (a) and (b).

Editor's note. — Section 8, ch. 72, SLA 1975, makes ch. 72, SLA 1974, effective on May 9, 1974, in accordance with AS 01.10.070 (c).

Legislative committee reports. — For report on ch. 32, SLA 1971 (HB 111 am), see 1971 House Journal, pp. 138, 404. For report on ch. 72, SLA 1974 (HCS CSSB 122 [Finance] am H), see 1974 House Journal, p. 519.

Sec. 14.14.190. Terms of office and vacancy. (a) The terms of the initial members of a three-member community school committee are one, two, and three years, respectively, and until a successor takes office. Thereafter, members shall be elected to terms of three years and until a successor takes office.

(b) Of the initial members of a community school committee which consists of five members, one member is elected for a one-year term, two members for a two-year term, and two members for a three-year term, and until a successor takes office. Thereafter, all members are elected to terms of three years and until a successor takes office.

(c) If a three-member community school committee is increased to a five-member committee, the two additional members are elected for terms of two years and three years respectively. Thereafter, all members are elected to three-year terms. If a five-member committee is increased to a seven-member committee, the two additional members are elected for terms of two years and three years respectively. Thereafter, all members are elected to three-year terms and until a successor takes office.

(d) Vacancies on community school committees will be filled by the remaining members until the next regular election. At that time an election will be held for the remaining portion of the term. (§ 1 ch 98 SLA 1966; am § 2 ch 101 SLA 1971; am § 9 ch 124 SLA 1975)

Effect of amendments. — The 1971 amendment, in subsection (c), deleted "because of increased enrollment" following "advisory school board" in the first sentence and added the third and fourth sentences.

The 1975 amendment, effective July 1, 1975, substituted references to community school committees for references to advisory school boards in the first sentence of subsections (a) and (b), throughout subsection (c), and in subsection (d), and deleted "each" preceding "until a successor takes office" in the first sentence of subsections (a) and (b).

Sec. 14.14.200. Duties. A community school committee shall review and make recommendations to the board of the regional educational attendance area concerning the curriculum, program and general operation of the local school and shall exercise additional responsibilities and functions as may be delegated by the regional school board. (§ 1 ch 98 SLA 1966; am § 11 ch 46 SLA 1970; am § 10 ch 124 SLA 1975)

Effect of amendment. — The 1975 amendment, effective July 1, 1975, rewrote this section.

Article 2. Involvement of Young People in School Governance.

Section
250. Establishment of committee
260. Composition and chairman
270. Compensation and per diem
280. Functions of the committee
290. Interns
300. Appointments to district committees or other advisory bodies
310. Definitions

Editor's note. — Section 1, ch. 40, SLA 1972, provides: "**Purpose.** It is the intent of the legislature in enacting this statute to provide an opportunity for the young people of Alaska to become involved in the institutions and processes of local government and school governance comparable to that embodied in AS 44.19.777 — 44.19.787 (enacted in ch. 121, SLA 1971), providing for participation in the executive branch of state government."

Sec. 14.14.250. Establishment of committee. A school board may create a committee or other advisory body on the involvement of young people in school governance. (§ 4 ch 40 SLA 1972)

Sec. 14.14.260. Composition and chairman. The committee may consist of not more than nine members, drawn from the fields of public affairs, education, the sciences, the professions, other fields of private endeavor, from the state or local service, and three additional members from the 17—22 age group, and shall include women and representatives of minority groups. The members shall be appointed by the board in the manner prescribed by the board without regard to political affiliation and shall serve at the pleasure of that body. One member shall be designated by the board as chairman of the committee. (§ 4 ch 40 SLA 1972)

to this state, the governor shall execute the Compact on behalf of the state and perform other acts requisite to its formal ratification and promulgation. (§ 3 ch 164 SLA 1955)

Sec. 14.40.685. Provisions of services. State participation under Articles VIII and XIII of the Western Regional Higher Education Compact shall be limited to the provision of adequate services and facilities in the fields of law, dentistry (to include dental hygiene), medicine, public health, veterinary medicine, pharmacy, physical therapy, occupational therapy, optometry, podiatry, forestry and graduate library studies. (§ 2 ch 70 SLA 1971; am § 1 ch 96 SLA 1972; am § 1 ch 78 SLA 1974)

Effect of amendments. — The 1972 amendment deleted "provided for in the original compact, namely services and facilities" following "facilities" and inserted "law" preceding "dentistry."

The 1974 amendment added the language beginning "pharmacy, physical therapy" to the end of the section.

Editor's note. — Section 3, ch. 78, SLA 1974 provides: "On the effective date of this Act, the administration of the state's participation in the Western Regional Higher Education Compact (AS 14.40.660—14.40.695) shall be transferred from the Office of the Governor to the Alaska Commission on Postsecondary Education."

Sec. 14.40.690. Members of the commission. (a) The governor, with the advice and consent of the legislature, shall appoint the members for this state of the Western Interstate Commission for Higher Education, created under the provisions of Article III of the Western Regional Higher Education Compact.

(b) The qualifications and terms of office of the members of the commission of this state shall conform with the provisions of Article IV of the Compact.

(c) The commissioners shall serve without compensation and shall be reimbursed for actual and necessary expenses by the Western Interstate Commission for Higher Education. (§ 4 ch 164 SLA 1955)

Sec. 14.40.695. Administration. The Alaska Commission on Postsecondary Education shall administer the state's participation in the Western Regional Higher Education Compact. (§ 2 ch 78 SLA 1974)

Editor's note. — Section 3, ch. 78, SLA 1974 provides: "On the effective date of this Act, the administration of the state's participation in the Western Regional Higher Education Compact (AS 14.40.660—14.40.695) shall be transferred from the Office of the Governor to the Alaska Commission on Postsecondary Education."

Article 8. Compact for Education.

Section	Section
700. Entry into Compact	720. Execution of Compact by governor
710. Terms and provisions of Compact	730. Members of the commission

Sec. 14.40.700. Entry into Compact. The Compact for Education is enacted into law and entered into in behalf of the State of Alaska with

all other states and jurisdictions legally joining in it in a form substantially as contained in § 710 of this chapter. (§ 1 ch 108 SLA 1966)

Sec. 14.40.710. Terms and provisons of Compact. The terms and provisions of the Compact referred to in § 700 of this chapter are as follows:

COMPACT FOR EDUCATION.

ARTICLE I. PURPOSE AND POLICY.

Section A. It is the purpose of this compact to:

1. Establish and maintain close cooperation and understanding among executive. legislative, professional educational and lay leadership on a nationwide basis at the state and local levels.

2. Provide a forum for the discussion, development, crystallization and recommendation of public policy alternatives in the field of education.

3. Provide a clearing house of information on matters relating to educational problems and how they are being met in different places throughout the Nation, so that the executive and legislative branches of State Government and of local communities may have ready access to the experience and record of the entire country, and so that both lay and professional groups in the field of education may have additional avenues for the sharing of experience and the interchange of ideas in the formation of public policy in education.

4. Facilitate the improvement of State and local educational systems so that all of them will be able to meet adequate and desirable goals in a society which requires continuous qualitative and quantitative advance in educational opportunities, methods and facilities.

Section B. It is the policy of this Compact to encourage and promote local and State initiative in the development, maintenance, improvement and administration of educational systems and institutions in a manner which will accord with the needs and advantages of diversity among localities and States.

Section C. The party States recognize that each of them has an interest in the quality and quantity of education furnished in each of the other States, as well as in the excellence of its own educational systems and institutions, because of the highly mobile character of individuals within the Nation, and because the products and services contributing to the health, welfare and economic advancement of each State are supplied in significant part by persons educated in other States.

ARTICLE II. THE COMMISSION.

Section A. The Education Commission of the States, hereinafter called "the Commission," is hereby established. The Commission shall consist of seven members representing each party State. In addition to any other principles or requirements which a State may establish for the appointment and service of its members of the Commission, the guiding principle for the composition of the membership on the Commission from each party State shall be that the members representing such State shall, by virtue of their training, experience, knowledge or affiliations be in a position collectively to reflect broadly the interests of the State Government, higher education, the State education system, local education and lay and professional public and nonpublic educational leadership. In addition to the members of the Commission representing the party States, there may be not to exceed ten nonvoting commissioners selected by the steering committee for terms of one year. Such commissioners shall represent leading national organizations of professional educators or persons concerned with educational administration.

Section B. The members of the Commission shall be entitled to one vote each on the Commission. No action of the Commission shall be binding unless taken at a meeting at which a majority of the total number of votes on the Commission are cast in favor thereof. Action of the Commission shall be only at a meeting at which a majority of the Commissioners are present. The Commission shall meet at least once a year. In its bylaws, and subject to such directions and limitations as may be contained therein, the Commission may delegate the exercise of any of its powers to the steering committee or the Executive Director, except for the power to approve budgets or requests for appropriations, the power to make policy recommendations pursuant to Article III and adoption of the annual report pursuant to Article II (j).

Section C. The Commission shall have a seal.

Section D. The Commission shall elect annually, from among its members, a chairman, who shall be a Governor, a vice chairman and a treasurer. The Commission shall provide for the appointment of an executive director. Such executive director shall serve at the pleasure of the Commission, and together with the treasurer and such other personnel as the Commission may deem appropriate shall be bonded in such amount as the Commission shall determine. The executive director shall be secretary.

Section E. Irrespective of the civil service, personnel or other merit system laws of any of the party States, the executive director subject to the approval of the steering committee shall appoint, remove or discharge such personnel as may be necessary for the performance of the functions of the Commission, and shall fix the duties and compensation of such personnel. The Commission in its bylaws shall provide for the personnel policies and programs of the Commission.

Section F. The Commission may borrow, accept or contract for the services of personnel from any party jurisdiction, the United States, or any subdivision or agency of the aforementioned governments, or from any agency of two or more of the party jurisdictions or their subdivisions.

Section G. The Commission may accept for any of its purposes and functions under this Compact any and all donations, and grants of money, equipment, supplies, materials and services, conditional or otherwise, from any State, the United States, or any other governmental agency, or from any person, firm, association, foundation, or corporation, and may receive, utilize and dispose of the same. Any donation or grant accepted by the Commission pursuant to this paragraph or services borrowed pursuant to paragraph (f) of this Article shall be reported in the annual report of the Commission. Such report shall include the nature, amount and conditions, if any, of the donation, grant, or services borrowed, and the identity of the donor or lender.

Section H. The Commission may establish and maintain such facilities as may be necessary for the transacting of its business. The Commission may acquire, hold, and convey real and personal property and any interest therein.

Section I. The Commission shall adopt bylaws for the conduct of its business and shall have the power to amend and rescind these bylaws. The Commission shall publish its bylaws in convenient form and shall file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the party States.

Section J. The Commission annually shall make to the Governor and legislature of each party State a report covering the activities of the Commission for the preceding year. The Commission may make such additional reports as it may deem desirable.

ARTICLE III. POWERS.

In addition to authority conferred on the Commission by other provisions of the Compact, the Commission shall have authority to:

1. Collect, correlate, analyze and interpret information and data concerning educational needs and resources.

2. Encourage and foster research in all aspects of education, but with special reference to the desirable scope of instruction, organization, administration, and instructional methods and standards employed or suitable for employment in public educational systems.

3. Develop methods for adequate financing of education as a whole and at each of its many levels.

4. Conduct or participate in research of the types referred to in this Article in any instance where the Commission finds that such research is necessary for the advancement of the purposes and policies of this Compact, utilizing fully the resources of national associations, regional

compact organizations for higher education, and other agencies and institutions, both public and private.

5. Formulate suggested policies and plans for the improvement of public education as a whole, or for any segment thereof, and make recommendations with respect thereto available to the appropriate governmental units, agencies and public officials.

6. Do such other things as may be necessary or incidental to the administration of any of its authority or functions pursuant to this Compact.

ARTICLE IV. COOPERATION WITH FEDERAL GOVERNMENT.

Section A. If the laws of the United States specifically so provide, or if administrative provision is made therefor within the Federal Government, the United States may be represented on the Commission by not to exceed ten representatives. Any such representative or representatives of the United States shall be appointed and serve in such manner as may be provided by or pursuant to Federal law, and may be drawn from any one or more branches of the Federal Government, but no such representative shall have a vote on the Commission.

Section B. The Commission may provide information and make recommendations to any executive or legislative agency or officer of the Federal Government concerning the common educational policies of the States, and may advise with any such agencies or officers concerning any matter of mutual interest.

ARTICLE V. COMMITTEES.

Section A. To assist in the expeditious conduct of its business when the full Commission is not meeting, the Commission shall have a steering committee of thirty-two members which, subject to the provisions of this Compact and consistent with the policies of the Commission, shall be constituted and function as provided in the bylaws of the Commission. One-fourth of the membership of the steering committee shall consist of Governors, one-fourth shall consist of legislators, and the remainder shall consist of other members of the Commission. A Federal representative on the Commission may serve with the steering committee, but without vote. The voting members of the steering committee shall serve for terms of two years, except that members elected to the first steering committee of the Commission shall be elected as follows: sixteen for one year and sixteen for two years. The chairman, vice chairman, and treasurer of the Commission shall be members of the steering committee and, anything in this paragraph to the contrary notwithstanding, shall serve during their continuance in these offices. Vacancies in the steering committee shall not affect its authority to act, but the Commission at its next regularly ensuing

meeting following the occurrence of any vacancy shall fill it for the unexpired term. No person shall serve more than two terms as a member of the steering committee; provided that service for a partial term of one year or less shall not be counted toward the two term limitation.

Section B. The Commission may establish advisory and technical committees composed of State, local, and Federal officials, and private persons to advise it with respect to any one or more of its functions. Any advisory or technical committee may, on request of the States concerned, be established to consider any matter of special concern to two or more of the party States.

Section C. The Commission may establish such additional committees as its bylaws may provide.

ARTICLE VI. FINANCE.

Section A. The Commission shall advise the Governor or designated officer or officers of each party State of its budget and estimated expenditures for such period as may be required by the laws of that party State. Each of the Commission's budgets of estimated expenditures shall contain specific recommendations of the amount or amounts to be appropriated by each of the party States.

Section B. The total amount of appropriation requests under any budget shall be apportioned among the party States as follows: one-third in equal shares; and the remainder in proportion to the population of each party State as shown in the most recent decennial census of population taken by the United States Bureau of the Census, or any agency successor thereto.

Section C. The Commission shall not pledge the credit of any party State. The Commission may meet any of its obligations in whole or in part with funds available to it pursuant to Article II (g) of this Compact, provided that the Commission takes specific action setting aside such funds prior to incurring an obligation to be met in whole or in part in such manner. Except where the Commission makes use of funds available to it pursuant to Article II (g) thereof, the Commission shall not incur any obligation prior to the allotment of funds by the party States adequate to meet the same.

Section D. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established by its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a qualified public accountant, and the report of the audit shall be included in and become part of the annual reports of the Commission.

Section E. The accounts of the Commission shall be open at any reasonable time for inspection by duly constituted officers of the party States and by any persons authorized by the Commission.

Section F. Nothing contained herein shall be construed to prevent Commission compliance with laws relating to audit or inspection of accounts by or on behalf of any government contributing to the support of the Commission.

ARTICLE VII. ELIGIBLE PARTIES; ENTRY INTO AND WITHDRAWAL.

Section A. This Compact shall have as eligible parties all States, Territories, and Possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico. In respect of any such jurisdiction not having a Governor, the term "Governor," as used in this Compact, shall mean the closest equivalent official of such jurisdiction.

Section B. Any State or other eligible jurisdiction may enter into this Compact and it shall become binding thereon when it has adopted the same; provided that in order to enter into initial effect, adoption by at least ten eligible party jurisdictions shall be required.

Section C. Any party State or jurisdiction may withdraw from this Compact by enacting a statute repealing the same, but no such withdrawal shall take effect until one year after the Governor of the withdrawing State or other jurisdiction has given notice in writing of the withdrawal to the Governors of all other party States and jurisdictions. No withdrawal shall affect any liability already incurred by or chargeable to a party State or jurisdiction prior to the time of such withdrawal.

ARTICLE VIII. CONSTRUCTION AND SEVERABILITY.

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any State or of the United States, or the applicability thereof to any Government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicablity thereof to any Government, agency, person, or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any State participating therein, the Compact shall remain in full force and effect as to the State affected as to all severable matters.

ARTICLE IX. STATE DEFINED.

As used in this Compact, "State" means a State, territory or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico. (§ 1 ch 108 SLA 1966; am §§ 1 — 4 ch 30 SLA 1967)

Revisor's note. — Chapter 30, SLA 1967, is from the Model Compact for Education.

Sec. 14.40.720. Execution of Compact by governor. Upon ratification and approval of the Compact for Education by 10 or more of the eligible party jurisdictions, including the State of Alaska, the governor shall execute the Compact on behalf of the state and perform other acts requisite to its formal ratification and promulgation. (§ 1 ch 108 SLA 1966)

Sec. 14.40.730. Members of the commission. (a) One of the commission members shall be the governor; one shall be the state commissioner of education; two shall be members of the state legislature selected by its respective houses and serving in such manner as the legislature may determine; one shall be the president of the state Board of Education; and two shall be appointed at large by and serve at the pleasure of the governor.

(b) The terms of office of the at-large members shall be four years; provided, however, that the first members shall be appointed as follows: one for two years, and one for four years. Each member shall hold office until his successor is appointed and qualified.

(c) The legislative and at-large members of the commission shall not receive compensation for their services, but they shall receive the travel expenses and per diem provided by AS 39.20.180 (2). (§ 1 ch 108 SLA 1966)

Article 9. Scholarship Loans and Tuition Grants.

Section	Section
751. Loan and tuition funds created	773. [Repealed]
753. Financial aid committee	776. Tuition grants
755. Applications	781. Limitation on grants
757. Administration of program	786. Conditions of grants
759. Undergraduate loans	791. Eligibility of students
761. Graduate loans	796. Application and certification
763. Conditions of loans	801. Fiscal and business management practices
765. Eligibility of students	806. Definitions
767. Selection criteria	
769. Discrimination prohibited	
771. Enforceability of certain contracts with minors	

Repeal of former article. — Section 2, ch. 98, SLA 1971 repealed former Article 9, entitled "Scholarship Grants and Loans." The former article consisted of §§ 14.40.750 — 14.40.849, and derived from ch. 112, SLA 1968, and ch. 230, SLA 1970. Former AS 14.40.830 had been previously repealed by § 14, ch. 230, SLA 1970.

HB
249

COMMITTEE REPORT

SENATE

FURTHER: Judiciary and Finance

3/14/79

Date: 3/14/79

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSHB 249 membership of the Alaska Pioneers' Home Advisory Board

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[✓] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING DO PASS

_____

Ferguson

_____

_____

_____

_____

_____

_____

_____

_____

MEMBERS HAVING OTHER RECOMMENDATIONS:

Ferguson - NO-Rec.

_____

_____

_____

_____

_____

_____

_____

Glenn Hackney

CHAIRMAN

S 60 (Rev. 12/78)

CSHB 249
By: State Affairs Comm.
Orig: Ebsen

"An Act relating to the membership of the Ok. Pinebrs Home Advisory Board; and providing for an effective date."

Introduced 3-9-79
Logged 3-14-79
Referred Judiciary + Finance
Comm. meeting 3-14-79 held 4-4-79 Passed
" action

notified View Berg - Disc. pension benefits
/ Dove Kidd

Glenn: Atty. Jos. A. McLean (Pioneer notified
member of Pioneer Advisory Bd will be in attendance. He did ask what time meeting was!!

Pioneers' Home Advisory Board (membership)

HOUSE BILL NO. 249, by Rep. Eliason. Amends AS 44.21.120, Composition of the Board, to include selection of an additional member by the resident council who will be present during the annual inspection by the board and who will have full voting privileges during the annual inspection and review meeting. Term of office is one year. No effective

History HB249

Pioneers' Home Advisory Board (membership)

HOUSE BILL NO. 249, (see page 248). Reported back to the House on March 9 by State Affairs with a majority recommending replace with SUBSTITUTE and that it do pass. Not concurring: Martin and Parker have no recommendation. SUBSTITUTE requires the appointment of one resident to the Advisory Board as a full-fledged member for a one-year term.

page 334

COMMITTEE REPORTS (House)(cont'd)

HB 249, cont'd

Outlines rotation system among the pioneers' homes for appointment of member from each of the resident councils of the different homes in the state. Outlines terms of members of the Advisory Board. Provides an effective date to take effect immediately. To Rules.

Pioneer's Home Advis. Board

HOUSE BILL NO. 249 (SUBSTITUTE)(see pp. 248;334). SUBSTITUTE adopted and bill passed March 13, 37-0-1-2. Excused: Meekins. Absent: Bettiwsorth, Brown. Effective date adopted.

the Feds footing the bill the first year but then the next couple of years the hands will be dipping into the general fund rather then deriving funds from receipts.

NOTE: This bill requires that state and muni agencies designate an employee as a liason with the State Library for the purpose of notifying the State Library of all data published or compiled with their respective agencies. Some of these agencies produce quite a bit of statistical/research material which, perhaps, might consume a great deal of time to the extent that an additional body (½ time maybe) might be needed by a few of the agencies to devote to this task. If so, this would require a few new bodies which doesn't appear in the fiscal note(s). May be this idea should be tossed out for discussion at tomorrow's hearing. Possibly, this is not a problem, but I'm just thinking out loud.

CSHB 249 - This bill revises the composition of the Alaska Pioneers' Home Advisory Board. AS 44.21.120 states "The Alaska Pioneers' Home Advisory Board consists of seven members, appointed by the governor from among citizens of Alaska. The members of the board serve at the pleasure of the governor."

CSHB 249 would change the makeup of the board particularly in that the board members would be limited to the number of years they could serve on the board. CSHB 249 proposes the following changes:

(1) the governor would appoint six residents to serve on the board and this bill would stagger their tenure on the board to three year terms.

(2) in addition to the above mentioned six members, a representative from one of the Pioneers' Home would serve on the board. This member would serve on the board for a one year term and then another representative from one of the other Homes would serve on the board. This position would be rotating so that every year a representative from a different home would serve on the board.

CSHB 249 differs substantially from HB 249 in that CSHB 249 tacked on the provisions dealing with limiting the members' tenure on the board to staggered three year terms. HB 249 did not change the numerical makeup of the board (retained 7 board membership) or their tenure, but simply proposed that the board meet semi-annually and when the board inspected the different Homes a representative from the respective Home be placed on the board and have full voting privileges during the annual inspection and review meeting at that pioneers' home and serve for a term of one year.

B.C. McMurtrey, Manager, Anchorage Pioneer Home, feels that the original bill would be more beneficial to the residents as they would meet in their own surroundings and environment, understand better how the homes operate, would be in a better position to offer suggestions, recommendations, and criticism. (see attached letter).

Our copies
Do not remove from file

Original sponsor: Eliason

Offered: 3/9/79
Referred: Rules

IN THE HOUSE BY THE STATE AFFAIRS COMMITTEE

CS FOR HOUSE BILL NO. 249

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the membership of the Alaska Pioneers' Home Advisory Board; and providing for an effective date."

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

* Section 1. AS 44.21.120 is repealed and re-enacted to read:

Sec. 44.21.120. MEMBERSHIP OF THE BOARD. (a) The Alaska Pioneers' Home Advisory Board is composed of the following members:

(1) six individuals appointed by the governor who are residents of the state; and

(2) one resident of a pioneers' home appointed by the governor who has been recommended for appointment by the resident council of a pioneers' home.

(b) The term of a member appointed under (a)(1) of this section is three years. The term of the member appointed under (a)(2) of this section is one year.

(c) The governor shall make the appointment required by (a)(2) of this section so that, for each annual term, the member appointed is recommended by the resident council of a different pioneers' home. Beginning July 1, 1979 the order of rotation among the pioneers' homes shall be as follows:

(1) resident council of the Sitka Pioneers' Home;

(2) resident council of the Fairbanks Pioneers' Home;

(3) resident council of the Palmer Pioneers' Home;

(4) resident council of the Anchorage Pioneers' Home.

* Sec. 2. The terms of members of the Alaska Pioneers' Home Advisory Board appointed by the Governor before July 1, 1979 expire on June 30, 1979. Notwithstanding the provisions of AS 44.21.120(b), the initial terms of members of the Pioneers' Advisory Board appointed by the governor under AS 44.21.120(a)(1) are as follows:

(1) two members shall serve terms ending June 30, 1980;

(2) two members shall serve terms ending June 30, 1981;

(3) two members shall serve terms ending June 30, 1982.

* Sec. 3. This Act takes effect immediately in accordance with AS 01.10.-070(c).

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF ADMINISTRATION

DIVISION OF PIONEERS' BENEFITS

ANCHORAGE PIONEERS' HOME
923 W. 11TH STREET
ANCHORAGE, ALASKA 99501
PHONE: (907) 276-3414

March 15, 1979

Honorable Glenn Hackney
Senator
Pouch V
Juneau, AK 99811

My dear Senator Hackney:

I am writing in regard to C.S. for House Bill 249, an act relating to the membership of the Alaska Pioneers' Home Advisory Board.

I supported the original bill H.B. 249 and thought it would be very beneficial to the residents and the Home as a whole. However, the C.S. for H.B. 249, Section 2C, I cannot support. The rest of the bill I support.

Section 2C would allow the Governor to appoint a member from the Sitka Home with recommendations from the resident council to serve on the Board, rotating with each Home every year. This member would be required to travel to each Home at least twice a year.

I question if this would be in the best interest of the resident due to the stress and strain and the average resident being 80 years of age. This would also eliminate many residents from serving on the Board due to the fact they could not travel. Many residents are in wheel chairs, walkers, have physical handicaps, etc., who otherwise would make a very good member of the Board.

I further question if the residents actually are concerned about the other Homes of which they know nothing. They are concerned about their own Home.

I am forming my opinions and conclusions by the residents in this Home, which I work with every day.

02-B2LH

The original bill would have a resident from each Home chosen by the resident council to serve on the Advisory Board with the same voting rights and privileges as other members when the Board meets at their Home. The original bill 249 would not restrict who could serve.

I feel the original bill would be more beneficial to the residents as they would meet in their own surroundings and environment, understand better how the Homes operate, would be in a better position to offer suggestions, recommendations, and criticism.

I feel this is deserving of your support. If I can assist in any way don't hesitate to call.

Sincerely,

B.L. McMurtrey
Manager
Anchorage Pioneers' Home

BLM/mic

HB
317

Introduced 4-25-79
Logged - 4-26-79
Referred Commerce
Comm. Meeting
Comm. action

CSHB 317 (Rules) 79 An act designating programs and activities for officers and terminations under HS 44.66 and providing for an effective date.
By: Rules Comm.

HB317

STATE OF ALASKA

THE LEGISLATURE

BUDGET AND AUDIT COMMITTEE

AUDIT DIVISION
POUCH W—ALASKA OFFICE BUILDING

FINANCE DIVISION
POUCH WF—STATE CAPITOL

JUNEAU, ALASKA 99811

February 28, 1979

M E M O R A N D U M

TO: The Honorable Terry Gardiner
Speaker
Alaska House of Representatives
State of Alaska

FROM: Jim Duncan
Chairman
Legislative Budget and Audit Committee

SUBJECT: Transmittal of a Bill recommending designated programs be subject to termination under the Sunset Review Law.

In accordance with AS 44.66.030 of the Sunset Law the enclosed bill is forwarded.

This bill contains programs and activities recommended by the Legislative Budget and Audit Committee that will be subjected to the "Sunset" process. If enacted into Law, designated programs and activities will terminate July 1, 1980.

HB
411

CSHB 4?? Judiciary
By Judiciary

Prohibiting any discrimination in Education in the State and implementing Art 1. sec. 3 of the Alaska Constitution.

Introduced 2-4-80 S HES 3/5/80 79-80
Logged 2-4-80
Referred Judiciary
Comm. meeting 4-11-80 - held
" acted

Refer to Senate Leg

I Notify: Janet Bradley - 3566
Jim Erickson 3824 (Rep Porter)

II Notify Margueh Holland Sheldon League of Women Voters-but is employed by State Dept. of Transp. phone 4070

III Notify Susan Butruille (Petersburg) 772-3523

IV Polly Lee - Petersburg Box 351-K 772-3251

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB-411
Title An Act prohibiting sex discrimination in education in the state...
Requested by House HESS Date April 2, 1979

II. FISCAL DETAIL
Agency Affected Education
Program Category Affected Education Program Support, Executive Administration
Budget Request Unit(s) Affected K-12, Program Evaluation, Boards and Commissions

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND		-0-	-0-	-0-	-0-	-0-
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)

This bill has no fiscal impact.

IV. DATE April 2, 1979 PREPARED BY William D. Thorson
AGENCY Education
PHONE 465-2800

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

33 601 (Rev. 10-78)

HB
446

COMMITTEE REPORT

SENATE

FURTHER: None

4/27/79

Date: 3/24/80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had HB 446

terminating existence of the Board of Psychologist & Psychological Assoc. Examiners on January 1, 1981

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Chairman

CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

HB 446 "An Act terminating ~~[illegible]~~ the Bd. of Psychologist & Psychologist Assoc. Examiners on Jan 1, 1981 & reassigning its regulatory duties to Dept. of Commerce & Economic Development on an effective date"

Introduced 4-5-79
Logged 4-27-79
Referrals none
Committee Hearing 3-26-80
" action Passed taken senate Mary @ 8:10 AM

Sec. 08.03.010. Termination, continuation and reestablishment of regulatory boards. (a) Boards listed in this subsection have a termination date of June 30, 1979:

(1) Board of Chiropractic Examiners (AS 08.20.010);
(2) Board of Dental Examiners (AS 08.36.010);
(3) State Medical Board (AS 08.64.010);
(4) Board of Nursing (AS 08.68.010);
(5) Board of Dispensing Opticians (AS 08.71.010);
(6) Board of Examiners in Optometry (AS 08.72.010);
(7) Board of Pharmacy (AS 08.80.010);
(8) Board of Veterinary Examiners (AS 08.98.010);
(9) Board of Psychologist and Psychological Associate Examiners (AS 08.86.010);
(10) Board of Nursing Home Administrators (AS 08.70.010);
(11) Physical Therapy Board (AS 08.84.010).

(b) Boards listed in this subsection have a termination date of June 30, 1980:

(1) Board of Public Accountancy (AS 08.04.010);
(2) Board of Barber Examiners (AS 08.12.010);
(3) Collection Agency Board (AS 08.24.011);
(4) Board of Hairdressing and Beauty Culture Examiners (AS 08.28.010);
(5) Board of Electrical Examiners (AS 08.40.010);
(6) State Board of Registration for Architects, Engineers and Land Surveyors (AS 08.48.011);
(7) Guide Licensing and Control Board (AS 08.54.010);
(8) Board of Marine Pilots (AS 08.62.010);
(9) Real Estate Commission (AS 08.88.011);
(10) Board of Welding Examiners (AS 08.99.010);
(11) Board of Governors of the Alaska Bar Association (AS 08.08.040).

(c) Upon termination, each board listed in (a) and (b) of this section shall continue in existence until June 30 of the next succeeding year for the purpose of concluding its affairs. During this period, termination does not reduce or otherwise limit the powers or authority of each board. One year after the date of termination, a board not continued shall cease all activities.

(d) The termination, dissolution, continuation or reestablishment of a regulatory board shall be governed by the legislative oversight procedures of AS 44.66.050.

(e) A board scheduled for termination under this chapter may be continued or reestablished by the legislature for a period not to exceed four years. (§ 2 ch 149 SLA 1977)

electricity for surgical purposes, including cauterization, are not included within the term "physical therapy";

(4) "physical therapy assistant" means a person who assists in the practice of physical therapy or portions of it as initiated, supervised and terminated by a registered physical therapist; his responsibilities do not include testing or evaluation. (§ 2 ch 74 SLA 1957; am § 11 ch 71 SLA 1974)

Effect of amendment. — The 1974 amendment substituted "State Physical Therapy Board" for "State Medical Board" in paragraph (1), inserted "and physical therapy evaluation, treatment planning, instruction and consultative services" in paragraph (3), and added paragraph (4).

Sec. 08.84.200. Short title. This chapter may be cited as the Physical Therapists Practice Act. (§ 1 ch 74 SLA 1957)

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. [Repealed]

Sec. 08.86.010. Creation and membership of board. There is created a Board of Psychologist and Psychological Associate Examiners which consists of three licensed psychologists, and two persons who have no direct financial interest in the health care industry. (§ 1 ch 136 SLA 1965; am § 1 ch 65 SLA 1973; am § 30 ch 102 SLA 1976)

Effect of amendments. — The 1973 amendment inserted "and Psychological Associate" in the first sentence.

The 1976 amendment added "and two persons who have no direct financial interest in the health care industry" at the end of the second sentence.

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

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 19, 1980

SUBJECT: SCSHB 446 - Board of Psychologist and Psychological Associate Examiners

TO: Senator Glenn Packney
Chairman, Senate Health, Education and Social Services Committee

FROM: David T. Walker
Co-Revisor of Statutes

This bill continues the existence of the Board of Psychologist and Psychological Associate Examiners until June 30, 1983. I have deviated from the format you suggested to take into account Ch. 74, SLA 1979 which accomplished the same technical changes proposed by SB 240.

DTW:ljb

Enclosure

THIS [✓] BILL [ ] RESOLUTION [ ] CITATION

has been prepared by the staff of the Legislative Affairs Agency in response to the request and at the direction of the sponsoring member or committee. The staff has attempted to place the document in proper legal and clerical form, subject to any special limitations or instructions of the requestor.

If we may be of further assistance in this matter, please contact the Director of Legal Services or the Director of Research Services, as appropriate.

Delivered to requestor 3-19-80

LA-L 40

1) HAS THE BOARD DEMONSTRATED A PUBLIC NEED?

2) HAS THE BOARD ENCOURAGED PUBLIC PARTICIPATION IN ITS DECISIONS (ACCUSED OF BEING ARBITRARY)

3) HAVE THEY BEEN RESPONSIVE TO COMPLAINTS SUBMITTED TO THE BOARD?

4) ANY PROBLEMS W/ O.L.?

for an examination.

Section 08.36.160 Issuance of license by credentials. If an applicant for licensure currently holds a valid license to practice dentistry in Arizona, Idaho, Oregon, and Utah, the Board may issue the appropriate dental license to the applicant upon evidence that:

(1) The applicant is a graduate from a dental school accredited by the Commission on Dental Accreditation, or its successor agency, if any, and;

(2) The applicant has practiced dentistry in one of the above states full-time at least 5 years out of the five years immediately preceeding application, and;

(3) Licensure requirements in the other states are substantially similar to or higher than those required by this state, and;

(4) The applicant has not failed the clinical examination of this state, and;

(5) No disciplinary proceeding, unresolved complaint or professional association's peer review procedure is pending anywhere at the time a license is to be issued by this state, and;

(6) The applicant has not previously had a license revoked in any state.

Section 08.36.170 Practice outside the state. A dentist licensed to practice in this state and residing and practicing dentistry outside of this state, may maintain his eligibility to practice in this state by biennially registering his name and place of residence with the Division of Occupational Licensing. If the dentist fails to register, the board may reinstate his license without examination upon payment of a penalty of $25, payment of all deliquent registration fees, and presentation of proof of active practice at his place of residence, certified by the dental board having jurisdiction at his place of residence, or, if there is no board, by evidence satisfactory to the board.

Section 08.36.180 Issuance of license; recordation; display. The Division of Central Licensure shall issue a license to each successful applicant who has paid the required fees. The holders of a license shall register it in the office of the clerk of the superior court in the judicial district of his place of residence. The licensee shall display the license in a conspicuous place where he/she practices.

Section 08.36.190 License to practice as specialist required. No licensed dentist may hold himself out to the public as being especially qualified in a branch of dentistry by announcing through the press, sign, card, letterhead or printed matter,

HB

447

COMMITTEE REPORT

SENATE

FURTHER: None

4/25/80

Date: 5-9-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had C" HB 447

terminating the existence of the Board of Nursing Home Administrators
Continuing

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[✓] replace with CS for HB 447 [ ] same title [X] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Senator Hastings
CHAIRMAN

DeRise

S 60 (Rev. 12/78)

SHB 447
By Commerce

"An Act ~~relating to~~ ~~terminating~~ ~~SHB 447~~ the ~~80~~ existence of the Board of ~~Registration~~ Nursing Home Administrators.

Introduced 4-5-79
Logged 4-25-80
Referrals none
Comm. meeting 5-9-80 - passed as CS.
" action passed as CS.

Rd 2nd SB 549 - which passed Senate.
Rd 3rd do pass

AMENDMENT

OFFERED IN THE SENATE: BY: _____

TO: _____ SENATE BILL No. _____

SENATE CS HOUSE BILL No. 447

PAGE: 1 LINE: 14

line 14: insert

"* Sec. 2. AS 08.03.020(c) is amended to read:

(c) A board scheduled for termination under this chapter may be continued or reestablished by the legislature for a period not to exceed four years unless the board is continued or reestablished for a longer period under AS 08.03.010."

RENUMBER REMAINING SECTIONS ACCORDINGLY

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC ASSISTANCE

POUCH H-07
JUNEAU, ALASKA 99811

March 31, 1980

The Honorable Glenn Hackney
Chairman, Senate HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Document# 59-80

Dear Senator Hackney:

House Bill 447 proposes terminating the existence of the Board of Nursing Home Administrators on January 1, 1981 reassigns its responsibilities to the Department of Commerce and Economic Development.

At the time various Boards and Commissions were being considered for "sunsetting" by the Legislature in 1979, it was found that the existence of the Board of Nursing Home Administrators or some similar type of "peer review" system was, by federal law, (U.S. Code 42 Sub-Chapter XIX S. 1396 a(29)) necessary if the State of Alaska was to continue to receive federal fund participation for Medicaid nursing home services.

Federal fund participation is an essential part of the Medicaid nursing home services funding. Nursing home services comprise 70% of the total Alaska Medicaid budget (twenty-nine million dollars) and therefore, approximately fourteen million dollars (50% matching) could be lost in federal fund participation if some type of "peer review" licensing function is not provided for in Alaska Statute.

When viewed superficially, it is difficult to justify the need for, and cost of a statewide, regionally represented, five member Board of Nursing Home Administrators when only approximately 35 licenses have been issued since 1976. However, with approximately fourteen million dollars in federal fund participation dependent upon the state having "either a Board of Nursing Home Administrators or an agency of the state responsible for licensing under the Healing Arts Act of the state" the cost and need is easier rationalized.

What seems needed is a method of administrating the issuance of Nursing Home Administrators licensured through the Department of Commerce and Economic Development while at the same time providing a method of inexpensive "peer review." Some alternatives that we have considered are as follows:

1. Establish the Long Term Care Division of the Alaska State Hospital Association as the board the Department of Commerce and Economic Department must consult with regarding:

a. Promulgating of regulations.

b. Revocation of licenses.

c. Establishment of procedures to insure that licenses uphold standards.

d. Adoption of criteria for educational requirements.

The Long Term Care Division of the Alaska State Hospital Association meets at least bi-annually and at no expense to the State could provide the professional support needed to fulfill federal statute requirements. The Long Term Care Division of the Alaska State Hospital Association is composed of all the nursing home administrators in the State of Alaska.

II. Establish a Board, for federal purposes, composed of state employees who's offices are in Juneau. This type of board should meet during regular working hours and therefore, should be no added expense to the State.

a. Director of Occupational Licensing.

b. Director of Public Assistance.

c. Director of Public Health.

d. Director of Nursing Board.

III. The development of a comprehensive healing arts act, which would encompass all healing professions.

IV. Reinstatement of the existing Board of Nursing Home Administrators with appropriate funding and staffing in the Division of Occupational Licensing to accomplish the tasks required.

The Division of Public Assistance opposes House Bill 447 and support the reinstatement of the Board of Nursing Home Administrators. We feel the cost of supporting the operation of such a board are justified when compared to the amount of federal fund participation involved.

Sincerely,

Rod Betit
Director

MARCH 31,1980

SENATE HESS COMMITTEE
ASSEMBLY BULDING, ROOM 106
JUNEAU, ALASKA

REF: ~~HOUSE BILL~~ NO. 447

SENATE HACKNEY AND MEMBERS OF THE HESS COMMITTEE:

WE HAVE NO BASIC DISAGREEMENT WITH THE APPARENT INTENT OF H.B. #447. HOWEVER, THERE ARE SOME RELATIONSHIPS WITH FEDERAL REGULATIONS THAT MUST BE CONSIDERED SO AS TO PROTECT THE ABILITY OF NURSING HOMES TO SERVE THE ELDERLY AND THE ILL. THE FOLLOWING IS A BRIEF STATEMENT SETTING FORTH THE PROBLEMS AND SUGGESTING A CURE THRU MODEST CHANGES TO THE BILL,

FOUR "KEY" PHRASES DOMINATE OUR DISCUSSION RELATIVE TO ALASKA'S ELDERLY AND ILL CITIZENS:

HEALING ARTS ACT
BOARD OF NURSING HOME ADMINISTRATORS

PROGRAM COMPLIANCE CONTINUANCE
PROGRAM SUPPORT CONTINUANCE

UNDER THE TERMS OF THE FEDERAL SOCIAL SECURITY RULE NO NURSING HOME MAY OPERATE UNLESS IT IS LICENSED - A REQUIREMENT OF THE "HOME'S" LICENSE IS THAT IT BE ADMINISTERED BY A PERSON LICENSED AS A NURSING HOME ADMINISTRATOR.

ONLY TWO OPTIONS ARE AVAILABLE FOR THE LICENSING OF NURSING HOME ADMINISTRATORS:

A- LICENSED UNDER TERMS OF A HEALING ARTS ACT.
B- LICENSED BY A BOARD OF NURSING HOME ADMINISTRATORS.

ALASKA DOES NOT HAVE A "HEALING ARTS ACT". ALASKA HAS A "BOARD OF NURSING HOME ADMINISTRATORS" ABOUT TO BE SUNSETTED.

WHAT ARE SOME OF THE CONSEQUENCES OF NOT HAVING A "BOARD"?

FIRST, THE MINUTE THE "BOARD" NO LONGER EXISTS, THE LICENSES OF THE ADMINISTRATORS BECOME INVALID -- THUS THE NURSING HOMES ARE NOT IN COMPLIANCE AND THE PATIENTS MUST BE MOVED ALMOST IMMEDIATELY, RETURNED TO THEIR HOMES OR BE PLACED IN NON-EXISTING FACILITIES.

SECONDLY, MEDICAID HAS THE RIGHT AT THAT POINT TO STOP PAYMENT OF THE FIFTY (50%) PERCENT SUPPORT.

THE OBVIOUS RESULT OF ONE AND TWO IS THE REMOVAL OF MEDICAL CARE FROM APPROXIMATELY 500 ILL AND ELDERLY PATIENTS -- NONE OF WHOM HAVE A PLACE TO GO -- SOME OF WHOM ARE COMATOSE -- ALL OF WHOM ARE UNABLE TO CARE FOR THEMSELVES -- NONE OF WHOM HAVE FAMILIES ABLE TO CARE FOR THEM OR THEY WOULD NOT BE IN NURSING HOMES -- MOST OF WHOM ARE WARM, CARING, LOVING PEOPLE DOING THEIR VERY BEST UNDER VERY TRYING STATES OF HEALTH.

WHAT CAN BE DONE TO STOP THE POTENTIAL SERIOUS DANGER TO THE PRESENT AND PROSPECTIVE RESIDENTS OF NURSING HOMES; THE AGED, AND THE ILL, BOTH YOUNG AND OLD?

RETAIN THE BOARD OF NURSING HOME ADMINISTRATORS. THE LEGISLATURE MAY WELL DESIRE TO CHANGE THE MANNER IN WHICH THE BOARD IS CONSTITUTED, AND WE WOULD APPLAUD ANY CHANGE THAT BROUGHT ABOUT COST SAVING WITHOUT DESTROYING EFFECTIVENESS. THE SIZE OF THE BOARD MAY BE AS SMALL AS THREE MEMBERS; ONE COULD WELL BE FROM THE STAFF OF HEALTH AND SOCIAL SERVICES, ONE FROM THE DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT AND THE OUTSIDE MEMBER COULD BE THE ADMINISTRATOR OF A JUNEAU-BASED NURSING HOME. THUS, THE ONLY COST INVOLVED WOULD BE CLERICAL AS RELATED TO THE SCHEDULED MEETINGS AND EXAMINATIONS. NO TRAVEL AND NO PER DIEM. AND THIS SYSTEM COMPLIES WITH FEDERAL REQUIREMENTS.

AS AN ASIDE, I WOULD MENTION THAT IN MY MIND THE CONSIDERATION OF DOING AWAY WITH A BOARD MUST INCLUDE DEEP AND CAREFUL THOUGHT UPON THE TOTAL RELATIONSHIPS INVOLVED AND NOT ONLY THE APPARENT COST AND PRODUCTIVITY OF A BOARD. MUCH WORK MUST BE DONE ON A NATIONAL LEVEL TO CHANGE FEDERAL RULES IF ALASKA TRULY WISHES TO LESSEN EXTERNAL CONTROLS. LET'S LET THAT BE A SEPERATE CONCERN.

FOR NOW WE SHOULD ALL WORK TOGETHER TO RETAIN ANACCEPTABLE, TO US AND TO FEDERAL AUTHORITIES, "BOARD OF NURSING HOME ADMINISTRATORS" AND RETAIN OUR ABILITY TO PROVIDE PROPER MEDICAL HELP FOR OUR ELDERLY AND OUR ILL. SECONDARILY, LET US MAINTAIN OUR ABILITY TO SHARE THE COST WITH THE FEDERAL GOVERNMENT.

REMEMBER, NO "BOARD OF NURSING HOME ADMINISTRATORS" COULD MEAN AN ALMOST IMMEDIATE CLOSURE OF THE NURSING HOMES THROUGH NON COMPLIANCE----AND, AN ULTIMATE LOSS OF FEDERAL FUNDING.

THE COMPLIANCE WITH FEDERAL STANDARDS AND THE CURE OF THE PROBLEM ARE SIMPLE MATTERS. COMPOSE THE BOARD FROM THE REPRESENTATIVE OF APPROPRIATE STATE AGENCIES PLUS A REPRESENTATIVE OF THE NURSING HOME INDUSTRY AND CONTINUE TO OPERATE UNDER THE PRESENT RULES

SINCERELY YOURS,

Jim L. Buck

JIM L. BUCK

POSITION PAPER/Department of Health & Social Services

Senate
HB 447

POSITION PAPER

~~SENATE BILL~~ NO. ~~SB~~ 549am

"An act relating to professional licensing and to the regulation of Nursing home administrators, and providing for an effective date."

Senate Bill 549am revises current statutes and adds new sections to clarify and strengthen the administration of nursing home administrators licensing procedures. The bill gives the Board of Nursing Home Administrators the authority to develop regulations for the purpose of requiring disciplinary sanctions and making renewal of licenses dependent upon proof of continued competency.

The bill provides specific administrative procedures for applying disciplinary sanctions, and spells out specific grounds for discipline.

The terms of members of the Board of Nursing and limited to approximately eight years and the nursing home administrators license is to be renewed every four years rather than annually.

The Department of Health and Social Services supports Senate Bill 549am as it is written.

As evidenced by the attached letter from Rod Betit, Director, Division of Public Assistance, the existance of and the smooth operation of a Board of Nursing Home Administrators is important to the operation and funding of the State of Alaska's Medicaid program.

The bill does not fiscally affect the cost of operation of the Department of Health and Social Services other than the federal fund participation for the Medicaid program.

Recommended By: Rod Betit Date May 5, 1982

Rod Betit, Director
Division of Public Assistance

Approved By: Helen O Beirne Date 5/9/82

Helen D. Beirne, Commissioner
Department of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill No 549am
Title "An act relating to professional licensing & regulation of Nursing Home Administrators"
Requested by Commissioner's Office Date 5/6/80

II. FISCAL DETAIL
Agency Affected Department of Health and Social Sevices
Program Category Affected Health /Division of Public Assis ance
BRU, Program, or Subprogram(s) Affected Medicaid
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	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)

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

Prepared by: Rod Betit Date: 5/6/80
Division/Office: Public Assistance PH:465-3350
Department of Health & Social Services

Approval DHSS Dpt. & Bdgt.: _____ Date: _____

33-001 (Rev. 12/79)
Codify by DHSS (11-22-79)

CHAPTER OF AARP

of the AMERICAN ASSOCIATION OF RETIRED PERSONS, Inc.

March 25, 1980

Senate Health, Education & Welfare Committee

Attn: Senator Glen Hackney
Pouch V
Juneau, Alaska 99811

Subject: Sunsetting of Board of Nursing

Honorable Senator Hackney:

As President of the American Association of Retired Persons and as a ~~Home Administrators~~ member of the Board of Nursing Home Administration, I Have been requested to express concern regarding the possible sunsetting of this Board. Although I feel that your Committee will in no way jeopardize the loss of Federal funds which support the care of patients in the nursing homes, I feel obliged to relate the concern of Nursing H omes and Older Alaskans.

March 19, the Mt. Juneau Chapter of the American Association of Retired Persons voted unanimously to support Mr. Buck's request. Please refer to the inclosed copy of his letter.

Thank you for your concern for our elderly Alaskans.

Respectfully,

Dove M. Kull

Dove M. Kull, President

Copy : Jack Buck, Administrator
St. Ann's Nursing H ome
415 Sixth Street
Juneau, Alaska 99801

DMK:EEJ

ST. ANN'S NURSING HOME
415 Sixth Street, Juneau, Alaska 99801 (907) 586-3883

March 13, 1980

Dove M. Kull, President
American Association of Retired Persons
Mendenhall Apts.
326 4th Street, Atp. 1010
Juneau, Alaska 99801

Dear Madam President:

St. Ann's Nursing Home would like to invite the membership of your organization to cooperate in an attempt to reverse legislation which will be very injurious to many of the elderly citizens of this state.

The sunsetting of the Board of Nursing Home Administrators, as we understand, will have the affect of putting Alaska in substantial non-compliance with Federal statutory requirements and automatically cancel this state's participation in Medicaid cost sharing. Since the federal matching funds for nursing home care amount to approximately ten million dollars annually, we feel this is a matter of serious budgetary concern for the people.

Our main concern, however, is caring for the nearly 500 patients in the state's long-term care facilities. What is to become of them without the Medicaid program? At a time of life when many of these patients are living on a barely subsistance level income (Social Security Benefit and Longevity Bonus), we strip them of the assurance that they can obtain the medical coverage many of them will need.

We would like to urge your organization, and individual members, to take a formal position against the sunsetting of the Board of Nursing Home Administrators. We further request that you communicate your organization's position to members of the legislature in order to redress this apparent injustice to our elderly citizens.

Time is limited, we have only this legislative session to attain relief for our crippled or ill. Please hurry, they are depending on you.

Sincerely,
ST. ANN'S NURSING HOME

Jack W. Buck
Administrator

JWB:ar

HB
567

CSHB 567am "An Act relating to ~~HB 55~~ SB 79/80
By Judiciary intoxicated persons"

Introduced 4-25-80
Logged 5-15-80
Referred xxxx
Comm. Meeting
" Action

...kenness (emer. treatment)

HOUSE BILL NO. 567, by the Judiciary Committee. Adds new section to AS 11.66 relating to committing the crime of public drunkenness, if a person is "intoxicated in a private place, not his own property or his usual place of abode, or in a public place,. . ." and is in danger of loss of life or limb, provokes a violent response, makes unreasonably loud noises, or subject another to offensive physical contact. States that public drunkenness is a class B misdemeanor. Repeals AS 47.--37.170 (Treatment and services for intoxicated persons and persons incapacitated by alcohol)(under the Uniform Alcoholism and Intoxication Treatment Act). Amends the same to read: "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, however nothing in this chapter is inconsistent with the criminal prosecution of public drunkenness. (Note: underlined material added, bracketed material added). Does not provide for an effective date.

Introduced January 18 and referred to Judiciary.

Public Drunkenness (emergency treatment) (SUBSTITUTE offered)

HOUSE BILL NO. 567, (see page 38). Reported back to the House on April 25 by Judiciary with a majority recommending it be replaced with a SUBSTITUTE and that it do pass and attaches a fiscal note. The substitute deletes all language of original bill and is entitled "An Act relating to intoxicated persons." Amends the Uniform Alcoholism and Treatment Act (AS 47.37) section 170 (Treatment and services for intoxicated persons and persons incapacitated by alcohol) by changing the length of time for which a person may be detained at a detention facility for a maximum of 24 hours (was 12), and adds language indicating that a confidential record may be made of protective custody for the purpose of establishing grounds for involuntary commitment. Amends section 190 (Involuntary commitment of alcoholics) relating to the petition for commitment, stating that the petition shall allege that the person is an alcoholic who habitually lacks self-control in using alcoholic beverages and that he "(3) has been taken into protective custody under AS 47.-37.170(b) three times in the preceding six months and is in need of a more sustained treatment program.", and deletes language which states "A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment." Adds new definitions of "incapacitated by alcohol" stating: "incapacitated by alcohol" means a person who, as a result of consumption of alcohol, is rendered unconscious or has his judgment or physical mobility so impaired that he cannot recognize or extricate himself from conditions of apparent or imminent danger to his health or safety." (Now reads: "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;"). Changes definition of "intoxicated" or "intoxicated person" to read: " . . .means a person whose physical or mental conduct is substantially impaired as a result of the introduction of an alcoholic beverage into his body and who exhibits those plain and easily observed or discovered outward manifestations or behavior commonly known to be produced by the use of alcoholic beverages." (Now reads: "intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol;"). Repeals AS 47.37.170(j), the definition of "incapacitated by alcohol" for a person who appears to be incapacitated in a public place. To Rules.

Public Drunkenness (emer. treatment)

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THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 567 - "An Act relating to public drunkenness and
Title emergency treatment of intoxicated persons".
Requested by ___ Date 4/7/80

II. FISCAL DETAIL
Agency Affected Public Safety
Program Category Affected
BRU, Program, or Subprogram(s) Affected
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
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 Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

IV. DATE April 7, 1980 PREPARED BY Michael J. Clemens
AGENCY Public Safety
PHONE 465-4336

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

33-001 (Rev. 12/79)

HB
572

CS HB 572
By: Judiciary Comm. "An Act relating to guardians and conservators and providing for effective date".

SHESS 4-24-80

Introduced 4-10-80
Logged 4-24-80
Referred Judiciary
Comm meeting
Comm. action 5/15/80 Rec'd CSHB 572 X Senate Page
Rec'd Sam Rose

CSHB (31 pages)
29 pages in SB

Related to HB 339 in S. Judiciary

(original HB 572 & SB 331 identical
CSHB 572 adds new sections

Original sponsor: Parr

Offered: 4/10/80
Referred: Rules

IN THE HOUSE BY THE JUDICIARY COMMITTEE

CS FOR HOUSE BILL NO. 572

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to guardians and conservators; and providing for an effective date."

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

* Section 1. AS 13.26.005(1) is repealed and re-enacted to read:

(1) "incapacitated person" means a person whose ability to receive and evaluate information or to communicate decisions is impaired for reasons other than minority to the extent that he lacks the ability to provide for himself the essential requirements for his physical health or safety without court-ordered assistance;

* Sec. 2. AS 13.26.005 is amended by adding new paragraphs to read:

(5) "essential requirements for physical health or safety" means the health care, food, shelter, clothing, personal hygiene and protection without which serious physical injury or illness is more likely than not to occur;

(6) "partial guardian" means a guardian who possesses fewer than all of the legal duties and powers of a full guardian, and whose rights, powers, and duties have been specifically enumerated by court order;

(7) "full guardian" means a guardian who possesses the legal duties and powers enumerated in AS 13.26.150(c);

(8) "visitor" means a person trained or experienced in law, medical care, mental health care, pastoral care, education, rehabilitation, or social work, who is an officer, employee, or special appointee of the court with no personal interest in the proceedings;

(9) "guardian" includes full guardian and partial guardian;

(10) "respondent" means a person who, in a guardianship proceeding under this chapter, is alleged to be incapacitated and for whom the appointment of a guardian or alternative assistance is sought; "respondent" includes a person seeking the appointment of a guardian or alternative assistance for himself.

* Sec. 3. AS 13.26 is amended by adding a new section to read:

Sec. 13.26.013. COURT RECORDS OF PROCEEDINGS; ACCESS; SEALING. (a) A notice of the filing of a petition, a summary of all formal proceedings, and a dispositional order or modification or termination of a dispositional order relating to a proceeding under this chapter shall be available for public inspection. All other information contained in the court records relating to a proceeding under this chapter is confidential and available only upon court order for good cause shown or to the following persons:

(1) the person who is the subject of the court record, his attorney or guardian ad litem;

(2) a person designated by the person who is the subject of the court record;

(3) the guardian of the person who is the subject of the court record or the attorney of the guardian;

(4) the conservator of the estate of the person who is the subject of the court record or the attorney of the conservator;

(5) a party to the proceeding and his attorney;

(6) the judge or judges hearing or reviewing the matter; and

(7) a member of the clerical or administrative staff of the court if access is essential for authorized internal administrative purposes.

(b) Upon finding that a petition under this chapter was malicious,

frivolous, or without just cause, the court may order that all information contained in the court records relating to the proceeding be sealed and that the information be disclosed only upon court order for good cause shown.

* Sec. 4. AS 13.26 is amended by adding a new section to article 3 to read:

Sec. 13.26.090. PURPOSE AND BASIS FOR GUARDIANSHIP. Guardianship for an incapacitated person shall be used only as is necessary to promote and protect the well-being of the person, shall be designed to encourage the development of maximum self-reliance and independence of the person, and shall be ordered only to the extent necessitated by the person's actual mental and physical limitations. An incapacitated person for whom a guardian has been appointed is not presumed to be incompetent and retains all legal and civil rights except those which have been expressly limited by court order or have been specifically granted to the guardian by the court.

* Sec. 5. AS 13.26.095 is amended by adding a new subsection to read:

(e) A testamentary appointment of a guardian by the parent of an incapacitated person, or by the spouse of a married incapacitated person, may grant all guardianship powers and duties which the deceased parent or spouse held, subject to modification by the court under AS 13.26.125.

* Sec. 6. AS 13.26.105 is repealed and re-enacted to read:

Sec. 13.26.105. PETITION. (a) Any person may petition the court for a finding of incapacity and the appointment of a guardian for himself or for another person.

(b) The petition for appointment of a guardian shall state

(1) the name, age, and address of the petitioner and his relationship to the respondent;

(2) the name, age, and present address of the respondent;

(3) the name and address of the person or facility presently having care, custody, guardianship, or conservatorship of the respondent, if any, and the existence of any other restrictions on the legal capacity of the respondent to act in his own behalf;

(4) the nature and degree of the alleged incapacity;

(5) the particular type and duration of appointment and the protection and assistance being sought;

(6) the names and addresses, unless they are unknown and cannot reasonably be ascertained, of the individuals most closely related to the respondent by blood or marriage;

(7) the facts supporting the allegations of incapacity and the need for appointment of a guardian;

(8) the names and addresses of persons known to the petitioner who have knowledge that might prove helpful in determining the capacity and needs of the respondent.

(c) The petition may also nominate a guardian and include a request for temporary guardianship as provided in AS 13.26.140 if the petitioner believes there is an imminent danger that the physical health or safety of the respondent will be seriously impaired during the pendency of the guardianship proceeding. A request for temporary guardianship shall specify facts which cause the petitioner to believe that a temporary guardian is necessary.

* Sec. 7. AS 13.26 is amended by adding new sections to read:

Sec. 13.26.106. INITIAL COURT PROCEDURES. (a) Upon the filing of a petition, the court shall schedule a hearing on the issue of incapacity. The hearing shall be conducted within 120 days from the filing of the petition unless the court postpones the hearing for cause.

(b) The respondent is entitled to be represented by an attorney in

the proceedings. If the respondent is financially unable to employ an attorney to assist him, the court shall appoint an attorney to represent the respondent in the proceedings.

(c) The court shall appoint a visitor as defined in AS 13.26.-005(8). The visitor shall arrange for evaluations to be performed and prepare a written report to be filed with the court. The court shall also appoint an expert who has expertise in regard to the alleged or admitted incapacity to investigate the issue of incapacity.

(d) The visitor shall interview the respondent and the person seeking appointment as guardian, if any. The visitor shall conduct the interviews and investigations necessary to prepare his report and shall arrange for the respondent to be examined by the expert appointed under (c) of this section. The expert's written report shall be attached to the visitor's report.

(e) Interviews and examinations shall take place in the respondent's usual residence unless

(1) the respondent consents to being examined or interviewed in a medical or mental health facility; or

(2) the visitor considers it necessary to conduct interviews or examinations in a medical or mental health facility.

Sec. 13.26.107. NOTICE OF RIGHTS. (a) Upon appointment, the visitor shall promptly

(1) explain to the respondent, in a language or communication system he can understand, the purpose of the interview and possible consequences of the proceedings;

(2) serve a copy of the petition on the respondent in accordance with the procedure described in AS 13.06.110;

(3) explain and provide to the respondent a written statement of the following rights:

(A) he may communicate with an attorney or an expert in the alleged incapacity before proceeding with the interview;

(B) if he does not have an attorney, an attorney, whose name, address, and telephone number shall be included in the statement, will be designated to advise and represent him before and at any judicial hearings, and the attorney may arrange for an examination and consultation with an expert; and

(C) he may, instead, employ an attorney or expert of his own choice; and

(4) offer assistance to the respondent in contacting an attorney.

(b) A substantive interview of the respondent or other investigation may not be conducted until (a) of this section has been satisfied.

Sec. 13.26.108. VISITOR'S REPORT. (a) The visitor shall file with the court his evaluation report, proof of service of the petition upon the respondent and proof of service of his report upon the respondent, his attorney, and the petitioner, within 90 days after the date on which the petition was filed.

(b) The visitor shall, as part of the evaluation report, explain alternatives to guardianship and recommend any which will safeguard the respondent's essential requirements for physical health and safety. The evaluation report may recommend personal guardianship only if the visitor determines that the needs of the respondent cannot be met by other alternatives.

(c) The evaluation report shall include

(1) the results and analyses of medical and other tests and examinations performed which describe the respondent's mental, emotional, physical, and educational condition, adaptive behavior and

social skills, and which specify the data on which the description is based;

(2) recommendations regarding the types and extent of assistance, if any, necessary to meet the essential requirements for the physical health and safety of the respondent;

(3) an evaluation of the respondent's need for mental health treatment and whether there is a substantial probability that available treatment will significantly improve his mental condition;

(4) an evaluation of the respondent's need for educational or vocational assistance or personal care and whether these can be made available to the respondent;

(5) an evaluation of the probability that the incapacity may significantly lessen, and the type of services or treatment which will facilitate improvement in the respondent's condition or skills;

(6) a list of the names and addresses of all individuals who examined, interviewed, or investigated the respondent and of the names and addresses of all persons contacted in preparation of the report;

(7) a summary of the information which

(A) was supplied by the persons described in (6) of this subsection; and

(B) supports the conclusions of the report;

(8) a description of the alternatives to guardianship which were considered and not recommended and an explanation of why they are not feasible to meet the respondent's needs;

(9) a description of the present home and living arrangement of the respondent and of any other proposed placement and a recommendation for the respondent's living arrangement that provides the least restrictive setting necessary to protect the respondent from serious illness, injury, or disease; and

(10) a specification of the financial resources of the respondent and his entitlements to insurance benefits and publicly operated or sponsored health, mental health, and welfare assistance which might be employed in the provision of services to him.

(d) If personal guardianship is recommended, the evaluation report required under (c) of this section shall include a guardianship outline which identifies

(1) potential guardians;

(2) the specific services necessary and available to protect the respondent from serious injury, illness or disease, and, to the extent possible, return the respondent to full capacity in handling his own affairs;

(3) the means by which the services described in (2) of this subsection may be financed;

(4) the specific, least restrictive authority needed by the guardian to provide the services described in (2) of this subsection.

(e) The petitioner and the respondent may file responses to the evaluation report within 10 days of receiving it. The court may grant additional time if requested for cause.

Sec. 13.26.109. EVALUATIONS: RIGHT TO REMAIN SILENT; RESPONDENT'S ATTORNEY OR EXPERT. (a) A ward or respondent has the right to refuse to respond to questions in the course of examinations and evaluations. However, he may be required to submit to interviews for the purpose of ascertaining whether he lacks the capacity to make informed decisions about care and treatment services.

(b) Statements of a ward or respondent in the course of evaluations, examinations, and treatment under AS 13.26.090 - 13.26.155 are privileged and confidential and not admissible without the ward's or respondent's consent in any civil or criminal proceeding other than

proceedings under AS 13.26.090 - 13.26.155. A ward or respondent at all times has the right to refuse to answer questions if the answers may tend to incriminate him.

(c) During an interview or testing conducted under AS 13.26.090 - 13.26.155, a ward or respondent has the right to be accompanied by an attorney or expert of his own choosing.

(d) The court, if requested by a ward or respondent in preparation for and in connection with a hearing held under AS 13.26.090 - 13.26.155, shall appoint an expert having expertise in regard to the alleged or admitted incapacity to examine the respondent and testify on his behalf. The request shall be filed in court at least five days before the hearing. An expert appointed under this subsection may be the same expert appointed under AS 13.26.106(c).

Sec. 13.26.111. DUTIES AND POWERS OF RESPONDENT'S ATTORNEY. (a) The principal duty of an attorney representing a ward or respondent is to represent the ward or respondent zealously. Zealous representation includes at least

(1) personal interviews with the ward or respondent; unless good cause exists, the first contact with the ward or respondent shall be at least two weeks before the hearing;

(2) explaining, if possible, to the ward or respondent in terms which the ward or respondent can understand, the nature and possible consequences of the proceeding, the alternatives which are available, and the rights to which he is entitled;

(3) securing and presenting evidence and testimony and offering arguments to protect the ward's or respondent's rights and to further his interests.

(b) To the maximum extent possible, the ward or respondent shall remain responsible for determining his interests. However, his attorney

may seek appointment of a guardian ad litem if the circumstances of AS 13.26.112 apply.

Sec. 13.26.112. APPOINTMENT OF A GUARDIAN AD LITEM. (a) Upon the request of a ward or respondent or his attorney, the court shall appoint a guardian ad litem to protect the rights of the ward or respondent in proceedings under AS 13.26.090 - 13.26.155 if the court is satisfied that because of impaired ability to effectively receive and evaluate information regarding the proceedings or because of impaired ability to communicate decisions regarding the proceedings, the ward or respondent cannot determine his own interests without assistance, and

(1) a guardian has not been appointed;

(2) his interests and those of his guardian conflict; or

(3) the appointment is otherwise in the interests of justice.

(b) The guardian ad litem shall assist the ward or respondent in determining his interests in regard to the legal proceedings in which he is involved. If the ward or respondent is entirely incapable of determining his own interests, the guardian ad litem shall make that determination and advise the court and counsel for all parties accordingly. The guardian ad litem shall

(1) inquire thoroughly into all the circumstances that a prudent individual in the position of the ward or respondent would consider in determining his own interests in the proceedings; and

(2) encourage the ward or respondent to participate, to the maximum extent of his capability, in all decisions and to act on his own behalf on all matters in which he is able.

(c) The attorney may also be the guardian ad litem for the ward or respondent if there is no other party readily available and able to serve as a guardian ad litem and whose interests would not conflict with those of the ward or respondent.

Sec. 13.26.113. HEARING. (a) At the hearing scheduled under AS 13.26.106, the respondent has the right to

(1) present evidence on his own behalf;

(2) cross-examine witnesses who testify against him;

(3) remain silent;

(4) have the hearing open or closed to the public as he elects;

(5) be present unless the court determines that his conduct in the courtroom is so disruptive that the proceedings cannot reasonably continue with him present;

(6) be tried by jury on the issue of incapacity.

(b) The burden of proof by clear and convincing evidence is upon the petitioner, and a determination of incapacity shall be made before consideration of proper disposition.

(c) If the respondent is found to be incapacitated, the court shall determine the extent of the incapacity and the feasibility of alternatives to guardianship to meet the needs of the respondent.

(d) If it is found that alternatives to guardianship are feasible and adequate to meet the needs of the respondent, the court may dismiss the action and order an alternative form of protection.

(e) If it is found that the respondent is able to perform some, but not all, of the functions necessary to care for himself, and alternatives to guardianship are not feasible or adequate to provide for the needs of the respondent, the court may appoint a partial guardian, but may not appoint a full guardian.

(f) If it is found that the respondent is totally without capacity to care for himself and that a combination of alternatives to guardianship and the appointment of a partial guardian is not feasible or adequate to meet the needs of the respondent, the court may appoint a full

guardian.

(g) If it is necessary to appoint a guardian, the court shall consider the ward's preference.

(h) At the time a guardian is appointed, the court shall make a reasonable effort to acquaint the ward with his right to request, at a later time, his guardian's dismissal or a modification of the guardianship order. The court shall provide a written statement to the ward, explaining his rights and specifying the procedures to be followed in petitioning the court.

Sec. 13.26.114. PSYCHOTROPIC MEDICATION INFLUENCING WARDS OR RESPONDENTS AT JUDICIAL HEARINGS. (a) A ward or respondent has a right to participate to the maximum extent possible in all judicial proceedings concerning him and to be free from the influence of psychotropic medication during the proceedings.

(b) It is the responsibility of the attorney for the ward or respondent to determine if the ward or respondent is being treated with psychotropic medication the effects of which would continue during the judicial proceedings and, if so, to inform the court in writing a reasonable time before the hearing.

(c) The court, upon receipt of the information provid d under (b) of this section, shall require a medical examination of the ward or respondent, if the court determines that the medical examination is necessary, and shall determine the advisability of continuation or suspension of the treatment for the duration of the judicial proceedings. The court may make any appropriate order it considers necessary. The court in making its determination shall balance the interest of maximum participation of the ward or respondent in the hearings against the medical and rehabilitative needs of the ward or respondent.

(d) If the ward or respondent is under the influence of psycho-

tropic medication during the judicial proceeding determining capacity, the trier of fact shall take that fact into consideration in making its determination.

Sec. 13.26.116. GUARDIANSHIP ORDER. (a) If the court or jury determines that a person is incapacitated and the services of a guardian are necessary, the court shall enter an order which

(1) names the guardian and establishes a guardian-ward relationship;

(2) includes findings of fact which support each grant of authority to the guardian;

(3) adopts a guardianship plan.

(b) The guardianship plan shall specify the authority which the guardian has with regard to

(1) medical care for the ward's physical condition;

(2) mental health treatment which the guardian considers to be in the ward's best interests;

(3) housing for the ward with consideration of the following:

(A) the wishes of the ward;

(B) the preferability of allowing the ward to retain local community ties; and

(C) the requirement for services to be provided in the least restrictive setting;

(4) personal care, educational and vocational services necessary for the physical and mental welfare of the ward and to return the ward to full capacity;

(5) application for health and accident insurance and any other private or governmental benefits to which the ward may be entitled to meet any part of the costs of medical, mental health, or related services provided to the ward;

(6) physical and mental examinations necessary to determine the ward's medical and mental health treatment needs; and

(7) control of the estate and income of the ward to pay for the cost of services which the guardian is authorized to obtain on behalf of the ward.

(c) The guardianship plan may not be more restrictive of the liberty of the ward than is reasonably necessary to protect the ward from serious physical injury, illness or disease and to provide him with medical care and mental health treatment for his physical and mental health. The guardianship plan shall be designed to encourage a ward to participate in all decisions which affect him and to act on his own behalf to the maximum extent possible. The court may not assign a duty or power to a guardian unless the need for it has been proven to the satisfaction of the court and no less restrictive alternative or combination of alternatives is sufficient to satisfy the need.

(d) The duration of the term of guardianship shall be determined by the court order. Upon receipt of a report or other information that requires further consideration, the court may order a review hearing if it determines that the hearing is in the best interests of the ward.

Sec. 13.26.117. GUARDIANSHIP IMPLEMENTATION REPORT. Within 90 days after appointment as guardian, the guardian shall submit to the court a report. The report shall describe the guardian's program for implementing the guardianship plan. The primary goal of the program described in the report shall be, to the maximum extent possible, to develop or regain the ward's abilities to handle his own affairs. The report shall consider housing, medical care, and educational and vocational needs and resources. In developing the report, the guardian shall consult with his ward to the maximum extent possible. The office of public guardian shall contact the guardian to offer assistance in

preparing the report. The report shall specify the services which are necessary to meet the essential requirements for the ward's physical health or safety and the means for obtaining the services. The report shall specify the manner in which the guardian will exercise and share decision-making authority and other items which will assist in fulfilling the needs of the ward, the terms of the guardianship order, and the duties of the guardian.

Sec. 13.26.118. REPORTING. (a) A guardian shall submit a report to the court or request that a visitor be appointed to prepare and submit a report at least annually. A court-appointed visitor shall prepare the report at least once in each three-year period. The guardian shall submit an additional report to the court when

(1) the court orders it;

(2) there is a significant change in the capacity of the ward to meet the essential requirements for his health and safety or to protect his rights;

(3) the guardian resigns or is removed;

(4) the guardianship is terminated; or

(5) the ward requests it.

(b) The report shall contain, but is not limited to, the following information:

(1) the name and address of the ward and the guardian;

(2) the ward's present mental, physical, and social conditions and present living arrangements and the ward's opinion of these arrangements;

(3) changes in the capacity of the ward to meet essential requirements for his physical health and safety;

(4) the services being provided to the ward;

(5) the significant actions taken by the guardian during the

reporting period in regard to his ward;

(6) a financial accounting of the estate which has been subject to the possession or control of the guardian;

(7) a list of the number and nature of the contacts between the guardian and ward if the ward does not reside with the guardian;

(8) any other information requested by the court or necessary or desirable in the opinion of the guardian or visitor.

Sec. 13.26.131. COSTS IN GUARDIANSHIP PROCEEDINGS. (a) Subject to (d) of this section, the state shall bear the costs of the visitor and expert appointed under AS 13.26.106(c).

(b) Subject to (c) and (d) of this section, the respondent shall bear the costs of the attorney appointed under AS 13.26.106(b), of the expert appointed under AS 13.26.109(d), of the guardian ad litem appointed under AS 13.26.112, and of other court and guardianship costs incurred under this chapter.

(c) The state shall pay all or part of the costs described in (b) of this section if the court finds that the payment is necessary to prevent the respondent from suffering financial hardship or from becoming dependent upon a government agency or a private person or agency.

(d) The court may require the petitioner to pay all or some of the costs described in (a) and (b) of this section if the court finds that the petitioner initiated a proceeding under this chapter that was malicious, frivolous, or without just cause.

* Sec. 8. AS 13.26.120 is amended to read:

Sec. 13.26.120. TERMINATION OF GUARDIANSHIP FOR INCAPACITATED PERSON. The authority and responsibility of a guardian for an incapacitated person terminates upon the death of the guardian or ward, the determination of incapacity of the guardian, <u>the</u> [OR UPON] removal or resignation <u>of the guardian</u> as provided in AS 13.26.125<u>, or upon the</u>

expiration of the period specified by court order as the duration of the guardianship. Testamentary appointment under an informally probated will terminates if the will is later denied probate in a formal proceeding. Termination does not affect a guardian's [HIS] liability for prior acts nor his obligation to account for [FUNDS AND] assets of the [HIS] ward over which he exercised control.

* Sec. 9. AS 13.26.125 is amended to read:

Sec. 13.26.125. REMOVAL OR RESIGNATION OF GUARDIAN; CHANGE IN OR TERMINATION OF GUARDIANSHIP [INCAPACITY]. (a) On petition of the ward, the guardian, or any person interested in the ward's [HIS] welfare, the court may (1) review and amend a decision of a guardian; or (2) if alternatives which are less restrictive than guardianship or less restrictive than the existing guardianship plan would assist the ward in meeting his essential requirements for physical health and safety, modify the provisions of its order to (A) amend the guardianship plan or the responsibilities of the guardian; (B) remove a guardian and appoint a successor; or (C) terminate the guardianship [IF IN THE BEST INTERESTS OF THE WARD]. On petition of the guardian, the court may accept his resignation and make any other order which may be appropriate.

(b) The [AN ORDER ADJUDICATING INCAPACITY MAY SPECIFY A MINIMUM PERIOD, NOT EXCEEDING ONE YEAR, DURING WHICH NO PETITION FOR AN ADJUDICATION THAT THE WARD IS NO LONGER INCAPACITATED MAY BE FILED WITHOUT SPECIAL LEAVE. SUBJECT TO THIS RESTRICTION, THE] ward, the guardian, or any person interested in the ward's [HIS] welfare may petition for an order that the ward [HE] is no longer incapacitated or no longer incapacitated to the same extent as he was when the original guardianship order was made or when the court last amended the guardianship order, and for removal or resignation of the guardian, termination of the guardianship, or a change in the responsibilities of the guardian. A request

for this order may be made by informal letter to the court or judge and any person who knowingly interferes with transmission of this kind of request to the court or judge may be held in [ADJUDGED GUILTY OF] contempt of court.

(c) Before removing a guardian, changing his responsibilities, accepting the resignation of a guardian, or ordering that a ward's guardianship be changed or [INCAPACITY HAS] terminated, the court, following the same procedures to safeguard the rights of the ward as apply to a petition for appointment of a guardian and applying the least restrictive alternative necessary to meet the needs of the ward after consideration of alternatives to guardianship services, may send a visitor to the residence of the present guardian and to the place where the ward resides or is detained, to observe conditions and report in writing to the court.

(d) If at any time the ward requests or indicates to his guardian or to the agency responsible for his care or its employee that he desires a change in guardianship, the guardian or the agency providing care shall inform the court of the request or indication.

(e) If the guardian dies, or if on the basis of a petition filed under this section or a report or other information, there is probable cause to believe a guardian is not performing his responsibilities effectively and there is an imminent danger that the physical health or safety of the ward will be seriously impaired, the court shall take whatever action is necessary to protect the ward, including the dismissal of the guardian and appointment of a temporary guardian without a hearing.

* Sec. 10. AS 13.26.135 is amended to read:

Sec. 13.26.135. NOTICES IN GUARDIANSHIP PROCEEDINGS. (a) In a proceeding for the appointment, change in responsibilities, [OR] removal of a guardian, or termination of guardianship, [OF AN INCAPACITATED

PERSON] other than the appointment of a temporary guardian or temporary suspension of a guardian, notice of hearing shall be given to each of the following:

(1) the ward or respondent by the visitor as provided in AS 13.26.107 [THE PERSON ALLEGED TO BE INCAPACITATED AND HIS SPOUSE, PARENTS AND ADULT CHILDREN];

(2) any person who is serving as his guardian, conservator or who has his care and custody; [AND]

(3) in case no other person is notified under (4) [(1)] of this subsection, at least one of his closest adult relatives, if any can be found;

(4) the spouse, parents, and adult children of the ward or respondent;

(5) any person who performed an evaluation for the visitor's report within the previous two years;

(6) the ward's or respondent's attorney; and

(7) the ward's or respondent's guardian ad litem if one has been appointed.

(b) Notice shall be served personally on the ward's or respondent's [ALLEGED INCAPACITATED PERSON, AND HIS] spouse and parents if they can be found within the state. Except as provided in (a)(1) of this section, notice [NOTICE] to the spouse and parents, if they cannot be found within the state, and to all other persons [EXCEPT THE ALLEGED INCAPACITATED PERSON] shall be given as provided in AS 13.06.110. [WAIVER OF NOTICE BY THE PERSON ALLEGED TO BE INCAPACITATED IS NOT EFFECTIVE UNLESS HE ATTENDS THE HEARING OR HIS WAIVER OF NOTICE IS CONFIRMED IN AN INTERVIEW WITH THE VISITOR. REPRESENTATION OF THE ALLEGED INCAPACITATED PERSON BY A GUARDIAN AD LITEM IS NOT NECESSARY.]

(c) The notice shall set out the date, time, place, purpose and

possible consequences of the hearing and the rights of the ward or respondent and any other parties to the proceedings.

* Sec. 11. AS 13.26.140 is repealed and re-enacted to read:

Sec. 13.26.140. TEMPORARY GUARDIANS. (a) If during the pendency of an initial petition for guardianship it appears that the respondent is in need of immediate services to protect him against serious injury, illness or disease and the respondent is not capable of procuring the necessary services, the petitioner may request the appointment of a temporary guardian to authorize the services. The request shall state the reasons and factual basis for the request. The petitioner shall immediately file the request with the court and serve copies on the respondent and his attorney. The court shall conduct a hearing within 72 hours after the filing.

(b) At the temporary guardianship hearing, the respondent shall have the rights set out in AS 13.26.113(a).

(c) The burden of proof at the hearing shall be by a preponderance of the evidence and shall be upon the petitioner.

(d) If the court determines that a temporary guardian should be appointed, it shall make the appointment and grant to the guardian only the authorities that are least restrictive upon the liberty of the respondent and which enable the temporary guardian to provide the emergency services necessary to protect the respondent from serious injury, illness or disease.

(e) The temporary guardianship shall expire at the time of the appointment of a full or partial guardian or upon the dismissal of the petition for guardianship.

(f) If no guardianship petition is pending but the court is informed of a person who is apparently incapacitated and in need of emergency life-saving services, the court may authorize the services upon

determining that delay until a guardianship hearing can be held would entail a life-threatening risk to the person.

* Sec. 12. AS 13.26 is amended by adding a new section to read:

Sec. 13.26.141. EMERGENCY POWERS. Notwithstanding the limits of a temporary guardianship or guardianship order, a temporary guardian and guardian at all times have the right to authorize the provision of emergency life-saving services. This right includes the power to authorize hospitalization without advance court approval.

* Sec. 13. AS 13.26.145 is repealed and re-enacted to read:

Sec. 13.26.145. WHO MAY BE GUARDIAN; PRIORITIES. (a) The court may appoint a competent person, the public guardian, or a private associatio or nonprofit corporation with a guardianship program for incapacitated persons, as guardian of an incapacitated person.

(b) The court may not appoint a person to be a guardian of an incapacitated person if the person

(1) provides, or is likely to provide during the guardianship period, substantial services to the incapacitated person in a professional or business capacity, other than in his capacity as guardian;

(2) is, or is likely to become during the guardianship period, a creditor o the incapacitated person, other than in his capacity as guardian;

(3) has, or is likely to have during the guardianship period, interests which may conflict with those of the incapacitated person; or

(4) is employed by a person who would be disqualified under (1) - (3) of this subsection.

(c) A person may be appointed as the guardian of an incapacitated person notwithstanding the provisions of (b) of this section if he is the spouse, adult child, parent, or sibling of the incapacitated person and the court determines that the potential conflict of interest is

insubstantial and that the appointment would clearly be in the best interests of the incapacitated person.

(d) Subject to (e) of this section, qualified persons have priority for appointment as guardian in the following order:

(1) a person, association, or private nonprofit corporation nominated by the incapacitated person, if at the time of the nomination the incapacitated person had the capacity to make a reasonably intelligent choice;

(2) the spouse of the incapacitated person;

(3) an adult child or parent of the incapacitated person;

(4) a relative of the incapacitated person with whom the incapacitated person has resided for more than six months during the year before the filing of the petition;

(5) a relative or friend who has demonstrated a sincere, longstanding interest in the welfare of the incapacitated person;

(6) a private association or nonprofit corporation with a guardianship program for incapacitated persons;

(7) the public guardian.

(e) The priorities established in (d) of this section are not binding, and the court shall select the person, association, or nonprofit corporation that is best qualified and willing to serve. The court shall also give consideration to a nomination by a person described in (d) of this section and to a nomination in the will of a deceased parent or spouse of the incapacitated person.

* Sec. 14. AS 13.26.150 is repealed and re-enacted to read:

Sec. 13.26.150. GENERAL POWERS AND DUTIES OF GUARDIAN. (a) A guardian shall diligently and in good faith carry out the specific duties and powers assigned by the court. In carrying out his duties and powers, the guardian shall encourage the ward to participate to the

maximum extent of his capacity in all decisions which affect him, to act on his own behalf in all matters in which he is able, and to develop or regain, to the maximum extent possible, his capacity to meet the essential requirements for his physical health or safety, to protect his rights, and to manage his financial resources.

(b) A partial guardian of an incapacitated person has only the powers and duties respecting his ward enumerated in the court order.

(c) A full guardian of an incapacitated person has the same powers and duties respecting his ward that a parent has respecting his unemancipated minor child except that the guardian is not liable for the care and maintenance of the ward, or to third persons for acts of the ward solely by reason of guardianship. Except as modified by order of the court, a full guardian's powers and duties include, but are not limited to, the following:

(1) he is entitled to custody of the person of his ward and shall assure that the ward has a place of abode in the least restrictive setting consistent with the essential requirements for the ward's physical health and safety;

(2) he shall assure the care, comfort, and maintenance of the ward;

(3) he shall assure that the ward receives the services necessary to meet the essential requirements for the ward's physical health and safety and to develop or regain, to the maximum extent possible, the capacity to meet his needs for physical health and safety;

(4) he shall assure through the initiation of court action and other means that the ward enjoys all personal, civil, and human rights to which the ward is entitled;

(5) he may give consents or approvals necessary to enable the ward to receive medical or other professional care, counsel, treatment

or services except as otherwise limited by (e) of this section;

(6) if a conservator for the estate of the ward has not been appointed, the guardian may receive money and property deliverable to the ward and apply the money and property for support, care, and education of the ward; however, the guardian may not apply the ward's money or property for his services as guardian or for room and board which he, his spouse, parent, or child have furnished the ward unless, before payment, the court finds that the ward is financially able to pay and that the charge is reasonable; notice of a request for payment approval shall be provided to at least one relative of the ward if possible; the guardian shall exercise care to conserve any excess money or property for the ward's needs;

(7) if a conservator of the estate of the ward has been appointed, the guardian shall pay all of the ward's estate received by the guardian in excess of the money expended to meet current expenses for support, care, and education of the ward, to the conservator for management as provided in AS 13.26.165 - 13.26.315, and the guardian shall account to the conservator for money expended.

(d) A guardian of a ward, for whom a conservator has also been appointed, shall have the custody and care of the ward and is entitled to receive reasonable sums for his services and for room and board furnished to the ward as agreed upon between the guardian and the conservator. The guardian may request the conservator to expend the ward's estate for the ward's care and maintenance.

(e) A guardian may not

(1) place the ward in a facility or institution for the mentally ill other than through a formal commitment proceeding under AS 47.30.070 in which the ward has a separate guardian ad litem;

(2) consent on behalf of the ward to an abortion, steriliza-

tion, psychosurgery, or removal of bodily organs except when necessary to preserve the life or prevent serious impairment of the physical health of the ward;

(3) consent on behalf of the ward to the withholding of life-saving medical procedures;

(4) consent on behalf of the ward to the performance of an experimental medical procedure or to participation in a medical experiment not intended to preserve the life or prevent serious impairment of the physical health of the ward;

(5) prohibit the marriage or divorce of the ward;

(6) consent on behalf of the ward to termination of the ward's parental rights;

(7) prohibit the ward from registering to vote or from casting a ballot at public election;

(8) prohibit the ward from applying for and obtaining a driver's license.

* Sec. 15. AS 13.26.195 is amended by adding a new subsection to read:

(d) The court shall investigate alternatives to a conservator and the use of a special conservator as provided in AS 13.26.205(c). A conservator may be appointed only if a less restrictive protective order or the services of a special conservator are not adequate to protect the estate of the protected person. The court shall, to the extent possible, consult with the protected person in determining what action should be taken.

* Sec. 16. AS 13.26.205(c) is amended to read:

(c) Before approving a protective arrangement or other transaction under this section, the court shall consider the interests of creditors and dependents of the protected person and, in view of his disability, whether the protected person needs the continuing protection of a con-

servator. If only certain powers need be given to the conservator or the services of a conservator are needed only for a limited number of transactions, a special conservator may be appointed. The court may appoint a special conservator to assist in the accomplishment of any protective arrangement or other transaction authorized under this section who shall have the authority conferred by the order and serve until discharged by order after report to the court of all matters carried out under [DONE PURSUANT TO] the order of appointment.

* Sec. 17. AS 13.26 is amended by adding a new section to read:

Sec. 13.26.218. PUBLIC BOND. (a) If the public guardian is appointed as a conservator, the court may not require a bond under AS 13.26.215.

(b) If the court requires a conservator to provide a bond under AS 13.26.215 and the conservator is financially unable to provide the bond, the court may order the cost of the bond to be paid from court funds.

* Sec. 18. AS 13.26 is amended by adding new sections to read:

ARTICLE 6. PUBLIC GUARDIANS.

Sec. 13.26.360. PURPOSE. The legislature recognizes that many Alaskans, for reasons of incapacity or minority, are in need of a guardian or conservator. Often these persons cannot find a person able and willing to serve as guardian or conservator. The legislature intends through AS 13.26.360 - 13.26.410 to establish the office of public guardian for the purpose of furnishing guardianship and conservatorship services. It further intends by establishing this office to provide assistance to guardians throughout the state in securing necessary services for their wards and to assist the courts, attorneys, visitors, proposed guardians, and respondents in the orderly and expeditious handling of guardianship proceedings.

Sec. 13.26.370. PUBLIC GUARDIAN. (a) The public administrator (AS 22.15.310) shall also act as the public guardian for the judicial district for which he is appointed.

(b) A court may order the public guardian to act as full guardian, partial guardian, conservator, or special conservator for a person who is determined under this chapter to be in need of guardianship or conservatorship service if no person or private guardianship association is willing and qualified to perform the function.

Sec. 13.26.380. POWERS AND DUTIES OF PUBLIC GUARDIAN. (a) The public guardian has the same powers and duties with respect to his wards and protected persons as a private guardian or conservator.

(b) The public guardian, when appointed as guardian or conservator, shall endeavor, for as long as practical, to find a suitable private guardian or conservator for his ward or protected person. For each ward and protected person, the public guardian shall report to the court having jurisdiction of the ward or protected person, at least once every six months, his efforts to find a private guardian or conservator.

(c) The public guardian shall

(1) establish and maintain relationships with governmental, public, and private agencies, institutions, and organizations to assure the most effective guardianship or conservatorship program for each ward and protected person;

(2) visit each of his wards and protected persons at least once every quarter to monitor their welfare;

(3) keep and maintain financial and statistical records of all cases in which the public guardian provides guardianship or conservatorship services;

(4) provide information and referrals to the public regarding guardianship and conservatorship proceedings, but not information which

would identify a particular case;

(5) assist guardians and court-appointed visitors of wards and respondents in the preparation and revision of guardianship plans and reports;

(6) assist guardians to understand the disabilities of wards and to foster the increased independence of wards;

(7) assist guardians in securing the rights, benefits, and services to which their wards are entitled;

(8) develop and maintain a current listing of public and private medical, mental health, social advocacy, educational, rehabilitative, counseling, therapeutic, homemaking, recreational and financial services and programs available to assist wards and protected persons and their families.

(d) The public guardian may

(1) contract for services necessary to carry out the duties of his office;

(2) accept the services of volunteer workers or consultants and reimburse them for their necessary expenses.

Sec. 13.26.390. INTERVENTION. The public guardian may, on his own motion or at the request of the court, intervene in a guardianship or conservatorship proceeding if he or the court considers the intervention to be justified because

(1) an appointed guardian or conservator is not fulfilling his duties;

(2) the estate is subject to waste as a result of the costs of the guardianship or conservatorship;

(3) a willing and qualified guardian or conservator is not available; or

(4) the best interests of the ward, respondent, protected

person, or person who is the subject of a conservatorship proceeding require the intervention.

Sec. 13.26.400. DELEGATION OF POWERS AND DUTIES. The public guardian may employ staff and delegate to members of his staff or to volunteers his powers and duties as guardian or conservator and other powers and duties under this chapter. However, the public guardian retains responsibility for the proper performance of the delegated powers and duties. All delegations shall be to persons who meet the eligibility requirements of AS 13.26.145.

Sec. 13.26.410. ALLOCATION OF COSTS. (a) If a public guardian is appointed guardian or conservator, the administrative costs of his services and the costs incurred in the appointment procedure may not be charged against the income or the estate of the ward or protected person unless the court determines that the ward or protected person is financially able to pay all or part of the costs.

(b) The court shall determine the ability of the ward or protected person to pay for administrative costs of a public guardian or costs incurred in the appointment procedure by determining the financial ability of the ward or protected person to pay a private guardian or conservator, considering the nature, extent, and liquidity of assets of the ward or protected person, the disposable net income of the ward or protected person, the nature of the guardianship or conservatorship, the type, duration and complexity of the services required, and any other foreseeable expenses.

(c) The public guardian shall investigate the financial status of (1) a person who requests the appointment of the public guardian as his guardian or conservator; and (2) a ward for whom a court has appointed the public guardian.

(d) The public guardian may require a person described in (c) of

this section to execute and deliver written requests or authorizations necessary under law to provide the public guardian with access to records of public or private sources, otherwise confidential, needed to evaluate the person's financial eligibility. The public guardian may, upon request and without payment of fees otherwise required by law, obtain information from any office of the state or of a political subdivision or agency of the state which possesses public records.

(e) The reasonable value of the services rendered without cost to the ward or protected person shall be allowed as a claim against the estate upon the death of the ward or protected person.

* Sec. 19. AS 22.15.310 is amended to read:

Sec. 22.15.310. APPOINTMENT. When authorized by the supreme court, the presiding judge in each judicial district shall appoint a person to act as public administrator of the estates of deceased persons, [AND] as coroner, and as public guardian.

* Sec. 20. AS 22.15.350 is amended to read:

Sec. 22.15.350. DUTIES [AS CORONER]. In addition to his other duties, a public administrator shall perform the duties set out in AS 22.15.110 and shall perform the duties of public guardian as set out in AS 13.26.360 - 13.26.410.

* Sec. 21. AS 13.26.110 and 13.26.130 are repealed.

* Sec. 22. TRANSITION. No later than July 1, 1983, all guardianships for incapacitated persons established before July 1, 1980, and in effect on July 1, 1980 shall be reviewed by the court. Until the review, a guardian appointed before July 1, 1980, whose guardianship is still in effect on July 1, 1980, shall retain the powers assigned to him, unless a petition for modification under AS 13.26.125 amended by sec. 8 of this Act is granted. Before the review, the guardian shall submit one report in the form prescribed in AS 13.26.118 added by sec. 6 of this Act.

* Sec. 22. This Act takes effect July 1, 1980.

HB
610

Introduced 1-24-80
Logged - 4-24-80
Referred Finance
Comm meeting 5-19-80
" action

This is same as HB 327 but we in Hess never offered it went to State Affairs when it is rec'd. 4-24-80

HB 610
By Labor Comm By Request of Legislative Council for the Interim Committee on services for the Elderly

"An Act making ~~appropriation~~ to the Dept of Administration for Older Adults Commission for programs of benefit to older Montanans

COMMITTEE REPORT

SENATE

FURTHER: FINANCE

4/24/80

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had HB 610

making a special appropriation to the Dept. of Administration, Older Alaskans Commission, for programs to benefit older Alaskans

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back wi hout recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

_____

CHAIRMAN

S 60 (Rev. 12/78)

77-
Chenoweth

[Copy]

Introduced: 1/24/80
Referred: Health, Education & Social Services and Finance

Funding Information
General Fund $1,000,000
Other Funds -0-
$1,000,000

BY THE RULES COMMITTEE BY REQUEST OF THE LEGISLATIVE COUNCIL (for the Interim Committee on Services for the Elderly)

IN THE HOUSE

HOUSE BILL NO. 610

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act making a special appropriation to the Department of Administration, Older Alaskans Commission, for programs of benefit to older Alaskans; and providing for an effective date."

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

* Section 1. The sum of $1,000,000 is appropriated from the general fund to the Older Alaskans Commission, Department of Administration, for grants for service programs to older Alaskans in accordance with the provisions of AS 47.65.010 - 47.65.060.

* Sec. 2. The unexpended and unobligated portion of the appropriation made by this Act lapses into the general fund June 30, 1981.

* Sec. 3. This Act takes effect on the effective date of a version of an Act entitled, "An Act authorizing state aid for service programs for the benefit of older Alaskans."

HB
615

HB 615
By: Rules Comm.
By req. of Legislature
Should provide
Interim Comm on
Services for the
Elderly.

~~SENATE~~ ~~RESOLUTION~~ ~~Act~~ relating to an exemption from municipal property taxation; and providing for effective date.

Introduced 1-24-80
Logged 4-24-80
Referrals Finance
Comm. meeting
" action

Sen Hackney waived

Ref'd to Senator Secoy

x Jeff. C. Jeffers

NOTE → This is same as SB 319 which passed out of C & R. Affairs & in Senate Finance Unless Sturgeon wished like us to hear.

HB

651

CSHB 651 AM SHEP 79-80 Providing for a STUDY of the ~~community~~ College system

By HESS

Introduced 4-14-80
Logged 5-27-80
Referred none
Comm meeting
" hearing

F/N - Levine
Notify Secretary's office of hearing (date)

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. CSHB 651 (Page 1 of 4)
Title Study of Community College System
Requested by House HESS Date 4/4/80

II. FISCAL DETAIL
Agency Affected EDUCATION
Program Category Affected Alaska Commission on Postsecondary Education
BRU, Program, or Subprogram(s) Affected Commission on Postsecondary Education
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84
100 PERSONAL SERVICES			16.0			
200 TRAVEL			48.9			
300 CONTRACTUAL			10.1			
400 COMMODITIES			.5			
500 EQUIPMENT			Ø			
600 LAND & STRUCTURES			Ø			
700 GRANTS, CLAIMS, ETC.			Ø			
TOTAL	Ø	Ø	75.5	Ø	Ø	Ø

FUNDING (Thousands of Dollars)

GENERAL FUND	N.A.	N.A.	75.5	N.A.	N.A.	N.A.
FEDERAL FUNDS			Ø			
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME	N.A.	N.A.	Ø	N.A.	N.A.	N.A.
PART TIME			Ø			
TEMPORARY			2.0			

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

Personal Services:

1 Research Analyst 6 mos. @ 2132 plus fringe

Contractual:

(a) Consultant 12 days @ $300/day 3,600
(b) Printing, copying, etc. 3,000
(c) State Computer Time and system support. . . 3,500

TRAVEL:

See attached sheets.

IV. DATE April 4, 1980 PREPARED BY Guy D. Bomstrom
AGENCY Commission on Postsecondary Education
PHONE 465-2854

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

CSHB 651

TABLE 1: IN-STATE TRAVEL COST ANALYSIS
FOR SPECIAL STUDY OF ALASKA COMMUNITY COLLEGES

Member/Representing	Residence	ANCHORAGE Per Diem	ANCHORAGE Travel	BETHEL Per Diem	BETHEL Travel	FAIRBANKS Per Diem	FAIRBANKS Travel
Senate	Anchorage	55	ø	160	192	55	128
Senate	Fairbanks	55	128	160	325	55	ø
House	Anchorage	55	ø	160	192	55	128
House	Fairbanks	55	128	160	325	55	ø
Commission	Kenai	55	45	160	370	55	173
Commission	Anchorage	55	ø	160	192	55	128
Commission	Nome	110	350	160	184	110	222
Commission	Juneau	55	212	160	404	110	340
Staff	Juneau	55	212	160	404	110	340
Staff	Juneau	55	212	160	404	110	340
Staff	Juneau	55	212	160	404	110	340
TOTAL		$ 660	$1,499	$1,760	$3,396	$ 880	$2,139

Member/Representing	Residence	KENAI Per Diem	KENAI Travel	KETCHIKAN Per Diem	KETCHIKAN Travel	KODIAK Per Diem	KODIAK Travel
Senate	Anchorage	68	45	52	280	136	122
Senate	Fairbanks	136	173	104	398	136	165
House	Anchorage	68	45	52	280	136	122
House	Fairbanks	136	173	104	398	136	165
Commission	Kenai	68	ø	104	325	136	167
Commission	Anchorage	68	45	52	280	136	122
Commission	Nome	136	395	104	538	136	472
Commission	Juneau	136	514	104	125	136	334
Staff	Juneau	136	514	104	125	136	334
Staff	Juneau	136	514	104	125	136	334
Staff	Juneau	136	514	104	125	136	334
TOTAL		$1,224	$2,932	$ 988	$2,999	$1,496	$2,522

CSHB 651

TABLE 1 (Continued)

Member/Representing	Residence	KOTZEBUE Per Diem	KOTZEBUE Travel	NOME Per Diem	NOME Travel	PALMER Per Diem	PALMER Travel
Senate	Anchorage	192	224	168	350	62	60
Senate	Fairbanks	192	232	168	222	62	173
House	Anchorage	192	224	168	350	62	60
House	Fairbanks	192	232	168	222	62	173
Commission	Kenai	192	269	168	395	62	105
Commission	Anchorage	192	224	168	350	62	60
Commission	Nome	192	122	84	Ø	124	268
Commission	Juneau	192	436	168	562	62	272
Staff	Juneau	192	436	168	562	62	272
Staff	Juneau	192	436	168	562	62	272
Staff	Juneau	192	436	168	562	62	272
TOTAL		$2,112	$3,271	$1,764	$4,137	774	$1,987

Member/Representing	Residence	SITKA Per Diem	SITKA Travel	VALDEZ Per Diem	VALDEZ Travel
Senate	Anchorage	124	220	60	80
Senate	Fairbanks	124	322	60	241
House	Anchorage	124	220	60	80
House	Fairbanks	124	322	60	241
Commission	Kenai	124	265	60	125
Commission	Anchorage	124	220	60	80
Commission	Nome	124	514	120	368
Commission	Juneau	62	95	120	292
Staff	Juneau	62	95	120	292
Staff	Juneau	62	95	120	292
Staff	Juneau	62	95	120	292
TOTAL		$1,116	$2,463	$ 960	$2,383

CSHB 651

TABLE 2: IN-STATE TRAVEL COST ANALYSIS FOR
COMMUNITY COLLEGE UNIT COST OF INSTRUCTION STUDY

Representing	Residence	ANCHORAGE Per Diem	ANCHORAGE Travel	FAIRBANKS Per Diem	FAIRBANKS Travel
Staff	Juneau	330	636	110	340
Staff	Juneau	330	636	110	340
University	Anchorage	165	Ø	55	128
University	Fairbanks	220	384	55	Ø
TOTAL		$1,045	$1,656	$ 330	$ 808

TABLE 3: OUT-OF-STATE TRAVEL COST FOR
ONE CONSULTANT (TWO TRIPS TO ALASKA)

		JUNEAU Per Diem	JUNEAU Travel
Consultant	Denver (est.)	$ 804	$ 820

HB

802

CSHB 802 AM "An act relating to ~~health~~ child health services and ~~the~~ coverage of the medically needy under the state plan; redefining of

Introduced 3-27-80
Logged: 4-1-80
Referred to: Rules
Comm. Meeting: - 5-19-80
Comm. action: 5-19-80 Passed unan. 3 do pass - 2 absent

Notified HSS
" Ins. Kenny Moore, Dir. to be here.

Voting record
31 yeas
4 nays
5 not voting

F/N herein
Position paper requested.

COMMITTEE REPORT

SENATE

FURTHER: Judiciary

4/1/80

Date: 5-19-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSHB 802 am health care services

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78)

Nurse Midwives (SUBSTITUTE offered)

HOUSE BILL NO. 802, (see page 238). Reported back to the House by HESS with a majority recommending replace with a SUBSTITUTE and that it do pass. Not concurring: Chatterton has no recommendation. The substitute deletes provisions added in the original bill relating to disability policies issued or delivered in the state to provide indemnity in reasonable amount for cost of maternity services furnished by certified nurse mudwives. Deletes proposed amendment to Group and Disability Insurance relating to the same. Deletes provisions which called for certificate or other evidence of a contract of health insurance issued or delivered by a society in state to provide indemnity for nurse midwive service. Deletes section which added provisions outlining nurse midwife services that must be furnished by medical service corporations, hospital service corporations, or combined medical and hospital service corporations. The substitute adds "nurse midwife" to the definition of "physician" under AS 21.87 (Insurance. Hospital and Medical Service Corporations.) Adds section 21.42.347 (Coverage for Cost of Services Provided by Nurse Midwives) to AS 21.87.340(15) (Hospital and Medical Service Corporations. Other provisions applicable). To Rules.

SENATE

HESS

Bills Remaining in Committee at End of Session June, 80

ALASKA STATE MEDICAL ASSOCIATION
~~1135 W. Eighth Avenue • Suite 6 • Anchorage, Alaska 99501~~ • (907) 277-6891
4107 Laurel Street, #1, Anchorage, AK 99504

April 18, 1980

Senator Glenn Hackney, Chairman
Senate HESS Committee
Pouch V, MS 3100
Juneau, AK 99811

Re: HB's 417, 80 and 802

Dear Senator Hackney:

The language of these bills proposes to use the term "physician" to mean providers other than Doctors of Osteopathy and Medicine.

We object to this perversion of the term "physician: since:

1) Use of "physician" in other places in the Alaska and Federal Statutes does not have the proposed meaning.

2) The proposed meaning is highly divergent from the usual understanding of this term in common usage for decades, and despite technical definition must theoretically lead to ambiguity, misunderstanding and difficulties in administering regulations.

Sincerely,

Robert Whaley, M.D.
sl

Robert Whaley, M.D.
Legislative Committee Member

RW/sel

cc: ASMA Executive Council Members
ASMA Legislative Committee Members
Jeff Landry

P.O. BOX 1330
FAIRBANKS, ALASKA 99701

April 7, 1980

Honorable Glenn Hackney
Pouch V
Juneau, Alaska 99811

RE: House Bill - 802
Passed - Nurse Mid-Wife Bill

Dear Senator Hackney:

Thank you for requesting medical society input on this bill. The Fairbanks Medical Association has the following concerns with this legislation.

1) The provision of hospital privileges for nurse mid-wives should not be tied to licensure. We understand that this feature has been removed from the House passed version, and we hope it will remain a "dead issue".

2) Insurance plans and health maintenance organization type plans should not be required to cover these services as a condition of being marketed in Alaska. We understand this also has been removed.

3) There must be provision for adequate physician supervision. This will be adequately covered if State Medical Board approval of a supervisory or collaborative relationship with a physician remains a condition of licensure for nurse practitioners, including nurse mid-wives. That state of affairs is threatened by the nurse practice bill which is also currently in the legislature, and you will be receiving comments from us on that bill separately.

I do not believe we have any problems with the requirement that Medicaid cover nurse mid-wife services, which we understand is the only significant provision remaining in the bill, except for our concern that adequate physician supervision be mandatory, preferably a condition of licensure as mentioned above.

Please contact me if you would like to discuss this further. Thank you for your interest.

Sincerely,

Donald E. Thieman, M.D.
President
Fairbanks Medical Association
1001 Noble Street
Fairbanks, Alaska 99701

DET:mb

cc: Douglas Smith, M.D., President
Alaska State Medical Association

Winthrop Fish, M.D., Chairman
Alaska State Medical Association Legislative Committee

Martha MacDermaid, Executive Secretary
Alaska State Medical Association

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April 21, 1980

The Honorable Glenn Hackney
Chairman, Senate Health,
Education & Social Services
Committee
Pouch V
Juneau, Alaska 99811

ReP House Bill 802

Dear Senator Hackney:

This letter is written on behalf of the American Council of Life Insurance and its sister trade association, the Health Insurance Association of America.

There are technical problems with the bill, as set out in the enclosed letter from Mr. Kuhnen of the HIAA. His suggested amendments are also enclosed. Any questions about these suggested changes can be answered, through me, by Mr. Kuhnen.

Thank you for your consideration.

Very truly yours,

M. T. Thomas

MTT/pl

cc: Mr. Bill Lincoln
Mr. Charles Kuhnen

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) 322-0800

April 8, 1980

Mr. M. T. Thomas
Attorney at Law
Robertson, Monagle, Eastaugh, & Bradley
200 National Bank of Alaska Building
P.O. Box 1211
Juneau, Alaska 99802

Re: Alaska HB 802 - Services of Nurse Midwives

Dear Mike:

We need to secure an amendment to this bill. We do not oppose covering these services of nurse midwives in lieu of physicians' services for pregnancy and childbirth, provided: (1) the policy covers physicians' services for pregnancy and childbirth, (2) the nurse midwife is licensed as a registered nurse and certified as a nurse midwife, (3) the services performed by the nurse midwife are within the scope of the nurse midwife's certification and license, and (4) any bill requiring this is drafted properly.

We do object most strongly to the provision of the bill which mandate maternity benefits.

Section 2 of the bill is imporperly drafted in that: (1) it speaks of "health" insurance instead of "disability" insurance; (2) we provide benefits for the maternity coverage that have nothing to do with practitioner's services, as well as benefits that cover practitioner services and this section does not make the distinction; (3) there is no requirement that the services of the nurse midwife be within the scope of the person's certification; (4) the phrase which begins "in accordance with regulations" is not clearly tied to the practice of nurse midwives rather than to the provision of benefits.

Sections 3, 4, and 5 mandate benefits for maternity services furnished by nurse midwives in all policies which provide for hospital, nursing, medical, or surgical services. We object to the mandating of benefits. Also the sections are improperly drafted in tha hospital policies may provide no benefits for the services of any medical practitioner, and in that benefits for nursing services do not cover the services of physicians. The nurse midwife is supposed to be an alternative to the physician for some services in connection with pregnancy and childbirth.

There is no good reason that everyone who takes out an insurance policy which provides hospital, nursing, medical, or surgical benefits should also have to purchase maternity benefits, whether that person wants to pay for maternity benefits or not. Maternity coverage is now available from many insurers for those who wish to pay for the coverage.

Section 6 of the bill mandates maternity benefits for services or nurse midwives in subscribers' contracts. If the Blues want to accept this, that is alright with us. All we want to make sure of in connection with the Blues are not also required to do.

Attached is my redraft of Sections 2 through 8 of the bill. What my redraft says is that if a policy or a subscribers' contract or fraternal benefit society certificate provides benefits for a physician's services in connection with pregnancy or childbirth, benefits shall not be denied when the services are performed by a certified nurse midwife if the services are within the scope of the nurse midwife's certification.

Whenever I have mentioned "certificates" I have done so only in connection with a fraternity benefit society, because we must be careful not to use the word "certificate" in a way in which it can be interpreted to refer to an individual's certificate under a group disability insurance policy.

We need some lead time which I have provided for us. We also should avoid having the state interfere with previously issued policies, but (to be realistic) I have included a provision affecting previously issued group policies under certain circumstances.

The ACLI's position, I believe, is the same as ours on this bill.

Sincerely,

Charles D. Kuhnen
Counsel

CDK/erc

Fairbanks Memorial Hospital

1650 Cowles St.
FAIRBANKS, ALASKA 99701

OPERATED BY
LUTHERAN HOSPITALS AND HOMES SOCIETY
FARGO, NORTH DAKOTA 58102

April 18, 1980

State Medical Board
c/o Jeffrey A. Partnow, M.D.

SUBJECT: Lay Midwifery

Dear Jeff,

In recent months the members of the Department of OB/GYN and Pediatrics have become aware of at least one person, calling herself a lay midwife, soliciting deliveries to take place in the patient's home. We have checked into the legality of this situation, that is, lay midwifery, and find that the State Statutes are deficient in this regard, that is, it is currently illegal for a certified nurse midwife or even a physician to practice in any manner, including attendance at home deliveries unless they are appropriately licensed. Since the subject of lay midwifery is not covered at all, it is apparently the opinion of the Attorney General's office that it is not illegal for someone to label themselves a lay midwife and provide care for home deliveries. We feel that this situation is inappropriate and that someone, i.e., the State of Alaska, should spell out the necessary conditions under which a lay midwife may be defined and may practice. To ignore this problem is to condone its existence. We would, therefore, recommend that a bill be drawn up using the outline provided below to rectify the situation. Senator Don Bennett has stated that he would be willing to sponsor such a bill if it was recommended by the Medical Board.

AN ACT RELATING TO LAY MIDWIFERY

PROBLEM: The lack of a statute providing for licensure of lay midwives.

GOAL: The purpose of this bill is to prevent unqualified persons from misleading the public by providing for the licensure of lay midwives.

DEFINITION: In this bill the word "physician" shall mean a person with an M.D. or a D.O. degree.

DEFINITION: A lay midwife is a person who engages in planned attendance and/or assistance at delivery of a baby wherever the delivery may occur and whether for fee or other consideration. This definition applies only to those persons who are not otherwise licensed as a physician or as a nurse midwife under current statute.

PROVISION I: In order to be licensed in the State of Alaska a lay midwife must have a supervisory-consultative relationship with a licensed physician who must ascertain that the lay midwife has appropriate qualifications and training.

PROVISION II: The supervisory physician must have staff privileges in the OB/GYN Department of the hospital or other medical facility to which a patient with complications would be referred.

PROVISION III: The supervisory physician or another physician of his designation must be available for consultation at all times by the lay midwife.

PROVISION IV: The application for licensure must include the following:
1. The name and address of the supervisory physician.
2. The physician shall state that the applicant is qualified to practice lay midwifery.
3. The application shall include a brief description of the method of supervision and the mechanism for consultation.
4. The institution in which the physician has privileges must be listed.

PROVISION V: A fee should be established payable to the Department of Commerce, and the length of the licensure period and the date of its expiration should be spelled out.

PROVISION VI: Practice of lay midwifery as defined, without a current license, is an offense punishable by--(the same provision should be used here as would apply for a nurse practicing without a license.)

The undersigned staff members of Fairbanks Memorial Hospital concur in recommending that such a bill be drawn up as soon as possible.

David Cammack, M.D.

Clarice Dukeminier, M.D.

Lawrence Dunlap, M.D.

Richard Hess, M.D.

Robert Roth, M.D.

Ralph Wells, M.D.

Joseph Worrall, M.D.

Leanne Converse, M.D.

Alan MacFarlane, M.D.

Richard Reem, M.D.

Donald Thieman, M.D.

Nancy Schultz, M.D.

James Bertelson, M.D.

Midwives

[redacted] 802, by Reps. McKinnon, Rogers and Phillips. Amends AS 18.20 (Hospitals) by addition of new section which prohibits the issuance of a license to a hospital which doesn't per nurse practitioners, certified as nurse midwives in accordance with state regulations, to practice as nurse midwives in the hospital. Amends AS 21.42 (The Insurance Contract) by adding new section which requires all individual and group health insurance policies providing coverage on an expense-incurred basis, and al individual and group service or indemnity contracts issued by a nonprofit corporation, to provide that the health insurance benefits applicable to maternity shall be payable for maternity services furnished by certified nurse midwives. Amends AS 21.51 (Disability Insurance Policies) by adding new section which requires disability policies issued or delivered in state to provide indemnity in reasonable amount for cost of maternity service furnished by certified nurse midwives. Amends AS 21.54 (Group & Blanket Disability Insurance) by adding a new section with above effect. Amends AS 21.8- (Fraternal Benefit Societies) by adding

HB 802

new section which requires certificate or other evidence of a contract of health insurance issued or delivered by a society in state to provide indemnity for nurse midwife services. Amends AS 21 87 (Hospital & Medical Service Corporations) by adding new section outlining nurse midwife services that must be furnished by medical service corporations, hospital service corporations, or combined medical and hospital service corporations. Adds "nurse midwife" to definition of "participant physician" under AS 21.87.330(8) and adds definition of "nurse midwife" (registered professional nurse who is certified as an advanced nurse practitioner under AS 08.68410(9) and authorized to practice as a nurse midwife under regulations adopted in accordance with AS 08.68.410(5)). Does not provide for effective date.

Nurse Midwives (SUBSTITUTE offered)

HOUSE BILL NO. 802, [redacted]. Reported back to the House by HESS with a majority recommending replace with a SUBSTITUTE and that it do pass. Not concurring: Chatterton has no recommendation. The substitute deletes provisions added in the original bill relating to disability policies issued or delivered in the state to provide indemnity in reasonable amount for cost of maternity services furnished by certified nurse mudwives. Deletes proposed amendment to Group and Disability Insurance relating to the same. Deletes provisions which called for certificate or other evidence of a contract of health insurance issued or delivered by a society in state to provide indemnity for nurse midwive service. Deletes section which added provisions outlining nurse midwife services that must be furnished by medical service corporations, hospital service corporations, or combined medical and hospital service corporations. The substitute adds "nurse midwife" to the definition of "physician" under AS 21.87 (Insurance. Hospital and Medical Service Corporations.) Adds section 21.42.347 (Coverage for Cost of Services Provided by Nurse Midwives) to AS 21.87.340(15) (Hospital and Medical Service Corporations. Other provisions applicable). To Rules.

CS HB 802

rse Midwives

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 802 (Amended), (see pages 238,435, and bills passed in the House, this report). Received in the Senate on April 1 and referred to HESS, then to Judiciary.

(4) the society has a board of directors charged with the responsibility for managing its affairs in the interim between meetings of its supreme legislative or governing body, subject to control by the body and having powers and duties delegated to it in the constitution or laws of the society;

(5) the board of directors is elected by the supreme legislative or governing body, except in case of filling a vacancy in the interim between meetings of the body;

(6) the officers are elected either by the supreme legislative or governing body or by the board of directors; and

(7) the members, officers, representatives or delegates may not vote by proxy. (§ 1 ch 120 SLA 1966)

Sec. 21.84.596. Other provisions applicable. In addition to the provisions contained in this chapter, other chapters and provisions of this title shall apply to fraternal benefit societies, to the extent applicable and not in conflict with the express provisions of this chapter and the reasonable implications thereof, as follows:

(1) AS 21.03
(2) AS 21.06, with the exception of AS 21.06.250
(3) The following sections of AS 21.09:
  (A) AS 21.09.050
  (B) AS 21.09.100
(4) AS 21.33.010
(5) AS 21.36
(6) AS 21.42.290
(7) AS 21.69.370
(8) AS 21.69.640
(9) AS 21.78. (§ 1 ch 120 SLA 1966)

Chapter 87. Hospital and Medical Service Corporations.

Section
10. Scope of chapter
20. Purpose and interpretation
30. Provisions exclusive
40. Incorporation—Certificate of authority required
50. Same—Law applicable; approval of articles of incorporation; amendment
60. Name of corporation
70. Qualifications for certificate of authority
80. Application for certificate of authority
90. Issuance or refusal of certificate of authority
100. Continuance or expiration of certificate of authority
110. Suspension or revocation of certificate of authority
120. Services and benefits which may be provided, medical service corporations
130. Services and benefits which may be provided, hospital service corporations
140. Medical service agreements
150. Hospital service agreements
160. Subscriber's contracts
170. Service agreements and subscriber's contracts must provide substantial service benefits
180. Filing and approval of agreements and contracts
190. Charges and rates
200. Reserves
210. Surplus fund
220. Investments

Section
230. Records and ac
240. Annual stateme
250. Examination
260. Taxation
270. Joint operations
280. Combined corpo
290. Contracts cove
compensation

Sec. 21.87.010. S
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1758 et seq.; 41 Am. J
and Surgeons, § 25.

Sec. 21.87.020. P
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Sec. 21.87.030. P
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Sec. 21.87.040. I
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health care services is to be rendered to or on behalf of the subscriber by a physician or hospital that has entered into a service agreement with the corporation covering the services;

(7) "participant hospital" is one which has entered into a service agreement with a service corporation;

(8) "participant physician" means a doctor, dentist, osteopath, optometrist, chiropractor or other licensed health care practitioner who has entered into a service agreement with a service corporation; and

(9) "physician" includes also "surgeon." (§ 1 ch 120 SLA 1966)

Sec. 21.87.340. **Other provisions applicable.** In addition to the provisions contained or referred to previously in this chapter, the following chapters and provisions of this title also apply with respect to service corporations to the extent applicable and not inconsistent with the express provisions of this chapter and the reasonable implications of the express provisions, and for the purpose of the application the corporations shall be considered to be included "insurers":

1 AS 21.03
2 AS 21.06
3 AS 21.09
4 AS 21.18.010
5 AS 21.18.030
6 AS 21.18.040
7 AS 21.18.120
8 AS 21.21.321
9 AS 21.36
10 AS 21.69.400
11 AS 21.69.520
12 AS 21.69.600, AS 21.69.620, and AS 21.69.630
13 AS 21.78
14 AS 21.90 (§ 1 ch 120 SLA 1966)

Sec. 21.87.350. **Existing certificates of authority.** A health care corporation registered to do business in this state on July 1, 1966 is to be registered under this chapter, whether or not the requirements of this chapter. (§ 1 ch 120 SLA

Chapter 89. Miscellaneous Provisions.

Settlements. A settlement made under a motor vehicle policy of a claim against an insured arising from an accident or other event insured against or destruction of property owned by another is not to be construed as an admission of liability by the

assume all duties and ... incurred by the Health Care ... Joint Underwriting Association ... declaration of invalidity; and ... that if the requirement that health ... providers purchase medical ... insurance from the Medical ... Corporation of Alaska is found ... secs. 41, 42, 43, and 44 of this ... void; however, the Medical ... Corporation of Alaska and the ... Care Providers Joint Underwriting ... shall continue to discharge and ... to pay claims incurred before the ... of invalidity."

This chapter on its face limits "covered claims" to those asserted by claimants or insureds. White v. Alaska Ins. Guar. Ass'n, Sup. Ct. Op. No. 1813 (File No. 3796), 592 P.2d 367 (1979).

The word "claimant" refers to the insured or a third party victim who may be entitled to reimbursement for injury or damage which under the terms of the policy triggers the insurer's obligation to pay benefits. White v. Alaska Ins. Guar. Ass'n, Sup. Ct. Op. No. 1813 (File No. 3796), 592 P.2d 367 (1979).

The word "insured" classically refers to a person whose risk of economic loss of a designated type is part of the subject matter of the contract. White v. Alaska Ins. Guar. Ass'n, Sup. Ct. Op. No. 1813 (File No. 3796), 592 P.2d 367 (1979).

The insured is the person who places his name in a blank on the policy form following the words "does insure" or some phrase of similar import. White v. Alaska Ins. Guar. Ass'n, Sup. Ct. Op. No. 1813 (File No. 3796), 592 P.2d 367 (1979).

Noncompensable claims. — Claims by law firms, attorneys, and insurance adjusters for professional services rendered to insolvent insurance companies are not compensable from the coffers of the Alaska Insurance Guaranty Association. White v. Alaska Ins. Guar. Ass'n, Sup. Ct. Op. No. 1813 (File No. 3796), 592 P.2d 367 (1979).

Law firms, attorneys, and insurance claims adjusters who were retained by insolvent insurance companies to adjust, settle, and defend claims and lawsuits against policyholders of automobile liability insurance, did not fit into the category of "insured" or "claimant" and thus could not invoke the protection of the "covered claims" clause of this chapter. White v. Alaska Ins. Guar. Ass'n, Sup. Ct. Op. No. 1813 (File No. 3796), 592 P.2d 367 (1979).

Sec. 21.80.190. Title. This chapter may be known and cited as the Alaska Insurance Guaranty Association Act. (§ 1 ch 121 SLA 1979)

Chapter 87. Hospital and Medical Service Corporations.

Supplement

Section
340. Other provisions applicable

Sec. 21.87.340. Other provisions applicable. In addition to the provisions contained or referred to previously in this chapter, the following chapters and provisions of this title also apply with respect to service corporations to the extent applicable and not in conflict with the express provisions of this chapter and the reasonable implications of the express provisions, and for the purposes of the application the corporations shall be considered to be mutual "insurers":

(3) AS 21.09, except AS 21.09.090

(15) AS 21.42.345

(16) AS 21.89.040.

(am § 1 ch 92 SLA 1974; am § 2 ch 95 SLA 1975; am § 2 ch 84 SLA 1976)

insurance.

(b) Repealed by § 25 ch 245 SLA 1970.

(c) Repealed by § 25 ch 245 SLA 1970.

(d) Repealed by § 25 ch 245 SLA 1970. (§ 1 ch 120 SLA 1966; am § 25 ch 245 SLA 1970)

Effect of amendment. — The 1970 amendment repealed subsections (b), (c) and (d).

Legislative committee report. — Chapter 245, SLA 1970 (HCSSB 399 am H), was identical to CSHB 406 (Jud.). For report on CSHB 406 (Jud.), see 1970 House Journal Supplement No. 6.

Sec. 21.42.120. Filing, approval of forms.

Stated in Stordahl v. Government Employees Ins. Co., Sup. Ct. Op. No. 1422 (File Nos. 2988, 3130), 564 P.2d 63 (1977).

Sec. 21.42.130. Grounds for disapproval.

The supreme court has urged the director of insurance to encourage the use of clearer language in all policies, both to assist the insured in purchasing insurance and to avoid the necessity of litigation in our courts. Stordahl v. Government Employees Ins. Co., Sup. Ct. Op. No. 1422 (File Nos. 2988, 3130), 564 P.2d 63 (1977).

Sec. 21.42.230. Construction of policies.

Insurance policies are to be looked upon as contracts of adhesion for the purpose of determining the rights of the parties thereto. In so construing a policy the supreme court does not require as a condition precedent that ambiguities be found in the policy language. All that is required is that the parties be of such disproportionate bargaining power that the insured could not have negotiated for variations in the terms of the standard policy. Thus, the finding that a policy is a contract of adhesion depends not upon its language, but upon the relationship of the parties. The result of such a finding is that the policy is construed so as to provide that coverage which a layman would reasonably have expected given his lay interpretation of the policy's terms. Continental Ins. Co. v. Bussell, Sup. Ct. Op. No. 810 (File No. 1517), 498 P.2d 706 (1972).

Stated in Stordahl v. Government Employees Ins. Co., Sup. Ct. Op. No. 1422 (File Nos. 2988, 3130), 564 P.2d 63 (1977).

Sec. 21.42.345. Required provision for coverage for newly born children. All individual and group health insurance policies providing coverage on an expense incurred basis and individual and group service or indemnity type contracts issued by a nonprofit corporation which provide coverage for a family member of the insured or subscriber shall, as to the family members' coverage, also provide that the health insurance benefits applicable for children shall be payable with respect to a newly born child of the insured or subscriber from the moment of birth. The coverage for newly born children shall consist of coverage of

payment of a specific premium or subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of a newly born child and payment of the required premium or fees must be furnished to the insurer or nonprofit service or indemnity corporation within 31 days after the date of birth in order to have the coverage continue beyond the 31-day period. The requirements of this chapter shall apply to all insurance policies and subscriber contracts delivered or issued for delivery in this state more than 120 days after the effective date of this Act. (§ 1 ch 95 SLA 1975)

Sec. 21.42.360. Definitions.

Repealed by § 11 ch 165 SLA 1976.

Cross reference. — For present provision defining "policy" and "premium," see AS 21.90.110.

Editor's note. — The repealed section derived from § 1, ch. 120, SLA 1966; § 1, ch. 33, SLA 1970.

Sec. 21.42.370. Separate accounts. (a) A domestic life insurance company may, after adoption of a resolution by its board of directors, establish one or more separate accounts, and may allocate to them the amounts paid to the company which are to be applied under the terms of an individual or group contract to provide annuity benefits, which may also provide other incidental benefits payable in fixed or in variable dollar amounts or in both.

(b) Notwithstanding any other provision of law, a domestic life insurance company which establishes one or more separate accounts as provided in (a) of this section may provide to the holders of interests in a separate account voting rights with respect to the management of that separate account and the investment of its assets, may establish for the separate account a committee, board or other body, the members of which (1) may be elected solely by holders having voting rights, and (2) may or may not be otherwise affiliated with the life insurance company, and may provide for compliance with any applicable state and federal law in order that contracts assigned to separate accounts may be lawfully sold or offered for sale. If so provided in the applicable contract, the assets in a separate account may not be chargeable with liabilities arising out of any other business of the company.

(c) When the reserve liability of a life insurance company with regard to (1) benefits guaranteed as to amount and duration, and (2) funds guaranteed as to principal amount or stated rate of interest is maintained in a separate account, a portion of the assets of the separate account at least equal to the reserve liability shall be invested in accordance with the law governing the investments of life insurance companies. All other amounts allocated to and accumulations on each account may be invested and reinvested in any class of investment

Title 24 Supplement

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
100 Exceptions to application of chapter
110 Definitions

Sec. 08.68.100. 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 case 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. 08.68.110. Definitions. As used in this chapter

(1) "board" means the Board of Nursing;

(2) "licensed professional nurse" is equivalent to the common term 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 that 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

(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 "when 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
Creation of Board of Nursing Home Administrators
Membership board; source of appointments; term of office
Election of officers
Board meetings; Quorum
Duties and powers of the board
Expenses
Applicability of Administrative Procedure Act
License required
Application
Licensing
Examination
Provisional licenses
Expiration and renewal
Fees
Unlawful acts
Penalties
Definitions
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 [Judiciary] am H), see 1975 House Journal, ch. 123, SLA 1975 (HCSSB 132 p. 1221.

Sec. 08.70.020. Membership board; source of appointments; term of office. (a) The board consists of five members: two nursing home

Monday, May 19th, 1980

To Senator Glenn Hackney and Committee Members

The Alaska Nurse's Association supports HB802am as it is.

Please do give it a "Do Pass"

Barbara Walker- Lobbyist - Phone 789--977
Alaska Nurse's Association

PROVIDENCE
HOSPITAL

3200 PROVIDENCE DRIVE - POUCH 6604
ANCHORAGE, ALASKA 99502
PHONE: (907) 276-4511

SISTERS OF
PROVIDENCE

SERVING IN THE WEST SINCE 1856

April 7, 1980

The Honorable Glenn Hackney
Chairman, Senate HESS Committee
Pouch V
Juneau, Alaska 99811

Position Paper: CS H.B. 802 a.m. - "An Act relating to nurse midwives"

Dear Senator Hackney:

Recently, the House passed CS H.B. 802 a.m., "An Act relating to health care services and the coverage of the services of nurse midwives under the insurance laws of the state and clarifying the definition of physician under AS 21.87."

On March 5, 1980 we sent you a copy of our position on this bill. The original of the letter had been sent to Representative Buchholdt. Although the House did amend the original bill and delete some sections that we had objections to, we still have some concerns.

1. Section 4 - AS 21.87.330 (9), which defines "physician" also includes nurse midwives. Nurse midwives are not physicians. They do, in fact, have to work under the supervision of a physician, and then, only if the hospital by-laws permit it.

   Section 3 - AS 21.87.330 (8) also refers to nurse midwives as participant physicians. We feel that to include midwives, as well as chiropractors and optometrists, as physicians is very misleading and should be re-defined accordingly.

2. As nurse midwives are currently allowed to practice under the supervision of a physician in many health care service institutions, we don't see the necessity for passage of this bill. Being under the supervision of a physician, a midwive's services in a maternity case should be covered by existing health insurance plans.

We would appreciate your consideration of these comments. If you need further clarification, please feel free to contact us at any time.

Sincerely,

Al M. Camosso
Administrator

/MC/mm

cc: Max Kersbergen
William Dann
Charles Rigden
Ron Hammett
Donald DeMers
Jack Brown
Alaskan Hospital Administrators
Advisory Board

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO 802 am

"An Act relating to health care services and the coverage of the services of nurse midwives under the insurance laws of the state and clarifying the definition of physician under AS 21.87."

CSHB No. 802 am requires the coverage of nurse midwives' practice under those health and disability insurance policies that pay for maternity care, and adds nurse midwife services to the list of medical services provided to persons eligible for Medicaid. The Bill also amends the definition of "participant physician" to include the nurse midwife and adds a new paragraph defining "nurse midwife" to the Alaska Statutes.

The Department of Health and Social Services will limit its comments to the areas of the practice of the nurse midwife and coverage of these services under the State Medicaid Program. It is our understanding that the Department of Commerce and Economic Development, Division of Insurance, has commented separately on the section dealing with mandatory insurance coverage.

Practice of Nurse Midwives

Nurse midwives have been a part of the American health care system for over fifty years. The practice of nurse midwifery, including the management of labor and delivery, is recognized in the laws of all states except Kansas, Michigan, and Wisconsin. The typical recent graduate of a nurse midwifery educational program has six years of professional nursing experience and a bachelor's degree in addition to nine months to two years of midwifery training. Upon successful completion of the course and a national certification examination, the nurse midwife is prepared to care for women's health needs, including normal childbirth and uncomplicated gynecological and family planning services.

The nurse midwife according to Alaska law collaborates with a physician. Nationally, nurse midwives are employed by hospitals, public health agencies, private physicians, the military, prepaid health plans, and birthing centers. Their practice typically extends beyond pregnancy and birth to include the post-partum care of the well woman and neonatal care of the infant. Health education is a vital component of the nurse midwife's role.

The use of nurse midwives can offer greater availability of quality prenatal care, delivery, and post-natal care in medically underserved areas. As a member of the health care team, the nurse midwife can provide professional care to the normal obstetrical or postpartum patient, freeing her collaborating physician to concentrate on patients with problems requiring medical expertise. An expanded use of nurse midwives also can offer an alternative style of care to families at a special time in their lives. The desire of certain families for such an alternative may partially account for the apparent increase in home deliveries, a practice which involves increased risk to mother and baby.

POSITION PAPER/Department of Health & Social Services

Medicaid Coverage of Nurse Midwives

Federal regulations permit the expansion of covered services under Medicaid to include qualified nurse midwives as defined in the amended Committee Substitute for HB No. 802. The Department of Health and Social Services supports the inclusion of nurse midwives under the list of covered medical services, and expects no resulting additional cost to the State.

Department Position

The Department of Health and Social Services recognizes the valuable contribution that nurse midwives can make to the overall physical and emotional health of the family at time of pregnancy and delivery. We would encourage hospitals to provide staff privileges to well-qualified nurse midwives who meet the requirements of the Advanced Nurse Practitioner Guidelines issued by the Alaska Board of Nursing. We endorse coverage of nurse midwife services under Medicaid.

Recommended by: _____
Dean F. Tirador, M.D.
Director, Division
of Public Health

Date: 4/29/80

_____
Rod Betit, Director
Division of
Public Assistance

Date: _____

Approved by: _____
Helen D. Beirne
Commissioner

Date: 5/5/80

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. CSHB No. 802 am
Title "An Act relating to health care services and the coverage of .... nurse midwives.."
Requested by Commissioner's Office Date 4/29/80

II. FISCAL DETAIL
Agency Affected Department of Health and Social Services
Program Category Affected Health/Division of Public Health
BRU, Program, or Subprogram(s) Affected
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100	PERSONAL SERVICES	0	0	0	0	0	0
200	TRAVEL	0	0	0	0	0	0
300	CONTRACTUAL	0	0	0	0	0	0
400	COMMODITIES	0	0	0	0	0	0
500	EQUIPMENT	0	0	0	0	0	0
600	LAND & STRUCTURES	0	0	0	0	0	0
700	GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	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)

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

Prepared by: Mary Deaver Date: 4/29/80
Division/Office: P.H. Admin. PH: 3090
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: [signature] Date:

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

ALASKA STATE MEDICAL ASSOCIATION
~~750 W. Eighth Avenue • Suite 6-C • Anchorage, Alaska 99501~~ • (907) 277-0891
4107 Laurel St., #1, Anchorage, AK 99504

April 3, 1980

Senator Glenn Hackney,
Chairman, Senate HSS Committee
Pouch V, M/S 3100
Juneau, AK 99811

Dear Senator Hackney:

You will be addressing HB 802, relating to nurse-midwives. The bill poses a problem for us.

It appears that many women desire delivery by nurse-midwives, and it is highly probable that well-trained midwives are perfectly capable of performing uncomplicated deliveries.

You will be receiving a longer letter from us dealing with the social problems we expect to result from the admission into the practice of medicine of a seemingly limitless supply of non-physicians, specifically dealing with how many medical practioners society can be expected to support.

The nurse-midwife is the leading edge. Such individuals are governed by the Advanced Nurse Practioner regulations which are in many regards nearly identical to the PA regulations. We have no serious doubt that HB 802 will provide a precedent for nurse practioners in general and PA's to demand essentially independent practice, fee for service, access to third party payers, including government sources, and equal access to hospital facilities.

Our perception is that the general public does not know this, would not desire it, cannot afford it and would be ill-served by it. This is a position our detractors will call self-serving. We can therefore only hope that those in the Legislature with vision and concern for the future quality of their own medical care will give careful consideration to the potential problems we can expect with passage of HB 802.

Sincerely,

[illegible]
[illegible], Tim, M.D.
Chairman, Legislative Committee

[illegible]

TANANA VALLEY MEDICAL-SURGICAL GROUP, INC.

(A PROFESSIONAL CORPORATION)
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ADMINISTRATION
G. A. SEELIGER, MGR.
JAN WIESE, OFFICE MGR.

March 17, 1980

Honorable Glenn Hackney
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

This letter is in reference to House Bill #802. I am writing to you because I would be directly affected by this bill as I am a practicing obstetrician-gynecologist with staff privileges at the Fairbanks Memorial Hospital and in active private practice at the Tanana Valley Medical-Surgical Clinic. I am urging you to defeat this bill because -

1) it would permit the independent practice in the hospital of a nurse without requiring supervision by an appropriate qualified physician. This would be unwise and would also be contrary to current regulations, as applied to supervision of physician extenders.

2) as worded, the bill would unnecessarily require the presence of a nurse mid-wife where there may be no need; for instance, in hospitals which do not have an obstetrical service and perhaps in Outpatient clinics, depending on how one interprets the bill.

3) if strictly interpreted, the bill would place sanctions against those institutions which do not have a nurse mid-wife even if a nurse mid-wife was not needed and if one was not available. This is clearly unwise.

4) this bill is unnecessary because nurse mid-wives are currently permitted to practice in Alaska's hospitals and the regulations governing the setting for their practice, with appropriate physician supervision, is already covered by statute.

An additional subject, which I would like to bring to your attention along these lines, is that the state law is deficient in the areas of non-medically qualified practitioners of health care. I am specifically referring to the independent practice of "lay mid-wives" in Anchorage and Fairbanks and perhaps in other areas of the state as well. The term "lay mid-wife" refers to a person who is not a physician and not a trained nurse and these persons may, in fact, have no training at all. At the present time there is no regulation prohibiting them from practicing medicine and this is an extremely dangerous condition. At the present time in Fairbanks, there is at least one "lay mid-wife" who is soliciting mothers for home deliveries. It is my strong opinion that home deliveries are unwise and can unnecessarily jeopardize the health of the mothers and babies, especially so when the attendant is not trained to handle emergencies which frequently arise. The health of the public is especially jeopardized by the fact that under current statute the State of Alaska has no control over these persons' qualifications or lack of qualifications, whereas a physician or registered nurse or even a completely trained mid-wife is prohibited from this same activity if they are not appropriately licensed in the state. I am sure you will agree that this is an absurdity and an oversight which should be corrected as soon as possible. I urge you to help correct this situation and offer my services, as well as those of the Department of Obstetrics and Gynecology at Fairbanks Memorial Hospital towards the end of drafting appropriate legislation.

Thank you very much for your time and consideration.

Sincerely,

Ralph A. Wells, M.D.
Obstetrics & Gynecology

RAW:mb

Suggested Revisions to Alaska HB 802

Strike everything after Section 1 and substitute the following:

Sec. 2. AS 21.42 is amended by adding a new section to read:

Sec. 21.42.347. SERVICES OF NURSE MIDWIVES. Notwithstanding the provisions of an individual or group disability insurance policy, subscriber's contract, or fraternal benefit society certificate, which policy or subscriber's contract or fraternity benefit society certificate provides benefits for physicians' services in connection with pregnancy or childbirth, benefits shall not be denied because any such service is performed instead by an advanced nurse practitioner, certified to practice as a nurse midwife in accordance with regulations adopted under AS 08.68.410(5), provided the service performed is within the lawful scope of practice of the nurse midwife under such certification.

Sec. 3. AS 21.84.590 is amended by adding a new item to read:

(10) AS 21.42.347

Sec. 4. AS 21.87.340 is amended by adding a new item to read:

(17) AS 21.42.347

Sec. 5. Sections 2 through 4 of this act apply to any such individual or group policy, subscriber's contract, or fraternity benefit society certificate which is delivered in this state on or after January 1, 1981; and to any such group policy, subscriber's contract, or fraternity benefit society certificate delivered in this state before that date when, on or after that date, either the benefits are amended or the applicable collective bargaining agreement, if any, expires, whichever occurs later.

HB
880

COMMITTEE REPORT

SENATE

FURTHER: Finance

5/5/80

Date: 5-7-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSHB 880(Finance) am post-retirement pension adjustments in the teachers' and public employees' retirement systems

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[✓] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

_____

Colletta

_____

_____

_____

_____

_____

_____

_____

MEMBERS HAVING
OTHER RECOMMENDATIONS:

_____

_____

_____

_____

_____

_____

Steve Sachs
CHAIRMAN

DEPTS

S 60 (Rev. 12/78)

CSHB 880 (Finance) AM — An Act relating to [SHES] 79-80 petitement pension adjustments in the Teachers and public employees retirement pension and disability for an effective date

By Finance Comm.

Introduced 4-29-80
Legal 5-5-80
Referred - Finance
Comm Meeting 5-7-80
" action Passed out do pass (Taken Senate Sess, 5-8-80 @ 8:30 Am 5-8-80.

PAUL ARNOLDT - NOTIFIED
Rep. Miller "
APEA "
NEA "

PASSED HOUSE AS LISTED
32 YEAS - NAY 0
8 not voting

Effect of amendment.

The 1979 amendment, effective May 19, 1979, in the first sentence, substituted "is reported from the committee of first referral" for "which would require increased appropriations by the state is reported to the rules committee" and "a fiscal note containing an estimate of the amount" for "an estimate of the probable amount," inserted "or decrease which would result from enactment of the bill" and added "or, if the bill has no fiscal impact, a statement to that effect shall be attached" to the end. The amendment also substituted "fiscal note" for "estimate" in the second sentence, inserted "or statement" in the third sentence, and added the fourth sentence.



Sec. 24.30.036. Fiscal notes on bills affecting state retirement systems. Before a bill which would have an effect on the retirement systems of the state is reported to the rules committee, there shall be attached to the bill an analysis of the long-term and short-term costs to the state if the bill is adopted, as well as the impact of the bill on the actuarial soundness of the fund. The analysis shall be prepared by the Legislative Board of Retirement Benefits and is in addition to the fiscal note requirements of AS 24.30.035. (§ 2 ch 130 SLA 1977; am § 3 ch 60 SLA 1979)

Effect of amendment. — The 1979 amendment, effective May 19, 1979, added "and is in addition to the fiscal note requirements of AS 24.30.035" to the end of the section

HCR

43

COMMITTEE REPORT

SENATE

FURTHER: Judiciary

2/14/80

Date: 4-1-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSHCR 43

endorsing concept and requesting implementation of the Indian Child Welfare Act of 1978

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

S 60 (Rev. 12/78,

Introduced 2-14-80
Logged 2-14-80
Referred Judiciary
Comm. Meeting 4-11-80
" Acting Passed individual pc.

CSHCR 43 "A Resolution ~~Senate Joint Resolution No. 19 Relative to~~ Concept and request for implementation of the Alaskan ~~Indian~~ ?"
By: HESS Comm.

Ron Whitcraft (3818) notified
Rep Duncan
Brenda Knapp 586-1432
Rick Robertson 3055 (Assist. AG) notified

James D. DeWitt
Call, Hayoraft & Fenton 452-2211
1919 Lathrop, Suite 206
Fox 99701

Put letter and memo in file.

Copy of regs from Dept of HSS

no federal money

Alaska State Legislature

SENATOR
ROBERT H. ZIEGLER, SR.
307 BAWDEN STREET
KETCHIKAN, ALASKA 99901

POUCH V
JUNEAU, ALASKA 99811

Senate

CHAIRMAN
SENATE JUDICIARY COMMITTEE
IMMEDIATE PAST CHAIRMAN
WESTERN CONFERENCE - COUNCIL OF STATE GOVERNMENTS

VICE CHAIRMAN
SENATE RULES COMMITTEE

MEMBER
SENATE STATE AFFAIRS COMMITTEE
SENATE COMMITTEE ON COMMITTEES
LEGISLATIVE COUNCIL
WESTERN STATES LEGISLATIVE FORESTRY TASK FORCE

February 26, 1980

The Honorable Frank Ferguson,
Alaska State Senator
Room 123 Capitol Building
Juneau, Alaska

and

The Honorable Patrick Rodey,
Alaska State Senator
Room 427 Capitol Building
Juneau, Alaska

Dear Senators Ferguson and Rodey:

I spoke to you the other day about the Indian Child Welfare Act (P.L. 95-608, 92 Stat. 3069) which became effective May 7 last year. No doubt the intent was great, but the difficulty the bill addresses is a non-problem in this day and age. The Act also has the following citation: 25 U.S.C.A. 1901 et seq.

Ordinarily, in adoption proceedings, the adoptive parents are well motivated and are not dealing in a "hot baby" market. The complications and barricades that the federal Act places in the way tend to discourage, not promote, adoption of Native children.

You can read, if you're so inclined, the names, dates, places etc. on the legal documents; please don't; they have no relevance.

Regards,

Robert H. Ziegler, Sr.

RHZ:lk

Enclosures

bcc: Senator Glenn Hackney
with cc of enclosures

RH2

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

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

APR 2 7 1979

The Honorable Robert Ziegler
Alaska State Senate
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Ziegler:

The Indian Child Welfare Act was signed into law in November, 1978. The regulations implementing this law are scheduled for completion sometime in June. Due to the significant impact this law will have on the Department's operations, I wanted to take this opportunity to give each of you a brief summary of the Department's activities regarding its implementation and a review of some of the most significant changes which will result from its passage.

The Department has been quite involved in the developments concerning the implementation of this Act in Alaska. As recently as March 7th, one of my staff and a member of the Attorney General's Office testified at a hearing concerning the proposed federal regulations. In addition, Department representatives have met with the Bureau of Indian Affairs and with various native non-profit organizations to discuss and plan the process of implementation. Further meetings with these organizations are planned and the Department is in the process of developing agreements with some of the organizations.

In relation to specific change, the Indian Child Welfare Act does alter existing procedures for both adoptions and foster child placements of native children. The area of adoptions is addressed in Sec. 103 of the Indian Child Welfare Act. This section requires voluntary relinquishments of the parental rights of parents of native children to be "executed in writing and recorded before a judge's certificate that the terms and

D-F38LH

consequences of the consent were fully explained in detail and were fully understood by the parent or Indian custodian." Presently, the Division of Social Services' procedures is that "if there is no active child in need of aid case before the court, the relinquishment may be taken before a social service worker of the Department." In addition, Sec. 103 mandates that "any consent given prior to, or within ten days after birth of the Indian child shall not be valid." Once again this will result in significant change for the Division of Social Services. The Division's policy, as stated in the manual, is that "a relinquishment may not be taken prior to 48 hours following the birth of a child." Finally, Sec. 103 states that "the consent of the parent may be withdrawn for any reason at any time prior to the entry of a final decree of termination of adoption, as the case may be, and the child shall be returned to the parent." Under present Alaskan statutes, the parents have 10 days to withdraw the relinquishment. After the 10 day period, the parents must show good cause for withdrawing consent.

In regard to foster placement, the Indian Child Welfare Act addresses both custody proceedings (Sec. 102) and placement (Sec. 105). In Sec. 102(d) the Act states that "any party seeking to effect a foster care placement, or termination of parental rights to an Indian child under state law, shall satisfy the court that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the break-up of the Indian family and that these efforts have proved successful." The Act goes on to state in Sec. 102(e) that "no foster care placement may be ordered in such proceedings in the absence of a determination supported by clear and convincing evidence, including testimony of qualified expert witnesses, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child." The standard of proof that the Indian Child Welfare Act establishes for foster placements is higher than present state law. Under present law a preponderance of the evidence is required and there is no requirement for testimony from expert witnesses.

Sec. 105(b) of the Act establishes an order of preference for placement of native children: (1) a member of the child's extended family; (2) a foster home licensed or approved by the Indian child's tribe; (3) an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or (4) an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs. The Division's policy now in effect requires workers to give consideration to placement with relatives before exploring other alternatives. This Act, however, states that "a preference shall be given in the absence of good cause to the contrary" to the order of placement delineated above. To accomplish this the Department and the native organizations in the state must develop ongoing cooperative efforts, particularly in the area of the finding and licensing of foster homes.

These are just a few of the changes which will result from the Indian Child Welfare Act. There are many other anticipated changes in the area of court proceedings. Due to the fact that the federal regulations have not been published, the Department cannot determine the total impact of this Act. The Department is working with the Attorney General's Office to develop an implementation plan. - JOHN

If you have further questions, please feel free to contact my office.

Sincerely,

Helen D Beirne

Helen D. Beirne
Commissioner

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
Juneau Area Office
P. O. Box 3-8000
Juneau, Alaska 99802

JUN 1979
RECEIVED

June 12, 1979

Dear Alaska Bar Member:

RE: Indian Child Welfare Act (25 U.S.C.A. 1901 et seq.)

The Alaska Supreme Court has permitted the United States Bureau of Indian Affairs (BIA) to include this informational letter in this mailing.

We wish to advise you that the Indian Child Welfare Act (P.L. 95-608, 92 Stat. 3069) became effective on May 7, 1979. All child custody proceedings initiated in State courts after that date must be conducted under the procedures set out in the Act. These include specific consent requirements for voluntary foster care, termination of parental rights, preadoptive placement and adoptive placement as well as certain notice requirements and preferences for placement of Indian children in involuntary "child custody proceedings" as defined in the Act. The Act pertains to all State courts proceedings involving Indian children, except custody disputes between biological parents and juvenile delinquency proceedings.

Bureau of Indian Affairs offices throughout the country are beginning to receive inquiries concerning the meaning of the Act, frequently in regard to a specific proceeding or situation. The Act covers any child who is a member of a tribe or who is the son or daughter of a tribal member and who is eligible to be a member. Many inquiries involve efforts to determine whether a particular child meets these requirements. In Alaska, such questions should be referred to the Alaska Area Director for the Bureau of Indian Affairs at the above address.

Other inquiries pertain to the criteria and requirements which the Act imposes on State court proceedings. With the exception of enrollment matters, these questions usually involve legal determinations that are best made by attorneys. Questions of this nature, if addressed

to the BIA Area Office, will generally be referred to our solicitors for a legal opinion and, of course, are always subject to clarification by the courts.

Finally, you should be aware that the Department has published proposed rules for the implementation of the Indian Child Welfare Act and recommended guidelines for State courts in the handling the Indian child custody proceedings. These proposed regulations may be found at 44 Fed. Reg. 23992 (April 23, 1979). Final regulations are expected to be published in the near future in the Federal Register. Because this legislation and these regulations will have a significant impact on Indian child custody proceedings in Alaska, we are sure that those of you representing clients in such proceedings will want to fully acquaint yourselves with the Act and its impact.

Once again, I wish to express my appreciation to the Supreme Court for permitting the Bureau of Indian Affairs to include this letter in the Court's regular mailings.

Sincerely yours,

Clarence Antioquia
Area Director

Filed in Trial Courts
State of Alaska, First District
at Ketchikan
[redacted]
KRISTEN O'DOWD, Clerk
by _____ ; Deputy

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

FIRST JUDICIAL DISTRICT AT KETCHIKAN

IN THE MATTER OF THE ADOPTION)
)
of)
)
[redacted])
)
a minor child.)
)

No. 1KE [redacted]

PETITION FOR LEAVE TO ADOPT

Comes now [redacted] and respectfully represents to the Court:

I

Your petitioner and [redacted] formerly [redacted] were married in Reno, Nevada, on August 18, 1978. Both are over the age of twenty-one (21) years, and both are bona fide residents of [redacted] Alaska.

II

Your petitioner desires to adopt [redacted] who was born in [redacted] California, on November 10, 1969, unto [redacted] and [redacted], his then wife.

III

The said minor child is now in the custody of petitioner herein in [redacted] Alaska, and within the jurisdiction of this Court, and has been in his custody and has resided at the home of petitioner and his wife, the mother of said child, since the marriage of the parties. The father of said child is [redacted]

ZIEGLER CLOUDY, SMITH, KING & BROWN
Phone (907) 225-4145
307 Bawden Street
Ketchikan, Alaska 99901

[redacted] from whom petitioner's wife was divorced in Ketchikan, Alaska, on September 2, 1976.

IV

Your petitioner's name is [redacted]; his age is thirty (30) years. He has lived in [redacted] Alaska, all of his life.

V

The said [redacted] the mother of the said minor child, consents to her adoption by petitioner above named and has executed her written consent to such adoption, which has already been filed with the Court.

VI

Petitioner alleges that [redacted] the mother of said minor child, joins in this petition only for the purpose of giving her consent to this adoption and, by executing a consent herein, does recommend the granting of said adoption, retaining, however, all of her maternal rights as the mother of said minor child.

VII

The minor child to be adopted herein has no assets or any other thing of value in her own name other than a savings account in the [redacted] California; the amount on deposit is approximately Two Thousand One Hundred Fifty ($2,150.00) Dollars; the birth certificate of said minor child has already been filed with this Court.

VIII

[redacted] the biological father of said minor child, has indicated that he will consent to this adoption. It is anticipated that said parental consent will be filed herein by the time this matter comes on for hearing.

IX

The said [redacted] is in all respects a fit and

ZIEGLER, CLOUDY, SMITH, KING & BROWN
Phone (907) 225-4145
307 Bawden Street
Ketchikan, Alaska 99901

proper person to adopt said minor child, financially and otherwise, and is able to care for, maintain and support the said minor child, and it will be for the best interests of the said minor child that she be adopted by said petitioner and that her name be changed to [redacted]

WHEREFORE, petitioner prays that an order be made and entered by this Court fixing the time and place of hearing upon this petition; that upon such hearing, the Court make and enter the decree granting this petition and authorizing the adoption of the said minor child by petitioner above named and further authorizing that the name of the minor child be changed as follows: from [redacted] to [redacted]

Dated at [redacted] Alaska, this 1st day of ~~August~~ September, 1979.

[redacted]

STATE OF ALASKA)
) ss:
First District)

[redacted], being first duly sworn, on oath, deposes and says:

I am the petitioner above named; I have read the within and foregoing Petition for Leave to Adopt, know the contents thereof, and the same are true, as I verily believe.

[redacted]

Subscribed and sworn to before me this 1st day of ~~August~~ September, 1979.

[STAMP]

S/Portia A. Bensley, Postmaster
United States Postmaster

RHZ:cg
12.125.01

ZIEGLER, CLOUDY, SMITH, KING & BROWN
Phone (907) 225-4145
307 Bawden Street
Ketchikan, Alaska 99901

Filed in Trial Courts
State of Alaska, First District
at Ketchikan

KRISTEN CLOUDY, Clerk
By _____ Deputy

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

FIRST JUDICIAL DISTRICT AT KETCHIKAN

IN THE MATTER OF THE ADOPTION of [redacted] a minor child.	No. 1KE - 79 - 50 P/A DECREE OF ADOPTION

This matter having come regularly on for hearing before the Superior Court, at Ketchikan, Alaska, on the 22nd day of October, 1979, upon the petition of [redacted], praying for leave to adopt [redacted] as his own child and to change the name of the child to [redacted] and,

The Court having heard the testimony of the petitioner and his wife; and the Court having examined the records and files herein, and now being fully advised in the premises, finds as follows, to-wit:

I

That your petitioner and [redacted] formerly [redacted] were married in Reno, Nevada, on August 18, 1978. That both are over the age of twenty-one (21) years, and both are bona fide residents of [redacted] Alaska.

ZIEGLER, CLOUDY, SMITH, KING & BROWN
Phone (907) 225-4145
307 Bawden Street
Ketchikan, Alaska 99901

II

That your petitioner desires to adopt [redacted], who was born in [redacted] California, on November 10, 1969, unto [redacted] and [redacted] his then wife.

III

That the said minor child is now in the custody of petitioner herein in [redacted] Alaska, and within the jurisdiction of this Court, and has been in his custody and has resided at the home of petitioner and his wife, the mother of said child, since the marriage of the parties. That the father of said child is [redacted] from whom petitioner's wife was divorced in [redacted] Alaska, on September 2, 1976.

IV

That your petitioner's full name is [redacted]; his age is thirty (30) years. He has lived in [redacted] Alaska, all of his life.

V

That the said [redacted] the mother of the said minor child, consents to her adoption by petitioner above-named and has executed her written consent to such adoption which has already been filed with this Court.

VI

That the petitioner alleges that [redacted] the mother of said child, joins in this petition only for the purpose of giving her consent to this adoption, and by executing a consent herein, does recommend the granting of said adoption, retaining, however, all of her maternal rights as the mother of said child.

VII

That the said minor child to be adopted herein has no assets or any other thing of value in her own name other than a savings account in the [redacted] California; the amount on deposit is approximately Two Thousand One

ZIEGLER, CLOUDY, SMITH, KING & BROWN
Phone (907) 225-4145
307 Bawden Street
Ketchikan, Alaska 99901

Hundred Fifty ($2,150.00) Dollars; the birth certificate of said minor child has already been filed with this Court.

VIII

That [redacted] the biological father of said minor child, has consented to her adoption by petitioner above-named and has executed his written consent to such adoption, which is on file with this Court.

IX

That petitioner's wife, [redacted] and said [redacted] have been fully advised as to the provisions of the Indian Child Welfare Act (P.L. 95-603, 29 Stat. 3069); the parental consents on file herein acknowledge that their rights have been fully explained to them, that any and all such rights have been waived and that the right of tribal intervention was likewise waived.

X

That the said [redacted] is in all respects a fit and proper person to adopt said minor child, financially and otherwise, and is able to care for, maintain, and support the said minor child, and that it will be for the best interests of the said minor child that she be adopted by said petitioner, and that her name be changed to [redacted]

And the Court being satisfied with the identities and relations mentioned herein, and that said petitioner is of sufficient ability in all respects, and is a fit, proper and suitable person to bring up said minor child, and to furnish her with suitable nurture and education; that it is fit and proper for said adoption to take place; that all the requirements of law applicable to adoptions having been met and fully complied with, and no objections having been filed or made by anyone to said adoption; and the Court being fully advised in the premises.

ZIEGLER, CLOUDY, SMITH, KING & BROWN
Phone (907) 225-4145
307 Bawden Street
Ketchikan, Alaska 99901

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED:

1. That the petition of [redacted] for leave to adopt [redacted] as his child be granted, and that he is authorized to take said minor child as his own child, and to give her such nurture, care and education as is meet and proper.

2. That from this date henceforth the said minor child shall, to all legal intents and purposes, be the child of the above-named petitioner, and shall be treated by him in all respects as his own lawful child should be treated, including the right of his inheritance, and that said petitioner and said minor child shall bear toward each other the relationship of parent and child.

3. That from this date henceforth, the name of [redacted] shall be, and the same hereby is declared to be, [redacted]

Dated at Ketchikan, Alaska, this 28th day of October, 1979.

/s/ Thomas E. Scholz
Superior Court Judge

ZIEGLER, CLOUDY, SMITH, KING & BROWN
Phone (907) 225-4145
307 Bawden Street
Ketchikan, Alaska 99901

RHZ:st
12.125.01

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

CS FOR HOUSE CONCURRENT RESOLUTION NO. 43

"A resolution endorsing the concept and requesting implementation of the Indian Child Welfare Act of 1978."

Committee Substitute for House Concurrent Resolution No. 43 resolves that: 1) the legislature endorse and support the concept and policy of the Indian Child Welfare Act of 1978 (P.L. 95-608); 2) urgently requests the Governor to direct the Department of Health and Social Services to promptly take the steps necessary for implementation of the Act in Alaska and provide the financing necessary for this implementation; and 3) requests the Chief Justice of the Alaska Supreme Court to direct the court system to promptly take steps necessary to cooperate in the implementation of the Act.

The Department strongly supports the concepts and policies embodied in the Indian Child Welfare Act of 1978 and, therefore, supports the legislature's endorsement and support of the Act. The Department has been actively involved in implementing the Act since its passage in November, 1978. During calendar year 1979, the Department has taken numerous steps towards full implementation of the Act (report attached). The Department plans to increase its efforts during 1980 through close coordination with the various Indian Child Welfare programs established under Title II of P.L. 95-608 and recently funded by the Bureau of Indian Affairs, and through close monitoring and evaluation of its own programs to ensure compliance with the Act.

Attachment

RECOMMENDED BY: _____ DATE: 3/20/80
Art Holmberg, Director
Division of Social Services

APPROVED BY: Helen D. Beirne DATE: 3-3-80
Helen D. Beirne, Commissioner
Department of Health and Social Services

REPORT ON IMPLEMENTATION OF THE INDIAN CHILD WELFARE ACT

The Department of Health and Social Services has been quite active since the passage of the Indian Child Welfare Act in working towards full implementation. As early as February 13, 1979 Department representatives met with the Area Director of BIA and representatives from various native non-profit corporations to begin mapping out strategies and procedures necessary for implementation. In early March Department Representatives met with the BIA contractors to further discuss implementation. On March 7, 1979 the Department testified at hearings held in Juneau regarding the first draft of federal regulations (testimony attached). These regulations were finally published as proposed regulations on April 23, 1979 and were not finalized until July of 1979.

During this interim period before finalization of the implementing regulations the Department's Regional Social Services Managers met with representatives of the native non-profit organizations as well as various village and IRA council leaders to discuss the Act and to begin informal working procedures. The Managers also met with court personnel and the attorney general's offices to establish appropriate court procedures. The Social Service's Field Director met with Art Snowden, the Court Administrator, his staff, the BIA Social Services Director, and the BIA Counsel to further work toward state-wide development of court procedures. As a result of this meeting the Court Administrator agreed to include a letter summarizing the Act in the next mailing to the Alaska Bar members.

Since the finalization of regulations the Department has not only attempted to comply with the formal procedures established by the regulations but has developed many cooperative projects for furthering the implementation of the Act. For example, the Division of Social Services has been working with Tanana Chiefs and United Crow Band on locating, studying, and licensing native foster homes. Similar projects have also been operating in Fairbanks (Fairbanks Native Association) and in Southeast Alaska (Tlingit-Ha'da). The Division also held a two day training session in Anchorage on Oct 8 & 9, 1979 on the Indian Child Welfare Act. The trainer was Bert Hirsh, one of the original drafters of the law. All the native non-profit organizations as well as state and private agencies were invited to attend. Finally, the Division's training director by request of the native non-profit in the Bethel area provided a training session in Bethel.

These are just some of the examples of the cooperative efforts that have been initiated state-wide. It should be noted however that the Department has supported the concepts embodied in the Indian Child Welfare Act before its passage in 1978. In fact the Department supported a change in 47.10.230 (Powers and duties of Department over care of child) which made placement with blood relatives mandatory if they requested custody.

The intent of this statute was to provide for placement of children in surroundings which meet their social and cultural needs.

The Department has attempted to implement this statute to the fullest extent possible. It has been very successful in areas such as Nome and Bethel but less successful in larger cities such as Anchorage, Fairbanks, and Juneau. For example, 10 years ago 92% of all native children placed for adoption were placed in non-native homes. This has been completely reversed. Presently 75% of the native children placed for adoption are placed in native homes. The only exceptions being some severely handicapped children who have special medical needs and some native children who have been in long term foster care with a non-native family. In addition, in the Nome Region in 1969 all but two Eskimo children were in non-native foster homes. Today in Nome the figures are: 32 native children in native homes and 7 in non-native homes. In the Bethel Region there are 42 native children placed in foster homes. All are placed in native foster homes. However, the placements of native children in native foster homes are significantly lower in the larger cities with Anchorage having the lowest percentage (20 out of 127 native children are in native foster homes). The Department has been working diligently to improve the situation. As noted earlier Tlingit-Haida and Fairbanks Native Association have had foster home finding projects in Juneau and Fairbanks respectively. The Department has supported and worked closely with the staff of these projects. However, the success has been limited.

In summary the Department has been supporting the concepts of the Indian Child Welfare Act for a number of years. It had implemented certain policies consistent with the Act prior to its passage. In addition the Department, has worked diligently to develop formal procedures to implement the Act as well as numerous cooperative projects. The Department realizes there is stil much to be accomplished and certainly agrees to continue its present efforts of implementation and to increase its efforts wherever necessary.

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. CS FOR HOUSE CONCURRENT RESOLUTION NO. 43
Title endorsing concept/requesting implementation of the Indian Child Welfare Act of 1978
Requested by _____ Date February 26, 1980

II. FISCAL DETAIL
Agency Affected Department of Health and Social Sevices
Program Category Affected All Program Categories
BRU, Program, or Subprogram(s) Affected All BRU's
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

		FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
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	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify Fund Source)	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-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)

This Resolution has no fiscal impact on the Department of Health and Social Services.

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

Prepared by: [illegible] Date: 2/27/80
Division/XXXXX: Social Services PH: 465-3170
Department of Health & Social Services

Approval DHSS Mgt. & Bdgt: [illegible] Date: 2/27/80

33-001 (Rev. 12/79)
Modify by DHSS (11-28-79)

Page ____ of ____

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DAVID H. CALL
THOMAS E. FENTON
JAMES D. DEWITT
PAUL A. BARRETT

TELEPHONE
907 - 452-2211
452-2296

March 13, 1980

NOTE
This letter sent to most legislators from Fairbanks & Allen Chance of H. Hess

Representative Sarah J. Smith
Pouch V
Juneau, AK 99811

Re: House Concurrent Resolution No. 43
Indian Child Welfare Act of 1978

Dear Sally:

I am writing to state my opposition to House Concurrent Resolution No. 43, "a resolution endorsing the concept and requesting implementation of the Indian Child Welfare Act of 1978."

As background, I have never represented any parent whose parental rights were being terminated or involuntarily relinquished or otherwise being surrendered by force. I have never represented the State of Alaska in an action to take away parental rights. I have, however, on numerous occasions, represented the children in these proceedings for termination. My official title has always been "guardian ad litem" but my duties have frequently involved reconciliation, peacemaking and negotiation.

Under Alaska law, a guardian ad litem represents the "best interests of the child" in the proceeding; not necessarily what the child wants and not necessarily what the parents or the State of Alaska want. It is a difficult assignment and I confess I am uncomfortable with it in many situations. However, I accept appointments as guardian ad litem because all too frequently the children themselves are not otherwise a concern in a parental rights termination proceeding. It is very easy for the other parties involved to lose sight of the fact that while their lives may be impacted by whatever decision a court may reach, the children will live with the results and be affected by the results for the rest of their lives. The Alaska Supreme Court has begun to recognize that the children are a party in interest, that they have constitutional rights in custody and termination proceedings and that those rights deserve to be represented. The Indian Child Welfare Act, as to the class of children who happen to be of fractional Native blood, removes those rights and removes the right of the children to be represented in a meaningful sense in those kinds of proceedings.

My first dispute is with the underlying premise for the Act, that "a highly disproportionate number of Native American children in Alaska are from families broken up by the removal of children. . .", with the inference that that statistical fact is somehow evidence of wrongdoing by the State of Alaska. The hard truth, however politically unpopular it may be, is that Native American families have the highest rate of alcoholism, the highest rate of broken, unstable homes, and the highest rate of child abuse in Alaska and that that, not any wrongdoing or excess of zeal by the Department of Health and Social Services or the State of Alaska, is the reason why Native American homes are broken up most frequently. I will leave it to sociologists, psychologists and anthropologists to describe why these statistical facts exist, but they do. Those problems may or may not be susceptible of solution, but you are treating a symptom when you remove the right of the children to be removed from abusive homes. If the Alaska Legislature wants to solve the problem of abused Native children and their statistically anomalous frequency, it should create programs to treat the underlying problems, not endorse a statute which forces the children to continue to live in those homes, regardless of consequences.

And it is effectively impossible to terminate the parental rights of a parent whose child is an Alaska Native. To terminate those parental rights, someone must prove beyond a reasonable doubt (1) that there is a clear and present physical danger to the children; (2) that the danger has caused harm or imminently will cause harm to the children; and (3) that that conduct constituting a clear and present danger is likely to continue. Check with your legislative counsel, but in my view it is effectively impossible to prove beyond a reasonable doubt that a pattern of conduct is likely to continue. It is hard enough to establish beyond a reasonable doubt that something has happened; ask any district attorney.

So the parental rights cannot be terminated, the parents will continue to have contact with their children, no matter how abusive they have been in the past and no matter how harmful that conduct may be to the children themselves.

In my view, the Indian Child Welfare Act of 1978 is unconstitutional since it unfairly imbalances the constitutional rights of the children as against the constitutional rights of their parents. I emphasize that is my opinion alone, and has not been endorsed by any court of which I am aware.

Another serious problem with the Act is its application in Alaska. Assuming the Act exists to preserve a Native culture, its avowed purpose, then it operates without regard to that avowed purpose. An Alaska Native family, regardless of its ties to its culture, is entitled to the protections of the Indian Child Welfare Act. If I may, I would like to analyze a specific hypothetical.

Let us assume that two fathers in Barrow, Alaska have sexually abused their five year old daughters. One family is caucasian, the other is one-quarter Eskimo. To terminate the parental rights of the caucasian father, the State of Alaska must establish by clear and convincing evidence that the child has suffered emotional harm and that it is likely that the conduct leading to the emotional harm will continue. That is not an easy matter, and is not likely to be proven by one specific bad act, in the absence of other conduct. Obviously, it is not going to be possible to terminate the parental rights of the Native father for a single act.

Now let us assume that each father again sexually abuses the five year old daughter. Probably, it will now be possible to terminate the parental rights of the caucasian father. In the view of most of the courts of Alaska, two specific, identical instances give rise to an inference that conduct is likely to continue and reach the burden of proof: clear and convincing evidence. While the matter has not been ruled upon, it is reasonably certain that it is not going to be possible to terminate the Native father's rights, even though the conduct takes place in the same community, even though the children are harmed in precisely the same way and to precisely the same degree. In fact, as long as there is even a slight doubt that the Native father will continue to sexually abuse his daughter, his parental rights may not be terminated.

Obviously, I oppose House Concurrent Resolution No. 43. While I cannot pretend to make up your minds for you, I urge you to give the Act, its implications and the points I have raised in this letter serious consideration before proceeding further with this Resolution. The State of Alaska and the Department of Health and Social Services have not attempted to force all of the diverse cultures of Alaska into one white, suburban, middle class mold. Whatever the rationale for the Indian Child Welfare Act in other jurisdictions, Alaska has acted in every way to protect the cultural identities of its peoples. The Act is unnecessary, harmful to the children it is intended to protect and possibly unconstitutional. I urge you to resist adoption and passage of the Resolution.

Thank you for your time and patience in reviewing the points that I have set out. Please feel free to contact me if you have questions regarding my position.

Sincerely yours,

CALL, HAYCRAFT & FENTON

James D. DeWitt

JDD:so

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PAUL A. BARRETT

TELEPHONE
907 - 452-2211
452-2296

March 13, 1980

Representative Thelma Buchholdt
Pouch V
Juneau, AK 99811

Re: House Concurrent Resolution No. 43
Indian Child Welfare Act of 1978

Dear Representative Buchholdt:

I am writing to state my opposition to House Concurrent Resolution No. 43, "a resolution endorsing the concept and requesting implementation of the Indian Child Welfare Act of 1978."

As background, I have never represented any parent whose parental rights were being terminated or involuntarily relinquished or otherwise being surrendered by force. I have never represented the State of Alaska in an action to take away parental rights. I have, however, on numerous occasions, represented the children in these proceedings for termination. My official title has always been "guardian ad litem" but my duties have frequently involved reconciliation, peacemaking and negotiation.

Under Alaska law, a guardian ad litem represents the "best interests of the child" in the proceeding; not necessarily what the child wants and not necessarily what the parents or the State of Alaska want. It is a difficult assignment and I confess I am uncomfortable with it in many situations. However, I accept appointments as guardian ad litem because all too frequently the children themselves are not otherwise a concern in a parental rights termination proceeding. It is very easy for the other parties involved to lose sight of the fact that while their lives may be impacted by whatever decision a court may reach, the children will live with the results and be affected by the results for the rest of their lives. The Alaska Supreme Court has begun to recognize that the children are a party in interest, that they have constitutional rights in custody and termination proceedings and that those rights deserve to be represented. The Indian Child Welfare Act, as to the class of children who happen to be of fractional Native blood, removes those rights and removes the right of the children to be represented in a meaningful sense in those kinds of proceedings.

My first dispute is with the underlying premise for the Act, that "a highly disproportionate number of Native American children in Alaska are from families broken up by the removal of children. . .", with the inference that that statistical fact is somehow evidence of wrongdoing by the State of Alaska. The hard truth, however politically unpopular it may be, is that Native American families have the highest rate of alcoholism, the highest rate of broken, unstable homes, and the highest rate of child abuse in Alaska and that that, not any wrongdoing or excess of zeal by the Department of Health and Social Services or the State of Alaska, is the reason why Native American homes are broken up most frequently. I will leave it to sociologists, psychologists and anthropologists to describe why these statistical facts exist, but they do. Those problems may or may not be susceptible of solution, but you are treating a symptom when you remove the right of the children to be removed from abusive homes. If the Alaska Legislature wants to solve the problem of abused Native children and their statistically anomalous frequency, it should create programs to treat the underlying problems, not endorse a statute which forces the children to continue to live in those homes, regardless of consequences.

And it is effectively impossible to terminate the parental rights of a parent whose child is an Alaska Native. To terminate those parental rights, someone must prove beyond a reasonable doubt (1) that there is a clear and present physical danger to the children; (2) that the danger has caused harm or imminently will cause harm to the children; and (3) that that conduct constituting a clear and present danger is likely to continue. Check with your legislative counsel, but in my view it is effectively impossible to prove beyond a reasonable doubt that a pattern of conduct is likely to continue. It is hard enough to establish beyond a reasonable doubt that something has happened; ask any district attorney.

So the parental rights cannot be terminated, the parents will continue to have contact with their children, no matter how abusive they have been in the past and no matter how harmful that conduct may be to the children themselves.

In my view, the Indian Child Welfare Act of 1978 is unconstitutional since it unfairly imbalances the constitutional rights of the children as against the constitutional rights of their parents. I emphasize that is my opinion alone, and has not been endorsed by any court of which I am aware.

Another serious problem with the Act is its application in Alaska. Assuming the Act exists to preserve a Native culture, its avowed purpose, then it operates without regard to that avowed purpose. An Alaska Native family, regardless of its ties to its culture, is entitled to the protections of the Indian Child Welfare Act. If I may, I would like to analyze a specific hypothetical.

Let us assume that two fathers in Barrow, Alaska have sexually abused their five year old daughters. One family is caucasian, the other is one-quarter Eskimo. To terminate the parental rights of the caucasian father, the State of Alaska must establish by clear and convincing evidence that the child has suffered emotional harm and that it is likely that the conduct leading to the emotional harm will continue. That is not an easy matter, and is not likely to be proven by one specific bad act, in the absence of other conduct. Obviously, it is not going to be possible to terminate the parental rights of the Native father for a single act.

Now let us assume that each father again sexually abuses the five year old daughter. Probably, it will now be possible to terminate the parental rights of the caucasian father. In the view of most of the courts of Alaska, two specific, identical instances give rise to an inference that conduct is likely to continue and reach the burden of proof: clear and convincing evidence. While the matter has not been ruled upon, it is reasonably certain that it is not going to be possible to terminate the Native father's rights, even though the conduct takes place in the same community, even though the children are harmed in precisely the same way and to precisely the same degree. In fact, as long as there is even a slight doubt that the Native father will continue to sexually abuse his daughter, his parental rights may not be terminated.

Obviously, I oppose House Concurrent Resolution No. 43. While I cannot pretend to make up your minds for you, I urge you to give the Act, its implications and the points I have raised in this letter serious consideration before proceeding further with this Resolution. The State of Alaska and the Department of Health and Social Services have not attempted to force all of the diverse cultures of Alaska into one white, suburban, middle class mold. Whatever the rationale for the Indian Child Welfare Act in other jurisdictions, Alaska has acted in every way to protect the cultural identities of its peoples. The Act is unnecessary, harmful to the children it is intended to protect and possibly unconstitutional. I urge you to resist adoption and passage of the Resolution.

Thank you for your time and patience in reviewing the points that I have set out. Please feel free to contact me if you have questions regarding my position.

Sincerely yours,

CALL, HAYCRAFT & FENTON

James D. DeWitt

JDD:so

CHARLIE PARR

ALASKA LEGISLATURE

S. R. Box 50599
Fairbanks, Alaska 99701
456-5029

Pouch V
Juneau, Alaska 99811
465-3797

March 19, 1980

M E M O R A N D U M

TO: Senator Glenn Hackney, Chairman
Health, Education and Social Services Committee

Senator Robert Ziegler, Chairman
Judiciary Committee

FROM: Representative Charles H. Parr

SUBJECT: House Concurrent Resolution No. 43

Enclosed is a letter from Mr. James DeWitt expressing what appear to be some valid concerns about HCR 43. I believe Mr. DeWitt's comments will be of interest to you as you consider the resolution.

CHP:vc
Encl.

CALL, HAYCRAFT & FENTON
AN ASSOCIATION OF
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PAUL A. BARRETT

TELEPHONE
907 - 452-2211
452-2296

March 13, 1980

Representative Charles H. Parr
Pouch V
Juneau, AK 99811

Re: House Concurrent Resolution No. 43
Indian Child Welfare Act of 1978

Dear Charlie:

I am writing to state my opposition to House Concurrent Resolution No. 43, "a resolution endorsing the concept and requesting implementation of the Indian Child Welfare Act of 1978."

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Sincerely yours,

CALL, HAYCRAFT & FENTON

James D. DeWitt

JDD:so

HCR 43

Indian Child Welfare - Sd HCR that was tabled by Duncan's office clerk - SCR. Brenda Knapp. 586-1432

CENTRAL COUNCIL
tlingit and haida indians of alaska
One Sealaska Plaza - Suite 200
Juneau, Alaska 99801
(907) 586-1432 or 586-3613

April 11, 1980

Mr. Glenn Hackney, Chairperson
Health, Education & Social
Services Committee
State Senate
Pouch V
Juneau, AK 99811

Dear Senator Hackney:

The Central Council of Tlingit and Haida Indian Tribes of Alaska supports the Committee Substitute for House Concurrent Resolution Number 43, "A resolution endorsing the concept and requesting implementation of the Indian Child Welfare Act of 1978." We believe that legislative recognition and support of this act is essential to full implementation. We also believe that a directive to the Department of Health and Social Services and the Alaska Supreme Court regarding prompt implementation will facilitate the establishment of appropriate priorities concerning the act

As a follow up to the resolution, a review of the existing Children's Code is necessary to identify areas of non-compliance with the Indian Child Welfare Act. Then any statutes found to be in non-compliance should be corrected with appropriate legislation.

Thank you for giving your support and attention to this issue of great concern to Alaska Native families.

Sincerely,

CENTRAL COUNCIL OF TLINGIT AND
HAIDA INDIAN TRIBES OF ALASKA

Raymond E. Paddock, Jr.
President

HJR

83

COMMITTEE REPORT

SENATE

FURTHER: None

4/7/80

Date: 4-7-80

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had HJR 83

compensation to Alaska physicians who participate in the Medicaid program

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

[X] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for _____ [ ] same title [ ] new title

and recommends _____

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note

[ ] reports it back without recommendation

[ ] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Sen. Hackney
CHAIRMAN

DO PASS

S 60 (Rev. 12/78)

1

Introduced 3-17-80
Logged 4-7-80
Referrals Finance
Comm. meeting 4-9-80 Passed
" action

HJR 83
By Finance Comm.
by Request

"Relative to compliance with 50-50
Ck. physicians who participate
in Medicaid programs"

Position Paper herein
HSS: Notified

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

ON

HOUSE JOINT RESOLUTION 83

This resolution seeks to eliminate the federal barrier which presently prevents fair compensation of Alaska's physicians participating in the Medicaid Program.

The problem stems from a federal law which sets physician reimbursement at the lowest of three factors;

1. The actual amount charged on the bill,

2. The physician's actual average charge for the preceeding year; and

3. The "adjusted 75th percentile" for all Alaska physicians' charges for the preceeding year.

A true 75th percentile would represent a figure which 75% of Alaska physicians did not exceed. However, under federal law the Alaska 75th percentile is not allowed to increase at the actual Alaska economic growth rate, but rather is limited to the economic growth rate for the United States as a whole. The potential effect of this growth limitation is displayed on the attached graph. This graph shows what would happen to a $15 office charge over the last 10 years assuming, for illustration only, that costs in Alaska have grown an annual percentage of 2% higher than the rest of the nation.

The Department supports HJR 83 for the following reasons:

1. Physician participation in Medicaid is optional and an increasing number of physicians will either drop out of the program or refuse to see new patients if they feel they are unfairly compensated. This is already severely effecting the specialty service of OB-GYN.

2. Although physicians' as a group represent no more than 10% of total costs under our medical programs, they are the hub of our entire medical delivery system. They see patients in their offices at the early stages of disease or injury, they admit people to hospitals and long term care facilities, they perform surgery and provide follow-up care, and they refer patients to other providers of health care services. We need their participation to make our program work.

POSITION PAPER/Department of Health & Social Services

3. Hospitals and long term care facilities receive full reimbursement for all reasonable costs they incur. Clearly, under the present system, physicians do not. Even if an Alaska cost index is substituted for the national index, physicians will still receive only partial reimbursement for the costs they incur.

4. Unless the growing disparity between costs and reimbursement is lessened, physician losses will have to be made up by increasing costs of private pay patients.

5. Although Medicare is also a federal program, it does not force physicians into this box. If a physician elects not to accept Medicare payment as full settlement of his bill, he can bill the patient for the remainder under Medicare rules. In Medicaid it is partial payment or nothing. If the State attempts to make up the portion lost by the physician under Medicaid, the State then becomes responsible for the entire payment.

Approved by: Rod Betit — March 25, 1980

Rod Betit, Director
Division of Public Assistance
Date

3/28/80

Helen D. Beirne, Commissioner
Department of Health & Social Services
Date

MARCH 28, 1980

COMPARISON OF REAL 75th PERCENTILE TO LIMITED 75th PERCENTILE

