

1981

INTERIM

BETH EL

11/4/81

Mary P.

EXCLUSIONS

All services for conditions within any of the following classifications shall be excluded from coverage:

1. Illness, injuries, or conditions covered by services, indemnification, or reimbursement available either:

- a. Pursuant to any federal, state, ^{borough} county, or municipal workman's compensation or employee's liability law or other legislation of similar purpose or import;
- b. Pursuant to benefits available from federal, state, county, municipal, or other governmental agencies, including the Veterans Administration for service connected disabilities or injuries; benefits available through the Indian Health Service and/or Alaska Area Native Health service are specifically excluded from this subpart;
- c. Pursuant to any federal, state, or other legislation, such as Medicare or Medicaid;
- d. Pursuant to benefits entitled to any covered person under any automobile liability or medical payments policy; and
- e. Services for bodily injury, illness, or disease arising out of motor vehicle accidents for which there is available other valid and collectable insurance under the provisions of Alaska statutes.

2. All medical specialty care except when cleared on a case by case basis with the insurer

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3. ~~Care in an Extended Care Facility~~, or Skilled Nursing Facility:
4. Custodial care domiciliary care or nursing home care.
5. Home health services, except as provided per professional judgment by the KANA physician or community health aide.
6. Audiological (hearing) screening, hearing aids, and the fitting of hearing aids.
7. Eyeglasses except as provided for under Special Services and Supplies.
8. Cosmetic surgery or conditions for which plastic surgery is indicated primarily for cosmetic purposes, except as provided for under Medical Services.
9. Dental care including dental x-rays except as provided for under Dental Care.
10. Third party physical examinations such as those for employment or for purchase of insurance, (except to the extent that the normal physical examination schedule is applicable). School physicals will be provided at the KANA medical clinic.
11. Any procedures which can be classified by the Alaskan Medical Community as experimental, investigative, unusual, or not customary in Alaska medical practice.
12. Any out of Area Service.
13. Podiatric or chiropractic services.

CONCLUSIONS - Page 3

14. Any mental health, alcoholism, or chemical dependency services not specifically covered in the benefits described under Mental Health; Alcoholism, and Chemical Dependency Services.
15. *Any mental health Services.*
15. Specialized evaluation and therapy to include: Speech therapy hearing therapy, therapy for learning disability, communicative delay, perceptual disorders, mental retardation and related conditions, behavior disorders, multiple handicapped, hyperactivity, sensory deficit and motor dysfunction, developmental and neuroeducational testing or treatment, sleep therapy, hypotherapy and bio-feedback, behavioral training, myofunctional therapy, neuromuscular rehabilitation and other special therapy.
16. Marriage counseling.
17. Vocational rehabilitation.
18. Acupuncture.
19. Procedures, services, and supplies related to sex transformation. Reversal of voluntary sterilization procedures and related procedures.
20. Surgical treatment for obesity.
21. Home delivery for child birth.
22. Artificial aids and external prosthetic devices, artificial limbs, corrective appliances, rental or purchase of durable equipment and supplies.

23. Any injury or illness resulting from war or any act of war, declared or undeclared, or from commission of a felony by the covered person.

24. Expenses incurred prior to the effective date of this schedule of benefits or for services rendered after this schedule of benefits is terminated by contractual or Congressional Act or eligibility of a person terminates.

25. *Inappropriate use of ER.*

26. *Inappropriate use of ambulance.*

27. *Abortions: There is a strong likelihood that in the near future the IHS will not be able to pay for elective abortions.*

YUKON-KUSKOKWIM HEALTH CORPORATION

P. O. Box 528
Bethel, Alaska 99559
(907) 543-3321

May 7, 1981

Honorable Senator George Hohman
Juneau, Alaska 99811

Honorable Senator John Sackett
Juneau, Alaska 99811

Dear Senators Hohman and Sackett:

"An Act relating to the health of residents of the state; and providing for an effective date."

I would like to express YKHC's feelings in regards to House Bill #41.

- 1) First of all the bill states that it is a "State Comprehensive Health Plan." I do not feel that the words "State Comprehensive" are the appropriate words to use since the bill automatically eliminates all employees/ persons covered under a group health plan. In the Bethel Service Unit under only YKHC's employment, this eliminates 193 employees, most of whom are native and live in the villages.
- 2) Regardless of being covered by a group health plan most people utilize the PHS Hospital services because of accessibility. The PHS system does not provide all health services to our people. (A list of the Indian Health Service exclusions was sent to Representative Clocksin during the tele-conference held on House Bill #41). This should be reviewed very carefully before any action is taken.
- 3) Due to budget limitations, restrictions in travel, boarding home and possible ambulance services cuts are likely to occur. The Reagan administration pledge to reduce Human Services costs forebodes even more diminutive capability for IHS to provide needed medical services to Alaska Natives.
- 4) It is the consensus of the Regional Health Directors of the non-profit health corporations that if the Medicaid portion of the bill was re-looked and if Medicaid services to the eligibles could be improved and increased it would benefit the rural Alaskan Natives more than what House Bill #41 is offering.

Your consideration to the above would be greatly appreciated.

Sincerely,
Barbara Petrovich for Mary Pavil
Mary Pavil
Executive Director

MP/to



November 2, 1981

PRELIMINARY LISTING
BOROUGH LEGISLATIVE PRIORITIES: 1982 ALASKA LEGISLATURE

2-2-81
3-10-81
5-16-81

(The following issues were discussed at the October 29th Assembly work session as part of the Borough's Legislative program. They are not listed in order of priority.)

+ operation

I. Increase in school construction funding to 100 percent state reimbursement from current 80 percent reimbursement.

II. Borough air quality modeling, monitoring and data acquisition program. This concept presently is being developed with NOAA air modeling experts. Preliminary estimates are for a two to three year program and a total cost of over \$1 million.

III. Municipal revenue sharing. Establishment of municipal endowment funding. Such funding would require a state constitutional amendment. A draft joint Resolution prepared by the Alaska Municipal League is attached for information.

IV. Social services funding. Funding of social service operations and programs was authorized by a late amendment to SB 168, even though some local governments (such as the Fairbanks North Star Borough) do not exercise most social service powers. Subsequent to SB 168 passage, State legislators informed social service organizations that state funding to their programs was reduced and that social service organizations should seek compensating funds at the local government level.

SB 168 was originally designed solely as capital projects legislation and excluded the use of funds for operational costs. The last-minute addition of social services to this legislation and the authorization to fund social service operations, together with the cutback in direct State funding to social service programs, has created great confusion at the local government level among social service agencies.

V. Senator Kerttula, in his capacity as Senate President, has requested a listing from local governments of those capital projects which local governments wish to see undertaken in their areas by state agencies. Some borough-area projects of this nature are as follows:

(a) Fairbanks International Airport improvements, Phase II. The airport Master Plan called for \$101 million in capital improvements. Last year \$38 million was appropriated for Phase I. Approximately \$63 million remains to be appropriated to complete the development program identified in the Master Plan.

(b) Bridge and adjacent roadway construction for access to residential areas east of Fort Wainwright. Estimated cost: \$2.8 million.

(c) Chena Small Tracts bridge and road connection. Presently, rush-hour traffic is very congested on the Chena Ridge Road and Parks Highway intersection. Continuing residential development on Chena Pump Road will worsen the problem. A bridge and road connection through Chena Small Tracts could provide direct access to Airport Road for Chena Pump Road residents.

(d) Expansion of Airport Road. Congestion on Airport Road has now increased well past rush-hour traffic periods. Without significant construction or engineering work, the two emergency lanes next to the access roads could be converted into traffic lanes. This would give Airport Road six lanes for traffic instead of the present four.

(e) Pilot program for residential water supplies. In developing residential areas, particularly in the northern and western portions of the borough, the digging of individual wells for single-family residences is becoming prohibitively expensive and difficult. Through the service area concept it may be possible to develop one communal well to serve 15-25 residents, dug at a sufficient depth to tap deep water supplies at less cost and with more reliable supplies. Up-front construction financing could be explored through Program for Progress.

VI. State financing for multi-family and condominium housing. The cost of single-family housing continues to escalate, which increases the attractiveness of multi-family housing for middle and lower income families. In the Fairbanks area, multi-family housing may become increasingly necessary because of the expansion of military personnel and their families at Eielson Air Force Base and possibly Fort Wainwright. Currently the bulk of state housing financing is devoted to single-family residences or duplexes. Some contractors are concerned with the lack of financing available for multi-family units.

LEGISLATIVE PRIORITIES
PAGE THREE

To redress this imbalance, legislation should be developed to provide for the following points:

- (1) Permit financing for investor-built rental units.
- (2) Designate AHFC funds for multi-family residences.
- (3) Streamline AHFC procedures to encourage investment in condominium construction.
- (4) Make financing available for renovation and expansion of existing homes and apartment buildings.
- (5) The use of Permanent Fund earnings should be thoroughly investigated as a financial resource to support these housing efforts in Alaska.

VII. Railroad bypass of downtown Fairbanks. Growing volumes of heavy freight and industrial traffic generated by the Alaska Railroad are transiting downtown Fairbanks and built-up residential areas. As Fairbanks develops in the future, this industrial railroad traffic will increase, as well as density of urban and suburban growth adjacent to the current rail lines. This has long been a serious situation in many lower-48 communities. The Borough has asked FMATS to look into the feasibility of a railroad bypass of downtown Fairbanks for heavy industrial traffic. If feasible, such a problem might require special legislative action and might be included in an overall development program if the state of Alaska acquires the Alaska Railroad from the federal government.

BFH/sek

Attachments: as stated

Isabell Wilkins
 Jones 2666
 N. 1st St
 Seattle

Bethel
 11/14/81

George Boratnick - member Southcentral ASA

- question as to leg plans for future of ASA's
 - Fred (?) - need better coord ASA's + SARA

Dr Marilyn Chohoney - med dir YKHC, on staff PHS hosp.
 - Comm Health Aide - 11 wk the prog.
 - cut in tvl funds will increase burden on C.A.A.

- clinics in villages have problems w/ maintenance,
 heat, equipment - 11th funding (contract w/
 village council) has not increased w/ inflation
 - Alasum maintains planes -

(Apr 72) - 15 villages have asplines -

Dr. Fairweather - ~~PHN~~ 11th Hosp -

Dita Foltier - Pub Health Nurse

per capita funding won't cut it

Mary Pavil -

Key sharing doesn't go far -

Medicaid won't pay from village to 11th hosp

will pay village to Providence (Joe - armemo
 of agreement DHS + 11th) Jeff Friedman - Dir

mental health program for YKHC - split ea 50/50.
 Villagers can't use Medicaid for psychiatric
 the trees at

Collins - Pub Health Nurse - children are covered by Medicaid.

Dir IHS Hosp - 1 adm.

Joe - 14 doctors, 62 nurses, 5 dentists, 8 dental assts
~~40 beds, 10000 occ. at~~ 60% - 80%
50 beds, 40 in use, ~~at~~ 33% occupancy

spkr (?) 17 000 people, 75,000 sq miles
PH Nurse 3/4 times year
Dr 1 yr (4 days year)

John

Fairweather - 2 Drs for in-patient treatment
most of patients who come in need to
ca 1/4 patients having tvl paid for by IHS
no more use by non-Natives

Joe - major users ambulance are villagers arriving at apt

Chukoney - state help fund hosp, open it to everyone

* Jeanne Peltier - Pub H Nurse -

- no overlap in services in this region
- need stress on prevention and planning
- " advance knowledge of funds available
- prevention - maternal & child health, e.g.
- one village 50% children low in haemoglobin, makes more vulnerable to infections, don't learn as well (low energy level)

Peltier - people can't afford right food
- pay some money to health aides

Helen (?) - most outpatients have infectious diseases,
linked with life style. Several programs have
people educating in villages - alcohol, dentists, etc

Joe - - lots of running water would help in
prevention

Jeff Friedman - need for mid-level practitioners

7 itinerant PHN
2 Bethel PHN

Mary Pavil - state should mandate health
curriculum in schools

Fred - need for interpreters

Joe - need regional planning

Mary Pavil - Bristol Bay N.C. has taken over
IHS hosp, running it - funding problems
- village runways, poor

Joe - lack of funds to get out to villages

Mary Pavil - thinks all villages are stable

Peltier - only 5% of villages have satellite TV

Wally Richardson, L10 -
- dial-in capability of speaker phones in villages

Peltier - early childhood programs have been
successful - (6 mos - 3 yrs)
- AKHC conducts classes for women in
pre-maternal home

- health aides don't all have same capa-
bilities, e.g. 1V

- 64 total,
C.H.A. turnover ca 12% +
4 villages no clinic - in BSA schools

- mounting conflict over "non-beneficiaries"

- state wants to decrease early childhood program,
Feds to phase it out - (poverty of access village)