SB
754

COMMITTEE REPORT

SENATE

2/15/82

FURTHER: FINANCE

Date: 3-29-82

Mr. President:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had SB 754

health planning and development

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 754 [X] same title [ ] new title

and recommends

[ ] AND attaches a "Letter of Intent" [X] 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)

Alternatives

1. Separate the membership by numbers whereby:

   A. Commissioner appoints a certain number

   B. Someone else appoints a certain number (Legislature)

2. Commissioner is final choice:

   A. With caveat that he/she must review specific recommendations from a group

   B. With caveat that he/she must select from a list of candidates from a group

3. Mayor offices may have a designated seat

4. Narrow the definition for membership to include membership from specific groups or types of representation:

   Example: a consumer is _ _ _ _

   or a consumer is not a provider.

I hope this is helpful information for exploring alternatives. The main decision to be made is WHO WILL MAKE THE FINAL SELECTION AND WHY.

Karen W. Slack

TABLE 1. ANNUAL COSTS OF A LOWER BUDGET FOR A 4-PERSON FAMILY, 1/ AUTUMN 1976

AREA	TOTAL BUDGET 2/	FAMILY CONSUMPTION						
		TOTAL CONSUMPTION	FOOD			HOUSING 3/		
			TOTAL	FOOD AT HOME	FOOD AWAY FROM HOME	TOTAL 4/	SHELTER 5/ (RENTER)	HOUSE-FURNISHINGS & OPERATIONS
URBAN UNITED STATES	10041	8162	3003	2590	414	1964	1467	496
METROPOLITAN AREAS 11/	10189	8259	3046	2616	430	1995	1507	488
NONMETROPOLITAN AREAS 12/	9382	7726	2814	2472	342	1825	1289	535
NORTHEAST:								
BOSTON, MASS	11104	8800	3182	2766	416	2313	1806	507
BUFFALO, N.Y	10198	8225	3019	2590	429	1961	1442	519
HARTFORD, CONN	10601	8748	3184	2743	441	2272	1792	480
LANCASTER, PA	9799	7877	3053	2648	405	1932	1462	470
NEW YORK-NORTHEASTERN, N.J	10835	8645	3346	2869	477	2064	1565	499
PHILADELPHIA, PA-N.J	10343	8152	3257	2784	473	1827	1360	467
PITTSBURGH, PA	9697	7776	3024	2574	450	1767	1295	472
PORTLAND, MAINE	10412	8568	3123	2715	408	2267	1748	519
NONMETROPOLITAN AREAS 12/	9876	8036	3016	2664	352	1884	1410	474
NORTH CENTRAL:								
CEDAR RAPIDS, IOWA	9702	7848	2726	2323	403	2001	1522	479
CHAMPAIGN-URBANA, ILL	10564	8551	3023	2652	371	2281	1776	505
CHICAGO, ILL.-NORTHWESTERN IND	10380	8426	3110	2708	402	2040	1569	471
CINCINNATI, OHIO-KY,-IND	9448	7724	3066	2682	384	1631	1184	447
CLEVELAND, OHIO	10023	8234	3102	2617	485	1847	1369	478
DAYTON, OHIO	9466	7789	3011	2621	390	1725	1225	500
DETROIT, MICH	9865	7972	2960	2518	442	1738	1305	433
GREEN BAY, WIS	9626	7716	2768	2413	355	1971	1433	538
INDIANAPOLIS, IND	9876	8069	2981	2590	391	1859	1379	480
KANSAS CITY, MO.-KANS	9677	7946	3018	2605	413	1756	1266	490
MILWAUKEE, WIS	10306	8159	2889	2496	393	2045	1577	468
MINNEAPOLIS-ST. PAUL, MINN	10085	8002	2984	2565	419	1931	1466	465
ST. LOUIS, MO.-ILL	9612	7897	3127	2718	409	1732	1257	475
WICHITA, KANS	9816	8078	2910	2516	394	2028	1525	503
NONMETROPOLITAN AREAS 12/	9673	7900	2851	2529	322	1984	1473	511
SOUTH:								
ATLANTA, GA	9222	7685	2901	2509	392	1730	1231	499
AUSTIN, TEX	8887	7489	2671	2271	400	1691	1180	511
BALTIMORE, MD	10280	8115	2811	2387	424	2125	1591	534
BATON ROUGE, LA	8914	7510	2930	2574	356	1585	1117	468
DALLAS, TEX	9114	7666	2714	2255	459	1714	1239	475
DURHAM, N.C	9600	7788	2797	2422	375	1928	1434	494
HOUSTON, TEX	9532	7975	2924	2457	467	1821	1310	511
NASHVILLE, TENN	9102	7654	2797	2417	380	1784	1266	518
ORLANDO, FLA	9271	7770	2696	2297	399	2005	1492	513
WASHINGTON, D.C.-MD.-VA	10650	8472	3032	2586	446	2288	1796	492
NONMETROPOLITAN AREAS 12/	8828	7381	2702	2356	346	1652	1087	565
WEST:								
BAKERSFIELD, CALIF	9599	7964	2869	2471	398	1893	1411	482
DENVER, COLO	9765	7953	2953	2552	401	1731	1215	516
LOS ANGELES-LONG BEACH, CALIF	10523	8568	2906	2457	449	2173	1702	471
SAN DIEGO, CALIF	10007	8264	2868	2395	473	2027	1582	445
SAN FRANCISCO-OAKLAND, CALIF	10920	8845	3008	2604	404	2361	1862	499
SEATTLE-EVERETT, WASH	10770	8863	3131	2701	430	2319	1786	533
HONOLULU	12711	9875	3692	3278	414	2772	2198	574
NONMETROPOLITAN AREAS 12/	9996	8100	2841	2496	345	2033	1493	540
ANCHORAGE, ALASKA	16492	12730	3753	3325	428	4390	3499	891

SEE FOOTNOTES FOLLOWING TABLE 3.

LOWER BUDGET CONTINUED:

AREA	FAMILY CONSUMPTION: TRANSPORTATION 7/ TOTAL	TRANSPORTATION 7/ AUTOMOBILE OWNERS	CLOTHING	PERSONAL CARE	MEDICAL CARE 8/	OTHER FAMILY CONSUMPTION 9/	OTHER ITEMS 10/	SOCIAL SECURITY & DISABILITY PAYMENTS	PERSONAL INCOME TAXES
URBAN UNITED STATES---11/--------	767	1030	799	265	896	468	451	604	825
METROPOLITAN AREAS---12/------	729	1066	804	273	925	487	454	615	861
NONMETROPOLITAN AREAS----------	933	933	780	231	766	379	438	555	663
NORTHEAST:									
BOSTON, MASS----------	878	1496	804	274	832	517	470	649	1185
BUFFALO, N.Y----------	790	1097	932	272	763	488	453	612	908
HARTFORD, CONN----------	776	1082	829	330	830	527	468	620	765
LANCASTER, PA----------	695	930	796	255	712	434	442	573	907
NEW YORK-NORTHEASTERN, N.J----	670	1126	768	280	993	524	465	662	1063
PHILADELPHIA, PA-N.J----------	678	1137	736	268	910	476	451	613	1127
PITTSBURGH, PA----------	730	977	741	263	782	469	439	567	915
PORTLAND, MAINE---12/----	704	971	894	249	834	497	463	608	773
NONMETROPOLITAN AREAS----------	996	996	777	214	777	372	447	602	791
NORTHCENTRAL:									
CEDAR RAPIDS, IOWA----------	655	913	921	281	789	475	441	567	846
CHAMPAIGN-URBANA, ILL----------	683	952	947	275	877	465	463	620	930
CHICAGO, ILL.-NORTHWESTERN IND	771	1253	757	279	967	502	459	608	887
CINCINNATI, OHIO-KY,-IND------	681	953	829	239	792	486	439	553	733
CLEVELAND, OHIO----------	747	1041	831	325	882	500	453	585	751
DAYTON, OHIO----------	695	933	801	255	807	495	440	556	681
DETROIT, MICH----------	726	986	811	286	964	487	445	579	869
GREEN BAY, WIS----------	677	944	803	280	738	479	437	562	911
INDIANAPOLIS, IND----------	760	1023	851	252	873	493	448	579	780
KANSAS CITY, MO.-KANS----------	745	992	826	299	825	477	444	565	722
MILWAUKEE, WIS----------	716	961	898	275	857	479	451	603	1093
MINNEAPOLIS-ST. PAUL, MINN----	702	971	803	285	811	486	446	591	1046
ST. LOUIS, MO.-ILL----------	759	1061	755	282	772	470	443	562	710
WICHITA, KANS---12/----	708	979	826	279	855	472	448	573	717
NONMETROPOLITAN AREAS---12/------	896	896	827	236	720	386	443	566	764
SOUTH:									
ATLANTA, GA----------	674	929	786	269	839	486	437	538	562
AUSTIN, TEX----------	699	987	841	269	836	482	431	521	446
BALTIMORE, MD----------	725	997	781	262	934	477	449	603	1113
BATON ROUGE, LA----------	686	950	776	280	772	481	431	521	452
DALLAS, TEX----------	733	1012	723	274	1017	491	436	532	480
DURHAM, N.C----------	655	920	757	282	886	483	440	562	810
HOUSTON, TEX----------	720	984	788	276	983	463	445	556	556
NASHVILLE, TENN----------	716	997	873	249	763	472	436	532	480
ORLANDO, FLA----------	710	963	738	242	897	482	439	544	518
WASHINGTON, D.C.-MD.-VA---12/----	736	1012	726	251	932	507	460	622	1096
NONMETROPOLITAN AREAS----------	914	914	741	233	762	377	427	520	500
WEST:									
BAKERSFIELD, CALIF----------	759	1080	725	251	1029	438	445	652	538
DENVER, COLO----------	723	996	1014	246	827	459	445	573	794
LOS ANGELES-LONG BEACH, CALIF-	819	1132	817	260	1130	463	463	704	788
SAN DIEGO, CALIF----------	772	1068	820	258	1070	449	454	675	614
SAN FRANCISCO-OAKLAND, CALIF--	791	1145	880	300	1021	484	471	728	876
SEATTLE-EVERETT, WASH----------	740	1049	932	291	966	484	472	632	803
HONOLULU---12/----	789	1129	839	310	955	518	502	743	1591
NONMETROPOLITAN AREAS---12/------	955	955	841	234	816	380	449	585	862
ANCHORAGE, ALASKA----------	1298	1298	1036	335	1438	480	588	960	2214

SEE FOOTNOTES FOLLOWING TABLE 3.

TABLE 4. INDEXES OF COMPARATIVE COSTS BASED ON A LOWER BUDGET FOR A 4-PERSON FAMILY, 1/ AUTUMN 1976
(U.S. URBAN AVERAGE COST=100)

AREA	TOTAL BUDGET	COST OF FAMILY CONSUMPTION											PERSONAL INCOME TAXES
		TOTAL CONSUMPTION	FOOD		HOUSING		TRANSPORTATION 7/		CLOTHING	PERSONAL CARE	MEDICAL CARE 8/	OTHER FAMILY CONSUMTION 9/	
			TOTAL	FOOD AT HOME	TOTAL 4/	RENTER 5/	TOTAL	AUTOMOBILE OWNERS					
URBAN UNITED STATES---2/---	100	100	100	100	100	100	100	100	100	100	100	100	100
METROPOLITAN AREAS---3/---	101	101	101	101	102	103	95	103	101	103	103	104	104
NONMETROPOLITAN AREAS---	93	95	94	95	93	88	122	91	98	87	85	81	80
NORTHEAST:													
BOSTON, MASS---	111	108	106	107	118	123	114	145	101	103	93	110	144
BUFFALO, N.Y---	102	101	101	100	100	98	103	107	117	103	85	104	110
HARTFORD, CONN---	106	107	106	106	116	122	101	105	104	125	93	113	93
LANCASTER, PA---	98	97	102	102	98	100	91	90	100	96	79	93	110
NEW YORK-NORTHEASTERN, N.J---	108	106	111	111	105	107	87	109	96	106	111	112	129
PHILADELPHIA, PA-N.J---	103	100	108	107	93	93	88	110	92	101	102	102	137
PITTSBURGH, PA---	97	95	101	99	90	88	95	95	93	99	87	100	111
PORTLAND, MAINE---3/---	104	105	104	105	115	119	92	94	112	94	93	106	94
NONMETROPOLITAN AREAS---	98	98	100	103	96	96	130	97	97	81	87	79	96
NORTH CENTRAL:													
CEDAR RAPIDS, IOWA---	97	96	91	90	102	104	85	89	115	106	88	101	103
CHAMPAIGN-URBANA, ILL---	105	105	101	102	116	121	89	92	119	104	98	99	113
CHICAGO, ILL.-NORTHWESTERN IND	103	103	104	105	104	107	101	122	95	105	108	107	108
CINCINNATI, OHIO-KY,-IND---	94	95	102	104	83	81	89	93	104	90	88	104	89
CLEVELAND, OHIO---	100	101	103	101	94	93	97	101	104	123	98	107	91
DAYTON, OHIO---	94	95	100	101	88	84	91	91	100	96	90	106	83
DETROIT, MICH---	98	98	99	97	88	89	95	96	102	108	108	104	105
GREEN BAY, WIS---	96	95	92	93	100	98	88	92	101	106	82	102	110
INDIANAPOLIS, IND---	98	99	99	100	95	94	99	99	107	95	97	105	95
KANSAS CITY, MO.-KANS---	96	97	100	101	89	86	97	96	103	113	92	102	88
MILWAUKEE, WIS---	103	100	96	96	104	107	93	93	112	104	96	102	132
MINNEAPOLIS-ST. PAUL, MINN---	100	98	99	99	98	100	92	94	101	108	91	104	127
ST. LOUIS, MO.-ILL---	96	97	104	105	88	86	99	103	94	106	86	100	86
WICHITA, KANS---3/---	98	99	97	97	103	104	92	95	103	105	95	101	87
NONMETROPOLITAN AREAS---	96	97	95	98	101	100	117	87	104	89	80	82	93
SOUTH:													
ATLANTA, GA---	92	94	97	97	88	84	88	90	98	102	94	104	68
AUSTIN, TEX---	89	92	89	88	86	80	91	96	105	102	93	103	54
BALTIMORE, MD---	102	99	94	92	108	108	95	97	98	99	104	102	135
BATON ROUGE, LA---	89	92	98	99	81	76	89	92	97	106	86	103	55
DALLAS, TEX---	91	94	90	87	87	84	96	98	90	103	114	105	58
DURHAM, N.C---	96	95	93	94	98	98	85	89	95	106	99	103	98
HOUSTON, TEX---	95	98	97	95	93	89	94	96	99	104	110	99	67
NASHVILLE, TENN---	91	94	93	93	91	86	93	97	109	94	85	101	58
ORLANDO, FLA---	92	95	90	89	102	102	93	93	92	91	100	103	63
WASHINGTON, D.C.-MD.-VA---3/---	106	104	101	100	116	122	96	98	91	95	104	108	133
NONMETROPOLITAN AREAS---	88	90	90	91	84	74	119	89	93	88	85	81	61
WEST:													
BAKERSFIELD, CALIF---	96	98	96	95	96	96	99	105	91	95	115	94	65
DENVER, COLO---	97	97	98	99	88	83	94	97	127	93	92	98	96
LOS ANGELES-LONG BEACH, CALIF-	105	105	97	95	111	116	107	110	102	98	126	99	96
SAN DIEGO, CALIF---	100	101	96	92	103	108	101	104	103	97	119	96	74
SAN FRANCISCO-OAKLAND, CALIF--	109	108	100	101	120	127	103	111	110	113	114	103	106
SEATTLE-EVERETT, WASH---	107	109	104	104	118	122	96	102	117	110	108	103	97
HONOLULU---6/---	127	121	123	127	141	150	103	110	105	117	107	111	193
NONMETROPOLITAN AREAS---	100	99	95	96	104	102	125	93	105	88	91	81	104
ANCHORAGE, ALASKA---	164	156	125	128	224	239	169	126	130	126	160	103	268

SEE FOOTNOTES FOLLOWING TABLE 6.

Letter ah yalek William
Pr-85 Bonus
Parson

January 25, 1982

Senator Charlie Parr, Chairman
Senator HESS Committee
Pouch V (MS3100)
Juneau, Alaska 99811

Senator Parr:

I am very Strongly going for the Proposal for the Northern Alaska Health Resources Association. I'm a Pass Member of the Board for NAHRA, Volunteer Counselor for Family Crisis, I really care for anyone who ask for help from me.

If I have never hear of NAHRA, I wouldn't know who to go to if I have needed help and NAHRA has make me learn more and get for me to go where the helps are needed, expectly when I don't know where to get the answer from. I may not be the only one who would of been lost, but with their information they mail out sure works for my community. That is with me.

The Commuinty Assistance, They have show that each representative care for their community and each past time they have meeting, things changes when they are in their community. To me I think the Commuity Assistance is very helpful for different kind of information that each region has, They have to share with others, that way they know what to do if it ever come about it again.

The Prevention and Health. I know so many things has been stop, and you could see for yourself it has changes in your community, anything that has to do with health the prevention has work, and its take time for it to stop, It has work in my community, the time is a waste but we have no choice to keep on have it to happen.

Regional Respective, I know it is a long distance to go for a meeting that has to do with health, and with NAHRA each regional that has been working with the committee it is very important for each region to put in input, for their community. That is just like the Community Assistance but their a different their. The Community Assistance you have to be in the community to work with the people, and Regional Prespective is for the member to come together and put in the input and see what has been going on in their community. If each respective don't share or let someone else hear it,it is not going anywhere, that is when the NAHRA comes in and try to help the different region.

Tele-Confers- I really like the tele-confers that way you get to know what kind of input the others have and hear how many people care in their community. I know how hard it's talk for your community, but if you have listen to the different in each region you have hear it all.

Senator Charlie Parr, Chairman
Senator HESS Committee
Pouch V (MS3100)
Juneau, Alaska 99811

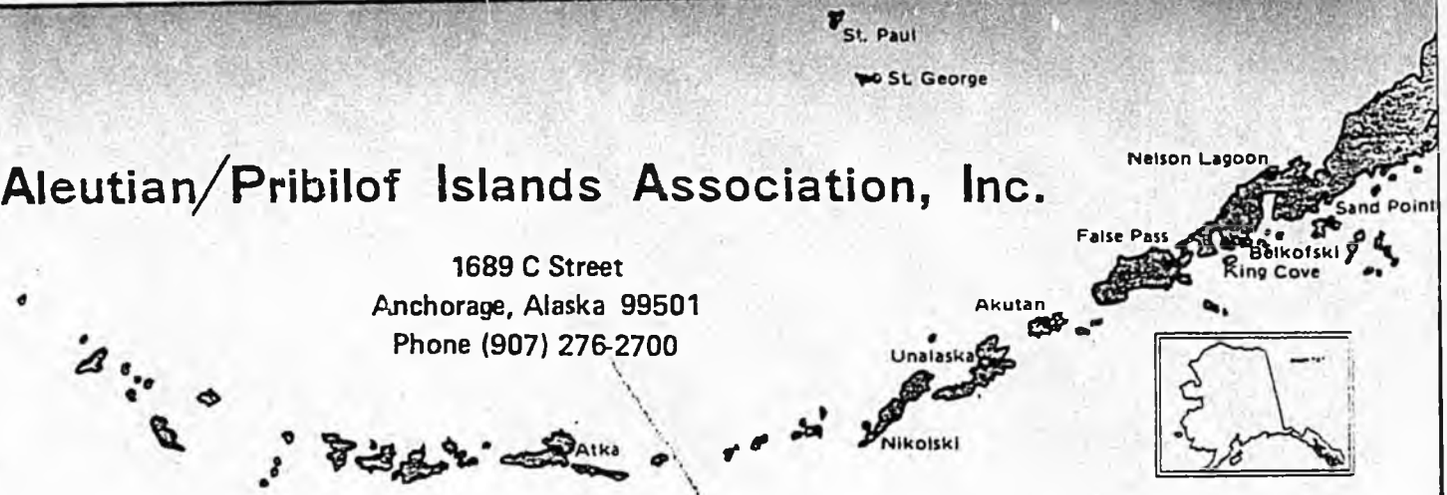
I really Could put in lots of others things in words, I hope this letter will be helpful for NAHRA, like i say i am very strongly supporting NAHRA for their proposal. What would we have if NAHRA is not around in Northern Region? To me their would be NOTHING and no one wouldn't know where to get some information if we didn't have what we wanted here in Northern Area.

This letter is not just for Northern Alaska, I would like for any others who need some support in Health area. Because I know when we need some thing in bush area it take time for us to get some answer that has to do with any kind of Health.

Please feel free to call me, if you have any questions, my work phone number is 852-2611 EXT 286, home phone number is 852-8139. Thank you for your time to read this letter, If i didn't care for NAHRA or my community I wouldn't write a letter to you.

I CARE
Loretta Ahyakak Wilhelm
Loretta Ahyakak Wilhelm

cc: Paul Sherry, President NAHRA
All State Representative from Northern Alaska



Aleutian/Pribilof Islands Association, Inc.

1689 C Street
Anchorage, Alaska 99501
Phone (907) 276-2700

January 29, 1982

Senator Charles Parr
Senate HESS Committee
Pouch V (MS 3100)
Juneau, AK 99811

Dear Senator Parr:

I am writing to you regarding the cutbacks facing the Alaska Health Coalition this year. I think it is important for you to know that the Coalition serves a valuable function in the coordination of health services in our area. The health resources they provide prevents duplication of services and wast of valuable dollars in the development of health care to the Native and non-Native providers.

The regional data library which they maintain is an important part of this organization's health planning. It is our desire to let you know we support the Health Coalition position papers sent to you in December 1981.

Although all of us must agree that cutbacks are necessary, it seems more reasonable to keep contributing organizations and not fund new ones.

Thank you for the opportunity to share my feelings with regard to the Alaska Health Coalition.

Sincerely,

Dorothy Jones
Health Director

DJ:el Dorothy Jones

cc: Senator Terry Stimson
Senator Mike Colletta
Senator Vic Fischer
Senator Tim Kelly

8923 Tanis Dr
Juneau, AK 99801

January 30, 1982

Senator Charlie Parr
Alaska State Legislature
Pouch J (ms 3100)
Juneau, AK 99811

Dear Senator Parr:

I want to express my appreciation for the attention that you and the Senate HESS Committee have been giving to the future of health planning in our State.

It's been interesting to watch health planning develop in Alaska over the years. It started with nothing, moved to worse than nothing and then fairly gradually changed to a rather mature and effective system.

The Feds, of course, gave it the big boost through funding the Health Systems Agency concept. With that came some bureaucratic hassle that didn't always make sense but in the main things got better. Order began to develop out of chaos, medical services and facilities emerged more logically, the decision makers had something to go on and the guy at the end of the line, the consumer, benefited.

To me it seems like the Feds gave us a medical delivery wagon. Now they're telling us to buy our own gas and oil. Well, I think we should. The wagon's working well and we need it. If we junk it I'll bet we end up kicking ourselves as we look around for the parts to rebuild it.

I've been aware of Chuck Kaltenbach's contact with your office representing the Alaska Health Coalition. Sounds like they're on the right track.

Again, thanks for your concern. It's reassuring to know that the Senate HESS Committee recognizes the problem and is facing it head on.

Sincerely,

William Diebels

January 28, 1982

Senator Charlie Parr
Chairman
Senate HESS Committee
Pouch V (MS 3100)
Juneau, AK 99811

Dear Senator Parr:

This letter represents my support for the development of the Regional Health Resources Organizations. The importance of an organization coordinating efforts regarding health-related issues is particularly essential in Alaska where communities are so widely spread apart. The link in gathering and analyzing data throughout the separate regions in the state can be an asset in identifying community and/or statewide needs.

You have a very important position as chairman of the HESS committee. Health-related issues tend to be of great value to most Fairbanksians and probably Alaska citizens as a whole. I urge you to seriously assess the importance of this organization and the potential deteriorating effects if such an organization would cease to exist.

Your consideration and support is appreciated.

Sincerely,

Cindy K.R. Crook

Cindy K.R. Crook
S.R. Box 40020
Fairbanks, AK 99701

R. Holmes Johnson, M.D., D.A.B.F.P.
Family Practice

HOLMES JOHNSON CLINIC
Box 1727
Kodiak, Alaska 99615
486-3237

January 29, 1982

Senator Charlie Parr, Chairman
Senate HESS Committee
Pouch V (MS 3100)
Juneau, AK 99811

Dear Senator Parr:

This letter is written in support of the proposal for Regional Health Resources Organizations.

I have more than one reason for supporting this proposal. I had experience as a member of the South Central Health Planning and Development Cooperation for a couple of years, and was impressed with the capability of the Health Planners who were involved in the staff. I felt that the approach, particularly in the area of health promotion, was sound and effective. This is to be retained as one of the three primary functions of the RHRO's.

As Chairman of the Review Board on Alcoholism, I have found the independent analysis of the alcohol programs provided by the HSA Reviews to be of inestimable value. We, as members of the Board, are responsible for grant awards to each of the treatment programs in the state In making judgements regarding these programs, we rely upon the audits of the State Office of Alcoholism and Drug Abuse and our own knowledge in the matter. In the light of there being so many programs available, we would almost be solely influenced by the SOADA were it not for the fact that we also have verbal analysis of each program presented by the HSA Review people at the time of the grant awards. This gives us a second and unbiased opinion which often coincides with the analysis of the state office but sometimes gives us a different slant. I would miss this service.

In another regard, the HSAs have functioned as a check on the ADHHS. An example of this would be SCHPD's opposition to the states reissuing a CON to Dr. Burn and another example would be their opposition to allowing pioneer homes to install health care beds that do not come under the CON requirements. Whether one agrees or disagrees with these particular stands, I find it extremely useful to have an independent agency acting as a sounding board for the state.

In addition, we need some regional subdivision of the state, for the problems of the northland differ from the problems of southeast and southcentral Alaska. I feel that the subdivision that now exists or something quite close to this is reasonable.

Sincerely

R. Holmes Johnson, M.D.

cc: Senate Hess Committee
Helen D. Beirne
James M. Armbrust
Bob Cole
Charles M. Kaltenbach
Ron Hammett

January 27, 1982

General Delivery
Kotzebue, Alaska 99752

Senator Charlie Parr
Chairman
Senate HESS Committee
Pouch V (MS3100)
Juneau, Alaska 99811

Dear Senator Parr:

I would like to offer my support of the proposal for Regional Health Resources Organizations as prepared by the Alaska Health Coalition and as reviewed by the Board of Directors of Alaska's Health Systems Agencies.

As an appointed provider member of Northern Alaska Health Resource Association, Inc., the Health Director of Maniilaq Association and a citizen of Alaska living in a remote part of the state, I can attest to the need of a regional center which will provide technical assistance to local areas. Specifically, the activities outlined by the Alaska Health Coalition are germaine to the needs of northwest Alaska. Of ultimate importance is the need for local review of projects, for as the funding decreases, the burden is on the leaders of the local areas to creatively address the needs of the locale and the region as well as promote self-care and provide direct services.

Please note that the Alaska Health Coalition has suggested a sunset provision. The original HSA legislation has produced varying results depending on the state in question. Alaska certainly is unique, and where the state stands in the provision of health services is still being decided. Now is the time for the state to act on this health planning issue. During the next few years, therefore, a need exists for a regional entity to assist both the State and federal governments and the local areas to design an appropriate health delivery system. The proposal for Regional Health Resources Organizations as presented by the Coalition is sound and reasonable.

I urge you to support the proposal for Regional Health Resources Organizations. And, I would appreciate knowing your stand on this issue. If you have any questions or want more information from this region, please feel free to contact me.

Sincerely,

Georgia Birkett

Georgia Birkett

cc: Northern Alaska Health Resource Association

UNIVERSITY OF ALASKA, FAIRBANKS
Fairbanks, Alaska 99701

January 27, 1982

Senator Charles Parr
Chairman, Senate HESS Committee
Pouch B (MS3100)
Juneau, AK 99811

Dear Senator Parr:

I would like to inform you and other members of the Senate Health Education and Social Services Committee of my support of the concepts proposed in the discussion paper prepared by the Alaska Health Coalition. The proposals developed and presented in that paper were discussed in some depth by the NorthernAlaska Health Resources Association meeting on December 5, 1981, and I participated in that discussion. I believe it is extremely important for us to maintain a regional health perspective for planning purposes and the suggestions contained in that paper give us a vehicle for continuing with the better aspects of the health systems agencies. This may be particularly important in view of the most recent federal policies in which more responsibilities will be handled by the state government agencies. The Northern Alaska Health Resources Association has been through a remarkable period of growth and development and is now at the stage where it can function effectively based on past experiences. I would strongly urge your committee to help develop a proposal to introduce committee sponsored legislation along these lines.

Sincerely yours,

Philip O. Nice, M.D.
Professor of Medical Science

PON/bm

Yukon-Koyukuk Mental Health Program
P.O. Box 17
Galena, Alaska 99741
(907) 656-1617

(Serving the Surrounding Villages)
Hughes, Huslia, Kaltag
Koyukuk, Nulato, Ruby

January 27, 1982

Senator Charlie Parr
Chairman
Senate HESS Committee
Pouch V (MS3100)
Juneau, Alaska 99811

Dear Senator Parr:

I'm writing to urge you to support the proposal for Regional Health Resources Organizations.

I have been employed by the YKMHP for almost two years and have been received technical assistance from the staff at NAHRA in helping us in reviewing our grant application for our mental health program.

By the help that we received from NAHRA, we have been able to continue our professional and paraprofessional services to the City of Galena and six surrounding villages: Hughes, Huslia, Nulato, Koyukuk, Kaltag, and Ruby.

I again urge you to support the proposal for Regional Health Resources Organizations. I will wait patiently for a response from you on this important matter.

Sincerely,

Mary Jane

Mary Jane Derendoff,
Counselor Trainee

cc: Paul Sherry, NAHRA president

FAIRBANKS NATIVE ASSOCIATION, INC.
310½ First Avenue
Fairbanks, Alaska 99701

Phone: (907) 452-1648 / 456-5151

January 21, 1982

Senator Charlie Parr, Chairman
Senate HESS Committee
Pouch V (MS 3100)
Juneau, Alaska 99811

RE: Proposal for Regional Health Resources Organizations

Dear Senator Parr,

As the Fairbanks community Native organization and as an agency concerned with the well-being of all people, Fairbanks Native Association offers this letter of support for the concept of regional health resources organizations.

In the past, NAHRA has provided valuable services in the coordination of health programs development and as a link to the state concerning northern health needs. As individual citizens and as an organization we have benefitted from their expertise. This is especially true for the FNA alcoholism program which has worked closely with NAHRA on such projects as the Alcoholism Awareness Campaign, the Chronic Inebriate Program and the development of the Substance Abuse Plan for Northern Alaska.

FNA has reviewed the Discussion Paper prepared by the Alaska Health Coalition and supports the plan for provision of community assistance, health promotion and a regional perspective as outlined. Coordination and prioritization of the health needs of our community by a knowledgeable and unbiased agency is an especially imperative function given the current economic trends and diminishing federal dollars.

FNA appreciates your concern for the health of Alaska citizens as evidenced by your position on the HESS Committee and urges your support of the concept of regional health resources organizations to further that end.

Sincerely,

Sidney Stephens

Sidney Stephens,
Proposal Coordinator

ADMINISTRATION
452-1648 or 456-5151

ACCOUNTING
452-1648

JOHNSON O'MALLEY
EDUCATIONAL PROGRAM
452-1648

SOCIAL SERVICES
452-1648

Counseling Services
452-1648

Child Welfare
452-1648

Work Experience Counselor
452-1648

Family Focus
452-1648

ALCOHOL AND DRUG ABUSE SERVICES

Director
452-1648

CAP Detox Center
456-1053

CAP Treatment Center
456-1045

CAP Halfway House
452-8761

Drop In Center
456-7948

Out-Patient Services
456-1041

Court Counter-Measures Program
456-1101

Youth Drug Abuse Program
452-5085

UNIVERSITY OF ALASKA
516 Ambler Lane
112 Chapman Bldg.
Fairbanks, AK 99701

Senator Charlie Parr, Chair
Senate HESS Committee
Pouch V (MS 3100)
Juneau, AK 99811

Dear Senator Parr,

I am writing in support of the proposal for Regional Health Resources Organizations.

As a resident of northern Alaska I have been most impressed by the acitivities of NAHRA over the years in the areas of providing a community based mechanism for health planning, data upon which consumers may form valid opinions concerning various areas of health and health promotion, and information on health care costs, duplication of services, and upgrading of existing services.

Because it is imperative that regional community input is strongly voiced to the state, I support the establishment of Regional Health Resource Organizations to supersede the Health Systems Agencies. Only through regionally based organizations can the needs of rural and small urban sectors be adequately voiced. The needs of northern Alaska, for example, differ significantly from those of southcentral Alaska and southeastern. On a regional basis, as well, health promotion and prevention programs can be suited to the local needs--a regional health organization will insure that the special needs of northern Alaska are considered adequately.

In order to plan for the future needs of northern Alaskans, such a regional organization would insure that current information on our population, economy, health status and existing services and facilities is readily available. Within this same regional perspective accurate opinion and information could be conveyed to the Legislative and Executive branches of government. The regional organization would serve the key function of "watch-dog" over proposals for new institutions or health services which would be inappropriate or costly to consumers; at the same time, they could have data to verify which proposed services are indeed needed by the region.

I have been impressed by our local NAHRA organization in "taking on" local service providerswhose past records demonstrate less than adequate results for the public monies provided. I have been impressed by their focus upon the cost-effectiveness of proposed new services. I am fully aware that I am paying for these services, indirectly, through increased insurance costs; I want to know that services will not be proliferated unnecessarily. I believe that local/regional organizations such as those proposed insure local and community input and review and offer protection to us all.

Sincerely yours,

Jean S. Aigner

Jean S. Aigner

PLEASE REPLY BY AIRMAIL

1-5A

January 25, 1982

Representative Charles Parr
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Representative Parr,

I am writing to you for your support for the Regional Health Organization developed by the Alaska Health Coalition.

I am a member of the Board of Directors of Northern Alaska Health Resources Association Inc. A member of the Barrow Health Board, a member of National Congress of American Indians. I am also a past member of the State Health Coordination Council. A past alternate member of the North Slope Borough Planning and Zoning Commission, and also a past alternate member of the North Slope Borough Overall Economic Development Committee.

I have been a resident in Alaska for 16 years. I feel very strongly that in order to have a better Health Care for all Alaskan now and in the future that we need every ounce of your support for Regional Health Resources Organization.

Thank you kindly for your assistance.

Sincerely yours,

Alice R. Neakok

Alice R. Neakok
Box 27
Barrow, Alaska 99723

cc: Northern Alaska Health
Resources Association Inc.
529 5th Ave. Suite 8
Fairbanks, Alaska 99701

HSR

MSG 82-00005167 PRTY 1 02/01/82 17:09:57 ORIG: LB00 IN= 0012 OUT= 0119
FROM: WALLY IN BETHEL TO: JUNEAU INFORMATION
TARGET: LJH2 SUBJ: P O M PAGE 0001

TO: SENATOR CHARLIE PARR
CHAIRMAN, SENATE HESS COMMITTEE

FR: MARY PAVIL
EXECUTIVE DIRECTOR, YUKON/KUSKOKWIM HEALTH CORP.
BETHEL, ALASKA 543-3321

THE YKHC WOULD LIKE TO FULLY SUPPORT THE DEVELOPMENT OF REGIONAL HEALTH RESOURCES ORGANIZATION THROUGHOUT THE STATE OF ALASKA. FEDERAL BUDGET CUTBACKS WILL DEFINATELY EFFECT REGIONAL HEALTH PLANNING DURING FY '83. BECAUSE OF THIS THE STATE OF ALASKA SHOULD REASSESS THE RELATIONSHIP OF THE DEPT. OF HEALTH AND SOCIAL SERVICES AND ITS CONSTITUENTS. WE ARE ESPECIALLY INTERESTED IN THIS ORGANIZATIONS ESTABLISHMENT TO CONTINUE TO PROVIDE INPUT AND REPRESENTATION FOR THE RURAL ALASKANS. WE UNDERSTAND THE CORE FUNCTIONS OF THE REGIONAL HEALTH RESOURCES ORGANIZATION WOULD BE, 1) PROVIDE COMMUNITY ASSISTANCE, 2) PROMOTE PREVENTION AND HEALTH PROMOTION ACTIVITIES AND, 3) PROVIDE A REGIONAL PERSPECTIVE. I ENCOURAGE YOU TO SUPPORT ADOPTION OF SUCH AN ORGANIZATION. /S/ M. PAVIL

TANANA VALLEY MEDICAL-SURGICAL GROUP, INC.
(A PROFESSIONAL CORPORATION)
1001 NOBLE STREET • FAIRBANKS, ALASKA 99701 • PHONE 452-1611

January 28, 1982

Senator Charlie Parr
Chairman
Senate HESS Committee
Pouch V (MS 3100)
Juneau, AK 99811

Dear Senator Parr:

I am writing to ask your support of the proposal for development of Regional Health Resources Organizations prepared by the Alaska Health Coalition (November 6, 1981).

I feel it is vital that there be some agency involved in health planning, as well as implementing the various plans which have been generated in the past. I feel that the Northern Alaska Health Resources Association, Inc. (northern Alaska's health planning agency) has made a valuable contribution to improved health in the northern part of the state. I have been very pleased with all of their contributions and input towards the development of the school health education curricula here in Fairbanks, and their successful efforts towards the development of an alternative birthing room at the hospital. I have been impressed that they not only help the community figure out what it needs, but also work hard to involve the community in implementing these programs.

Because federal budget cutbacks will result in a significant decrease in federal funding to the three health system agencies in Alaska in the next year, and because all federal funds for regional health planning will be discontinued the following year, I think it is very important that the State of Alaska take over the funding.

I hope you will give serious consideration to proposing a Senate Bill for the development of Regional Health Resource Organizations as proposed by the Alaska Health Coalition.

Sincerely,

Barbara L. Clutter, MD

Barbara L. Clutter, M.D.
Obstetrics & Gynecology

BLC/lm
cc: Paul Sherry, President
NAHRA

address
S.E AK health
systems agency
P.O. Box 7015
Ketchikan AK
99901

February 1, 1982

Senator Charlie Parr
Chairman Senate HESS Committee
Pouch V
Juneau, AK 99811

Re: "Regional Health Resources Organizations"

Dear Senator Parr:

The purpose of this letter is to urge you and the members of the HESS committee to introduce legislation that would give reality to the subject creative concept.

I served as a board member of the Southeast Alaska Health Systems Agency for nearly three years, and am presently a member of the Statewide Health Coordinating Council. I would call your attention to Exhibit I (Progress On Plan Objectives) in the enclosed "Southeast Alaska Health System Agency Highlights (1976-1981) as exemplification of the effective efforts of that agency.

I believe that Alaska residents would directly benefit by the health promotion activities of regional health organizations. These regional organizations would amortize the state/federal financial investment, and more importantly, the time and talent investment of many volunteers across the state.

I urge you to introduce and support regional health resources organizations to supplant the health systems agencies.

Sincerely

Joe Cladouhos

Joe Cladouhos, Member
Statewide Health Coordinating Council

406 "G" Street, Anchorage, Alaska 99501 (907) 272-2332

ALASKA LUNG ASSOCIATION, *Inc.*

February 1, 1982

Leo C. Kaye, *Executive Director*

The Honorable Charles Parr
Chairman, HESS Committee
Alaska State Senate
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Senator Parr:

The Alaska Lung Association has examined the "Discussion Paper" developed by the Alaska Health Coalition and wishes to express full support of the concept of Regional Health Resources Organizations.

Without doubt, Alaska needs central planning organizations to provide technical assistance in identifying health problems and assisting in the development of programs to solve these problems. Federal cutbacks will jeopardize and eventually destroy our present planning mechanism, the three HSA's.

I have been asked by my board to urge you to introduce appropriate legislation to foster and support the development of Regional Health Resources Organizations.

Respectfully,

Leo C. Kaye

Leo C. Kaye
Executive Director

/f

cc: Board of Directors
Senate Committee

Fairbanks Counseling and Adoption
1019 College Road
P.O. Box 1544
Fairbanks, Alaska 99707

February 2, 1982

The Honorable Charles Parr, Senator
Chairman, Senate HESS Committee
Pouch V (MS 3100)
Juneau, AK 99811

RE: Proposal for Regional Health Resources Organizations

Dear Senator Parr:

As a not-for-profit private Family Counseling agency serving the Greater Fairbanks area, I encourage you to support the above proposal. To date I have found the Northern Alaska Health Resources Association, Inc. of extreme value to the interior and this local community. Their past efforts and current goals of 1) community assistance, 2) health promotion, and 3) regional perspective, greatly assist regions and local communities assess needs, develop quality program planning (which is cost-efficient), and provides direction in implementation of program plans. The technical assistance alone will assist State and local governments in gathering the necessary data for decision making with regard to appropriate allocations of funds. This is critical in light of the Federal cutbacks, "State Block Granting System", i.e. SB 168), Department of Health and Social Services adjustments, cuts, and new programming.

The HSA system itself, as it stands, is currently ready and operating. It appears to me that utilizing the current system with minor adaptations for State purposes is most cost-efficient and effective. The use of the

current system will bring communities in this State one step further in using available dollars wisely.

I would also hope that the definition of Health include Human Service providers as well as the Mental Health Center providers.

I urge you to support this proposal and request notification of your stance.

Sincerely,

Sister Kathy McGinty, ACSW

Sister Kathy McGinty, A.C.S.W.
Director
Fairbanks Counseling and Adoption

SKM:mac

cc: HESS Committee:
Senator Terry Stimson, Vice-Chairman
Senator Mike Colletta
Senator Vic Fischer
Senator Tim Kelly

Northern Alaska Representatives:
Rep. Albert P. Adams
Rep. Robert H. Bettisworth
Rep. Fred E. Brown
Rep. Kenneth J. Fanning
Rep. H. Pappy Moss
Rep. Richard L. Randolph
Rep. Brian Rogers
Rep. Sarah J. Smith

Northern Alaska Senators:
Sen. Don Bennett
Sen. Bettye Fahrenkamp
Sen. Frank Ferguson
Sen. John Sackett

Northern Alaska Health Resources Assoc., Inc.

WIC-CA CENTER
302 Charles Street
Fairbanks, Alaska 99701
452-2293

February 5, 1982

Senator Charlie Parr, Chairman
Senate Hess Committee
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Senator Parr:

I received from NAHRA a copy of their discussion paper on Regional Health Resources Organizations. I am very supportive of this proposal. NAHRA's role has been effective and positive in the past. To discontinue the services of an agency which has provided such excellent co-ordinating and planning would result in poorer services and probably higher costs. I urge you to create the legislation necessary for funding to be available from the State.

Sincerely,

Ruth Lister

Ruth Lister
Director

RL/mw

HSA

January 29, 1982

The Honorable Charles Parr
Senator, Chairman HESS Committee
Pouch V
Juneau, Ak. 99811

Dear Senator Parr:

I'm writing in support of the Health Systems Agency, and the Alaska Health Coalition's plan to continue HSA's service to the people of Alaska. HSA's as we know them are losing their federal funding. They have been instrumental in the past in health planning and assisting with health education throughout Alaska.

The Alaska Health Coalition has developed a plan beneficial to all Alaskans, in health education and community assistance, but especially beneficial to bush communities that have limited resources and technical expertise. Their plan does not duplicate any service offered by the State at this time; they would work as a co-ordinating agency.

The funding they are requesting is minimal and reasonable. I urge the committee to seriously consider legislation that would provide to the public the services offered by the Health Coalition's proposal.

Thank you.

Sincerely,

Sandra L. Anderson

Sandra L. Anderson
P. O. Box 31
Tenakee Springs, Ak. 99841

Paul Sherry
Phoebe Lindsay

Local Input
" Review
Applications - Certificate of Need -
Research -
DHSS - Acceptable Proposal.
Key Question: Funding -

12-2380
Hein✓

Proposal Left for Establish Boundaries

IN THE SENATE BY PARR

SENATE BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWELFTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to health planning and development; and providing for an effective date."

Identify III What Does Art III Do? - really

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

* Section 1. AS 18.07 is amended by adding new sections to read:

ARTICLE 3. REGIONAL HEALTH RESOURCES ORGANIZATIONS.

Sec. 18.07.112. HEALTH SERVICE AREAS. There are established three health service areas in the state. The boundaries of the health service areas are the boundaries of health service areas established in the under sec. 1511, P.L. 93-641.

Fed Leg doesn't specify Areas →

Retain Flexibility to allow new Sub Service areas if desired - specifically Anchorage becoming its own area -

Sec. 18.07.114. REGIONAL HEALTH RESOURCES ORGANIZATIONS. (a) The commissioner shall by contract designate a regional health resources organization for each health service area established by AS 18.07.112.

(b) An applicant for designation as a regional health resources organization shall apply on a form prescribed by the commissioner. An application shall include the applicant's proposed plan for the orderly assumption and implementation of the duties of a regional health resources organization provided in AS 18.07.120. An application shall contain assurances satisfactory to the commissioner that the applicant meets the eligibility requirements of AS 18.07.116 and is qualified to perform or is performing the duties prescribed in AS 18.07.120.

(c) A contract under this section shall be for a period of four years and is renewable. A contract may be terminated before its expiration date

(1) by the regional health resources organization at a time

Proposal — Response to RFP - would include Criteria Membership for Board — Administratively approved election process —

12-2380
Hein

and with notice to the commissioner as the commissioner may by regulation prescribe; or

(2) by the commissioner at a time and with notice to the regional health resources organization as the commissioner may by regulation prescribe, if the commissioner determines that the entity is not complying with or effectively carrying out the provisions of the contract.

Sec. 18.07.116. ELIGIBILITY FOR DESIGNATION. The commissioner may designate as a regional health resources organization

Support eligibility statement

(1) a nonprofit corporaton incorporated under AS 10.20 for the purpose of engaging in health planning and development functions; or

(2) a public regional planning body authorized by statute or regulation to perform health planning functions and whose planning area is identical to a health service area. Question of Coordination

Sec. 18.07.118. BOARD OF DIRECTORS. (a) Each regional health resources organization shall be governed by a board of directors.

(b) A board shall include a representative for each

Native Nsg Hlth Facilities Pioneer Homes —

(1) borough within the health service area;

(2) unified municipality within the health service area; and

(3) nonprofit Native corporation established within the health service area under the Alaska Native Claims Settlement Act (43 U.S.C. 1601 - 1628).

Comp — Buffalo — Limits Agency — Prof — Board

Need representatives from outside the Bcorp structure also Thorne Bay —

Sec. 18.07.120. DUTIES. (a) A regional health resources organization shall, within the boundaries of its health service area,

(1) assist communities in identifying and developing plans for dealing with health problems of residents;

(2) provide direct technical assistance to communities for implementing plans developed under (1) of this section;

(3) assist in the development and maintenance of programs for

Need to work on Art II - "Certificate of Need" for Hospitals -

12-2380
Hein

the promotion of health and the prevention of disease and illness;

(4) assemble and analyze data relating to health matters and coordinate data collection activities with state and local agencies, regional Alaska Native corporations, and health organizations.

(b) A regional health resources organization shall

(1) in cooperation with the commissioner, review applications and proposals from residents within the boundaries of its health service area for

intent

Proposals may come from others than those w/in the boundaries -

(A) grants for local or state health service funds; and

Does this exclude expansion?

(B) new health care facilities and nursing homes;

(2) submit an annual report on its activities to the legislature, the commissioner, and the residents of its health service area;

(3) perform other duties the commissioner may by contract require.

Need to look at the range of services provided - It could be important for Pioneer Homes to be included - Causes disjointed planning -

(c) A regional health resources board does not have jurisdiction over the Alaska Pioneers' Homes established under AS 47.25.010.

Need Further Discussion

Sec. 18.07.122. GRANTS. (a) The commissioner shall make a grant in each fiscal year to each regional health resources organization designated under AS 18.07.114. A grant under this subsection shall

Contrary to 4 year K -

(1) be made on the conditions the commissioner determines are appropriate; and

(2) be available for obligation for a period not to exceed the period for which the grantee is designated as a regional health resources organization under AS 18.07.114.

(b) A grant under this section may be used by a regional health resources organization

(1) for compensation of its personnel and the performance of its duties;

(2) to make payments under contracts with other persons to

Statewide Health Coordinating Council -

What are DHSS Top Priorities - in Health

Preventive Activities { immunization
Education, Health
Promotion -

infant Learning -

* Early Intervention -

Penny Holden —

Regional Health Organizations - Not necessary since Regional Health Corporations can serve this purpose

RHRO - Possible Duplication

[redacted]

Pam: What about Non-Native? -

Fed Money can only be used for Natives — State Money can be used for all —

assist the regional health resources organization in the performance of its functions; and

(3) to make grants to public and nonprofit private entities and enter into contracts with individuals and public and nonprofit private entities to assist them in planning and developing projects and programs that the regional health resources organization determines are necessary for the promotion of health and prevention of disease and illness in its health service area.

(c) A grant or contract made under (b)(2) or (3) of this section may not be used to pay the costs incurred by the grantee in the delivery of health services or for the cost of construction or modernization of medical facilities.

* Sec. 2. This Act takes effect October 1, 1982.

Introduced: 2/15/82
Referred: Health, Education & Social Services and Finance

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

IN THE SENATE

SENATE BILL NO. 754

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWELFTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to health planning and development; and providing for an effective date."

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

* Section 1. AS 18.07 is amended by adding new sections to read:

ARTICLE 3. REGIONAL HEALTH RESOURCES ORGANIZATIONS.

Sec. 18.07.112. HEALTH SERVICE AREAS. There are established three health service areas in the state. The boundaries of the health service areas are the boundaries of health service areas established in the state under sec. 1511, P.L. 93-641.

Sec. 18.07.114. REGIONAL HEALTH RESOURCES ORGANIZATIONS. (a) The commissioner shall by contract designate a regional health resources organization for each health service area established by AS 18.07.112.

(b) An applicant for designation as a regional health resources organization shall apply on a form prescribed by the commissioner. An application shall include the applicant's proposed plan for the orderly assumption and implementation of the duties of a regional health resources organization provided in AS 18.07.120. An application shall contain assurances satisfactory to the commissioner that the applicant meets the eligibility requirements of AS 18.07.116 and is qualified to perform or is performing the duties prescribed in AS 18.07.120.

(c) A contract under this section shall be for a period of four years and is renewable. A contract may be terminated before its expiration date

(1) by the regional health resources organization at a time

and with notice to the commissioner as the commissioner may by regulation prescribe; or

(2) by the commissioner at a time and with notice to the regional health resources organization as the commissioner may by regulation prescribe, if the commissioner determines that the entity is not complying with or effectively carrying out the provisions of the contract.

Sec. 18.07.116. ELIGIBILITY FOR DESIGNATION. The commissioner may designate as a regional health resources organization

(1) a nonprofit corporaton incorporated under AS 10.20 for the purpose of engaging in health planning and development functions; or

(2) a public regional planning body authorized by statute or regulation to perform health planning functions and whose planning area is identical to a health service area.

Sec. 18.07.118. BOARD OF DIRECTORS. (a) Each regional health resources organization shall be governed by a board of directors.

(b) A board shall include a representative ~~for~~ each

(1) borough within the health service area;

(2) unified municipality within the health service area; and

(3) a nonprofit Native corporation established within the health service area under the Alaska Native Claims Settlement Act (43 U.S.C. 1601 - 1628).

Sec. 18.07.120. DUTIES. (a) A regional health resources organization shall, within the boundaries of its health service area,

(1) assist communities in identifying and developing plans for dealing with health problems of residents;

(2) provide direct technical assistance to communities for implementing plans developed under (1) of this section;

(3) assist in the development and maintenance of programs for

the promotion of health and the prevention of disease and illness;

(4) assemble and analyze data relating to health matters and coordinate data collection activities with state and local agencies, regional Alaska Native corporations, and health organizations.

(b) A regional health resources organization shall

(1) in cooperation with the commissioner, review and provide recommendations and comments on applications and proposals ~~from~~ affecting residents within the boundaries of its health service area for

(A) grants for local or state health service funds; and

(B) ~~new~~ construction & expansion of health care facilities and nursing homes;

(2) submit an annual report on its activities to the legislature, the commissioner, and the residents of its health service area;

(3) perform other duties the commissioner may by contract require.

(c) A regional health resources ~~board~~ organization does not have ~~jurisdiction over~~ authority to review the Alaska Pioneers' Homes established under AS 47.25.010.

Sec. 18.07.122. GRANTS. (a) The commissioner shall make a grant in each fiscal year to each regional health resources organization designated under AS 18.07.114. A grant under this subsection shall

(1) be made on the conditions the commissioner determines are appropriate; and

(2) be available for obligation for a period not to exceed the period for which the grantee is designated as a regional health resources organization under AS 18.07.114.

(b) A grant under this section may be used by a regional health resources organization

(1) for compensation of its personnel and the performance of its duties;

(2) to make payments under contracts with other persons to

assist the regional health resources organization in the performance of its functions; and

(3) to make grants to public and nonprofit private entities and enter into contracts with individuals and public and nonprofit private entities to assist them in planning and developing projects and programs that the regional health resources organization determines are necessary for the promotion of health and prevention of disease and illness in its health service area.

(c) A grant or contract made under (b)(2) or (3) of this section may not be used to pay the costs incurred by the grantee in the delivery of health services or for the cost of construction or modernization of medical facilities.

* Sec. 2. This Act takes effect October 1, 1982.

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

I. REQUEST
Bill/Resolution No. Senate Bill 754
Title "An Act relating to health planning and development....."
Requested by Health, Education & S.S. Committee Date 3-26-82

II. FISCAL DETAIL
Agency Affected Department of Health & Social Services
Program Category Affected State Health Planning & Development
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 82	FY 83	FY 84	FY 85	FY 86	FY 87
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.	$300	$600	$1,050	$1,208	$1,389	$1,597
TOTAL	$300	$600	$1,050	$1,208	$1,389	$1,597

FUNDING (Thousands of Dollars)

GENERAL FUND	$300	$600	$1,050	$1,208	$1,389	$1,597
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify 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-
	-0-	-0-	-0-	-0-	-0-	-0-

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

Based on recent indications of limited federal funding for FY 83, only $600,000 general fund monies, including the $100,000 per each of the three health systems agencies currently provided as part of the Division of State Health Planning and Development budget request, would be needed. For FY 84, assuming no federal funds are available general fund support is projected at $350,000 for each of the three agencies. An inflation factor of 15% was added for FY 85 and subsequent years.

IV. DATE March 26, 1982 PREPARED BY Phoebe A. Lindsey
AGENCY Div. State Health Planning & Development
Original: Legislative Finance PHONE 465-3037

Position Paper

Senate Bill 754

An an Act entitled: "An Act relating to health planning and development; and providing for an effective date."

Senate Bill 754 provides for the establishment of three regional health resource organizations, one for each of the three health service areas in the state. These regional health resource organizations would be responsible for assisting communities in a variety of health planning, development, technical assistance and implementation activities. The regional health resource organizations would also provide assistance to the Department in reviewing various health plans and applications and would perform other duties as specified in the contractual relationship between the Department and the Regional Health Resource Organizations.

A continued capability for health planning, development and technical assistance at a regional level, provided there are additional resources to support it, is a positive approach to improving health status and the health care delivery system in Alaska. Providing a contractual relationship between the Department and the regional health resource organizations permits the front-end development of a work plan with predetermined deliverables that could better ensure that the State is receiving tangible products for this increased expenditure or general funds.

The Department has specific comments to offer on portions of the bill, as follows:

Section 18.07.114. This section provides for a contract which has a duration of four years and is renewable to designate the regional health resource organization for each of the three health service areas. Funding, however, occurs by grants awarded each fiscal year, according to Section 18.07.122. The Department would need to establish specific procedures to ensure that the designation and funding processes were coordinated.

Section 18.07.118. Board of Directors identifies types of representation which must be included on each board but does not preclude other representation. In establishing boards it will be important to consider appropriate consumer representation and to take into account the size of a municiplity as well as the number of municipalities to determine equitable representation.

The description of duties in Section 18.07.120 outlines responsibilities for regional health resource organizations to review applications and proposals from residents within the boundaries of its service area. An even more useful role would be to review and provide recommendations or comments to the commissioner on health related applications and proposals.

It is possible, too, that applications or proposals affecting a certain service area may be made by parties who are not necessarily residents of that area. These proposals should also be reviewed by the regional health resource organizations.

The review responsibility relating to certificate of need should be more clearly spelled out to fit with other statutory/regulatory requirements. Substitute language for Section 18.07.120(b)(1)(B) could read "provide to the commissioner reviews and recommendations for activities proposed within the regional health resource organization boundary which are required to be authorized by a certificate of need under AS 18.07.031".

Recommended by: Phoebe A. Lindsey
Phoebe A. Lindsey, Director
Division of State Health
Planning & Development

Date: February 26, 1982

Recommended by: Helen D. Beirne
Helen D. Beirne, Commissioner
Department of Health &
Social Services

Date: 3-1-82

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. Senate Bill 754
Title "An Act relating to health planning and development....."
Requested by Health, Education & S.S. Committee Date 2-25-82

II. FISCAL DETAIL
Agency Affected Department of Health & Social Services
Program Category Affected State Health Planning & Development
ERU, 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 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.	$300.	$1,050.	$1,208.	$1,389.	$1,597.	$1,837.
TOTAL	$300.	$1,050.	$1,208.	$1,389.	$1,597.	$1,837.

FUNDING (Thousands of Dollars)

GENERAL FUND	$300.	$1,050	$1,208	$1,389	$1,597	$1,837
FEDERAL FUNDS						
OTHER (Specify Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

Additional funds would need to be appropriated to support the functions of three regional health resource organizations. Estimates on costs are based on cost figures provided by the Alaska Health Coalition. An inflation factor (15%) was added for FY 84 and subsequent years.

Funds projected for FY 83 and subsequent years incorporate the $100,000 currently provided each of the three HSAs under AS 18.07 plus additional funds. Operational costs per agency in FY 83 are projected at $350,000.

Phoebe A. Lindsey

IV. DATE February 25, 1982 PREPARED BY Phoebe A. Lindsey
AGENCY Div. State Health Planning & Development
PHONE 465-3037

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

33-001 (Rev. 12/81)

Alaska Health Coalition

529 5th Avenue, Suite 8
Fairbanks, Alaska 99701
(907)456-2553

February 26, 1982

The Honorable Charlie Parr
Chairman
Senate HESS Committee
Pouch V (MS3100)
Juneau, Alaska 99811

Dear Senator Parr:

The following comments regarding S.B. 754 ("an act relating to health planning and development, and providing an effective date") are a consensus of remarks I have received from Southeast Alaska Health Systems Agency, South Central Health Planning and Development, Northern Alaska Health Resources Association (NAHRA), and the Municipality of Anchorage. Most of the comments are similar to those we discussed with the Senate HESS on February 10, 1982. I have suggested some alternate language in each case and presented an explanation of reason behind the proposed changes.

1. Section 18.07.112 (page 1, line 11) - we propose that the paragraph read: "Health Service Areas. There shall be a minimum of four health service areas. The boundaries of the health service areas are the boundaries of the health service areas established in the State, under Section 1511, P.L. 93-641 with the addition of the legal boundaries of the Municipality of Anchorage. The Governor may designate additional health service areas as appropriate and necessary."

   Comment: In our discussions with the Municipality of Anchorage, it seems very evident, based upon past experience, that there is justification for them to be considered a health service area in and of themselves. Although they have experienced a cooperative relationship with the South Central Health Systems Agency, there is no doubt that there has been duplication of effort and that persons submitting applications or who had projects to be reviewed had to deal with two levels of review instead of one. We definitely support the regional concept which is the foundation of S.B. 754; however, we also believe that establishing the municipality as a separate, distinct region will not jeopardize the intent. In fact, I believe it would be safe to say that the South Central Health Systems Agency will have an opportunity to focus all of their energies on the rural areas if the municipality is separated out, as opposed to trying to serve both the municipality (which already has a planning department) and the rural areas where the

technical assistance is really needed. We also believe that there is only a remote possibility that there would ever be more than four areas.

2. Section 18.07.188 (page 2, lines 15-22) - Board of Directors.
(a) Each regional health resources organization shall be governed by a board of directors. The original application submitted to the Commissioner by a regional health resource organization as provided for in 18.07.114 shall contain a board selection plan. The Commissioner of Health and Social Services shall ensure that the plan provides equitable representation from throughout the health service area and that the board shall include at least a representative for each:

   a. borough within the health service area;
   b. unified municipality within the health service area; and
   c. regional nonprofit Native corporation established within the health service area under the Alaska Native Claims Settlement Act (43 U.S.C. 1060-1628).

   Comment: The additional language allows each organization to determine the type and number of individuals they believe are necessary to represent their particular area.

   It also allows the Commissioner the authority to review the selection plan to ensure that it provides equitable representation of the health service area. A RHRO would not receive their contract or designation until they had an acceptable plan.

   We also added the word "regional" to the corporations described on page 2, line 20 to help eliminate any confusion over which Native organizations should be represented.

3. Section 18.07.120 (page 3, line 7) - Duties.
Delete the word "from" and replace with the phrase "that effect," so that the sentence would read: "in cooperation with the Commissioner, review applications and proposals that effect residents within the boundaries of its health service area for..."

   Comment: Many times applications and proposals that are developed outside of our area have a definite impact on the residents within. For example, an Anchorage-based organization may apply for drug abuse funds to provide drug abuse counselor training in all Level II communities in the State. This would effect each health service area in a different way. To be sure that this type of an activity was coordinated with all of the right people it would require our review. By changing the language in the bill we would be able to review applications

which affected residents of our health service area that were submitted by both residents of the area and those out of the area.

4. Section 18.07.120 (page 3, line 10) - Delete the word "new" and add the phrase "construction or expansion of" before the word health so that the sentence reads: "(B) Construction or expansion of health care facilities and nursing homes."

   Comment: Limiting the review to only "new facilities and nursing homes" includes only a small part of the capital construction which occurs within the health-care industry. If the State continues to do certificate-of-need reviews or something similar to it, we believe that major alterations and renovations of existing health care facilities and nursing homes should also be subject to review. The language we have proposed should accomplish this purpose.

5. Section 18.07.120 (page 3, line 15) - Delete the work "board" and replace it with the word "organization."

   Comment: This is a minor point but we believed it was more appropriate to refer to the organization as the entity involved rather than the board of directors.

In addition to the proposed changes in the language of S.B. 754, I have also enclosed copies of a letter from the Municipality of Anchorage and an action memorandum signed by Mayor Knowles which support the concept of regional health resources organizations and conveys their proposal to be involved in this reorganization.

In our discussions with them to date, they have indicated that rather than being interested in the funds that this legislation would provide to the other regional health resource organizations, their primary interest is to be able to maintain their options or authority to review grants for local and state health service funds and construction or expansion of health care facilities and nursing homes. Thus, given their current position the addition of a fourth health service area would not effect the fiscal note attached to the bill; however, there is certainly no guarantee that the Municipality would not seek a share of these funds at some point in the future.

You should also note that item #3 of the letter from Mr. Meehan proposes specific language in S.B. 754 regarding certificate-of-need. We did not include this reference because we believe it is already provided for on page 3, line 10, especially as we have proposed to change the language to include more than a review of only new facilities.

I hope these comments will be useful to you and the other Committee members. Please contact me if you need additional information.

Sincerely,

Charles M. Kaltenbach, Dr. P.H.
Chairman

CMK:flr

cc: Senate HESS Committee Members
Alaska Health Coalition Members
Phoebe Lindsey
Michael J. Meehan

RECEIVED FEB 2 4 1982

Municipality of Anchorage

POUCH 6-650
ANCHORAGE, ALASKA 99502-0650
(907) 264-4111

TONY KNOWLES,
MAYOR

DEPARTMENT OF PLANNING

February 18, 1982

Mr. Charles Kaltenbach
Executive Director,
Northern Area Health Resources
Association (NAHRA)
529 Fifth Ave., Suite 8
Fairbanks, Alaska 99701

Dear Mr. Kaltenbach:

I am attaching a copy of a Memorandum signed by Mayor Knowles which conveys the position of the Municipality of Anchorage relative to activities incorporated into Senate Bill 754.

As President of Alaska Health Coalition, I would appreciate your sharing this information. As Mr. DeMers conveyed to you, Senate Bill 754 in its present state does not preserve options the Municipality of Anchorage may wish to exercise. Though we may have additional technical recommendations on S.B. 754, the following items (changes) are desired:

1. Page one (1), line eleven (11) should change three (3) health service areas to four (4).

2. Page one (1), line fourteen (14) should add "and the legal boundaries of the Municipality of Anchorage."

3. Page three (3), line fourteen (14) should include "require, such as Certificate of Need as defined in AS 18.07".

At this time we have briefed our Municipal Lobbyist and he also will be pursuing these changes.

We would appreciate your assistance as we all pursue our mutual interests and legislative options.

Sincerely,

Michael J. Meehan, Director
Planning Department

MM: bd

Municipality of Anchorage

MEMORANDUM

DATE: January 25, 1982

TO: Tony Knowles, Mayor

FROM: Michael J. Meehan, Director, Planning Department

SUBJECT: Regional Health Resources Organization's State Legislative Efforts

As noted in my memorandum of January 25, 1982, "Possible Loss of Long Range Planning/Project Review Prerogatives", the three health systems agencies of the state (the Alaska Health Coalition) are requesting the State legislature to pass legislation which will establish Regional Health Resources Organizations. The legislation is to be prepared and submitted very soon by Charlie Parr, Chairman, Senate HESS Committee.

Full details of the role, authority, and responsibilities of these organizations is attached. Basically they could perform most of the functions presently granted them under federal planning law.

At this writing, there is no formal provision for the Municipality of Anchorage to be a free standing-co-equal health resource organization. The Alaska Coalition, January 22, 1982, did vote unanimously to support that co-equal position for the Municipality, and has requested membership from the Municipality via the Chairman of the Municipal Health Commission and a staff person from my Department.

Recommendation:

1. If such legislation is to be passed, the MOA should take all action to preserve its options to be a co-equal health resources corporation.

2. Our legislative liaison should be briefed on the particulars of the pending legislation, especially to assure that the MOA keeps its options as to function, governance, structure, and authority. The law, if passed, should be flexible.

3. The position of the Municipality should be conveyed to appropriate legislators and the Alaska Coalition.

If you concur in these recommendations, my Department can assist in briefing Mr. Anderson, drafting a letter to the Alaska Coalition, and cooperatively assisting the Coalition in pursuit of our mutual interests and legislative options.

I Concur Tony Knowles

I Do Not Concur _____

Tony Knowles, Mayor

Southeast Alaska Regional Health Corporation

P.O. Box 2800 Juneau, Alaska 99803 (907) 789-2131

February 10, 1982

Senator Charles Parr
Pouch V MS 3100
Juneau, Alaska 99801

Dear Senator Parr:

I do not support formation of the proposed Regional Health Resource Organizations.

I believe the three tasks advanced as core functions of the RHRO's, namely:

1. provide community assistance;
2. promote prevention and health promotion activities; and
3. provide a regional perspective

can and, to a degree, are presently being performed by existing regional health corporations. Regional health corporations, recognized as such or not, are primary providers of health services to rural Alaska. The focus is on the community, we are familiar with its political structure, which varies from village to village; we are advised of its needs by a Board of Directors; we respond to the needs. Over the years we have developed a reflective regional perspective and through our state-wide association, tie this in to the overall picture. We have credibility with our constituents that was not, and cannot, be easily won. I believe the proposed core functions are logical extensions of our present plans.

Should the decision be to extend the HSA's as RHRO's, we would be concerned that the State, with regional health corporations, and RHRO's, duplicate planning and advocacy efforts. Besides waste of money better spent on direct services, there would be potential clashes of authority. Why duplicate? We should strengthen and improve what we have.

Very truly yours,

Ethel M. Lund

Ethel M. Lund
President

1980 - $20,987

1979 - $19,694

1978 - $19,030

1977 - $17,375

1976 - $16,492

Hein

Original sponsor: Health, Education and Social Services Committee

1 IN THE SENATE BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

2 CS FOR SENATE BILL NO. 754 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to health planning and development;

7 and providing for an effective date."

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

9 * Section 1. AS 18.07 is amended by adding new sections to read:

10 ARTICLE 3. REGIONAL HEALTH RESOURCES ORGANIZATIONS.

11 Sec. 18.07.112. HEALTH SERVICE AREAS. There are established three

12 health service areas in the state. The boundaries of the health service

13 areas are the boundaries of health service areas established in the

14 state under sec. 1511, P.L. 93-641.

15 Sec. 18.07.114. REGIONAL HEALTH RESOURCES ORGANIZATIONS. (a) The

16 commissioner shall by contract designate a regional health resources

17 organization for each health service area established by AS 18.07.112.

18 (b) An applicant for designation as a regional health resources

19 organization shall apply on a form prescribed by the commissioner. An

20 application shall include

21 (1) the applicant's proposed plan for the orderly assumption

22 and implementation of the duties of a regional health resources organi-

23 zation provided in AS 18.07.120;

24 (2) assurances satisfactory to the commissioner that the

25 applicant meets the eligibility requirements of AS 18.07.116 and is

26 qualified to perform or is performing the duties prescribed in AS 18.07.-

27 120; and

28 (3) a plan specifying how the applicant will select board

29 members under AS 18.07.118.

1 (c) A contract under this section shall be for a period of four
2 years and is renewable. A contract may be terminated before its expira-
3 tion date
4 (1) by the regional health resources organization at a time
5 and with notice to the commissioner as the commissioner may by regula-
6 tion prescribe; or
7 (2) by the commissioner at a time and with notice to the
8 regional health resources organization as the commissioner may by regu-
9 lation prescribe, if the commissioner determines that the entity is not
10 complying with or effectively carrying out the provisions of the con-
11 tract.
12 Sec. 18.07.116. ELIGIBILITY FOR DESIGNATION. The commissioner may
13 designate as a regional health resources organization
14 (1) a nonprofit corporation incorporated under AS 10.20 for
15 the purpose of engaging in health planning and development functions; or
16 (2) a public regional planning body authorized by statute or
17 regulation to perform health planning functions and whose planning area
18 is identical to a health service area.
19 Sec. 18.07.118. BOARD OF DIRECTORS. (a) Each regional health
20 resources organization shall be governed by a board of directors.
21 (b) A board shall include
22 (1) a representative for each
23 (A) borough within the health service area;
24 (B) unified municipality within the health service area;
25 and
26 NATIVE REGIONAL HEALTH ENTITIES
(C) ~~regional nonprofit Native corporation~~ established
27 ~~within the health service area under the Alaska Native Claims~~
28 ~~Settlement Act (43 U.S.C. 1601 - 1628); and~~
29 (2) members broadly and equitably representative of health

730-232

locally elected groups

regional health entities serving the areas created under the ANCSA. or political subdivision within the A-S-A-

1 care consumers and providers in the organization's health service area.

2 Sec. 18.07.120. DUTIES. (a) A regional health resources organiza-
3 tion shall, within the boundaries of its health service area,

4 (1) assist communities in identifying and developing plans
5 for dealing with health problems of residents;

6 (2) provide direct technical assistance to communities for
7 implementing plans developed under (1) of this section;

8 (3) assist in the development and maintenance of programs for
9 the promotion of health and the prevention of disease and illness;

10 (4) assemble and analyze data relating to health matters and
11 coordinate data collection activities with state and local agencies,
12 regional (5) Alaska Native corporations, and health organizations.

13 (b) (b) A regional health resources organization shall

14 (1) (UPON REQUEST OF) ~~in cooperation with~~ the commissioner, have the option to review and provide
15 comments and recommendations on applications and proposals for grants
16 for local or state health service funds to be used in the organization's
17 health service area, and (2) construction and expansion of health care
18 facilities and nursing homes in the organization's health service area;

19 (2) submit an annual report on its activities to the legis-
20 lature, the commissioner, and the residents of its health service area;

21 (3) perform other duties the commissioner may by contract
22 require.

23 (c) A regional health resources organization does not have authori-
24 ty over the Alaska Pioneers' Homes established under AS 47.25.010.

25 Sec. 18.07.122. GRANTS. (a) The commissioner shall make a grant
26 in each fiscal year to each regional health resources organization
27 designated under AS 18.07.114. A grant under this subsection shall

28 (1) be made on the conditions the commissioner determines are
29 appropriate; and

(2) be available for obligation for a period not to exceed the period for which the grantee is designated as a regional health resources organization under AS 18.07.114.

(b) A grant under this section may be used by a regional health resources organization

(1) for compensation of its personnel and the performance of its duties;

(2) to make payments under contracts with other persons to assist the regional health resources organization in the performance of its functions; and

(3) to make grants to public and nonprofit private entities and enter into contracts with individuals and public and nonprofit private entities to assist them in planning and developing projects and programs that the regional health resources organization determines are necessary for the promotion of health and prevention of disease and illness in its health service area.

(c) A grant or contract made under (b)(2) or (3) of this section may not be used to pay the costs incurred by the grantee in the delivery of health services or for the cost of construction or modernization of medical facilities.

* Sec. 2. This Act takes effect October 1, 1982.

Health Planning and Development -

Art Wilman - S.E. Regional Health Council (?)

Health Systems Agency - Fed legislation

1975 ?

Health Coalition -

Allows an Opportunity to drop those Fed provisions that don't apply to HK -

Regional Perspectives -

Groups - allowing the Region to relate to
State - also
Legislature

Need more resource building

Paul Sherry - Northern HK. Health Agency

BIH - 75% Cert -
Assume 2/3 of Fed loss -

Dennis Dewitt - don't change name -
Leave HSA -

Most Remote Areas - Need NRO -

Support Bill -
But Problems w/ BD -
Composition -

Providers Not included -

Sharing w/ Consumers is critical -
Majority of Consumers -