

**COMMITTEE REPORT**  
**HOUSE**

(11)

FURTHER:

3/23/84

Date: 3-28-84

The Committee on FINANCE has had HB 548

"An Act relating to state assistance for community health aide programs; and providing for an effective date."

under consideration and recommends:

- do pass  do not pass
- do pass with attached amendments(s)
- replace with CS for HB 548 (FINANCE)  same title  
 new title
- and recommends do pass
- AND attaches a "Letter of intent"  New Fiscal Note
- reports it back without recommendation  Zero Fiscal Note Attached
- referred to the \_\_\_\_\_ Committee

MEMBERS SIGNING  
DO PASS

[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]

MEMBERS HAVING  
OTHER RECOMMENDATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
[Signature]

CHAIRMAN

Original sponsors: Herrmann, Hurlbert,  
M.W. Miller, et al

1 IN THE HOUSE

BY THE FINANCE COMMITTEE

2 CS FOR HOUSE BILL NO. 548 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to state assistance for community  
7 health aide programs; and providing for an effective  
8 date."

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

10 \* Section 1. AS 18 is amended by adding a new chapter to read:

11 CHAPTER 28. STATE ASSISTANCE FOR COMMUNITY HEALTH AIDE PROGRAMS.

12 Sec. 18.28.010. COMMUNITY HEALTH AIDE GRANTS. (a) During each  
13 fiscal year a qualified regional health organization is entitled to a  
14 grant of \$30,000 to be used for expenses of conducting a community  
15 health aide program.

16 (b) During each fiscal year a qualified regional health orga-  
17 nization or local health organization is entitled to a grant of \$3,000  
18 for each primary community health aide or person with similar training  
19 as determined by the department who averaged at least 20 hours of  
20 service each week paid for by the health organization during the  
21 previous fiscal year. A grant under this subsection may only be used  
22 for

23 (1) training of community health aides, including tuition  
24 and travel to training programs;

25 (2) supervision of community health aides, including travel  
26 for supervisors;

27 (3) alternate community health aides; for purposes of this  
28 subparagraph an alternate community health aide is a person who as-  
29 sists the primary community health aide when necessary and acts in the

1 absence of the primary health aide.

2 (c) Within limits of appropriations for the purpose, the depart-  
3 ment shall compute and pay a grant under (a) and (b) of this section  
4 to each qualified regional health organization and under (b) of this  
5 section to each qualified local health organization.

6 Sec. 18.25.020. QUALIFICATIONS. To qualify for a community  
7 health aide grant a regional or local health organization must

8 (1) have received money from the federal government for a  
9 community health aide program during the fiscal year for which the  
10 grant is sought or be engaged in conducting a program that meets  
11 standards established by the department and is similar to a community  
12 health aid program;

13 (2) provide the services of community health aides on a  
14 nondiscriminatory basis for the benefit of the public;

15 (3) apply for the grant in accordance with application  
16 requirements of the department; and

17 (4) supply information requested by the department.

18 Sec. 18.28.030. COMMUNITY HEALTH AIDE GRANT ACCOUNT. (a) The  
19 community health aide grant account is established in the department.  
20 Money to carry out the provisions of this chapter shall be appropri-  
21 ated to the account and distributed as community health aide grants by  
22 the department.

23 (b) Each fiscal year the department shall determine the amount  
24 of money needed to fund all grants under AS 18.28.010 during the next  
25 fiscal year and shall request an appropriation of that amount from the  
26 legislature. If the amount appropriated to the account is not suffi-  
27 cient to finance all grants, the money shall be distributed pro rata  
28 among qualified regional and local health organizations.

29 Sec. 18.28.040. LIABILITY LIMITATION. The state is not liable

1 for any injury that may result from use of money awarded by the state  
2 as a community health aide grant.

3 Sec. 18.28.050. REGULATIONS. The department may adopt regula-  
4 tions necessary to carry out the provisions of this chapter.

5 Sec. 18.28.060. DEFINITIONS. In this chapter

6 (1) "department" means the Department of Health and Social  
7 Services;

8 (2) "local health organization" means a nonprofit corpo-  
9 ration or other entity that provides health services in a rural area  
10 that is less than 4,000 square miles;

11 (3) "primary community health aide" means a person who has  
12 completed the first of three levels of community health aide training  
13 offered by the Norton Sound Health Corporation at the Home Hospital,  
14 the Kuskokwim Community College in Bethel, or the Alaska Area Native  
15 Health Service;

16 (4) "regional health organization" means a nonprofit corpo-  
17 ration or home rule borough that provides health services in a rural  
18 area that is at least 4,000 square miles.

19 \* Sec. 2. This Act takes effect July 1, 1984.  
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25  
26  
27  
28  
29

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

Page 1 of 2

Revision Date March 20, 1984

REQUEST

Bill/Resolution No.: CSHB 548 (FIN)  
 Title: Assistance for Community Health  
 Aide Program  
 Sponsor: Herrmann, et al  
 Requestor: House HESS  
 Date of Request: 3/20/84

II. FISCAL DETAIL

Agency Affected: Dept. Health & Social Servs  
 Program Category Affected: Public Health  
 BRU, Program of Subprogram(s) Affected:  
Health Grants BRU Community Health  
 Grants Component

EXPENDITURES/REVENUES: (Thousands of Dollars)

|                          | FY 84 | FY 85  | FY 86  | FY 87  | FY 88  | FY 89  |
|--------------------------|-------|--------|--------|--------|--------|--------|
| <b>OPERATING</b>         |       |        |        |        |        |        |
| 100 PERSONAL SERVICES    |       |        |        |        |        |        |
| 200 TRAVEL               |       |        |        |        |        |        |
| 300 CONTRACTUAL          |       |        |        |        |        |        |
| 400 SUPPLIES             |       |        |        |        |        |        |
| 500 EQUIPMENT            |       |        |        |        |        |        |
| 600 LANDS & STRUCTURES   |       |        |        |        |        |        |
| 700 GRANTS, CLAIMS, ETC. |       | 1148.0 | 1289.4 | 1442.1 | 1514.2 | 1589.9 |
| 800 MISCELLANEOUS        |       |        |        |        |        |        |
| <b>TOTAL OPERATING</b>   |       | 1148.0 | 1289.4 | 1442.1 | 1514.2 | 1589.9 |
| <b>CAPITAL</b>           |       |        |        |        |        |        |
| <b>REVENUE</b>           |       |        |        |        |        |        |

FUNDING: (Thousands of Dollars)

|               |  |        |        |        |        |        |
|---------------|--|--------|--------|--------|--------|--------|
| GENERAL FUND  |  | 1148.0 | 1289.4 | 1442.1 | 1514.2 | 1589.9 |
| FEDERAL FUNDS |  |        |        |        |        |        |
| OTHER         |  |        |        |        |        |        |
| <b>TOTAL</b>  |  | 1148.0 | 1289.4 | 1442.1 | 1514.2 | 1589.9 |

POSITIONS:

|           |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|
| FULL-TIME |  |  |  |  |  |  |
| PART-TIME |  |  |  |  |  |  |
| TEMPORARY |  |  |  |  |  |  |

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for Analysis

Prepared By: Dwayne Peoples  
 Division: Public Health

*JCC*  
 Phone: 465-3090  
 Date: 3/20/84

Approved by Commissioner: *[Signature]*  
 Agency: \_\_\_\_\_

Date: 3/22

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

"Assistance for community health aide program."

State assistance for provision of CSHB 548 (HESS) would require a total appropriation in FY 85 of \$2,280.0. This calculation is based upon the following consideration.

|   |                  |
|---|------------------|
| (1) \$30.0 to used for expenses of conducting a community health aide program x 12 Regional Health Corps. | 360.0            |
| (2) \$ 8.0 per each primary community health aide x 230   | 1,840.0          |
| (3) \$80.0 Health Observer Program for 10 communities   | 80.0             |
| TOTAL   | <u>\$2,280.0</u> |

The additional General Funds required to meet the obligations as proposed in CSHB 548 (HESS) in FY 85 would be \$1,148.0. This projected expenditures is based upon the off set from the FY 85 Governor's budget for this program. This funding FY 85 request is as follows:

Department of Health and Social Services

|  |                |
|--|----------------|
| Health grants BRU. Community Health Grants:              | \$551.4        |
| State Health Services BRU. Public Health Administration: | 263.0          |
|  | <u>\$814.4</u> |

|                               |         |
|-------------------------------|---------|
| Manillaq BRU. Health Services | \$170.0 |
|-------------------------------|---------|

University of Alaska

|  |          |
|--|----------|
| Community Colleges Kuskokwim Community College | \$ 147.6 |
|--|----------|

|                               |           |
|-------------------------------|-----------|
| Total FY 85 Governor's Budget | \$1,132.0 |
|-------------------------------|-----------|

|                        |                        |
|------------------------|------------------------|
| Total HB 548 Required  | \$2,280.0              |
| <Governor's Requested> | <u>&lt;1,132.0&gt;</u> |
|                        | 1,148.0                |

FY 86 thru FY 89 budget estimates include the Governor's FY 84 off-set, incorporates a 5% annual inflationary adjustment and an incremental growth for the Health Observer Program from \$80.0 in FY 85, to \$168.0 in FY 86 and \$264.0 in FY 87. The proposed budget for the Health Observer Program is based upon the assumption that:

- (a) approximately 30 communities would qualify for this program; and,
- (b) due to the pilot nature of this project, a maximum of 10 communities would be served during FY 85 assuming demonstrated feasibility an additional 10 would be incorporated in FY 86 and with maximum community involvement not occurring until FY 87.

## Sectional Analysis of House HESS Committee Substitute for HB 548

### Section 1.

This section establishes that qualified regional health organizations are entitled to a lump sum of \$30,000 for community health aide programs. Additionally, each regional and local health organization receives \$8,000 for each primary community health aide or person with similar training, who worked at least twenty hours during the previous fiscal year. Under this section the department is responsible for determining whether a person's training is similar to that of a health aide. The \$8,000 can be used for training, supervision, and alternate health aides. This section also establishes that grants are to be paid in accordance with AS 37.05.316 to the extent that those provisions are consistent with the bill. In essence this section establishes a formula for funding organizations with a community health aide or similar program. Previously, funding was granted through the legislative add-on process and was not awarded to all organizations meeting the qualifications of this chapter. This section also describes how the monies can be used.

This section also establishes the qualifications a regional or local health organization must meet in order to receive funds. To qualify, an organization must either have already been involved in the federal community health aide program, or conduct a similar program meeting the standards established by the Department of Health and Social Services. Services must be provided on a nondiscriminatory basis. Grant recipients must follow the department's application requirements and supply them with any information they might request.

Section 1 also discusses the grant account. The account is set up in the Department of Health and Social Services, and the department is responsible for distributing the grants. Money to carry out the provisions of the bill are to be appropriated to the account. The department is responsible for calculating the amount needed to fund all grants during the next fiscal year, and to request this appropriation from the legislature. Insufficient funds are to be distributed pro rata among qualifying local and regional health organizations.

Under the provisions of this section the State is not liable for any injury resulting from the use of the grants awarded by this bill.

This section grants the department the right to adopt regulations to carry out the provisions of the bill. The State has not before made regulations pertaining to community health aides.

Section one also defines "department", "local health organization", "primary community health aide", and "regional health organization".

### Section 2

Section 2 provides for an effective date of July 1, 1984

## POSITION PAPER

## COMMITTEE SUBSTITUTE FOR HOUSE BILL No. 548 (HESS)

For "An act relating to State assistance for community health aide programs; and providing for an effective date."

This bill provides for expansion of financial assistance to non-profit health organizations for training and supervision of community health aides (CHA) or equivalently trained individuals. Funding will be provided through a two phased formula that allocates: 1) a \$30,000 base for each regional corporation serving more than 4,000 square miles, plus \$8,000 for each primary CHA or similar individual who averages at least 20 hours of service a week; 2) for local corporations providing services to less than 4,000 square miles, funding provided through this formula would be limited to \$8,000 per CHA or similar individual.

## BACKGROUND

Community Health Aide

Community health aides provide primary health care to approximately 37,000 to 40,000 people in bush communities. A CHA is a community based medical paraprofessional who provides limited diagnostic and treatment services through standing orders or in radio/telephone consultation with IHS or health corporation physicians. Health care training of a CHA is based on a standardized curriculum consisting of three basic sessions that are oriented towards utilizing the Guidelines for Primary Health Care In Rural Alaska, adopted by Alaska Area Native Health Service. Qualifications for being a primary CHA require completion of first session with certification depending upon completion of all three sessions. In addition to the requirements for basic sessions, a CHA must complete a preceptorship with a supervising physician at a medical centers and attend continuing education session that range from 1-2 days, to 1-2 weeks once a year. In addition, CHA's have periodic contact with supervisor/ instructors (S/I) employed by the corporations. The S/I are generally mid-level practitioners or registered nurses, who conduct site visits 1-3 times a year for continuing education, skills evaluation and administration. In addition, the state public health nurses provide education and support during their itinerant visits.

The number of CHAs per village varies with population size ranging from a half-time equivalent to a maximum of two. In addition to the primary community health aides, alternates are also assigned to provide relief support and coverage during absence of the primaries. Training for alternate aides varies widely with the minimum standards that range from emergency trauma technician skills to completion of the first basic session.

Historically the CHA program has been sponsored and funded by the Federal Indian Health Service (IHS). This program was formulated in 1967 although the concept and practices have a longer history. Until recent years financial support for this program rested solely with the Federal Government which contracted with regional or local corporations. Starting in FY 82, selected health corporations received designated state grants through direct legislative appropriation for

This trend has continued through the current fiscal year budget approaching \$1,100.0 being allocated towards support of programs in the areas of the Bristol Bay Health Corporation, Yukon-Kuskokwim Health Corporation, Norton Sound Health Corporation, Maniilaq Association and Tanana Chiefs Conference. The FY 85 Governor's Budget maintains these services and expands assistance for training and supervision programs into the areas of Aleutian Pribilof Island Association and Southeast Regional Health Corporation. The need for State support of the CHA programs has been recognized as a means of addressing problems associated with provision of health care in rural communities. While the Federal budget supports a basic level of service there are insufficient funds to meet the demands for adequate field supervision by supervisor/instructors, training of the aides in all three basic three sessions, and salary support for alternates. In addition to an insufficient Federal budgetary base, State involvement is also based upon the issues of responsibility for rural health services. While CHAs are theoretically responsible for provision of care to IHS beneficiaries, by virtue of being the only community based primary medical provider, aides care for non-beneficiaries also.

#### Similarly Trained Individuals

This bill (Sec. 18.28.010 (b)) provides for support of individuals with training similar to that of a CHA as defined by the Department of Health and Social Services. It should be noted that a crucial aspect of the CHA program is its interaction with the Indian Health Services (IHS) which assures medical supervision, patient referral and quality control that are necessary elements of health care. A functional definition of a similar program must incorporate a supervisory and referral system. Duplication of the IHS system is not feasible in terms of cost and legal constraints for all parties involved. The only program that is conceptually comparable is a pilot project currently being developed by the Southeast Alaska Regional Health Corporation under a grant from this Department. While this project is not a replication of CHA services it does offer a degree of similarity in that it is a means of providing limited primary care in isolated rural communities.

#### RECOMMENDATIONS

Given that a similar training program and the necessary infrastructure do not exist, the Department anticipates to define "similar" in terms of the Health Observer Project currently being piloted by the Southeast Alaska Regional Health Corporation. Grants provided through this bill would be directed to Regional Emergency Medical Services Council or Regional Health Corporations and not directly with the individual communities. This would be necessary in order to assure cost effective utilization of the funds through economy of scale and assure continuity of service.

POSITION PAPER/Department of Health & Social Services

Position Paper CSHB 548  
Page 3

POSITION

The Department of Health and Social Services recognizes the value of community health aide and similar programs in providing primary medical care in rural communities and strongly supports the enhancement of supervision and training as provided by this bill.

Recommended by:

*E. S. Rabeau, M.D.*

E.S. Rabeau, M.D., Director  
Division of Public Health

Date:

3-22-84

Approved by:

*for E. S. Rabeau*

Robert London Smith, Ph.D.  
Commissioner  
Department of Health &  
Social Services

Date:

3-22-84



DEPARTMENT OF HEALTH & HUMAN SERVICES  
PUBLIC HEALTH SERVICE

March 19, 1984

*Loeber*

Refer to: A-D (A-CHAP)

ALASKA AREA NATIVE HEALTH SERVICE  
BOX 7-741  
ANCHORAGE, ALASKA 99510

Representative Al Adams  
Alaska House of Representatives  
Pouch V  
Juneau, Alaska 99811

Dear Mr. Adams:

I have just reviewed HB 548, "An act relating to state assistance for Community Health Aide Programs; and providing for an effective date." I would like to go on record as [REDACTED]

As Director of the Alaska Area Native Health Service, I have come to know and appreciate the importance of the CHAP in helping to make possible an improved health status of Alaskan Natives. Community Health Aides (CHAs) are located in 171 isolated communities, from Point Hope to Kasaan. They provide year round primary health care coverage. Not only does this coverage consist of emergency and acute care, it also embraces a wide range of health surveillance and other preventive activities. Drugs may be administered by a CHA under a physician's direction. The CHA, then, represents the front line in the delivery of health care, the link between village residents and the appropriate health care backup system.

The foundation of the CHAP is formed by a consistent training program, which includes a published curriculum and skills list. Using established guidelines and tested approaches to training, health care professionals, whether in the training centers or the field, are better able to relate to training needs of the CHAs. CHA certification is offered to those CHAs who are able to acquire the skills and successfully meet other training requirements. Certification is a milestone for a CHA in the acquisition of specified competencies, and it indicates that a CHA may practice safely with an high level of independence. The term "practitioner" is often used when referring to CHAs who have reached the certificate level.

Representative Adams  
Community Health Aide Program  
March 19, 1984

Page 2

The difficulty of making appropriate health care accessible and cost-effective to sparsely populated and widely scattered villages remains an acute problem in many countries. The achievements of the CHAP in helping to reduce this health care service gap in rural Alaska has repeatedly been recognized and acknowledged by health care professionals. The CHAP has been regarded by the World Health Organization as a model program because of its success in utilizing the village resident in improving his own health status.

With the passage of HB 548, significant resources will be made available. From the viewpoint of AANHS, the strong funding assistance proposed in the bill is welcomed and encouraged. This bill will allow not only for program maintenance but also for continued growth and improvement.

[REDACTED] It is apparent that if the configuration of well-trained CHAs providing primary health care services from small rural clinics is to be maintained and enhanced, [REDACTED]

Sincerely,



G. H. Ivey  
Director

Alaska Area Native Health Service

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

HB 548

Revision Date 2/3, 1984

REQUEST

Bill/Resolution No.: HB 548  
 Title: Assistance for Community Health  
 Aide Program  
 Sponsor: Rep. Adelheid Herrmann  
 Requestor: House HESS & Finance  
 Date of Request: \_\_\_\_\_

II. FISCAL DETAIL

Agency Affected: Dept. Hlth. & Soc. Svcs.  
 Program Category Affected: Public Health  
 BRU, Program of Subprogram(s) Affected:  
Health Grants BRU, Community Health  
Grants Component

EXPENDITURES/REVENUES: (Thousands of Dollars)

|                          | FY 84 | FY 85  | FY 86  | FY 87  | FY 88  | FY 89  |
|--------------------------|-------|--------|--------|--------|--------|--------|
| <b>OPERATING</b>         |       |        |        |        |        |        |
| 100 PERSONAL SERVICES    |       |        |        |        |        |        |
| 200 TRAVEL               |       |        |        |        |        |        |
| 300 CONTRACTUAL          |       |        |        |        |        |        |
| 400 SUPPLIES             |       |        |        |        |        |        |
| 500 EQUIPMENT            |       |        |        |        |        |        |
| 600 LANDS & STRUCTURES   |       |        |        |        |        |        |
| 700 GRANTS, CLAIMS, ETC. |       | 1044.0 | 1096.2 | 1151.0 | 1208.6 | 1269.0 |
| 800 MISCELLANEOUS        |       |        |        |        |        |        |
| <b>TOTAL OPERATING</b>   |       | 1044.0 | 1096.2 | 1151.0 | 1208.6 | 1269.0 |
| <b>CAPITAL</b>           |       |        |        |        |        |        |
| <b>REVENUE</b>           |       |        |        |        |        |        |

FUNDING: (Thousands of Dollars)

|               |  |        |        |        |        |        |
|---------------|--|--------|--------|--------|--------|--------|
| GENERAL FUND  |  | 1044.0 | 1096.2 | 1151.0 | 1208.6 | 1269.0 |
| FEDERAL FUNDS |  |        |        |        |        |        |
| OTHER         |  |        |        |        |        |        |
| <b>TOTAL</b>  |  | 1044.0 | 1096.2 | 1151.0 | 1208.6 | 1269.0 |

POSITIONS:

|           |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|
| FULL-TIME |  |  |  |  |  |  |
| PART-TIME |  |  |  |  |  |  |
| TEMPORARY |  |  |  |  |  |  |

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for Analysis

Prepared By: Dwayne Peeples  
 Division: Public Health

Phone: 465-3090  
 Date: 2/3/84

Approved by Commissioner: Robert London Annetts  
 Agency: Dept. of Health & Social Services

Date: 2/10/84

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

Fiscal Analysis  
HB 548

"Assistance for community health aide program."

State assistance for community health aide as proposed in Sec. 18.28.010 (a) would require a total appropriation in FY 85 of \$2,176.0. This calculation is based upon the following consideration.

|   |                             |
|---|-----------------------------|
| (1) \$30.0 to used for expenses of conducting a community health aide program x 12 Regional Health Corps. | 360.0                       |
| (2) \$ 8.0 per each primary community health aide x 227   |                             |
| TOTAL   | <u>1,816.0</u><br>\$2,176.0 |

The additional General Funds required to meet the obligations as proposed in HB 548 in FY 85 would be \$1,044.0. This projected expenditures is based upon the off set from the FY 85 Governor's budget for this program. This funding request is as follows:

Department of Health and Social Services

|  |                |
|--|----------------|
| Health grants BRU. Community Health Grants:              | \$551.4        |
| State Health Services BRU. Public Health Administration: | 263.0          |
|  | <u>\$814.4</u> |

|                              |         |
|------------------------------|---------|
| Manilaq BRU. Health Services | \$170.0 |
|------------------------------|---------|

University of Alaska

|  |          |
|--|----------|
| Community Colleges Kuskokwim Community College | \$ 147.6 |
|--|----------|

|                               |           |
|-------------------------------|-----------|
| Total FY 85 Governor's Budget | \$1,132.0 |
|-------------------------------|-----------|

|                        |                             |
|------------------------|-----------------------------|
| Total HB 548 Required  | \$2,176.0                   |
| <Governor's Requested> | <1,132.0><br><u>1,044.0</u> |

Estimate expenditure increase FY 86 thru FY 89 is based upon an 5% annual inflation adjustment.

If the Department recommendations concerning elimination of salary supports are adopted, the total program cost in FY 85 would be \$1,722.0 Additional general fund allocations necessary in FY 85 would be \$590.

POSITION PAPER

HOUSE BILL No. 548

For an act "An act relating to State assistance for community health aide programs; and providing for an effective date."

This bill provides for expansion of financial assistance to the regional health corporations for community health aide (CHA) programs by subsidizing supervision and training and alternate community health aide salaries. Funding will be provided to the health corporations through a formula that allocates \$30.0 base for each corporation and \$8.0 for each primary community health aide who averages at least 20 hours of services a week.

BACKGROUND

Community health aides provide primary health care to approximately 37,000 to 40,000 people in bush communities. A CHA is a community based medical para-professional who provides limited diagnostic and treatment services under standing orders or in radio/telephone consultation with IHS or health corporation physicians. Health care training of a CHA is based on a standardized curriculum consisting of a ten week core course taught in three sessions, a preceptorship and on-the-job skills acquisition. Training is based on the Guidelines for Primary Health Care In Rural Alaska, adopted by the Alaska Area Native Health Service. An individual may begin to function as a primary CHA before completion of the entire training program, but certification is not awarded until all training requirements are met. Most corporations attempt to provide at least one continuing education or refresher course each year. CHAs have periodic contact with supervisor/instructors (S/I) employed by the corporations. The S/Is are generally mid-level practitioners or registered nurses who attempt to visit each CHA 1-3 times a year for continuing education, skills evaluation and administration. In addition, the state public health nurses provide educational and program support during their itinerant visits.

The number of CHAs per village varies with population size ranging from a half-time equivalent to a maximum of two. In addition to the primary community health aides, CHA alternates are also assigned to provide relief support and coverage during absence of the primaries. Training for alternate aides varies widely with minimum standards that range from emergency trauma technician skills to completion of the first basic session.

Historically the CHA program has been sponsored and funded by the Federal Indian Health Service (IHS). This program was formulated in 1967 although concept and practices have a longer history. Until recent years financial support for this program rested solely with the Federal Government through contracts with the regional health corporations. Starting in FY 82, selected health corporations received designated State grants through direct legislative appropriation for support of community health aide supervision and training.

This trend has continued through the current fiscal year with approximately \$1,100.0 being allocated towards support of programs sponsored by the Bristol Bay Health Corporation, Yukon-Kuskokwim Health Corporation, Norton Sound Health Corporation, Maniilaq Association and the Tanana Chiefs Conference. The FY 85 Governor's Budget request maintains these grants and provides for expansion of training and supervision programs for organizations such as the Aleutian Pribilof Island Association and Southeast Regional Health Corporation.

The need for State support of the CHA programs has been recognized as a means of addressing problems associated with provision of health care in rural communities. While the Federal budget supports a basic level of service, there are insufficient funds to meet the demands for adequate field supervision by supervisor/instructors, training of the aides to the certification level, and salary support for alternates. State assistance to the CHA program is also based upon the fact that Federal appropriations for the program are intended to provide health care only for the Native population while, in fact, CHAs, by virtue of being the only health care providers in many bush communities, must provide primary care services to the entire population, both Native and non-Native.

#### RECOMMENDATIONS

While State support of this program will greatly enhance opportunities for CHAs to complete the entire training program, obtain closer supervision and increase stability through salaries for the alternates, there are several inherent problems with increasing State involvement. With the probability of increasing federal funding constraints, there is potential that as the State increases its involvement, IHS will correspondingly decrease its financial commitment for this program. In addition, there is potential for legal and ethical state responsibility for medical malpractice liability of the community health aides and alternates. Currently medical malpractice is covered through the Federal Tort Claims Act for IHS beneficiaries. The issue of liability for non-beneficiaries within the Federal structure and legal consequences of the State paying for salaries has yet to be resolved. At this time, the Department of Health and Social Services recommends the State continue its role in supervision and training, but refrain from direct involvement in salaries by deleting in Sec. 18.28.010 (a)(2) (c). It is also recommended that formula funding in (a) (1) be modified from \$8.0 per primary health aide to \$6.0 per aide to reflect only the costs of training and supervision.

#### POSITION

The Department of Health and Social Services recognizes the value of community health aide program in providing primary medical care in bush communities and supports the enhancement of supervision and training. It is in the best interest of the State that the image and status of CHAs be enhanced, but the department strongly recommends direct involvement in salaries not be pursued until the State obtains further experience with this program and the malpractice issues are clarified.

Position Paper HB 548  
Page 3

Recommended by: *E.S. Rabeau, M.D. (Acting)*  
E.S. Rabeau, M.D., Director  
Division of Public Health

Date: 2-10-84

Approved by: *Robert London Smith*  
Robert London Smith, Ph.D.  
Commissioner  
Department of Health &  
Social Services

Date: 2/10/84

Offered: 3/23/84  
Referred: Finance

Original sponsors: Herrmann, Hurlbert,  
M.W. Miller, et al

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2

CS FOR HOUSE BILL NO. 548 (HESS)

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - SECOND SESSION

5

A BILL

6

For an Act entitled: "An Act relating to state assistance for community  
health aide programs; and providing for an effective  
date."

7

8

9

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

10

\* Section 1. AS 18 is amended by adding a new chapter to read:

11

CHAPTER 28. STATE ASSISTANCE FOR COMMUNITY HEALTH AIDE PROGRAMS.

12

Sec. 18.28.010. COMMUNITY HEALTH AIDE GRANTS. (a) During each

13

fiscal year a qualified regional health organization is entitled to a  
grant of \$30,000 to be used for expenses of conducting a community  
health aide program.

14

15

16

(b) During each fiscal year a qualified regional health organiza-  
tion or local health organization is entitled to a grant of \$8,000  
for each primary community health aide or person with similar training  
as determined by the department who averaged at least 20 hours of  
service each week paid for by the health organization during the  
previous fiscal year. A grant under this subsection may only be used  
for

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22

23

(1) training of community health aides, including tuition  
and travel to training programs;

24

25

(2) supervision of community health aides, including travel  
for supervisors;

26

27

(3) alternate community health aides; for purposes of this  
subparagraph an alternate community health aide is a person who as-  
sists the primary community health aide when necessary and acts in the

28

29

1 absence of the primary health aide.

2 (c) Within limits of appropriations for the purpose, the depart-  
3 ment shall compute and pay a grant under (a) and (b) of this section  
4 to each qualified regional health organization and under (b) of this  
5 section to each qualified local health organization. A grant is  
6 payable in accordance with AS 37.05.316 to the extent that the pro-  
7 visions of that section are consistent with this chapter.

8 Sec. 18.28.020. QUALIFICATIONS. To qualify for a community  
9 health aide grant a regional or local health organization must

10 (1) have received money from the federal government for a  
11 community health aide program during the fiscal year for which the  
12 grant is sought or be engaged in conducting a program that meets  
13 standards established by the department and is similar to a community  
14 health aid program;

15 (2) provide the services of community health aides on a  
16 nondiscriminatory basis for the benefit of the public;

17 (3) apply for the grant in accordance with application  
18 requirements of the department; and

19 (4) supply information requested by the department.

20 Sec. 18.28.030. COMMUNITY HEALTH AIDE GRANT ACCOUNT. (a) The  
21 community health aide grant account is established in the department.  
22 Money to carry out the provisions of this chapter shall be appropri-  
23 ated to the account and distributed as community health aide grants by  
24 the department.

25 (b) Each fiscal year the department shall determine the amount  
26 of money needed to fund all grants under AS 18.28.010 during the next  
27 fiscal year and shall request an appropriation of that amount from the  
28 legislature. If the amount appropriated to the account is not suffi-  
29 cient to finance all grants, the money shall be distributed pro rata

1 among qualified regional and local health organizations.

2 Sec. 18.2P.040. LIABILITY LIMITATION. The state is not liable  
3 for any injury that may result from use of money awarded by the state  
4 as a community health aide grant.

5 Sec. 18.28.050. REGULATIONS. The department may adopt regula-  
6 tions necessary to carry out the provisions of this chapter.

7 Sec. 18.28.060. DEFINITIONS. In this chapter

8 (1) "department" means the Department of Health and Social  
9 Services;

10 (2) "local health organization" means a nonprofit corpo-  
11 ration or other entity that provides health services in a rural area  
12 that is less than 4,000 square miles;

13 (3) "primary community health aide" means a person who has  
14 completed the first of three levels of community health aide training  
15 offered by the Norton Sound Health Corporation at the Nome Hospital,  
16 the Kuskokwim Community College in Bethel, or the Alaska Area Native  
17 Health Service;

18 (4) "regional health organization" means a nonprofit corpo-  
19 ration that provides health services in a rural area that is at least  
20 4,000 square miles.

21 \* Sec. 2. This Act takes effect July 1, 1984.

Introduced: 1/27/84  
Referred: Health, Education &  
Social Services and Finance

BY HERRMANN, HURLBERT, M.W.MILLER,  
SHULTZ, FRITZ, BETTISWORTH, GOLL,  
ZHAROFF AND MCBRIDE

1 IN THE HOUSE

2 HOUSE BILL NO. 548

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to state assistance for community  
7 health aide programs; and providing for an effective  
8 date."

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

10 \* Section 1. AS 18 is amended by adding a new chapter to read:

11 CHAPTER 28. STATE ASSISTANCE FOR COMMUNITY HEALTH AIDE PROGRAMS.

12 Sec. 18.28.010 COMMUNITY HEALTH AIDE GRANTS. (a) During each  
13 fiscal year a qualified health corporation is entitled to a grant of

14 (1) \$30,000 to be used for expenses of conducting a commu-  
15 nity health aide program; and

16 (2) \$8,000 for each primary community health aide who  
17 averaged at least 20 hours of service each week paid for by the health  
18 corporation during the previous fiscal year to be used for

19 (A) training of community health aides, including  
20 tuition and travel to training programs;

21 (B) supervision of community health aides, including  
22 travel for supervisors; and

23 (C) salaries for alternate community health aides; for  
24 purposes of this subparagraph an alternate community health aide  
25 is a person who assists the primary community health aide when  
26 necessary and acts in the absence of the primary health aide.

27 (b) Within limits of appropriations for the purpose, the depart-  
28 ment shall compute and pay a grant under (a) of this section to each  
29 qualified health corporation. A grant is payable in accordance with

1 AS 37.05.316 to the extent that the provisions of that section are  
2 consistent with this chapter.

3 Sec. 18.28.020. QUALIFICATIONS. To qualify for a community  
4 health aide grant a health corporation must

5 (1) be engaged in conducting a community health aide pro-  
6 gram;

7 (2) provide the services of community health aides on a  
8 nondiscriminatory basis for the benefit of the public;

9 (3) apply for the grant in accordance with application  
10 requirements of the department; and

11 (4) supply information requested by the department.

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14 Money to carry out the provisions of this chapter shall be appropri-  
15 ated to the account and distributed as community health aide grants by  
16 the department.

17 (b) Each fiscal year the department shall determine the amount  
18 of money needed to fund all grants under AS 18.28.010 during the next  
19 fiscal year and shall request an appropriation of that amount from the  
20 legislature. If the amount appropriated to the account is not suffi-  
21 cient to finance all grants, the money shall be distributed pro rata  
22 among qualified health corporations.

23 Sec. 18.28.040. REGULATIONS. The department may adopt regula-  
24 tions necessary to carry out the provisions of this chapter.

25 Sec. 18.28.050. DEFINITIONS. In this chapter

26 (1) "department" means the Department of Health and Social  
27 Services;

28 (2) "health corporation" means a nonprofit corporation  
29 incorporated under the laws of this state that

1                   (A) qualifies as a tribal organization under 25 U.S.C.  
2                   sec. 450b(c) for purposes of performing health services under a  
3                   federal contract or grant; and

4                   (B) serves a region with boundaries that approximate  
5                   boundaries of a Regional Native Corporation established under 43  
6                   U.S.C. 1601-1628 (Alaska Native Claims Settlement Act);

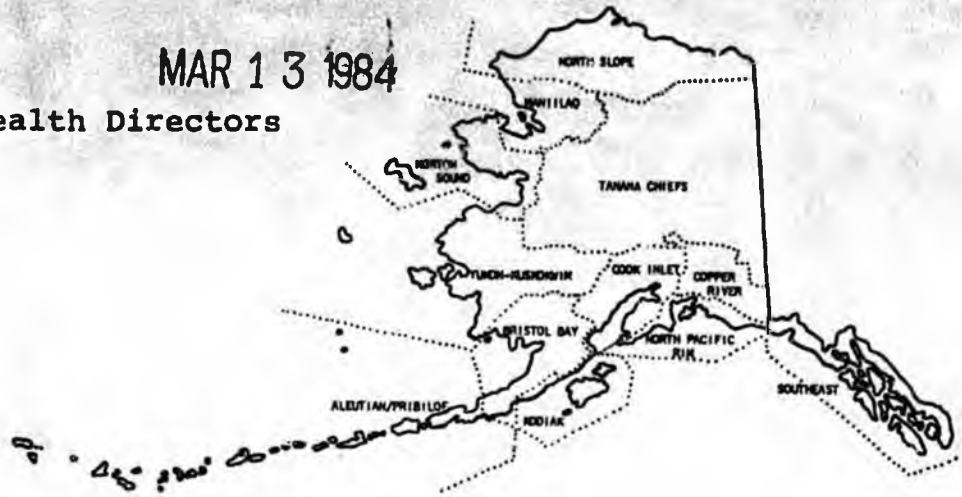
7                   (3) "primary community health aide" means a person who has  
8                   completed the first of three levels of community health aide training  
9                   offered by the Norton Sound Health Corporation at the Nome Hospital,  
10                  the Kuskokwim Community College in Bethel, or the Alaska Area Native  
11                  Health Service.

12                  \* Sec. 2. This Act takes effect July 1, 1984.

ATTACHED ARE LETTERS EXPRESSING SUPPORT FOR HB 548 AND A POSITION  
PAPER ON THE BILL BY THE ALEUTIAN/PRIBILOF ISLAND ASSOCIATION

MAR 13 1984

Association of Regional Health Directors  
of Alaska



Aleutian/Pribilof Islands Assoc., Inc.  
1689 "C" Street, Second Floor  
Anchorage, Alaska 99501  
(907) 276-2700

Bristol Bay Area Health Corp.  
P.O. Box 10235  
Dillingham, Alaska 99576  
(907) 842-5101

Cook Inlet Native Assoc.  
670 W. Fireweed Lane  
Anchorage, Alaska 99503  
(907) 278-4641

Copper River Health Dept.  
Drawer H  
Copper Center, Alaska 99573  
(907) 822-5241

Kodiak Area Native Assoc.  
P.O. Box 172  
Kodiak, Alaska 99615  
(907) 486-5726

Manililaq Assoc.  
P.O. Box 236  
Kotzebue, Alaska 99752  
(907) 442-3313

The North Pacific Rim  
903 W. Northern Lights Blvd.  
Suite 203  
Anchorage, Alaska 99502  
(907) 276-2121

North Slope Borough Health  
and Social Services Agency  
P.O. Box 69  
Barrow, Alaska 99723  
(907) 852-3999

Norton Sound Health Corp.  
P.O. Box 966  
Nome, Alaska 99762  
(907) 443-5411

Southeast Alaska Regional Health Corp.  
P.O. Box 2800  
Juneau, Alaska 99803  
(907) 789-2171

Tanana Chiefs Conference, Inc.  
1321 - 21st Avenue  
Fairbanks, Alaska 99701  
(907) 452-2446

Yukon-Kuskokwim Health Corp.  
P.O. Box 528  
Bethel, Alaska 99559  
(907) 543-3321

March 5, 1984

The Honorable Adelheid Herrmann  
Alaska State Legislature  
Pouch V (MS 3100) Juneau, Alaska 99811

Dear Adelheid:

On behalf of the Association of Regional Health Directors I would like to thank you for all the work you have done on HB 548. The Association of Regional Health Directors, along with the Alaska Native Health Board has been struggling to develop such a bill for three years now. It is only through your efforts that I feel that we were able to bring this work to fruition and on behalf all the corporations I would like to thank you.

I will continue to coordinate with Denny DeGross and press politically for this bill. I appreciate any information which you may have which you think would be helpful or any areas where we can provide additional assistance to ensure the passage of this bill.

Again, thank you for all your hard work. It is appreciated.

Cordially,

David Mather, Chairman  
Association of Regional Health Directors

cc: Denny DeGross, ANHB

# BRISTOL BAY AREA HOSPITAL

P.O. Box 10238  
DILLINGHAM, ALASKA 99576

PHONE: (907) 842-5201  
842-5202

March 1, 1984

Representative Adelheid Herrmann  
Alaska State Legislature  
Pouch V (MS 3100)  
Juneau, Alaska 99811

Dear Representative Herrmann,

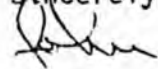
It was very generous of you to allow us the time to discuss our concerns with you on the afternoon of the 28th of February. We were very pleased to be able to present our proposal in such detail, while giving you an update on the progress of the Bristol Bay Area Hospital.

As we discussed, our main concerns include the \$80,000 proposal for a new portable X-ray machine and a portable Ultra-sound machine for the Bristol Bay Area Hospital. While it is late in legislative year, we hope that this request can be added on to an existing bill in the form of an amendment or put on a capital equipment listing.

My other concerns for this current legislative year include supporting SSHB 19, repelling the certificate of need program, that is currently in the Senate HESS committee; supporting HB 548, State assistance for community health aide programs, currently in the House HESS committee and finally strongly opposing SB 460, an act renaming and expanding the functions of the Medicaid Rate Commission and providing for the regulation of rates charged for services provided health facilities.

As I indicated to you at our meeting, these issues are important to the Bristol Bay Area Hospital and we are hoping for your support. If there is anything that I can do to help in your reelection, please feel free to write or call.

Sincerely,



John H. Dumbolton  
Administrator

MAR 14 1984

TO: Representative Adelheid Herrmann, District 26  
Representative Mae Tischer, Chair, HESS Committee  
Senator Bob Mulcahy, District N

FROM: Maddy Chu, CHAP Program, Bristol Bay Area Health  
Corporation, Dillingham, Alaska 99576

SUBJECT: HB 548, Community Health Aid Program

Urge your support of HB548 and that it be moved from the HESS Committee and on to the floor for passage.

Health Aides provide basic level health care in remote areas of Alaska. This is a service required by all rural or village residents. To ensure high quality care, on-going training and continuing education should be provided on an annual basis.

Health Aides are responsible for primary care and emergency care. The responsibilities extend over a 24 hour a day period. Vacations and personal time are usually planned secondary to the job responsibilities. Health Aides require a stable, supportive administrative staff at the home Native health corporation and consistent field supervision.

The role, function and liability status of Health Aides in the 1980's needs to be updated. Salaries should be commensurate with responsibilities.

*Maddy Chu*  
*CHAP Field Coordinator*  
*Bristol Bay Area Health Corp.*

FEB 23 1984

**BRISTOL BAY AREA HEALTH CORPORATION**

P.O. Box 10235  
DILLINGHAM, ALASKA 99576

February 24, 1984

PHONE: (907) 842-5266  
(907) 842-5267

Representative Adelheid Herrmann  
Room 212-B  
Alaska State Legislature  
Pouch V (MS 3100)  
Juneau, Alaska 99811

Dear Adelheid:

On February 23, 1984, Bristol Bay Area Health Corporation's Executive Committee met and passed a motion in full support of HB548 regarding Community Health Aides.

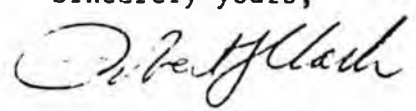
As you are aware, BBAHC's Executive Committee represents 32 villages in the Bristol Bay Area and is the Board of Trustees for our 29 bed hospital.

Our organization has in excess of 70 people on our payroll in the community Health Aide Program (includes alternates and trainers/supervisors) that take care of the majority of our stable population of approximately 6000 people (Natives and non-Natives). The worth of our CHA's has been recognized statewide, nation wide and world wide. It only makes sense that the State of Alaska become involved in assisting this fine program and helping IHS and the regional health corporations so that everyone may continue to benefit from their fine services.

We remain available to assist in any way we can to help have the proposed HB548 become reality on an on-going basis.

Yours in health.

Sincerely yours,



Robert J. Clark  
Executive Director

RJC:sf

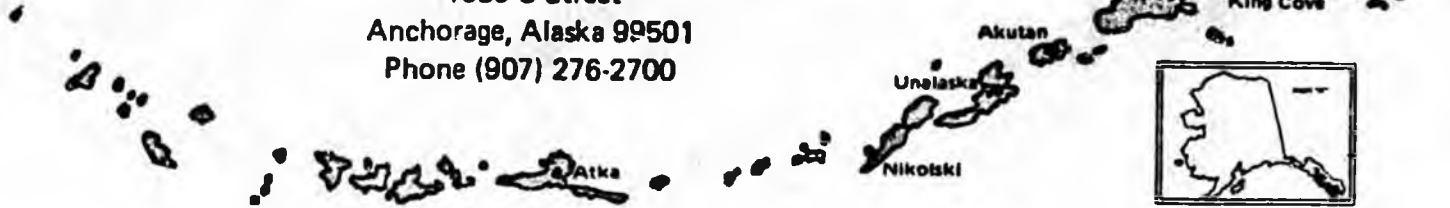
cc: BBAHC Board of Directors  
  
Alaska Native Health Board  
1135 West 8th Avenue, Suite 2  
Anchorage, Alaska 99501

Senator Bob Mulcahy  
Room 512-C  
Alaska State Legislature  
Pouch V (MS 3100)  
Juneau, Alaska 99811

AFN, Inc.  
411 West 4th Avenue  
Anchorage, Alaska 99510

# Aleutian/Pribilof Islands Association, Inc.

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



## POSITION PAPER BY THE ALEUTIAN/PRIBILOF ISLANDS ASSOCIATION IN REGARD TO HOUSE BILL 548: An Act Relating to State Assistance for Community Health Aide Programs

### Introduction

The Aleutian/Pribilof Islands Association is the regional non-profit arm of the Aleut Corporation. As the largest non-profit organization in the region, A/PIA delivers a broad spectrum of health, education, training, regional planning, public safety and social services to the approximately 6,000 people who inhabit the Aleutian/Pribilof Islands communities.

The purpose of this position paper is to provide supportive information in regard to House Bill 548: "An Act relating to State Assistance for Community Health Aide Programs."

### Aleutian/Pribilof Islands Region

The Aleutian/Pribilof Islands comprise a 128,000 square mile triangular area stretching from Sand Point to Atka to the Pribilof Islands. This region includes 11 communities separated from each other by water or mountains: three first class cities, three second class cities and five traditional villages. The permanent population varies due to the transient nature of the fishing industry; however the permanent population is estimated at approximately 6,000 people: 30-35% Natives, 65-70% non-Native.

This region has been described by the U.S. Coast Guard as having the worst weather in the world. The region is known as the birthplace of the winds. Rain, fog, rapidly changing cloud covers and poor visibility conditions make even the shortest air flights a 50/50 proposition and subject to delays, possibly for days at a time.

### Health Status

Accidents and violence accounted for over 31% of deaths in the Aleutian census area in 1981. For the period 1976-1980

accidents were the leading cause of death for the age groups from five through 44 years. From age 45 and over, the leading causes of death were malignant neoplasms and heart disease.

#### Current Aleutian/Pribilof Health Care System

Under contract with the Indian Health Service (AANHS) the Aleutian/Pribilof Islands Association has been providing primary health care services through the use of Community Health Aides (CHA's) for eight years. CHA's provide medical care to residents in seven Aleutian/Pribilof Islands communities: Akutan, Atka, False Pass, King Cove, Nikolai, Sand Point and St. George. The CHA provides emergency care, acute and chronic disease care and follow-up, health surveillance and health promotion activities. CHA's work under standing orders and protocols and communicate by village telephone with AANHS physicians in Anchorage. In addition they are supervised by the CHA Supervisor/Coordinator, an employee of A/PIA. Services to the residents of Unalaska are provided by a private Doctor of Osteopathy. Services to residents of St. Paul are provided by a Physicians Assistant directly funded by the AANHS. There are no formal health care providers in Nelson Lagoon or Cold Bay.

Our contract with AANHS provides funding for health aide salaries and benefits, the CHA supervisor salary and benefits, supervisory travel funds, general program supplies, and other program operating costs such as telephone, rent, etc. The AANHS provides medications for CHA use. A/PIA's current level of funding only allows us to pay CHA's for working a 4.5 hour day, 5 day week. Health Aides are "on call" 24 hours per day: we can only pay them for 4.5 hours. In addition, our current level of funding only allows for one yearly CHA Supervisor/Coordinator trip to each community to monitor CHA activities. There is generally no funding to provide yearly continuing medical education for CHA's beyond basic training. (AANHS provides the 10 week basic training program.) There is generally no funding to train alternate CHA's. Alternate CHA's work in the primary CHA's absence. The alternate generally receives on-the-job training by the primary CHA or by the CHA Supervisor/Coordinator during a supervisory visit to the community.

#### Need for State Support

Traditionally the CHA program was funded solely by the Federal government and was designed to provide health care services to rural Alaska Natives. In recent years, however, CHA's have been providing an increasing number of services to non-Natives as increasing numbers of non-Natives have moved to rural villages. In many communities, including many Aleutian/Pribilof Island communities, the CHA is the only medical care provider and is morally and legally mandated to provide services to those non-Natives in need. The demands

on our CHA's have increased in the past few years. The demand is constant; however, the demand for services seriously increases during various fishing seasons. In FY'82, the State recognized the need for State support of the Community Health Aide program by funding two programs. In FY'83 the support was increased: four programs were funded. And in FY'84 seven programs are currently being funded. The State funding has allowed health corporations to ensure a high quality of medical care by providing for additional supervisory visits by the CHA Supervisor/Coordinator, by providing for additional continuing medical education or training sessions and by providing for some basic education or training for alternate CHA's.

Community Health Aides are the sole frontline primary medical care providers for many people, Native and non-Native in rural Alaska. Their role and level of responsibility in providing services to rural residents justifies our concern for adequate continuing medical education or training, adequate supervision and support. Basic training provides the CHA with the essential skills and knowledge required to deliver primary care in a safe and acceptable manner. However, supervision and continuing medical education is imperative to assure ongoing quality care. CHA's cannot work in a vacuum. On-going performance evaluation is important to assure high standards of care; attendance at continuing education sessions is also important to assure high standards of care.

The State has recognized the need for supplementing federal CHA program funds to ensure quality health care provision by providing funding to seven regional health corporations in FY'84. Since there are more than seven CHA programs in our state, there appears to be an inequitable distribution of funds.

All regional CHA programs are faced with limited federal funding. House Bill, 548 will allow for the equitable distribution of funding to all providers of CHA services. House Bill 548 will provide the funds necessary to provide for the adequate supervision and ongoing training of the major health providers to rural Alaskans. We at A/PIA urge passage of HB 548 for the maintenance and delivery of quality health care to all Alaskans.



# KODIAK AREA NATIVE ASSOCIATION

Post Office Box 1277 - Kodiak, Alaska 99615-1277 - Phone (907) 486-5725

March 14, 1984

Aidelaïd Herman  
Chairperson Bush Caucus  
Committee  
Pouch V  
Juneau, Alaska  
99811

To The Honorable Aidelaïd Herman,

This letter is in reference to HB 548 regarding Community Health Aides.

The Community Health Aide Program is the central and most crucial aspect of health care in rural Alaska. The Community Health Aides have been and continues to be of vital importance to their people since they are the first person to assist the patient in rural communities.

Medical technology and knowledge is continually developing and changing, so our health aides must continue to grow in knowledge in order to keep up with current trends in medicine and thereby provide the most optimum care for the patient. Continuing Education programs are the most efficient way to provide training on medical technology changes to the Community Health Aides. Funding for supervision and training programs is needed to have the health aides provide optimum recognition and care of medical problems.

The Kodiak Area Native Association supports House Bill 548 and hope members of the House will support it and thereby the medical needs of rural Alaska.

Sincerely,

KODIAK AREA NATIVE ASSOCIATION  
Gordon L. Pullar, President.

Susan Coffland,  
Health Director

# YUKON-KUSKOKWIM HEALTH CORPORATION

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

Representative Tony Vaska  
Alaska State Legislature  
Pouch V (MS 3100)  
Juneau, Alaska 99811

March 12, 1984

Dear Representative Vaska:

The Otitis Media/Special Ear Program would like to extend its support of House Bill No. 548.

From our visits to the villages and discussions with the health aides, poor salaries and lack of training are the two main areas of job dissatisfaction. Funding of House Bill 548 would specifically address these areas and hopefully decrease the present health aide attrition rate.

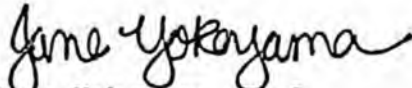
As a Bethel - based health program which travels to villages in the Yukon - Kuskokwim area, we can appreciate the tremendous responsibilities and workload placed on our health aides. Often, they work evenings to help visiting hospital and YKHC staff and receive no monetary compensation. Health aides in the Yukon - Kuskokwim area are the lowest paid in the state. Due to the high turnover, we see primary and alternate health aides having to provide medical care with little or no training. All too often, partially trained health aides quit in frustration and the vicious cycle begins again. Last year the attrition rate for health aides in this area was 27%! This year our program found itself meeting new health aides with little or no training on ear exams in over a third of the villages we visited.


By channeling more funds into training and salaries, health aide satisfaction will increase, the attrition rate will drop, and better medical care will be received in the villages. In addition, the overall cost for health aide services and training will decrease due to fewer new health aides needing to be trained.

We strongly urge you to support House Bill 548.

If you have any questions, please do not hesitate to call.

Sincerely,

  
Jane Yokoyama, PA-C  
Otology Specialist

  
Jesse Gunlik  
Ear Program Assistant  
Otitis Media/Special Ear Project



DEPARTMENT OF HEALTH & HUMAN SERVICES  
PUBLIC HEALTH SERVICE

March 2, 1984

ALASKA AREA NATIVE HEALTH SERVICE  
BOX 7-741  
ANCHORAGE, ALASKA 99510

Refer to: A-D (A-CHAP)

Robert London Smith, Ph.D.  
Commissioner  
Department of Health and  
Social Services  
Pouch H-01  
Juneau, Alaska 99811



Dear Commissioner Smith:

I have just reviewed HB 548, "An act relating to state assistance for Community Health Aide Programs; and providing for an effective date." I would like to go on record as supporting this significant legislation in terms of the Community Health Aide Program (CHAP).

As Director of the Alaska Area Native Health Service, I have come to know and appreciate the importance of the CHAP in helping to make possible an improved health status of Alaskan Natives. Community Health Aides (CHAs) are located in 171 isolated communities, from Point Hope to Kasaan. They provide year round primary health care coverage. Not only does this coverage consist of emergency and acute care, it also embraces a wide range of health surveillance and other preventive activities. Drugs may be administered by a CHA under a physician's direction. The CHA, then, represents the front line in the delivery of health care, the link between village residents and the appropriate health care backup system.

The foundation of the CHAP is formed by a consistent training program, which includes a published curriculum and skills list. Using established guidelines and tested approaches to training, health care professionals, whether in the training centers or the field, are better able to relate to training needs of the CHAs. CHA certification is offered to those CHAs who are able to acquire the skills and successfully meet other training requirements. Certification is a milestone for a CHA in the acquisition of specified competencies, and it indicates that a CHA may practice safely with an high level of independence. The term "practitioner" is often used when referring to CHAs who have reached the certificate level.

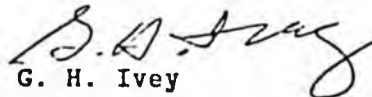
Commissioner Smith  
Community Health Aide Program  
March 2, 1984

Page 2

The difficulty of making appropriate health care accessible and cost-effective to sparsely populated and widely scattered villages remains an acute problem in many countries. The achievements of the CHAP in helping to reduce this health care service gap in rural Alaska has repeatedly been recognized and acknowledged by health care professionals. The CHAP has been regarded by the World Health Organization as a model program because of its success in utilizing the village resident in improving his own health status.

With the passage of HB 548, significant resources will be made available. From the viewpoint of AANHS, the strong funding assistance proposed in the bill is welcomed and encouraged. This bill will allow not only for program maintenance but also for continued growth and improvement. Passage of this bill will also see the State of Alaska making a much-appreciated budget commitment to the overall program. It is apparent that if the configuration of well-trained CHAs providing primary health care services from small rural clinics is to be maintained and enhanced, the combined resources of the State of Alaska, the Regional Health Corporations, and AANHS will be required.

Sincerely,



G. H. Ivey  
Director

Alaska Area Native Health Service

HS 5/8

PO Box 346  
Bethel, Alaska 99559

February 21, 1984

FEB 27 1984

Tony Vaska  
Pouch V-M/S 3100  
Juneau, Alaska 99811

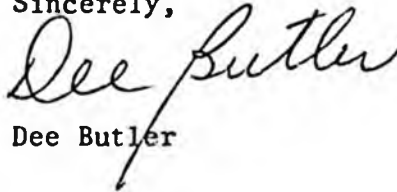
Dear Mr. Vaska:

Health Aides are the very foundation of health care on the Delta. Responsibility for their patients falls on their shoulders 24 hours a day, 7 days a week. As important as health aides are to the Delta's medical program, their remuneration would indicate the opposite to be true.

Health Aide turnover is frequent. The state loses money when trained Health Aides quit their positions because financial rewards do not compensate for stress felt on their jobs.

I would encourage you to support greater funding of the health aide program to 1) make training available to a greater number of applicants, and 2) to increase the health aide pay scale to more accurately reflect the demands of the position.

Sincerely,



Dee Butler

MAR 14 1984

## AVCP

Association of Village Council Presidents  
P. O. Box 219 • Bethel, Alaska 99559 • Phone 543-3521

### COMMUNITY HEALTH AIDE PROGRAM (CHAP)

RESOLUTION # 83-10-04

AVCP RESOLUTION IN SUPPORT OF PROPOSED LEGISLATION TO  
PROVIDE FUNDS FOR SALARY INCREASE AND TRAINING OF COMMUNITY  
HEALTH AIDES IN THE STATE OF ALASKA.....

- WHEREAS, the Community Health Aide Program (CHAP) is the mainstay and the key element to an effectively functioning health system in Rural Alaska and particularly in the Yukon-Kuskokwim Delta;
- WHEREAS, the Yukon Kuskokwim Health Corporation Community Health Aide Program is the largest program in the entire State of Alaska, comprised of about 130 health aides and 12 administrative/supervisory employees, serving the primary health care needs of around 13,000 inhabitants in 48 villages in the Yukon-Kuskokwim Delta, excluding Bethel;
- WHEREAS, for the past fifteen years of its formal existence, the Community Health Aide Program in the Yukon-Kuskokwim Delta had distinguished itself in accomplishing the original goals and objectives aside from its being constantly aware of its original mandate and mission;
- WHEREAS, the individual health aide in each Yukon-Kuskokwim village had contributed immensely and is committed to the delivery of quality primary health care to each and every villager now and in the future;
- WHEREAS, the winds of change that affect us all place increasing demands on the entire health system including the Community Health Aide Program which makes it necessary to provide more stability in the administration and supervision of health aides and more training to our health aides in order to meet newer and more sophisticated demands from, wants and needs of the villagers;
- WHEREAS, to accomplish the above, there is a crying need for all types of support from all of us living here in the Yukon-Kuskokwim Delta and from other sectors outside of the Delta;
- WHEREAS, moral and human services support for each individual health aide are essential and are within the capabilities of each one of us;
- WHEREAS, it is well documented that our health aides in the Yukon-Kuskokwim Delta are the lowest paid health care providers

# AVCP

Association of Village Council Presidents  
P. O. Box 219 • Bethel, Alaska 99559 • Phone 543-3521

COMMUNITY HEALTH AIDE PROGRAM (CHAP)

RESOLUTION # 83-10-04

in the entire State of Alaska and the lowest paid health aides among the 12 native health corporation Community Health Aide Programs;

WHEREAS, The Regional Health Directors of the 12 native health corporations are in the process of developing a bill through the State legislature to address these inequities in the Community Health Aide salary structures and the Community Health Aide Training needs on a Statewide basis;

NOW THEREFORE BE IT RESOLVED that AVCP fully support the intent, the thrust and the content of the above-named legislative proposal;

AND BE IT FURTHER RESOLVED that AVCP fully support and encourages any and all individual and/or collective efforts to provide needed human services, moral, financial and other forms of support for our health aides which would surely redound to the benefit of each and every inhabitant in the Yukon-Kuskokwim Delta Region.

Passed and approved this 14 day of October, 1983

Willie Kasayulie

Willie Kasayulie, Chairman

10/14/83

DATE

Ivan M. Ivan

Ivan M. Ivan, President

10/14/83

DATE SIGNED



**South Central  
Health Planning and Development, Inc.**

1135 West Eighth Avenue • Suite 1 • Anchorage, Alaska 99501

(907) 278-3631

February 29, 1984

Honorable Adelheid Herrmann  
Alaska State House of  
Representatives  
Pouch V  
Juneau, Alaska 99811

Dear Representative Herrmann:

Re: HB 548 Relating to Community Health Aide Training and Support

The full Board of South Central Health Planning and Development, Inc., met on February 25, 1984. The proposed bill to provide funding for Community Health Aide training was discussed fully. A motion to support the concepts of HB 548 was passed unanimously.

The Community Health Aide program continues to be the most effective, least costly, and best accepted health care service in rural Alaska. I urge you to act expediently to support this Bill.

Sincerely,

Steve Lesko  
President

Attachment

SL/ab

MAR 07 1984

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON OF THE HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: JANET NORMAN, COMMUNITY HEALTH AIDE, P.O. BOX 116, NAKNEK, ALASKA  
99633

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON OF THE HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: IMOGENE GARDINER, COMMUNITY HEALTH AIDE, CLARKS POINT, ALASKA 99569

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*  
SENT BY A.M. SORENSEN, DLG LIO

MAR 07 1984

4

MSG 84-00021641 PRTY 1 03/07/84 09:34:24 ORIG: LI00 IN= 0004 OUT= 0032  
FROM: ANNA MAY, DILLINGHAM TO: JUNEAU INFORMATION  
TARGET: LJHK SUBJ: PUBLIC OPINION MESSAGES

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIR. OF THE HESS COMMITTEE  
FROM: MARGARET K. ECHUCK, COMMUNITY HEALTH AIDE, GEN. DEL. PLATINUM,  
ALASKA 99651  
SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN  
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING  
YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON OF THE HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811  
FROM: LYDIA SCHOUTEN, COMMUNITY HEALTH AIDE, GOODNEWS BAY, ALASKA 99589  
SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HB 548. I FEEL THAT THIS IS AN  
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM  
SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811  
FROM: HELEN C. GROAT, COMMUNITY HEALTH AIDE, GEN. DEL. NAKNEK, ALASKA  
99633  
SUBJECT: HOUSE BILL 548

I SUPPORT HOUSEBILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE  
IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF  
THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

MSG BA 00021601 PRY 1 03/07/84 08:57:56 ORIG: LI00 IN= 0002 OUT= 0023  
FROM: ANNA MAY, DILLINGHAM TO: JUNEAU INFORMATION  
TARGET: LJHK SUBJ: PUBLIC OPINION MESSAGES

TO: SENATOR MULCAHY  
REPRESENTATIVE HERRMANN  
REPRESENTATIVE MAY TISCHER, HESS CHAIRPERSON  
POUCH V, JUNEAU, ALASKA 99811

MAR 07 1984

FROM: VIRGINIA ALECK, COMMUNITY HEALTH AIDE, CHIGNIK LAKE, ALASKA 99502

SUBJECT: HB 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSEBILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR MULCAHY  
REPRESENTATIVE HERRMANN  
REPRESENTATIVE MAE TISCHER, HESS CHAIRPERSON  
POUCH V, JUNEAU, ALASKA 99811

FROM: WASSELIA NICKOLAI, PRIMARY COMMUNITY HEALTH AIDE, EKWOK, ALASKA 99580

SUBJECT: HB 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSEBILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR MULCAHY  
REPRESENTATIVE HERRMANN  
REPRESENTATIVE MAE TISCHER, HESS COMMITTEE CHAIR.

FROM: TATANIA KAPATOK, COMMUNITY HEALTH AIDE, KOLIGANEK, ALASKA 99576

SUBJECT: HB 548

PLEASE SUPPORT HOUSE BILL 548. I FEEL THAT THIS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, HESS COMMITTEE CHAIRPERSON

FROM: ANNIE WILSON, COMMUNITY HEALTH AIDE, IGUIGIG, ALASKA 99613

SUBJECT: HB548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

SENT BY A.M. SORENSEN. DIG 1 TO

MAR 08 1984

MSG 84-00021703 PRTY 1 03/07/84 11:10:41 ORIG: LI00 IN= 0005 OUT= 0051  
FROM: ANNA MAY, DILLINGHAM TO: JUNEAU INFORMATION  
TARGET: LJHK SUBJ: PUBLIC OPINION MESSAGES

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON OF THE HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: CHARLES AARONS, M.D., DILLINGHAM, ALASKA 99576 (MEDICAL OFFICER AT  
BRISTOL BAY AREA HOSP., 1978-82. PRIVATE PRACTICE, DILLINGHAM,  
1982-PRESENT.

SUBJECT: HOUSE BILL 548

C.H.A.'S ARE ESSENTIAL FOR ME TO PROVIDE GOOD HEALTH CARE TO MY PATIENTS IN  
VILLAGES, NATIVE AND NON-NATIVE. THIS INVESTMENT IS BETTER THAN PRACTICALLY  
ANY OTHER ASPECT OF RURAL HEALTH CARE. HOSPITAL BASED PROGRAM SPENDING IS OF  
LITTLE HELP TO - MAJORITY OF RURAL ALASKA RESIDENTS WITHOUT ADEQUATE C.H.A.  
TRAINING, FUNDING.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON OF THE HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: DENISE J. SMITH ROBERTS, PHYSICIANS ASSISTANT, GEN. DEL. DILLINGHAM,  
ALASKA 99576 (SOUTH NAKNEK COMMUNITY HEALTH AIDE & PHYSICIANS ASS'T.)

SUBJECT: HOUSE BILL 548

I SUPPORT HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE  
IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF  
THE HESS COMMITTEE AND PASSED. THANK YOU.

\*\*\*\*\*  
SENT BY A.M. SORENSEN, DLG LIO

MSG 84-00020260 PRTY 1 03/02/84 15:09:43 ORIG: LI00 IN= 0007 OUT= 0102  
FROM: DOROTHY IN DILLINGHAM TO: JUNEAU INFORMATION  
TARGET: LJHK SUBJ: PUBLIC OPINION MESSAGE

3

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TO: REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER

SENATOR BOB MULCAHY

FROM: BOB APPEL, DIRECTOR OF COMMUNITY HEALTH SERVICES,  
BRISTOL BAY AREA HEALTH CORPORATION, BOX 10236, DILLINGHAM,  
ALASKA 99576

SUBJECT: HB548 COMMUNITY HEALTH AIDE PROGRAM

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HB548 THE BILL PROVIDING FUNDING FOR  
COMMUNITY HEALTH AIDE PROGRAMS. I FEEL THAT THIS BILL WILL BE OF BENEFIT  
TO HEALTH CARE IN ALL OF RURAL ALASKA, AND THAT IT IS AN IMPORTANT BILL.

PLEASE SEND YOUR HELP IN GETTING IT MOVED OUT OF THE HOUSE AND  
PASSED INTO LAW.

THANKS.

\*\*\*\*\*

SENT BY D. LARSON, DLG. LIO

MAR 09 1984

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: VINCENT LAWLER, BOX 10235, DILLINGHAM, ALASKA 99576

SUBJECT: HOUSE BILL 548

I SUPPORT HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

\*\*\*\*\*

TO: SENATOR MULCAHY  
REPRESENTATIVE HERRMANN  
REPRESENTATIVE TISCHER, CHAIR. HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: SADIE HAKENHULL, BOX 10235, DILLINGHAM, ALASKA 99576

SUBJECT: HOUSE BILL 548

I SUPPORT HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

\*\*\*\*\*

TO: SENATOR MULCAHY  
REPRESENTATIVE HERRMANN  
REPRESENTATIVE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: LAURA GORMAN, BOX 315, DILLINGHAM, ALASKA 99576

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIR., HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: NANCY WITTERHOLT, M.P.H., BOX 10235, DILLINGHAM, ALASKA 99576

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

\*\*\*\*\*  
SENT BY ANNA MAY SORENSEN, DLG LIO

MAR 09 1984

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIR. HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: RON PERKINS, BOX 10235, DILLINGHAM, ALASKA 99576

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS SUPPORT FOR THIS BILL. I FEEL THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: JACKIE KNUTSEN, BOX 187, DILLINGHAM, ALASKA 99576

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER  
POUCH V, JUNEAU, ALASKA 99811

FROM: RUSSELL NELSON, BOX 85, DILLINGHAM, ALASKA 99576

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS SUPPORT FOR HOUSE BILL 548. I FEEL THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP ON THIS BILL.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER  
POUCH V, JUNEAU, ALASKA 99811

FROM: RANDY BECK, R.N., BOX 10235, DILLINGHAM, ALASKA 99576

SUBJECT: HOUSE BILL 548.

I WOULD LIKE TO EXPRESS MY SUPPORT FOR THIS BILL. I FEEL THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

MSG 84-00022338 PRTY 1 03/08/84 13:57:49 ORIG: LI00 IN= 0002 OUT= 0104  
FROM: ANNA MAY, DILLINGHAM TO: JUNEAU INFORMATION  
SUBJECT: LJKK SUBJ: PUBLIC OPINION MESSAGES

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TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

MAR 09 1984

FROM: ANN. N. COSKEY, BOX 10235, DILLINGHAM, ALASKA 99576

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: CORY C. SUCHMAN, P.O. BOX 2823, DILLINGHAM, ALASKA 99576

SUBJECT: HOUSE BILL 548

I SUPPORT HOUSEBILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. PLEASE HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: THOMAS TILDEN, BOX 10152, DILLINGHAM, ALASKA 99576

SUBJECT: HOUSE BILL 548

I SUPPORT HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP IN GETTING THIS BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIR., HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: MARY CLARK, BOX 2792, DILLINGHAM, ALASKA 99576

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR THIS BILL. I FEEL THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. PLEASE HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

MAR 21 1984

4

REPRESENTATIVE HERRMANN, DISTRICT 26  
REPRESENTATIVE TISCHER, CHAIR, HESS COMMITTEE  
SENATOR MULCAHY, DISTRICT N

SUBJECT: HB 548

AM ASKING YOUR ASSISTANCE IN GETTING HB548 CONCERNING STATE ASSISTANCE FOR COMMUNITY HEALTH AIDE PROGRAMS OUT OF THE HESS COMMITTEE. PLEASE SUPPORT THIS BILL AND DO WHAT YOU CAN TO SEE THAT IT IS PASSED THIS SESSION. IT IS VERY IMPORTANT TO PEOPLE IN OUR AREA.

\*\*\*\*\*

TO: REPRESENTATIVE HERRMANN, DISTRICT 26  
REPRESENTATIVE TISCHER, CHAIR, HESS COMMITTEE  
SENATOR MULCAHY, DISTRICT N

FROM: KENNETH CROOKS, DENTIST, BRISTOL BAY AREA HOSPITAL  
BOX 10235, DILLINGHAM, ALASKA 99576 - PH 842-5201

SUBJECT: COMMUNITY HEALTH AIDE PROGRAM ASSISTANCE HB 548

WOULD LIKE TO EXPRESS MY SUPPORT FOR HB548 RELATING TO COMMUNITY HEALTH AIDE PROGRAM ASSISTANCE. THIS BILL WOULD BE BENEFICIAL TO OUR AREA AND I AM HOPING YOU WILL DO WHAT YOU CAN TO SEE THAT THIS BILL PASSES THE LEGISLATURE THIS SESSION. THANK YOU FOR YOUR HELP.

\*\*\*\*\*

TO: REPRESENTATIVE HERRMANN, DISTRICT 26  
REPRESENTATIVE TISCHER, CHAIR, HESS COMMITTEE  
SENATOR MULCAHY, DISTRICT N

FROM: DONNA J. TROYER, MT(ASCP) LAB SUPERVISOR, BRISTOL BAY AREA HOSPITAL, BOX 10235, DILLINGHAM, ALASKA PH 842-5201

SUBJECT: HB 548

PLEASE SUPPORT HB548. THIS BILL IS IMPORTANT AND BENEFICIAL TO THIS AREA AND ALL OF RURAL ALASKA. URGE YOUR SUPPORT AND YOUR HELP IN SEEING THAT THIS BILL IS MOVED OUT OF THE HESS COMMITTEE AND ON TO PASS THIS SESSION. THANK YOU.

\*\*\*\*\*

SENT BY D. LARSON, OLG. LIO

MAR 21 1984

MSG TO: MESS TO: PFTY - 03/20/84 09:11:23 ORIG: L100 I# 0003 CBT# 0040  
FROM: MATHY I. DILLINGHAM TO: JUNEAU INFORMATION  
TARGET: LINK CURS PUBLIC OPINION MESSAGES

TO: REPRESENTATIVE HERRMANN, DISTRICT 26  
REPRESENTATIVE FISCHER, CHAIR OF THE HESS COMMITTEE  
SENATOR MULLCAHY, DISTRICT N  
FROM: DAVE INGRAHAM, MD, BRISTOL BAY AREA HOSPITAL, BOX 10235  
DILLINGHAM, ALASKA 99576 - PHONE 842-5201  
SUBJECT: HB 548

4

WOULD LIKE TO EXPRESS MY SUPPORT FOR HB548. FEEL THAT THIS IS A VERY  
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I  
WISH YOUR ASSISTANCE IN GETTING THE BILL MOVED OUT OF THE HESS COMMITTEE  
AND PASSED. THANK YOU.

\*\*\*\*\*

TO: REPRESENTATIVE HERRMANN, DISTRICT 26  
REPRESENTATIVE FISCHER, CHAIR, HESS COMMITTEE  
SENATOR MULLCAHY, DISTRICT N  
FROM: JANICE M. WILSON, ASSISTANT ADMINISTRATOR, BRISTOL BAY AREA  
HOSPITAL, BOX 10235, DILLINGHAM, ALASKA - PH 842-5201  
SUBJECT: HB548

PLEASE DO WHAT YOU CAN TO MOVE HB 548 OUT OF COMMITTEE. THIS BILL IS VERY  
IMPORTANT AND WOULD BENEFIT THE WELL-BEING OF THOSE IN RURAL ALASKA.  
I SUPPORT THE BILL AND WOULD HOPE THAT YOU WILL HELP TO GET THE BILL ON  
ITS WAY TO PASSAGE. THANK YOU.

\*\*\*\*\*

TO: REPRESENTATIVE HERRMANN, DISTRICT 26  
REPRESENTATIVE FISCHER, CHAIR, HESS COMMITTEE  
SENATOR MULLCAHY, DISTRICT N  
FROM: KATHERINE ARCA, BOX 10235, DILLINGHAM, ALASKA - PH. 842-5201  
SUBJECT: HB548, COMMUNITY HEALTH AIDE PROGRAMS

I WOULD LIKE TO URGE YOUR SUPPORT FOR HB548 AND THAT YOU DO WHAT YOU CAN TO  
MOVE THE BILL OUT OF THE HESS COMMITTEE. THIS ASSISTANCE TO HEALTH AIDE  
PROGRAMS WILL BE A BENEFIT TO RESIDENTS OF OUR AREA. THANK YOU.

\*\*\*\*\*

MAR 21 1984

MSG 34-0002-770 PRTY : 03/14/84 11:35:06 ORIG: L100 IN= 0007 OLT= 0124  
FROM: DOROTHY IN DILLINGHAM TO: JUNEAU INFORMATION  
TARGET: LUHR SUBJ: PUBLIC OPINION MESSAGES

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4

\*\*\*\*\*  
TO: REPRESENTATIVE ADELHEID HERRMANN, DISTRICT 26  
REPRESENTATIVE MAE TISCHER, CHAIR, HESS COMMITTEE  
  
SENATOR BOB MULCAHY, DISTRICT N  
  
FROM: JAMES PICKARD, BOX 10235  
DILLINGHAM, ALASKA 99576  
  
SUBJ: HB548, COMMUNITY HEALTH AID PROGRAMS

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HB548. FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I URGE YOUR HELP IN MOVING THE BILL OUT OF THE HESS COMMITTEE AND URGE PASSAGE.

MAR 26 1984

MSG 24-00024359 PRTY 1 03/14/84 11:41:53 ORIG: L100 IN= 0008 OUT= 0056  
FROM: DOROTHY IN DILLINGHAM TO: JUNEAU INFO  
TARGET: LJAK SUBJ: PUBLIC OPINION MESSAGE

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TO: REPRESENTATIVE ADELHEID HERRMANN, DISTRICT 25  
REPRESENTATIVE PAE TISCHER, CHAIR, HESS COMMITTEE  
SENATOR BOB MURPHY, DISTRICT N  
FROM: JAMES PICKARD, COX 10235, DILLINGHAM, ALASKA 99576  
SUBJ: HB548, COMMUNITY HEALTH AID PROGRAM

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HB548. I FEEL THAT THIS IS AN  
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I  
AM SEEKING YOUR HELP IN GETTING THIS BILL MOVED OUT OF THE HESS  
COMMITTEE AND ON TO BECOME LAW. THANK YOU.

\*\*\*\*\*  
> SENT BY W. LARSON, DLG. L10

# YUKON-KUSKOKWIM HEALTH CORPORATION

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

March 7, 1984

Dear Sirs;

The the supervisors and administrators of more than one hundred twenty community health aides in the Y-K- Delta wish to request your full support of House Bill #548. The training and support of CHA's which this Bill addresses is, we feel, as equally as important as the actual provision of direct health services. The fact too, that in your own way, your support of this Bill as Legislators is a wonderful way of providing much-needed support for each and every health aide in the State of Alaska.

Thank you very much and Sincerely!

R. Seevin, AHO  
Linda McNamee S/P  
Ellen Andrew S/I  
Mary C. Nauwauk, 3/c  
Arlin 4c  
Barbara Peratovich

Mary Wassilie OHA

Pilot Station, Alaska

3/8/84

99650

Representative:

H. Hilbert

Juneau, Alaska

I am in support of  
House bill 548

Thank you

Mary Wassilie

OHA

Pilot Station,

Alaska

rec'd 3/13/84

HB 548 = Community Health Aide Program

1/27 HESS

Annie Greene

Petit Station

3/8/84.

Representative Herbert.

Juneau, Alaska.

Dear Sir,

I am in support of  
House bill number 548.

Thank you.

Annie Greene PPS

CHA

# Alaska State Legislature

MAR 14 1984

## COMMITTEES

Co-Chairman — House Resources  
Committee  
Chairman — REAA Budget Oversight  
Committee  
Member — House State Affairs  
DOT — Finance Sub Committee



While in Session:  
Pouch V  
State Capitol  
Juneau, Alaska 99811  
Phone (907) 485-4951  
485-4940

## House of Representatives

Home - P.O. Box 355  
Delta Junction, Alaska 99737

Dick Shultz

March 13, 1984

Lorraine Jackson, Treasurer  
Copper River Native Association  
Drawer H  
Copper Center, Alaska 99573

Dear Lorraine:

Thank you for your support on House Bill 548. I do support the bill (I am one of the co-sponsors). The bill has had a fairly "bumpy" time in the HESS Committee and is now being reviewed by Representative Hermanne and her office staff. I believe that when it comes to the Committee for its next hearing--I understand about 3 weeks from now--we should have an acceptable bill.

I do know the Health Aid Programs in the Rural Areas have decreased the amount of work treating patients at the local hospitals--especially in the Glennallen area. Previous to the work of the Village Health Clinics the work load of the doctors at Faith Hospital was becoming a worry to many residents of the area. Doctors in rural areas are always overworked and understaffed and any relief from their work load is beneficial to everyone.

Thank you for your input and I will follow and support HB 548.

Sincerely,

A handwritten signature in cursive script that reads "Dick".

Representative Dick Shultz

DS/spp

cc: Representative Hermanne

Anvik

Feb 21, 1983

Health Aide Service

Y.K.H.C.

Bethel, Ak.

I'm writing this letter to support  
Bill. <sup>548</sup>~~458~~ <sup>HA</sup> I'm the health aide of Anvik since  
1965. I don't have a det. HA. as of ~~now~~ now. I  
work 7 d's a wk. on stand by 24 hrs a day.  
I make a little over \$850.00 a mo. Sometime  
that is no enough to feed my family.  
I feel like I'm under payed.

Agnes Kruger

3/15/84

Dear Tony Vaska,

I would like to suggest that you vote for House Bill #548. The health aides do not get nearly enough money for what they do & for the responsibility that they carry. Voting "yes" would mean better pay and therefore better quality health aides & possibly due to good quality care we could save lives. This bill is very important to many residents in the T-K delta. Please vote yes for House Bill #548

Sincerely,

Hudi Halverson RPH

BACK UP INFORMATION ON CSHB 548

SPONSORED BY

REPRESENTATIVE HERRMANN

Offered: 3/29/84  
Referred: Rules

Original sponsors: Herrmann, Hurlbert,  
M.W.Miller, et al

1 IN THE HOUSE

BY THE FINANCE COMMITTEE

2

CS FOR HOUSE BILL NO. 548 (Finance)

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - SECOND SESSION

5

A BILL

6

For an Act entitled, "An Act relating to state assistance for community health aide programs; and providing for an effective date."

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

10

\* Section 1. AS 18 is amended by adding a new chapter to read:

11

CHAPTER 28. STATE ASSISTANCE FOR COMMUNITY HEALTH AIDE PROGRAMS.

12

Sec. 18.28.010. COMMUNITY HEALTH AIDE GRANTS. (a) During each fiscal year a qualified regional health organization is entitled to a grant of \$30,000 to be used for expenses of conducting a community health aide program.

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(b) During each fiscal year a qualified regional health organization or local health organization is entitled to a grant of \$8,000 for each primary community health aide or person with similar training as determined by the department who averaged at least 20 hours of service each week paid for by the health organization during the previous fiscal year. A grant under this subsection may only be used for

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(1) training of community health aides, including tuition and travel to training programs;

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(2) supervision of community health aides, including travel for supervisors;

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(3) alternate community health aides; for purposes of this subparagraph an alternate community health aide is a person who assists the primary community health aide when necessary and acts in the

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29

1 absence of the primary health aide.

2 (c) Within limits of appropriations for the purpose, the depart-  
3 ment shall compute and pay a grant under (a) and (b) of this section  
4 to each qualified regional health organization and under (b) of this  
5 section to each qualified local health organization.

6 Sec. 18.28.020. QUALIFICATIONS. To qualify for a community  
7 health aide grant a regional or local health organization must

8 (1) have received money from the federal government for a  
9 community health aide program during the fiscal year for which the  
10 grant is sought or be engaged in conducting a program that meets  
11 standards established by the department and is similar to a community  
12 health aid program;

13 (2) provide the services of community health aides on a  
14 nondiscriminatory basis for the benefit of the public;

15 (3) apply for the grant in accordance with application  
16 requirements of the department; and

17 (4) supply information requested by the department.

18 Sec. 18.28.030. COMMUNITY HEALTH AIDE GRANT ACCOUNT. (a) The  
19 community health aide grant account is established in the department.  
20 Money to carry out the provisions of this chapter shall be appropri-  
21 ated to the account and distributed as community health aide grants by  
22 the department.

23 (b) Each fiscal year the department shall determine the amount  
24 of money needed to fund all grants under AS 18.28.010 during the next  
25 fiscal year and shall request an appropriation of that amount from the  
26 legislature. If the amount appropriated to the account is not suffi-  
27 cient to finance all grants, the money shall be distributed pro rata  
28 among qualified regional and local health organizations.

29 Sec. 18.28.040. LIABILITY LIMITATION. The state is not liable

1 for any injury that may result from use of money awarded by the state  
2 as a community health aide grant.

3 Sec. 18.28.050. REGULATIONS. The department may adopt regula-  
4 tions necessary to carry out the provisions of this chapter.

5 Sec. 18.28.060. DEFINITIONS. In this chapter

6 (1) "department" means the Department of Health and Social  
7 Services;

8 (2) "local health organization" means a nonprofit corpo-  
9 ration or other entity that provides health services in a rural area  
10 that is less than 4,000 square miles;

11 (3) "primary community health aide" means a person who has  
12 completed the first of three levels of community health aide training  
13 offered by the Norton Sound Health Corporation at the Nome Hospital,  
14 the Kuskokwim Community College in Bethel, or the Alaska Area Native  
15 Health Service;

16 (4) "regional health organization" means a nonprofit corpo-  
17 ration or home rule borough that provides health services in a rural  
18 area that is at least 4,000 square miles.

19 \* Sec. 2. This Act takes effect July 1, 1984.

FINANCE  
COMMITTEE  
3/28

Sectional Analysis of House HESS Committee Substitute for HB 548

Section 1.

This section establishes that qualified regional health organizations are entitled to a lump sum of \$30,000 for community health aide programs. Additionally, each regional and local health organization receives \$8,000 for each primary community health aide or person with similar training, who worked at least twenty hours during the previous fiscal year. Under this section the department is responsible for determining whether a person's training is similar to that of a health aide. The \$8,000 can be used for training, supervision, and alternate health aides. This section also establishes that grants are to be paid in accordance with AS 37.05.316 to the extent that those provisions are consistent with the bill. In essence this section establishes a formula for funding organizations with a community health aide or similar program. Previously, funding was granted through the legislative add-on process and was not awarded to all organizations meeting the qualifications of this chapter. This section also describes how the monies can be used.

This section also establishes the qualifications a regional or local health organization must meet in order to receive funds. To qualify, an organization must either have already been involved in the federal community health aide program, or conduct a similar program meeting the standards established by the Department of Health and Social Services. Services must be provided on a nondiscriminatory basis. Grant recipients must follow the department's application requirements and supply them with any information they might request.

Section 1 also discusses the grant account. The account is set up in the Department of Health and Social Services, and the department is responsible for distributing the grants. Money to carry out the provisions of the bill are to be appropriated to the account. The department is responsible for calculating the amount needed to fund all grants during the next fiscal year, and to request this appropriation from the legislature. Insufficient funds are to be distributed pro rata among qualifying local and regional health organizations.

Under the provisions of this section the State is not liable for any injury resulting from the use of the grants awarded by this bill.

This section grants the department the right to adopt regulations to carry out the provisions of the bill. The State has not before made regulations pertaining to community health aides.

Section one also defines "department", "local health organization", "primary community health aide", and "regional health organization".

Section 2

Section 2 provides for an effective date of July 1, 1984

POSITION PAPER

COMMITTEE SUBSTITUTE FOR HOUSE BILL No. 548 (HESS)

For "An act relating to State assistance for community health aide programs; and providing for an effective date."

This bill provides for expansion of financial assistance to non-profit health organizations for training and supervision of community health aides (CHA) or equivalently trained individuals. Funding will be provided through a two phased formula that allocates: 1) a \$30,000 base for each regional corporation serving more than 4,000 square miles, plus \$8,000 for each primary CHA or similar individual who averages at least 20 hours of service a week; 2) for local corporations providing services to less than 4,000 square miles, funding provided through this formula would be limited to \$8,000 per CHA or similar individual.

BACKGROUND

Community Health Aide

Community health aides provide primary health care to approximately 37,000 to 40,000 people in bush communities. A CHA is a community based medical paraprofessional who provides limited diagnostic and treatment services through standing orders or in radio/telephone consultation with IHS or health corporation physicians. Health care training of a CHA is based on a standardized curriculum consisting of three basic sessions that are oriented towards utilizing the Guidelines for Primary Health Care In Rural Alaska, adopted by Alaska Area Native Health Service. Qualifications for being a primary CHA require completion of first session with certification depending upon completion of all three sessions. In addition to the requirements for basic sessions, a CHA must complete a preceptorship with a supervising physician at a medical centers and attend continuing education session that range from 1-2 days, to 1-2 weeks once a year. In addition, CHA's have periodic contact with supervisor/ instructors (S/I) employed by the corporations. The S/I are generally mid-level practitioners or registered nurses, who conduct site visits 1-3 times a year for continuing education, skills evaluation and administration. In addition, the state public health nurses provide education and support during their itinerant visits.

The number of CHAs per village varies with population size ranging from a half-time equivalent to a maximum of two. In addition to the primary community health aides, alternates are also assigned to provide relief support and coverage during absence of the primaries. Training for alternate aides varies widely with the minimum standards that range from emergency trauma technician skills to completion of the first basic session.

Historically the CHA program has been sponsored and funded by the Federal Indian Health Service (IHS). This program was formulated in 1967 although the concept and practices have a longer history. Until recent years financial support for this program rested solely with the Federal Government which contracted with regional or local corporations. Starting in FY 82, selected health corporations received designated state grants through direct legislative appropriation for

This trend has continued through the current fiscal year budget approaching \$1,100.0 being allocated towards support of programs in the areas of the Bristol Bay Health Corporation, Yukon-Kuskokwim Health Corporation, Norton Sound Health Corporation, Maniilaq Association and Tanana Chiefs Conference. The FY 85 Governor's Budget maintains these services and expands assistance for training and supervision programs into the areas of Aleutian Pribilof Island Association and Southeast Regional Health Corporation. The need for State support of the CHA programs has been recognized as a means of addressing problems associated with provision of health care in rural communities. While the Federal budget supports a basic level of service there are insufficient funds to meet the demands for adequate field supervision by supervisor/instructors, training of the aides in all three basic three sessions, and salary support for alternates. In addition to an insufficient Federal budgetary base, State involvement is also based upon the issues of responsibility for rural health services. While CHAs are theoretically responsible for provision of care to IHS beneficiaries, by virtue of being the only community based primary medical provider, aides care for non-beneficiaries also.

Similarly Trained Individuals

This bill (Sec. 18.28.010 (b)) provides for support of individuals with training similar to that of a CHA as defined by the Department of Health and Social Services. It should be noted that a crucial aspect of the CHA program is its interaction with the Indian Health Services (IHS) which assures medical supervision, patient referral and quality control that are necessary elements of health care. A functional definition of a similar program must incorporate a supervisory and referral system. Duplication of the IHS system is not feasible in terms of cost and legal constraints for all parties involved. The only program that is conceptually comparable is a pilot project currently being developed by the Southeast Alaska Regional Health Corporation under a grant from this Department. While this project is not a replication of CHA services it does offer a degree of similarity in that it is a means of providing limited primary care in isolated rural communities.

RECOMMENDATIONS

Given that a similar training program and the necessary infrastructure do not exist, the Department anticipates to define "similar" in terms of the Health Observer Project currently being piloted by the Southeast Alaska Regional Health Corporation. Grants provided through this bill would be directed to Regional Emergency Medical Services Council or Regional Health Corporations and not directly with the individual communities. This would be necessary in order to assure cost effective utilization of the funds through economy of scale and assure continuity of service.

POSITION

The Department of Health and Social Services recognizes the value of community health aide and similar programs in providing primary medical care in rural communities and strongly supports the enhancement of supervision and training as provided by this bill.

Recommended by:

*E. S. Rabeau, Jr.*  
E.S. Rabeau, M.D., Director  
Division of Public Health

Date:

3-22-84

Approved by:

*for E. S. Rabeau*  
Robert London Smith, Ph.D.  
Commissioner  
Department of Health &  
Social Services

Date:

3-22-84

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date March 20, 1984

REQUEST

Bill/Resolution No.: CSHB 548 (HESS)  
 Title: Assistance for Community Health Aide Program  
 Sponsor: Herrmann, et al  
 Requestor: House HESS  
 Date of Request: 3/20/84

II. FISCAL DETAIL

Agency Affected: Dept. Health & Social Serv  
 Program Category Affected: Public Health  
 BRU, Program of Subprogram(s) Affected: Health Grants BRU Community Health Grants Component

EXPENDITURES/REVENUES: (Thousands of Dollars)

|                          | FY 84 | FY 85  | FY 86  | FY 87  | FY 88  | FY 89  |
|--------------------------|-------|--------|--------|--------|--------|--------|
| OPERATING                |       |        |        |        |        |        |
| 100 PERSONAL SERVICES    |       |        |        |        |        |        |
| 200 TRAVEL               |       |        |        |        |        |        |
| 300 CONTRACTUAL          |       |        |        |        |        |        |
| 400 SUPPLIES             |       |        |        |        |        |        |
| 500 EQUIPMENT            |       |        |        |        |        |        |
| 600 LANDS & STRUCTURES   |       |        |        |        |        |        |
| 700 GRANTS, CLAIMS, ETC. |       | 1148.0 | 1289.4 | 1442.1 | 1514.2 | 1589.9 |
| 800 MISCELLANEOUS        |       |        |        |        |        |        |
| TOTAL OPERATING          |       | 1148.0 | 1289.4 | 1442.1 | 1514.2 | 1589.9 |
| CAPITAL                  |       |        |        |        |        |        |
| REVENUE                  |       |        |        |        |        |        |

FUNDING: (Thousands of Dollars)

|               |  |        |        |        |        |        |
|---------------|--|--------|--------|--------|--------|--------|
| GENERAL FUND  |  | 1148.0 | 1289.4 | 1442.1 | 1514.2 | 1589.9 |
| FEDERAL FUNDS |  |        |        |        |        |        |
| OTHER         |  |        |        |        |        |        |
| TOTAL         |  | 1148.0 | 1289.4 | 1442.1 | 1514.2 | 1589.9 |

POSITIONS:

|           |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|
| FULL-TIME |  |  |  |  |  |  |
| PART-TIME |  |  |  |  |  |  |
| TEMPORARY |  |  |  |  |  |  |

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for Analysis

Prepared By: Dwayne Peoples Phone: 465-3090  
 Division: Public Health Date: 3/20/84  
 Approved by Commissioner: [Signature] Date: 3/22  
 Agency: \_\_\_\_\_

Distribution (by Agency preparing fiscal note):

Legislative Finance  
 Legislative Sponsor  
 Requestor  
 Office of Management and Budget  
 Impacted Agency(ies)

Fiscal Analysis  
CSHB 548 (HESS)

"Assistance for community health aide program."

State assistance for provision of CSHB 548 (HESS) would require a total appropriation in FY 85 of \$2,280.0. This calculation is based upon the following consideration.

|   |                  |
|---|------------------|
| (1) \$30.0 to used for expenses of conducting a community health aide program x 12 Regional Health Corps. | 360.0            |
| (2) \$ 8.0 per each primary community health aide x 230   | 1,840.0          |
| (3) \$80.0 Health Observer Program for 10 communities   | 80.0             |
| TOTAL   | <u>\$2,280.0</u> |

The additional General Funds required to meet the obligations as proposed in CSHB 548 (HESS) in FY 85 would be \$1,148.0. This projected expenditures is based upon the off set from the FY 85 Governor's budget for this program. This funding FY 85 request is as follows:

Department of Health and Social Services

|  |              |
|--|--------------|
| Health grants BRU. Community Health Grants:              | \$551.4      |
| State Health Services BRU. Public Health Administration: | <u>263.0</u> |
|  | \$814.4      |

|                               |         |
|-------------------------------|---------|
| Maniilaq BRU. Health Services | \$170.0 |
|-------------------------------|---------|

University of Alaska

|  |          |
|--|----------|
| Community Colleges Kuskokwim Community College | \$ 147.6 |
|--|----------|

|                               |           |
|-------------------------------|-----------|
| Total FY 85 Governor's Budget | \$1,132.0 |
|-------------------------------|-----------|

|                        |                        |
|------------------------|------------------------|
| Total HB 548 Required  | \$2,280.0              |
| <Governor's Requested> | <u>&lt;1,132.0&gt;</u> |
|                        | 1,148.0                |

FY 86 thru FY 89 budget estimates include the Governor's FY 84 off-set, incorporates a 5% annual inflationary adjustment and an incremental growth for the Health Observer Program from \$80.0 in FY 85, to \$168.0 in FY 86 and \$264.0 in FY 87. The proposed budget for the Health Observer Program is based upon the assumption that:

- (a) approximately 30 communities would qualify for this program; and,
- (b) due to the pilot nature of this project, a maximum of 10 communities would be served during FY 85 assuming demonstrated feasibility an additional 10 would be incorporated in FY 86 and with maximum community involvement not occurring until FY 87.

PRESS RELEASE

Date Written: April 4, 1984  
Date to be released: Immediately  
Contact: Deborah Greenberg (465-4943)

A BILL FUNDING COMMUNITY HEALTH AIDE PROGRAMS INTRODUCED BY REPRESENTATIVE ADELHEID HERRMANN (D - NAKNEK), WON UNANIMOUS SUPPORT IN THE HOUSE YESTERDAY. THE BILL IS A MEANS OF UPGRADING THE HEALTH CARE DELIVERY SYSTEM IN RURAL ALASKA BY PROVIDING FUNDS TO REGIONAL AND LOCAL HEALTH ORGANIZATIONS FOR TRAINING AND SUPERVISING THEIR COMMUNITY HEALTH AIDES.

COMMUNITY HEALTH AIDES ARE THE ALL-PURPOSE HEALTH CARE PROVIDERS IN 171 COMMUNITIES THROUGHOUT THE STATE. THEY ARE PARA-PROFESSIONALS WHO DEAL WITH EVERY TYPE OF PHYSICAL CARE INCLUDING ADMINISTERING DRUGS UNDER A PHYSICIAN'S SUPERVISION, DELIVERING BABIES, CARING FOR THE TERMINALLY ILL, AND HANDLING EMERGENCY SITUATIONS. THEY ARE THE LINK BETWEEN VILLAGES AND THE APPROPRIATE HEALTH CARE BACKUP SYSTEMS.

THE COMMUNITY HEALTH AIDE PROGRAM RECEIVES ITS BASIC FUNDING FROM THE FEDERAL GOVERNMENT BUT THESE FUNDS HAVE NEVER BEEN SUFFICIENT FOR ADEQUATELY TRAINING CERTIFYING AND SUPERVISING COMMUNITY HEALTH AIDES. STATE FUNDS ARE NEEDED TO ENSURE THAT AN ACCEPTABLE STANDARD OF HEALTH CARE DELIVERY IS ACHIEVED THROUGHOUT RURAL ALASKA.

PAGE TWO - PRESS RELEASE

THIS METHOD OF PROVIDING HEALTH CARE IS VERY COST EFFECTIVE AND SAVES THE STATE MONEY THAT WOULD OTHERWISE BE REQUIRED TO HIRE HIGH LEVEL MEDICAL PROFESSIONALS TO WORK IN REMOTE AREAS WHERE THERE IS A SHORTAGE OF TRAINED MEDICAL STAFF.

REPRESENTATIVE HERRMANN SAID SHE WAS PLEASED WITH THE UNANIMOUS SUPPORT FOR THE BILL IN THE HOUSE. "I BELIEVE THE UNUSUAL SUPPORT FOR THE BILL IS A REFLECTION OF HOW GOOD THE BILL IS AND HOW BADLY IT IS NEEDED. THE IDEA WAS ORIGINALLY PRESENTED BY THE ASSOCIATION OF REGIONAL HEALTH DIRECTORS. I LISTENED TO THEIR CONCERNS AND INCORPORATED INTO THE BILL THE CONCERNS RAISED BY OTHER LEGISLATORS. I MADE SURE THAT EVERYONE UNDERSTOOD WHAT THE BILL DOES AND WHY IT IS NEEDED."

EACH REGIONAL HEALTH ORGANIZATION RECEIVES \$30,000 FOR TRAINING HEALTH AIDES AND AN ADDITIONAL \$8,000 FOR SUPERVISING AND TRAINING EACH HEALTH AIDE WORKING 20 HOURS OR MORE DURING THE PREVIOUS FISCAL YEAR. EACH QUALIFIED LOCAL HEALTH ORGANIZATION IS ELIGIBLE FOR THE \$8,000 PER HEALTH AIDE. THE FUNDS GO TO ALL THOSE REGIONAL AND LOCAL HEALTH ORGANIZATIONS THAT ALREADY HAVE COMMUNITY HEALTH AIDE PROGRAMS, BUT ALSO GOES TO A HANDFUL OF LOCAL HEALTH ORGANIZATIONS THAT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES DETERMINES WILL BENEFIT FROM A SIMILAR PROGRAM. THIS STATE FUNDING DOES NOT TAKE THE PLACE OF FEDERAL FUNDING BUT SUPPLEMENTS IT SO THAT MONEY WILL BE AVAILABLE TO UPGRADE THE SKILLS OF HEALTH AIDES THROUGH TRAINING.

1-1-84  
2-1-84  
3-1-84  
4-1-84  
page 2-6

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## House OKs rural health care bill

The Associated Press <sup>4-4-84</sup>

JUNEAU — A bill aimed at improving health care in rural Alaska was approved by the House on Tuesday.

The bill would make regional health organizations eligible to receive money to train community health aides.

The money could be used by the health centers to send rural health aides to training programs, said Rep. Adelheid Herrmann, D-Naknek, the bill's prime sponsor. "The goal is to certify all health



aides," she said.

"This will help them learn more skills and help improve health care" in rural areas, she said.

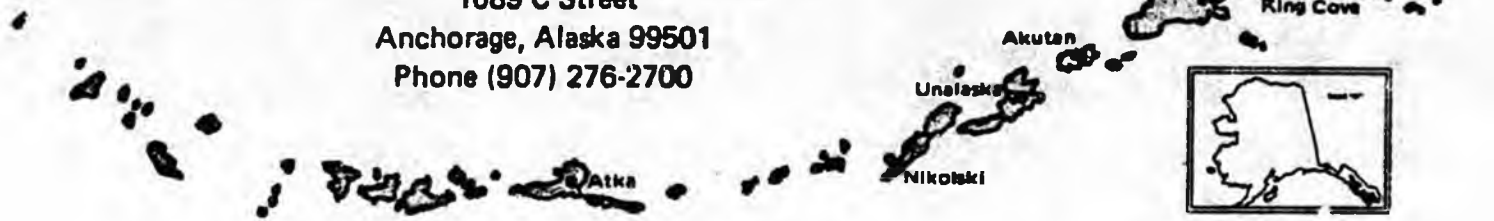
Herrmann's bill establishes

qualifications which must be met by regional or local health organizations to receive grants.

The bill passed on a 38-1 vote, with Rep. Mike Szymanski, D-Anchorage, casting the only no vote. Szymanski asked for a reconsideration of his vote, because he said he wanted to give one of the bill's sponsors, Rep. Peter Goll, D-Haines, a chance to vote for the bill. Goll missed Tuesday's vote.

# Aleutian/Pribilof Islands Association, Inc.

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



## POSITION PAPER BY THE ALEUTIAN/PRIBILOF ISLANDS ASSOCIATION IN REGARD TO HOUSE BILL 548: An Act Relating to State Assistance for Community Health Aide Programs

### Introduction

The Aleutian/Pribilof Islands Association is the regional non-profit arm of the Aleut Corporation. As the largest non-profit organization in the region, A/PIA delivers a broad spectrum of health, education, training, regional planning, public safety and social services to the approximately 6,000 people who inhabit the Aleutian/Pribilof Islands communities.

The purpose of this position paper is to provide supportive information in regard to House Bill 548: "An Act relating to State Assistance for Community Health Aide Programs."

### Aleutian/Pribilof Islands Region

The Aleutian/Pribilof Islands comprise a 128,000 square mile triangular area stretching from Sand Point to Atka to the Pribilof Islands. This region includes 11 communities separated from each other by water or mountains: three first class cities, three second class cities and five traditional villages. The permanent population varies due to the transient nature of the fishing industry; however the permanent population is estimated at approximately 6,000 people: 30-35% Natives, 65-70% non-Native.

This region has been described by the U.S. Coast Guard as having the worst weather in the world. The region is known as the birthplace of the winds. Rain, fog, rapidly changing cloud covers and poor visibility conditions make even the shortest air flights a 50/50 proposition and subject to delays, possibly for days at a time.

### Health Status

Accidents and violence accounted for over 31% of deaths in the Aleutian census area in 1981. For the period 1976-1980

accidents were the leading cause of death for the age groups from five through 44 years. From age 45 and over, the leading causes of death were malignant neoplasms and heart disease.

#### Current Aleutian/Pribilof Health Care System

Under contract with the Indian Health Service (AANHS) the Aleutian/Pribilof Islands Association has been providing primary health care services through the use of Community Health Aides (CHA's) for eight years. CHA's provide medical care to residents in seven Aleutian/Pribilof Islands communities: Akutan, Atka, False Pass, King Cove, Nikolski, Sand Point and St. George. The CHA provides emergency care, acute and chronic disease care and follow-up, health surveillance and health promotion activities. CHA's work under standing orders and protocols and communicate by village telephone with AANHS physicians in Anchorage. In addition they are supervised by the CHA Supervisor/Coordinator, an employee of A/PIA. Services to the residents of Unalaska are provided by a private Doctor of Osteopathy. Services to residents of St. Paul are provided by a Physicians Assistant directly funded by the AANHS. There are no formal health care providers in Nelson Lagoon or Cold Bay.

Our contract with AANHS provides funding for health aide salaries and benefits, the CHA supervisor salary and benefits, supervisory travel funds, general program supplies, and other program operating costs such as telephone, rent, etc. The AANHS provides medications for CHA use. A/PIA's current level of funding only allows us to pay CHA's for working a 4.5 hour day, 5 day week. Health Aides are "on call" 24 hours per day: we can only pay them for 4.5 hours. In addition, our current level of funding only allows for one yearly CHA Supervisor/Coordinator trip to each community to monitor CHA activities. There is generally no funding to provide yearly continuing medical education for CHA's beyond basic training. (AANHS provides the 10 week basic training program.) There is generally no funding to train alternate CHA's. Alternate CHA's work in the primary CHA's absence. The alternate generally receives on-the-job training by the primary CHA or by the CHA Supervisor/Coordinator during a supervisory visit to the community.

#### Need for State Support

Traditionally the CHA program was funded solely by the Federal government and was designed to provide health care services to rural Alaska Natives. In recent years, however, CHA's have been providing an increasing number of services to non-Natives as increasing numbers of non-Natives have moved to rural villages. In many communities, including many Aleutian/Pribilof Island communities, the CHA is the only medical care provider and is morally and legally mandated to provide services to those non-Natives in need. The demands

on our CHA's have increased in the past few years. The demand is constant; however, the demand for services seriously increases during various fishing seasons. In FY'82, the State recognized the need for State support of the Community Health Aide program by funding two programs. In FY'83 the support was increased: four programs were funded. And in FY'84 seven programs are currently being funded. The State funding has allowed health corporations to ensure a high quality of medical care by providing for additional supervisory visits by the CHA Supervisor/Coordinator, by providing for additional continuing medical education or training sessions and by providing for some basic education or training for alternate CHA's.

Community Health Aides are the sole frontline primary medical care providers for many people, Native and non-Native in rural Alaska. Their role and level of responsibility in providing services to rural residents justifies our concern for adequate continuing medical education or training, adequate supervision and support. Basic training provides the CHA with the essential skills and knowledge required to deliver primary care in a safe and acceptable manner. However, supervision and continuing medical education is imperative to assure ongoing quality care. CHA's cannot work in a vacuum. On-going performance evaluation is important to assure high standards of care; attendance at continuing education sessions is also important to assure high standards of care.

The State has recognized the need for supplementing federal CHA program funds to ensure quality health care provision by providing funding to seven regional health corporations in FY'84. Since there are more than seven CHA programs in our state, there appears to be an inequitable distribution of funds.

All regional CHA programs are faced with limited federal funding. House Bill, 548 will allow for the equitable distribution of funding to all providers of CHA services. House Bill 548 will provide the funds necessary to provide for the adequate supervision and ongoing training of the major health providers to rural Alaskans. We at A/PIA urge passage of HB 548 for the maintenance and delivery of quality health care to all Alaskans.

Association of Regional Health Directors  
of Alaska



Aleutian/Pribilof Islands Assoc., Inc.  
1689 "C" Street, Second Floor  
Anchorage, Alaska 99501  
(907) 276-2700

Bristol Bay Area Health Corp.  
P.O. Box 10235  
Dillingham, Alaska 99576  
(907) 842-5101

Cook Inlet Native Assoc.  
670 W. Fireweed Lane  
Anchorage, Alaska 99503  
(907) 278-4641

Copper River Health Dept.  
Drawer H  
Copper Center, Alaska 99573  
(907) 822-5241

Kodiak Area Native Assoc.  
P.O. Box 172  
Kodiak, Alaska 99615  
(907) 486-5726

Manilaq Assoc.  
P.O. Box 256  
Kotzebue, Alaska 99752  
(907) 442-3313

The North Pacific Rim  
203 W. Northern Lights Blvd.  
Suite 203  
Anchorage, Alaska 99502  
(907) 276-2121

North Slope Borough Health  
and Social Services Agency  
P.O. Box 69  
Barrow, Alaska 99723  
(907) 852-3999

Norton Sound Health Corp.  
P.O. Box 966  
Nome, Alaska 99762  
(907) 443-5411

Southeast Alaska Regional Health Corp.  
P.O. Box 2800  
Juneau, Alaska 99803  
(907) 789-2131

Tanana Chiefs Conference, Inc.  
1321 - 21st Avenue  
Fairbanks, Alaska 99701  
(907) 452-2446

Yukon-Kuskokwim Health Corp.  
P.O. Box 526  
Bethel, Alaska 99559  
(907) 543-3321

March 5, 1984

The Honorable Adelheid Herrmann  
Alaska State Legislature  
Pouch V (MS 3100) Juneau, Alaska 99811

Dear Adelheid:

On behalf of the Association of Regional Health Directors I would like to thank you for all the work you have done on HB 548. The Association of Regional Health Directors, along with the Alaska Native Health Board has been struggling to develop such a bill for three years now. It is only through your efforts that I feel that we were able to bring this work to fruition and on behalf all the corporations I would like to thank you.

I will continue to coordinate with Denny DeGross and press politically for this bill. I appreciate any information which you may have which you think would be helpful or any areas where we can provide additional assistance to ensure the passage of this bill.

Again, thank you for all your hard work. It is appreciated.

Cordially,

David Mather, Chairman  
Association of Regional Health Directors

cc: Denny DeGross, ANHB



## ALAKANUK HEALTH CENTER

P. O. BOX 85 - ALAKANUK, ALASKA 99554 - (907) 238-3210

March 23, 1984

Vern Hurlbert  
Mile 40 Holitna River  
Gleetmute, Alaska 99668

Dear Mr. Hurlbert:

I am writing in support of the House Bill No. 546.

I've been a health aide for twenty years and have never seen a bill like it. If there was ever a bill concerning health care in the villages, no one has ever sent me one.

Being a health aide takes a lot of one's time. We are on call twenty four hours a day. We get paid for the six hours that we spend in the clinic. Sometimes emergencies take hours, but we don't get paid for that. Sometimes we escort and stay over night wherever the hospital is, but we don't get paid for that either. We put that down as compensation time which we don't even have time to take off a lot of times. My phone and citizenside band keeps me busy giving medical advice during my lunch break or in the evenings.

Being a health aide takes a lot of patience, not just patience, but a whole lot of it. One must be cheerful, patient, strong, understanding, and have respect for every patient. One must know how to listen, reason, and talk to any one that needs it. Honesty is the most important, first of all to ourselves and then to our patients and to all our higher professionals. Some people are demanding, in fact, everyone is demanding. Patients demand immediate treatment, doctors demand something else. We in between, have to be strong enough to fill what the doctor demands, and what we believe is the best cure for that particular illness.

In villages, we are the all purpose health care providers. We deal with every type of physical care, from delivering babies to helping care for terminally ill people, from very pleasant things to very unpleasant things.

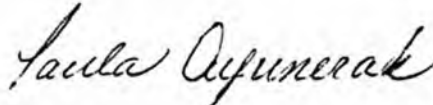
Don't mistake me for the strong and able patient health care

Mr. Vern Hulbert  
Page 2  
March 23, 1984

provider, I get very depressed or emotionally upset sometimes. I can take so much at times, as any other normal human being can, and my husband is very good at taking all that.

I think House Bill No. 548 is the best thing that was ever written, and I hope it will be passed. I have full support for it.

Sincerely,



Paula Ayunerak  
Community Health Practitioner

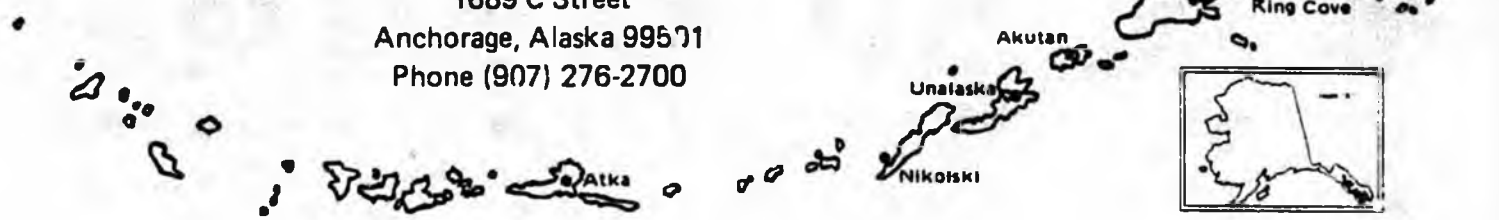
cc > Adelheid Herrmann  
Mike W. Miller  
Richard Schultz  
Milo Fritz  
Robert H. Bettisworth  
Peter Goll  
Jack McBride

St. Paul  
St. George

APR 09 1984

# Aleutian/Pribilof Islands Association, Inc.

1689 C Street  
Anchorage, Alaska 99571  
Phone (907) 276-2700



April 6, 1984

The Honorable Adelheid Herrmann  
House of Representatives  
Pouch V  
Juneau, Alaska 99811

Dear Adelheid:

I am writing to thank you and your staff for all the time and effort you put into the development and passage of HB 548.

We believe this bill will benefit all of the residents of our region. It is good to know that some people recognize the importance of providing quality health care to rural Alaskans.

Once again, we applaud your good work.

Sincerely,

Kathleen M. Sutcliffe  
Health Director

# BRISTOL BAY AREA HOSPITAL

P.O. Box 10235  
DILLINGHAM, ALASKA 99576

PHONE: (907) 842-6201  
842-6202

March 1, 1984

Representative Adelheid Herrmann  
Alaska State Legislature  
Pouch V (MS 3100)  
Juneau, Alaska 99811

Dear Representative Herrmann,

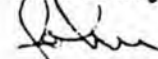
It was very generous of you to allow us the time to discuss our concerns with you on the afternoon of the 28th of February. We were very pleased to be able to present our proposal in such detail, while giving you an update on the progress of the Bristol Bay Area Hospital.

As we discussed, our main concerns include the \$80,000 proposal for a new portable X-ray machine and a portable Ultra-sound machine for the Bristol Bay Area Hospital. While it is late in legislative year, we hope that this request can be added on to an existing bill in the form of an amendment or put on a capital equipment listing.

My other concerns for this current legislative year include supporting SSHB 19, repelling the certificate of need program, that is currently in the Senate HESS committee; supporting HB 548, State assistance for community health aide programs, currently in the House HESS committee and finally strongly opposing SB 460, an act renaming and expanding the functions of the Medicaid Rate Commission and providing for the regulation of rates charged for services provided health facilities.

As I indicated to you at our meeting, these issues are important to the Bristol Bay Area Hospital and we are hoping for your support. If there is anything that I can do to help in your reelection, please feel free to write or call.

Sincerely,



John H. Dumbolton  
Administrator

MAR 14 1984

TO: Representative Adelheid Herrmann, District 26  
Representative Mae Tischer, Chair, HESS Committee  
Senator Bob Mulcahy, District N

FROM: Maddy Chu, CHAP Program, Bristol Bay Area Health  
Corporation, Dillingham, Alaska 99576

SUBJECT: HB 548, Community Health Aid Program

Urge your support of HB548 and that it be moved from the HESS Committee and on to the floor for passage.

Health Aides provide basic level health care in remote areas of Alaska. This is a service required by all rural or village residents. To ensure high quality care, on-going training and continuing education should be provided on an annual basis.

Health Aides are responsible for primary care and emergency care. The responsibilities extend over a 24 hour a day period. Vacations and personal time are usually planned secondary to the job responsibilities. Health Aides require a stable, supportive administrative staff at the home Native health corporation and consistent field supervision.

The role, function and liability status of Health Aides in the 1980's needs to be updated. Salaries should be commensurate with responsibilities.

*Maddy Chu*  
*CHAP Field Coordinator*  
*(District 26, Bristol Bay Health Corp.)*

FEB 23 1984

**BRISTOL BAY AREA HEALTH CORPORATION**

P.O. Box 10238  
DILLINGHAM, ALASKA 99576

February 24, 1984

PHONE: (907) 842-5266  
(907) 842-5267

Representative Adelheid Herrmann  
Room 212-B  
Alaska State Legislature  
Pouch V (MS 3100)  
Juneau, Alaska 99811

Dear Adelheid:

On February 23, 1984, Bristol Bay Area Health Corporation's Executive Committee met and passed a motion in full support of HB548 regarding Community Health Aides.

As you are aware, BBAHC's Executive Committee represents 32 villages in the Bristol Bay Area and is the Board of Trustees for our 29 bed hospital.

Our organization has in excess of 70 people on our payroll in the community Health Aide Program (includes alternates and trainers/supervisors) that take care of the majority of our stable population of approximately 6000 people (Natives and non-Natives). The worth of our CHA's has been recognized statewide, nation wide and world wide. It only makes sense that the State of Alaska become involved in assisting this fine program and helping IHS and the regional health corporations so that everyone may continue to benefit from their fine services.

We remain available to assist in any way we can to help have the proposed HB548 become reality on an on-going basis.

Yours in health.

Sincerely yours,



Robert J. Clark  
Executive Director

RJC:sf

cc: BBAHC Board of Directors

Alaska Native Health Board  
1135 West 8th Avenue, Suite 2  
Anchorage, Alaska 99501

AFN, Inc.  
411 West 4th Avenue  
Anchorage, Alaska 99510

Senator Bob Mulcahy  
Rcom 512-C  
Alaska State Legislature  
Pouch V (MS 3100)  
Juneau, Alaska 99811

# North Slope Borough Health and Social Services Agency

Box 69  
Barrow, Alaska 99723

(907) 852-3999  
(907) 852-3065



22 March 1984

Adelheid Herrmann  
Alaska State Representative  
Pouch V  
Juneau, Alaska 99811  
Attention: Debra Greenberg

Dear Representative Herrmann;

I would like to take this opportunity on behalf of the North Slope Borough Health & Social Services Agency to express our support of House Bill 548. Our Health Aides put in 24-hour on call coverage, seven days a week in order to alleviate pain and illness. This statement of State Support for the work they perform is greatly appreciated.

Since the bill, as currently written, appears to eliminate the North Slope Borough from consideration, I understand that you are taking steps to substitute or add language that would admit our Municipal Status.

The Borough is not a Non Profit Corporation as stated in paragraph 18.28.040 (2), nor are we a tribal organization.....paragraph 18.28.050 (2)(A). The North Slope Borough is a Home Rule Borough and a municipal corporation.

Sincerely,

*Michael R. Stackhouse*

Michael Stackhouse  
Director  
Health & Social Services Agency  
North Slope Borough

cc: MS files  
LB files  
Files

LB:MS:hl



# KODIAK AREA NATIVE ASSOCIATION

Post Office Box 1277 - Kodiak, Alaska 99615-1277 - Phone (907) 486-5725

March 14, 1984

Aidelaïd Herman  
Chairperson Bush Caucus  
Committee  
Pouch V  
Juneau, Alaska  
99811

To The Honorable Aidelaïd Herman,

This letter is in reference to HB 548 regarding Community Health Aides.

The Community Health Aide Program is the central and most crucial aspect of health care in rural Alaska. The Community Health Aides have been and continues to be of vital importance to their people since they are the first person to assist the patient in rural communities.

Medical technology and knowledge is continually developing and changing, so our health aides must continue to grow in knowledge in order to keep up with current trends in medicine and thereby provide the most optimum care for the patient. Continuing Education programs are the most effecient way to provide training on medical technology changes to the Community Health Aides. Funding for supervision and training programs is needed to have the health aides provide optimum recognition and care of medical problems.

The Kodiak Area Native Association supports House Bill 548 and hope members of the House will support it and thereby the medical needs of rural Alaska.

Sincerely,

KODIAK AREA NATIVE ASSOCIATION  
Gordon L. Pullar, President

Susan Coffland,  
Health Director

# YUKON-KUSKOKWIM HEALTH CORPORATION

P.O. Box 528  
Bethel, Alaska 99553  
(907) 543-3321

Representative Tony Vaska  
Alaska State Legislature  
Pouch V (MS 3100)  
Juneau, Alaska 99811

March 12, 1984

Dear Representative Vaska:

The Otitis Media/Special Ear Program would like to extend its support of House Bill No. 548.

From our visits to the villages and discussions with the health aides, poor salaries and lack of training are the two main areas of job dissatisfaction. Funding of House Bill 548 would specifically address these areas and hopefully decrease the present health aide attrition rate.

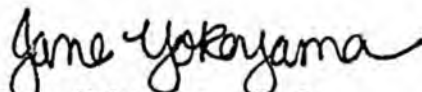
As a Bethel - based health program which travels to villages in the Yukon - Kuskokwim area, we can appreciate the tremendous responsibilities and workload placed on our health aides. Often, they work evenings to help visiting hospital and YKHC staff and receive no monetary compensation. Health aides in the Yukon - Kuskokwim area are the lowest paid in the state. Due to the high turnover, we see primary and alternate health aides having to provide medical care with little or no training. All too often, partially trained health aides quit in frustration and the vicious cycle begins again. Last year the attrition rate for health aides in this area was 27%! This year our program found itself meeting new health aides with little or no training on ear exams in over a third of the villages we visited.

By channeling more funds into training and salaries, health aide satisfaction will increase, the attrition rate will drop, and better medical care will be received in the villages. In addition, the overall cost for health aide services and training will decrease due to fewer new health aides needing to be trained.

We strongly urge you to support House Bill 548.

If you have any questions, please do not hesitate to call.

Sincerely,



Jane Yokoyama, PA-C  
Otology Specialist



Jesse Gunlik  
Ear Program Assistant  
Otitis Media/Special Ear Project



DEPARTMENT OF HEALTH & HUMAN SERVICES  
PUBLIC HEALTH SERVICE

March 2, 1984

ALASKA AREA NATIVE HEALTH SERVICE  
BOX 7-741  
ANCHORAGE, ALASKA 99510

Refer to: A-D (A-CHAP)

Robert London Smith, Ph.D.  
Commissioner  
Department of Health and  
Social Services  
Pouch H-01  
Juneau, Alaska 99811



Dear Commissioner Smith:

I have just reviewed HB 548, "An act relating to state assistance for Community Health Aide Programs; and providing for an effective date." I would like to go on record as supporting this significant legislation in terms of the Community Health Aide Program (CHAP).

As Director of the Alaska Area Native Health Service, I have come to know and appreciate the importance of the CHAP in helping to make possible an improved health status of Alaskan Natives. Community Health Aides (CHAs) are located in 171 isolated communities, from Point Hope to Kasaan. They provide year round primary health care coverage. Not only does this coverage consist of emergency and acute care, it also embraces a wide range of health surveillance and other preventive activities. Drugs may be administered by a CHA under a physician's direction. The CHA, then, represents the front line in the delivery of health care, the link between village residents and the appropriate health care backup system.

The foundation of the CHAP is formed by a consistent training program, which includes a published curriculum and skills list. Using established guidelines and tested approaches to training, health care professionals, whether in the training centers or the field, are better able to relate to training needs of the CHAs. CHA certification is offered to those CHAs who are able to acquire the skills and successfully meet other training requirements. Certification is a milestone for a CHA in the acquisition of specified competencies, and it indicates that a CHA may practice safely with an high level of independence. The term "practitioner" is often used when referring to CHAs who have reached the certificate level.

The difficulty of making appropriate health care accessible and cost-effective to sparsely populated and widely scattered villages remains an acute problem in many countries. The achievements of the CHAP in helping to reduce this health care service gap in rural Alaska has repeatedly been recognized and acknowledged by health care professionals. The CHAP has been regarded by the World Health Organization as a model program because of its success in utilizing the village resident in improving his own health status.

With the passage of HB 548, significant resources will be made available. From the viewpoint of AANHS, the strong funding assistance proposed in the bill is welcomed and encouraged. This bill will allow not only for program maintenance but also for continued growth and improvement. Passage of this bill will also see the State of Alaska making a much-appreciated budget commitment to the overall program. It is apparent that if the configuration of well-trained CHAs providing primary health care services from small rural clinics is to be maintained and enhanced, the combined resources of the State of Alaska, the Regional Health Corporations, and AANHS will be required.

Sincerely,



G. H. Ivey  
Director  
Alaska Area Native Health Service

HB 5/8

PO Box 346  
Bethel, Alaska 99559

FEB 27 1984

February 21, 1984

Tony Vaska  
Pouch V-M/S 3100  
Juneau, Alaska 99811

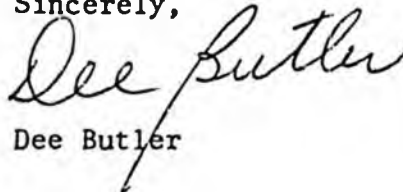
Dear Mr. Vaska:

Health Aides are the very foundation of health care on the Delta. Responsibility for their patients falls on their shoulders 24 hours a day, 7 days a week. As important as health aides are to the Delta's medical program, their remuneration would indicate the opposite to be true.

Health Aide turnover is frequent. The state loses money when trained Health Aides quit their positions because financial rewards do not compensate for stress felt on their jobs.

I would encourage you to support greater funding of the health aide program to 1) make training available to a greater number of applicants, and 2) to increase the health aide pay scale to more accurately reflect the demands of the position.

Sincerely,



Dee Butler

MAR 14 1984

## AVCP

Association of Village Council Presidents  
P. O. Box 219 • Bethel, Alaska 99559 • Phone 543-3521

### COMMUNITY HEALTH AIDE PROGRAM (CHAP)

RESOLUTION # 83-10-04

AVCP RESOLUTION IN SUPPORT OF PROPOSED LEGISLATION TO  
PROVIDE FUNDS FOR SALARY INCREASE AND TRAINING OF COMMUNITY  
HEALTH AIDES IN THE STATE OF ALASKA.....

- WHEREAS, the Community Health Aide Program (CHAP) is the mainstay and the key element to an effectively functioning health system in Rural Alaska and particularly in the Yukon-Kuskokwim Delta;
- WHEREAS, the Yukon Kuskokwim Health Corporation Community Health Aide Program is the largest program in the entire State of Alaska, comprised of about 130 health aides and 12 administrative/supervisory employees, serving the primary health care needs of around 13,000 inhabitants in 48 villages in the Yukon-Kuskokwim Delta, excluding Bethel;
- WHEREAS, for the past fifteen years of its formal existence, the Community Health Aide Program in the Yukon-Kuskokwim Delta had distinguished itself in accomplishing the original goals and objectives aside from its being constantly aware of its original mandate and mission;
- WHEREAS, the individual health aide in each Yukon-Kuskokwim village had contributed immensely and is committed to the delivery of quality primary health care to each and every villager now and in the future;
- WHEREAS, the winds of change that affect us all place increasing demands on the entire health system including the Community Health Aide Program which makes it necessary to provide more stability in the administration and supervision of health aides and more training to our health aides in order to meet newer and more sophisticated demands from, wants and needs of the villagers;
- WHEREAS, to accomplish the above, there is a crying need for all types of support from all of us living here in the Yukon-Kuskokwim Delta and from other sectors outside of the Delta;
- WHEREAS, moral and human services support for each individual health aide are essential and are within the capabilities of each one of us;
- WHEREAS, it is well documented that our health aides in the Yukon-Kuskokwim Delta are the lowest paid health care providers

# AVCP

Association of Village Council Presidents  
P. O. Box 219 • Bethel, Alaska 99559 • Phone 543-7521

COMMUNITY HEALTH AIDE PROGRAM (CHAP)

RESOLUTION # 83-10-04

in the entire State of Alaska and the lowest paid health aides among the 12 native health corporation Community Health Aide Programs;

WHEREAS, The Regional Health Directors of the 12 native health corporations are in the process of developing a bill through the State legislature to address these inequities in the Community Health Aide salary structures and the Community Health Aide Training needs on a Statewide basis;

NOW THEREFORE BE IT RESOLVED that AVCP fully support the intent, the thrust and the content of the above-named legislative proposal;

AND BE IT FURTHER RESOLVED that AVCP fully support and encourages any and all individual and/or collective efforts to provide needed human services, moral, financial and other forms of support for our health aides which would surely redound to the benefit of each and every inhabitant in the Yukon-Kuskokwim Delta Region.

Passed and approved this 14 day of October, 1983

*Willie Kasayulie*

Willie Kasayulie, Chairman

10/14/83

DATE

*Ivan M. Ivan*

Ivan M. Ivan, President

10/14/83

DATE SIGNED



**South Central  
Health Planning and Development, Inc.**

1135 West Eighth Avenue • Suite 1 • Anchorage, Alaska 99501

(907) 278-3631

February 29, 1984

Honorable Adelheid Herrmann  
Alaska State House of  
Representatives  
Pouch V  
Juneau, Alaska 99811

Dear Representative Herrmann:

Re: HB 548 Relating to Community Health Aide Training and Support

The full Board of South Central Health Planning and Development, Inc., met on February 25, 1984. The proposed bill to provide funding for Community Health Aide training was discussed fully. A motion to support the concepts of HB 548 was passed unanimously.

The Community Health Aide program continues to be the most effective, least costly, and best accepted health care service in rural Alaska. I urge you to act expediently to support this Bill.

Sincerely,

Steve Lesko  
President

Attachment

SL/ab

SOUTH CENTRAL HEALTH PLANNING AND DEVELOPMENT, I.I.C.

PRESENT STATUS OF FULL BOARD MEMBERS

Subarea #1 - Aleutian Chain

Consumer: Marie Osterback  
P.O. Box 156  
Sand Point, Alaska 99661  
Home: 383-2363

Subarea #2 - Municipality of Anchorage

Provider: Sharon Anderson  
112 Fish Hatchery Road  
Eagle River, Alaska 99577  
Home: 688-9064  
Work: 276-1131 (ext. 330)

Consumer: Laura Lee Calhoun  
Star Route A, Box 20481  
Anchorage, Alaska 99507  
Home: 344-7463  
Work: 276-1333

Provider: Bill Faulkner  
2011 Atwood Drive  
Anchorage, Alaska 99503  
Home: 272-5091  
Work: 272-2557

Consumer: Peter Gallagher  
1766 Morningtide  
Anchorage, Alaska 99501  
Home: 279-4187  
Work: 786-1426

Provider: Steve Lesko  
6419 Blackberry  
Anchorage, Alaska 99502  
Home: 243-7438  
Work: 274-1581

Consumer: Lillie McGarvey  
4230o Tahoe Drive  
Anchorage, Alaska 99502  
Home: 243-1078

Consumer: Bonnie McGee  
4812 Sundi Drive  
Anchorage, Alaska 99502  
Home: 243-5566

Consumer: Julie Miller  
3701 Eureka, Space 57A  
Anchorage, Alaska 99503  
Phone: 276-1600 (TTY)  
Home: 561-0588

Consumer: Bill Orfitelli  
P.O. Box 42327  
Anchorage, Alaska 99509  
Work: 345-2813

Vacant Seat 2-1C  
Vacant Seat 2-2C  
Vacant Seat 2-5C  
Vacant Seat 2-2F  
Vacant Seat 2-4F  
Vacant Seat 2-6F  
Vacant Seat 2-7F

Subarea #3 - Bristol Bay

Provider: Bob Appel  
Box 2779  
Dillingham, Alaska 99576  
Home: 842-5214  
Work: 842-5266

Subarea #4 - Cook Inlet

Consumer: Karen Carpenter  
Star Route, Box 40  
Anchor Point, Alaska 99556  
Home: 235-6381

Consumer: Rose Ida Hendricks  
P.O. Box 874471  
Wasilla, Alaska 99687  
Home: 376-3334  
Work: 376-334/562-3148

Consumer: Gloria Okeson  
Box 86  
Palmer, Alaska 99645  
Home: 745-3091

Provider: Beth Taeschner  
Box: 56  
Soldotna, Alaska 99669  
Home: 262-4287  
Work: 262-4344

Consumer: Robert Niebrugge  
P.O. Box 365  
Glennallen, Alaska 99588  
Home: 822-3236  
Work: 822-3823

Subarea #6 = Kodiak Island

Provider: Daniel Van Wieringen  
P.O. Box 1187  
Kodiak, Alaska 99615  
Home: 486-5959  
Work: 486-3281

Subarea #6 = North Pacific Rim

Provider: Jonathan Sewall  
Box 1184  
Seward, Alaska 99664  
Home: 224-3577  
Work: 224-5205 (ext. 207)

Subarea #7 = Norton Sound

Provider: Carolyn Michels  
P.O. Box 966  
Nome, Alaska 99762  
Home: 443-2026  
Work: 443-5411 (ext 202)

Subarea #9 = Yukon-Kuskokwim

Consumer: Louise Charles  
P.O. Box 663  
Bethel, Alaska 99557  
Home: 543-2954

Provider: George Peratrovich  
P.O. Box 528  
Bethel, Alaska 99559  
Home: 543-2476  
Work: 543-3321

IHS Representational Liaison

Diane Muri  
Alaska Area Native Health Service  
Box 7-741  
Anchorage, Alaska 99510  
Work: 265-3312

Military Representational Liaison

Colonel Lester Parker  
Hospital Administrator  
Elmendorf AFB Hospital  
Elmendorf, Alaska 99506  
Work: 205-9312

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN <sup>4</sup>  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON OF THE HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: JANET NORMAN, COMMUNITY HEALTH AIDE, P.O. BOX 116, NAKNEK, ALASKA  
99633

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON OF THE HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: IMOGENE GARDINER, COMMUNITY HEALTH AIDE, CLARKS POINT, ALASKA 99569

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

SENT BY A.M. SORENSEN, DLG LIO

4

MSG 84-00021641 PRY 1 03/07/84 09:34:24 ORIG: LI00 IN= 0004 OUT= 0032  
FROM: ANNA MAY, DILLINGHAM TO: JUNEAU INFORMATION  
TARGET: LJHK SUBJ: PUBLIC OPINION MESSAGES

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ~~ADELHEID HERRMANN~~  
REPRESENTATIVE MAE TISCHER, CHAIR. OF THE HESS COMMITTEE

FROM: MARGARET K. ECHUCK, COMMUNITY HEALTH AIDE, GEN. DEL. PLATINUM,  
ALASKA 99651

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN  
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING  
YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, OF THE HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: LYDIA SCHOUTEN, COMMUNITY HEALTH AIDE, GOODNEWS BAY, ALASKA 99589

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HB 548. I FEEL THAT THIS IS AN  
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM  
SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE

POUCH V, JUNEAU ALASKA 99811

FROM: HELEN C. GROAT, COMMUNITY HEALTH AIDE, GEN. DEL. NAKNEK, ALASKA  
99633

SUBJECT: HOUSE BILL 548

I SUPPORT HOUSEBILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE  
IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF  
THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

MSG 84 00021601 PRY 1 03/07/84 08:57:56 CRIG: L100 IN= 0002 OUT= 0023  
FROM: ANNA MAY, DILLINGHAM TO: JUNEAU INFORMATION  
TARGET: LJHK SUBJ: PUBLIC OPINION MESSAGES

TO: SENATOR MULCAHY  
REPRESENTATIVE HERRMANN  
REPRESENTATIVE MAY TISCHER, HESS CHAIRPERSON  
POUCH V, JUNEAU, ALASKA 99811

FROM: VIRGINIA ALECK, COMMUNITY HEALTH AIDE, CHIGNIK LAKE, ALASKA 99502  
SUBJECT: HB 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSEBILL 548. I FEEL THAT THIS IS AN  
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM  
SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR MULCAHY  
REPRESENTATIVE HERRMANN  
REPRESENTATIVE MAE TISCHER, HESS CHAIRPERSON  
POUCH V, JUNEAU, ALASKA 99811

FROM: WASSELIA NICKOLAI, PRIMARY COMMUNITY HEALTH AIDE, EKWOK, ALASKA  
99580

SUBJECT: HB 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSEBILL 548. I FEEL THAT THIS IS AN  
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEK-  
ING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR MULCAHY  
REPRESENTATIVE HERRMANN  
REPRESENTATIVE MAE TISCHER, HESS COMMITTEE CHAIR.

FROM: TATANIA KAPATOK, COMMUNITY HEALTH AIDE, KOLIGANEK, ALASKA 99576

SUBJECT: HB 548

PLEASE SUPPORT HOUSE BILL 548. I FEEL THAT THIS AN IMPORTANT BILL THAT  
BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET  
THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, HESS COMMITTEE CHAIRPERSON

FROM: ANNIE WILSON, COMMUNITY HEALTH AIDE, IGUIGIG, ALASKA 99613

SUBJECT: HB548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN  
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING  
YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

SENT BY A.M. SORENSEN, DLG L10

MSG 94-00021703 PRY 1 03/07/84 11:10:41 ORIG: LI00 IN= 0005 OUT= 0051  
FROM: ANNA MAY, DILLINGHAM TO: JUNEAU INFORMATION  
TARGET: LJHK SUBJ: PUBLIC OPINION MESSAGES

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TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON OF THE HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: CHARLES AARONS, M.D., DILLINGHAM, ALASKA 99576 (MEDICAL OFFICER AT  
BRISTOL BAY AREA HOSP., 1978-82. PRIVATE PRACTICE, DILLINGHAM,  
1982-PRESENT.

SUBJECT: HOUSE BILL 548

C.H.A.'S ARE ESSENTIAL FOR ME TO PROVIDE GOOD HEALTH CARE TO MY PATIENTS IN  
VILLAGES, NATIVE AND NON-NATIVE. THIS INVESTMENT IS BETTER THAN PRACTICALLY  
ANY OTHER ASPECT OF RURAL HEALTH CARE. HOSPITAL BASED PROGRAM SPENDING IS OF  
LITTLE HELP TO - MAJORITY OF RURAL ALASKA RESIDENTS WITHOUT ADEQUATE C.H.A.  
TRAINING, FUNDING.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIR PERSON OF THE HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: DENISE J. SMITH ROBERTS, PHYSICIANS ASSISTANT, GEN. DEL. DILLINGHAM,  
ALASKA 99576 (SOUTH NAKNEK COMMUNITY HEALTH AIDE & PHYSICIANS ASS'T.)

SUBJECT: HOUSE BILL 548

I SUPPORT HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE  
IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF  
THE HESS COMMITTEE AND PASSED. THANK YOU.

\*\*\*\*\*  
SENT BY A.M. SORENSEN, DLG LIO

MSG 84-00020260 PRTY 1 03/02/84 15:09:43 ORIG: L100 IN= 0007 OUT= 0102  
FROM: DOROTHY IN DILLINGHAM TO: JUNEAU INFORMATION  
TARGET: LJHK SUBJ: PUBLIC OPINION MESSAGE

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TO: REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER

SENATOR BOB MULCAHY

FROM: BOB APPEL, DIRECTOR OF COMMUNITY HEALTH SERVICES,  
BRISTOL BAY AREA HEALTH CORPORATION, BOX 10236, DILLINGHAM,  
ALASKA 99576

SUBJECT: HB548 COMMUNITY HEALTH AIDE PROGRAM

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HB548 THE BILL PROVIDING FUNDING FOR  
COMMUNITY HEALTH AIDE PROGRAMS. I FEEL THAT THIS BILL WILL BE OF BENEFIT  
TO HEALTH CARE IN ALL OF RURAL ALASKA, AND THAT IT IS AN IMPORTANT BILL.

HELP IN GETTING IT MOVED OUT OF THE HOUSE AND  
PASSED INTO LAW.

THANKS.

SENT BY D. LARSON, DLG. L10

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: VINCENT LAWLER, BOX 10235, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I SUPPORT HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

\*\*\*\*\*

TO: SENATOR MULCAHY  
REPRESENTATIVE ~~HERRMANN~~  
REPRESENTATIVE TISCHER, CHAIR. HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: SADIE HAKENHULL, BOX 10235, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I SUPPORT HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

\*\*\*\*\*

TO: SENATOR MULCAHY  
REPRESENTATIVE ~~HERRMANN~~  
REPRESENTATIVE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: LAURA GORMAN, BOX 315, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ~~HERRMANN~~  
REPRESENTATIVE MAE TISCHER, CHAIR., HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: NANCY WITTERHOLT, M.P.H., BOX 10235, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

\*\*\*\*\*

SENT BY ANNA MAY SORENSEN, DLG LIO

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIR., HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: RON PERKINS, BOX 10235, ~~DILLINGHAM~~ ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS SUPPORT FOR THIS BILL. I FEEL THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID ~~HERRMANN~~  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: JACKIE KNUITSEN, BOX 187, ~~DILLINGHAM~~ ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID ~~HERRMANN~~  
REPRESENTATIVE MAE TISCHER  
POUCH V, JUNEAU, ALASKA 99811

FROM: RUSSELL NELSON, BOX 85, ~~DILLINGHAM~~ ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS SUPPORT FOR HOUSE BILL 548. I FEEL THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP ON THIS BILL.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID ~~HERRMANN~~  
REPRESENTATIVE MAE TISCHER  
POUCH V, JUNEAU, ALASKA 99811

FROM: RANDY BECK, R.N., BOX 10235, ~~DILLINGHAM~~ ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS MY SUPPORT FOR THIS BILL. I FEEL THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

MSG 84-00022338 PRY 1 03/08/84 13:57:49 ORIG: L100 IN= 0002 OUT= 0104  
FROM: ANNA MAY, DILLINGHAM TO: JUNEAU INFORMATION  
TARGET: LJKK SUBJ: PUBLIC OPINION MESSAGES

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TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID HERRMANN  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: ANN. N. COSKEY, BOX 10235, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID ~~HERRMANN~~  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: CORY C. SUCHMAN, P.O. BOX 2823, ~~DILLINGHAM~~, ALASKA 99576

~~HOUSE BILL 548~~

I SUPPORT HOUSEBILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. PLEASE HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID ~~HERRMANN~~  
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: THOMAS TILDEN, BOX 10152, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I SUPPORT HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP IN GETTING THIS BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

\*\*\*\*\*

TO: SENATOR BOB MULCAHY  
REPRESENTATIVE ADELHEID ~~HERRMANN~~  
REPRESENTATIVE MAE TISCHER, CHAIR., HESS COMMITTEE  
POUCH V, JUNEAU, ALASKA 99811

FROM: MARY CLARK, BOX 2792, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS MY SUPPORT FOR THIS BILL. I FEEL THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. PLEASE HELP TO GET THIS BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

4

ST SUBJECT: HB 548

~~PLEASE CONTACT THE DISTRICT OFFICE OF THE HOUSE OF REPRESENTATIVES AT 1100 EAST 12TH AVENUE, DENVER, COLORADO 80202 FOR MORE INFORMATION.~~ PLEASE  
DO WHAT YOU CAN TO SEE THAT IT IS PASSED THIS  
IS VERY IMPORTANT TO PEOPLE IN OUR AREA.

\*\*\*\*\*

TO: REPRESENTATIVE HERRMANN, DISTRICT 26  
REPRESENTATIVE FISCHER, CHAIR, HESS COMMITTEE  
SENATOR MULCAHY, DISTRICT 4

FROM: KENNETH CROOKS, DENTIST, BRISTOL BAY AREA HOSPITAL  
BOX 10235, ~~DILLINGHAM~~, ALASKA 99576 - PH 341-3211

SUBJECT: COMMUNITY HEALTH AIDE PROGRAM ASSISTANCE HB 548

~~WOULD BE TO EXPRESS MY SUPPORT FOR HB 548 RELATING TO COMMUNITY HEALTH  
AIDE PROGRAM ASSISTANCE.~~ THIS BILL WOULD BE BENEFICIAL TO OUR AREA AND  
I AM HOPEING YOU WILL DO WHAT YOU CAN TO SEE THAT THIS BILL PASSES THE  
LEGISLATURE THIS SESSION. THANK YOU FOR YOUR HELP.

\*\*\*\*\*

TO: REPRESENTATIVE HERRMANN, DISTRICT 26  
REPRESENTATIVE FISCHER, CHAIR, HESS COMMITTEE  
SENATOR MULCAHY, DISTRICT 4

FROM: DONNA J. TROYER, (NASCOP) LAB SUPERVISOR, BRISTOL BAY  
AREA HOSPITAL, BOX 10235, ~~DILLINGHAM~~, ALASKA PH 341-3211

SUBJECT: HB 548

~~PLEASE CONTACT THE DISTRICT OFFICE OF THE HOUSE OF REPRESENTATIVES AT 1100 EAST 12TH AVENUE, DENVER, COLORADO 80202 FOR MORE INFORMATION.~~ THIS BILL IS IMPORTANT AND BENEFICIAL TO THIS AREA  
AND ALL OF RURAL ALASKA. URGE YOUR SUPPORT AND YOUR HELP IN SEEING THAT  
THIS BILL IS MOVED OUT OF THE HESS COMMITTEE AND ON TO PASS THIS SESSION.  
THANK YOU.

\*\*\*\*\*

SENT BY: J. LARSON, DIST. LIC.

TO: BOB T. WILSON 03/20/84 09:11 23 ORIGINAL TO THE 1983 1174 0040  
FROM: BOB T. WILSON TO: BUREAU INFORMATION  
SUBJECT: RURAL SURVIVAL PUBLIC OPINION MESSAGES

4

~~REPRESENTATIVE HERRMANN, DISTRICT 26~~  
REPRESENTATIVE TISCHER, CHAIR OF THE HESS COMMITTEE  
SENATOR MULLOCHY, DISTRICT N

FROM: DAVE INGRAHAM, MD, BRISTOL BAY AREA HOSPITAL, BOX 10135  
~~DIILLINGHAM~~ ALASKA 99576 - PHONE 842-5201

SUBJECT: HB 548

~~PLEASE DO NOT REPLY TO THIS MESSAGE. IT IS BEING FORWARDED TO THE HESS COMMITTEE.~~ FEEL THAT THIS IS A VERY  
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I  
WANT YOUR ASSISTANCE IN GETTING THE BILL MOVED OUT OF THE HESS COMMITTEE  
AND PASSED. THANK YOU.

TO: REPRESENTATIVE HERRMANN, DISTRICT 26  
REPRESENTATIVE TISCHER, CHAIR, HESS COMMITTEE  
SENATOR MULLOCHY, DISTRICT N

FROM: JANICE M. WILSON, ASSISTANT ADMINISTRATOR, BRISTOL BAY AREA  
HOSPITAL, BOX 10235, ~~DIILLINGHAM~~, ALASKA - PH 842-5201

SUBJECT: HB548

~~PLEASE DO NOT REPLY TO THIS MESSAGE. IT IS BEING FORWARDED TO THE HESS COMMITTEE.~~ THIS BILL IS VERY  
IMPORTANT AND WOULD BENEFIT THE WELL-BEING OF THOSE IN RURAL ALASKA.  
I SUPPORT THE BILL AND WOULD HOPE THAT YOU WILL HELP TO GET THE BILL IN  
IT'S WAY TO PASSAGE. THANK YOU.

TO: REPRESENTATIVE HERRMANN, DISTRICT 26  
REPRESENTATIVE TISCHER, CHAIR, HESS COMMITTEE  
SENATOR MULLOCHY, DISTRICT N

FROM: BETH WILSON, BRISTOL BAY AREA, BOX 10135, ~~DIILLINGHAM~~ ALASKA - PH. 842-5201

SUBJECT: HB548, RURAL SURVIVAL HEALTH CARE PROGRAM

~~PLEASE DO NOT REPLY TO THIS MESSAGE. IT IS BEING FORWARDED TO THE HESS COMMITTEE.~~ AND THAT YOU DO WHAT YOU CAN TO  
MOVE THE BILL OUT OF THE HESS COMMITTEE. THIS ASSISTANCE TO HEALTH CARE  
PROGRAMS WILL BE A BENEFIT TO RESIDENTS OF OUR AREA. THANK YOU.

MSG 34-0002-ITD ARTY 05/14/84 11:55:08 ORIG. 1.00 L.4 0607 C.L.T= 0124  
FROM: DOROTHY IN DILLINGHAM TO: JUNEAU INFORMATION  
TARGET: LHMK SUBJ: PUBLIC OPINION MESSAGES

4

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TO: REPRESENTATIVE ADELHEID HERRMANN, DISTRICT 26  
REPRESENTATIVE MAE FISCHER, CHAIR, HESS COMMITTEE  
SENATOR BOB MULCAHY, DISTRICT N

FROM: JAMES RICKARD, BOX 10235  
DILLINGHAM, ALASKA 99576

SUBJ: HBS43, COMMUNITY HEALTH AID PROGRAMS

~~WOULD LIKE TO EXPRESS MY SUPPORT FOR HBS48.~~ FEEL THAT THIS IS AN IMPORTANT  
BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I URGE YOUR HELP IN  
MOVING THE BILL OUT OF THE HESS COMMITTEE AND URGE PASSAGE.

MSG 84-00024359 PTY : 03/14/84 11:41:53 ORIG: LIOK IN= 0008 OUT= 0056  
FROM DOROTHY IN DILLINGHAM TO: JUNEAU INFO  
TARGET LJKK SUBJ: PUBLIC OPINION MESSAGE

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TO: REPRESENTATIVE ADELHEID HERRMANN, DISTRICT 25  
REPRESENTATIVE PAE TISCHER, CHAIR, HESS COMMITTEE

SENATOR BOB MULLARY, DISTRICT N

FROM: JAMES RICKARD, BOX 10233, ~~DILLINGHAM~~ ALASKA 99576

SUBJ: 10543, COMMUNITY HEALTH AID PROGRAM

~~I feel that this bill is very important for rural Alaska. I feel that this is an~~  
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I  
WANT YOUR HELP IN GETTING THIS BILL MOVED OUT OF THE HESS  
COMMITTEE AND ON TO BECOME LAW. THANK YOU.

\*\*\*\*\*  
END FROM LARKSON, OLG, LEO

# YUKON-KUSKOKWIM HEALTH CORPORATION

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

March 7, 1984

Dear Sirs;

The the supervisors and administrators of more than one hundred twenty community health aides in the Y-K-Delta wish to request your full support of House Bill #548. The training and support of CHA's which this Bill addresses is, we feel, as equally as important as the actual provision of direct health services. The fact too, that in your own way, your support of this Bill as Legislature is a wonderful way of providing much-needed support for each and every health aide in the State of Alaska.

Thank you very much and Yours!

Et. al. from, AND  
Linda Kikumura S/P  
Lillian Andrew S/I  
Mary C. Nauwal, 3/C  
Arlin 4c  
Barbara Peratovich

Mary Wassilie OHA  
Pilot Station, Alaska  
99650  
3/8/84

Representative:  
Hessilbert  
Juneau, Alaska

I am in support of  
House bill 548

Thank you

Mary Wassilie  
OHA  
Pilot Station,  
Alaska

rec'd. 3/13/84

HB 548 = Community Health Aide Program

1/27 HESS

Annie Greene

Petal Station

3/8/84.

Representative Herbert.

Juneau, Alaska.

Dear Sir,

I am in support of  
House bill number 548.

Thank you.

Annie Greene P.S.

CHA

# Alaska State Legislature

MAR 14 1984

## COMMITTEES

Co-Chairman — House Resources  
Committee

Chairman — REAA Budget Oversight  
Committee

Member — House State Affairs

DOT — Finance Sub Committee



## House of Representatives

While in Session:

Pouch V  
State Capitol  
Juneau, Alaska 99811  
Phone (907) 465-4951  
465-4940

Home - P.O. Box 355  
Delta Junction, Alaska 99737

Dick Shultz

March 13, 1984

Lorraine Jackson, Treasurer  
Copper River Native Association  
Drawer H  
Copper Center, Alaska 99573

Dear Lorraine:

Thank you for your support on House Bill 548. I do support the bill (I am one of the co-sponsors). The bill has had a fairly "bumpy" time in the HESS Committee and is now being reviewed by Representative Hermanne and her office staff. I believe that when it comes to the Committee for its next hearing--I understand about 3 weeks from now--we should have an acceptable bill.

I do know the Health Aid Programs in the Rural Areas have decreased the amount of work treating patients at the local hospitals--especially in the Glennallen area. Previous to the work of the Village Health Clinics the work load of the doctors at Faith Hospital was becoming a worry to many residents of the area. Doctors in rural areas are always overworked and understaffed and any relief from their work load is beneficial to everyone.

Thank you for your input and I will follow and support HB 548.

Sincerely,

A handwritten signature in cursive script that reads "Dick".

Representative Dick Shultz

DS/spp

cc: Representative Hermanne

Anvik

Feb 21, 1983

Health aide Service

YKHC

Bethel, Ak.

I'm writing this letter to support  
Bill. <sup>548</sup>~~458~~ <sup>HA</sup> I'm the health aide of Anvik since  
1965. I don't have a alt HA. as of ~~now~~ now. I  
work 7 d's a wk. on stand by 24 hrs a day.  
I make a little over \$850.00 a mo. Sometime  
that is no enough to feed my family.  
I feel like I'm under payed.

Agnes Kruger

3/15/84

Dear Tom Vaska,

I would like to suggest that you vote for House Bill #548. The health aides do not get nearly enough money for what they do & for the responsibility that they carry. Voting "yes" would mean better pay and therefore better quality health aides & possibly due to good quality care we could save lives. This bill is very important to many residents in the T-K delta. Please vote yes for House Bill #548.

Sincerely,

Hudi Halverson RPH