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CITY OF ALEKNAGIK
P.O. Box 33
Aleknagik, AK 99555

March 8, 1984

Representative Adelheid Herrmann
House of Representatives
Pouch V
Juneau, AK 99811

Dear Representative Herrmann:

On behalf of the City of Aleknagik, the residents of South Shore, and the Aleknagik City Council, I would like to request that the Alaska State Legislature include in the Fiscal Year 1984 Legislative appropriations, funding for a new South Shore Community Health Aide Clinic facility. At the present time, the South Shore Community Health Aide, is providing medical care for the ill in her home, and has been, for the past two years.

The residents of Aleknagik consist mainly of elderly people who do not always have access to boat transportation, or vehicle transportation, because they don't know how to operate them. The only other option is air transportation, for medical care and immediate emergencies. Moreover, the elderly people don't use English as their first language and usually prefer a person who can speak their language, which is Yupik Eskimo, to tell the Community Health Aide of their medical problems.

The employment situation is also another problem that causes the income to be below average in many homes, and not all of the South Shore Aleknagik residents have access to vehicle transportation. Therefore, the people in the community rely on their Community Health Aide for medical problems, because air transportation is high. For one person to fly to Dillingham, it costs \$ 40.00 one way, and that adds up, especially if the Native community mainly relies on subsistence livelihood to help meet their basic needs, such as high food costs, which are practically doubled the cost of Anchorage food prices.

The approval of a new South Shore Clinic would improve the sanitation and health/safety requirements of the Indian Health Service, by providing adequate water, sewer, heat for

Representative Adelheid Herrmann
House of Representatives
Pouch V
Juneau, Alaska 99811
March 8, 1984
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the protection of the patient's medical care. Recently, during a "cold spell," the South Shore Community Health Aide's medicine froze and had to be disposed of, when at all times, she should have an adequate supply of medication on hand for basic emergency care.

Currently, the South Shore Community Health Aide has one (1) four-drawer steel file cabinet, that she keeps her medicine, in one of the drawers, medical utilities, such as thermometers, otoscopes, in another drawer, and records and other basic medical supplies in another drawer. The South Shore Community Health Aide, personally, is also keeping medication that has to be kept refrigerated, in her refrigerator, along with her food, and she doesn't approve of the idea of "mixing" food and "medication" in one mini-refrigerator. Those are the only two (2) pieces of "medical" equipment that she is equipped with, along with a telephone to take care of medical emergencies--right at home!

The South Shore Clinic would also be a benefit to the South Shore Community Health Aide's well-being. She would be more confident, knowing that adequate medical equipment, and supplies were locked up in the South Shore Clinic, and would fit the true role of a Community Health Aide in her new setting and environment.

Bob Appel, Director of Community Services, for the Bristol Bay Area Health Corporation, is proposing to submit to include South Shore Health Clinic Lease space to the Indian Health Service, for Fiscal Year 1984 Budget. If funding to build a new South Shore Clinic, and funding for clinic equipment is approved, the City of Aleknagik would like to begin construction of the South Shore Clinic facility in the Fall of 1984. It is currently estimated that the construction time span for the clinic would be approximately two (2) months. The City plans to use local people to build the clinic, and for the building materials, we are using estimate by a local supplier, Choggiung Lumber & Supply, so we wouldn't have to worry about freight expenses for the building materials. The only freight expenses would be for the new clinic equipment from American Hospital Supply, of Redmond, Washington, and from Anchorage, for office desk, chair, garbage can, and 4 waiting chairs.

Representative Adelheid Herrmann
House of Representatives
Pouch V
Juneau, AK 99811
March 8, 1984
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Therefore, for the benefit of the local elderly's health care, and the South Shore residents of Lake Aleknagik, I again propose that the Alaska State Legislature provide funding for a new South Shore Community Health Aide Clinic Facility, and Clinic Equipment for our community. Thank you for your time and consideration.

Sincerely,

CITY OF ALEKNAGIK

Helen M. Chythlook

Helen M. Chythlook
City Administrator

cc: Senator Bob Mulcahy
Older Alaskan Commission
Senator Frank Ferguson
Senator John Sackett, Senate Finance Co-Chairman
Representative Albert Adams, Chairman, House Finance
Robert J. Clark, Executive Director, BBAHC
Vivian M. Chythlook, South Shore Community Health Aide
Aleknagik City Council

Attached: Chog Lumbers Letter & Cost Estimates for
Clinic Building Materials
Betty Knutsen's Clinic Equipment Cost Estimate List
(CHAP Director, Bristol Bay Area Health Corp.)

CITY OF ALEKNAGIK

P.O. Box 33

ALEKNAGIK, ALASKA 99555

(907) 842-5953

PROPOSED SOUTH SHORE HEALTH CLINIC - FY84
SPECIFICATIONS: 20' x 24' (Minimum required by I.H.S.)
COST ESTIMATES

| | |
|--|------------------------------|
| CLINIC EQUIPMENT COSTS: | \$ 5,350.00 (w/out Freight) |
| EQUIPMENT FREIGHT ESTIMATE: | 10,000.00 (Approximate) |
| BUILDING MATERIALS: | 8,952.34 (Chog Lumber Quote) |
| Electrical Package: (Telephone Installation included) (but optional for now) | 1,342.74 (Nushagak Electric) |
| Water & Sewer System | 20,000.00 |
| Construction/Labor Costs (two months-three months work) | <u>15,000.00</u> |

TOTAL ESTIMATE COSTS: \$ 60,645.00

MEMORANDUM

TO: Wassillie Ilutsik, Mayor
Aleknagik City Council

FROM: Helen *June* Chythlook, City Admin. strator

RE: South Shore Health Clinic Equipment Estimates
(Equipment Needed by South Shore Health Clinic)

Per Telephone Conversation with Barbara Knutsen,
CHAP Director, Bristol Bay Area Health Corporation

DATE: 2 March 1984

Barbara Knutsen, CHAP Director, Bristol Bay Area Health Corporation said that Equipment Needed for the South Shore Health Clinic are as follows. These are rough estimates for now.

| <u>EQUIPMENT</u> | <u>COS? ESTIMATE (WITHOUT FREIGHT)</u> |
|---|--|
| Exam Table (Catalog-American Hospital Supply) (Redmond, Washington) | \$ 1,300.00 (no freight) |
| Treatment Cabinet with Drawers (Catalog-American Hospital Supply) (Redmond, Washington) | \$ 100.00 (no freight) |
| Storage Cabinet(Double Door that Locks) (Barrett Office Supply)/156 pounds. | \$ 241.00 (without Freight) |
| Goose Neck Lamp (American Hospital Supply) (Redmond, Washington) | \$ 54.00 (no freight) |
| Double Pedestial Desk (Barrett Office Supply)/135 pounds. | \$ 300.00 (no freight) |
| Desk Chair/with Arms (Barrett Office Supply)/45 pounds (approx.) | \$ 86.00 (no freight) |
| Swivel Desk Chair (Barrett Office Supply/43 Pounds) | \$ 146.00 (no freight) |
| Folding Chairs (14.50 each) (Barrett Office Supply (46 pounds/4 chairs) | \$ 58.00 (4 Chairs/Carton) |
| Refrigerator (10.4 Cubic foot) (Sears/ 154 pounds) | \$ 400.00 (no freight) |

MEMORANDUM

Wassillie Ilutsik, Mayor
Aleknagik City Council
re: South Shore Clinic Equipment Estimates
March 2, 1984
Page Two

| <u>EQUIPMENT</u> | <u>COST ESTIMATE(WITHOUT FREIGHT)</u> |
|--|---|
| (2) Two Garbage Cans (Barratt Office Supply) | \$ 38.00 Each (no freight) (\$ 76.00) FOR TWO GARBAGE CANS |
| Mayo Instrument Stand (American Hospital Supply) | \$179.00 (no freight) |
| Cool-Mist Vaporizer (Sears)/ 4 pounds, 12 oz. | \$ 20.00 (no freight) |
| Adult Scale (American Hospital Supply) (Redmond, Washington) | \$265.00 (no freight) |
| Stainless Steel Utility Table (American Hospital Supply) (Redmond, Washington) | \$400.00 (no freight) |
| Stainless Steel Worktable (American Hospital Supply) (Redmond, Washington) | \$325.00 (no freight) |
| ESTIMATE TOTAL COST EQUIPMENT (FREIGHT COSTS NEED TO BE INCLUDED): | \$5,350.00 (COST WITHOUT FREIGHT) |

Barbara said she had other Hospital Equipment catalogs, if we would like to sit down with her sometime, at the Bristol Bay Area Hospital and go over clinic equipment catalogues with her. Barbara is "holding" an infant scale for the South Shore Clinic. The hospital potentially will be able to provide the South Shore Clinic with a short-wave radio. We will need to provide (2) two fire extinguishers.

CHOG LUMBER & SUPPLY

"The Blue Building on the Bay"

P. O. BOX 196
DILLINGHAM, ALASKA 99576
PHONE 842-1200

March 8, 1984

Ms. Helen M. Chythlook
City Administrator
City of Aleknagik 99555

Dear Ms. Chythlook

Enclosed is an itemized materials list I have estimated for the proposed South Shore Health Aide Clinic as per your letter dated 3/5/84. The price includes all materials necessary to bring the building to an operational condition. I have also included an estimation of materials and a schematic drawing for the electrical which should be installed during construction.

We certainly appreciate the opportunity to bid this project, and look forward working with our friends in Aleknagik. If I may be of further service or answer any questions concerning the enclosed estimate please contact me at Chog Lumber 842-1200.

Sincerely,

CHOG LUMBER

Jon E. Sorensen
General Manager

Enclosures

CHOG LUMBER & SUPPLY

"The Blue Building on the Bay"

P. O. BOX 196
DILLINGHAM, ALASKA 99576
PHONE 842-1200

City of Aleknagik

Proposed South Shore Health Aide Clinic

Attached is a comprehensive itemized materials list and prices for all building materials through the completion stage. You will also find a schematic drawing of an electrical system.

| | | |
|---------------------|------------|-------------------------------------|
| Building Material : | \$8,952.34 | <u>F.O.B. Aleknagik North Shore</u> |
| Electrical Package: | \$1,342.74 | " " " " |

CHOG LUMBER & SUPPLY

"The Blue Building on the Bay"

P. O. BOX 196
DILLINGHAM, ALASKA 99576
PHONE 842-1200

| ITEM | DESCRIPTION | EXTENTION |
|-----------------------------------|-------------------------------|--------------|
| Foundation Girders | 4 X 12 #2 D/Fir 2/16 1/20 | 689/M 143.31 |
| Floor Joist - 16"o/c | 2 X 10 #2 H/Fir 6/12 20/12 | 615/M 319.80 |
| Subfloor/Underlayment | 3/4" T & G Plywood 15pcs. | 865/M 415.20 |
| Plate - Ext. Walls | 2 X 6 #2 H/Fir 6/10,6/14,6/20 | 533/M 140.71 |
| Studs - " " | 2 X 6 #2 H/Fir 88/92-5/8" | 546/M 384.38 |
| Headers " " | 2 X 8 #2 H/Fir 3/16 | 748/M 47.87 |
| Plywood Siding | 4 X 9 5/8" T-1-11 | 805/M 753.48 |
| 15lb. Felt-roof/siding | 5 rolls @ 19.00 | 95.00' |
| Interior Wall Plate | 2 X 4 #2 H/Fir 14/14 | 590/M 77.29 |
| Interior Wall Studs | 2 X 4 #2 H/Fir 70/92-5/8" | 488/M 209.44 |
| Interior Headers | 2 X 6 #2 H/Fir 4/8 | 546/M 17.47 |
| Ceiling Joist 24"o/c | 2 X 6 #2 H/Fir 16/20 | 533/M 170.56 |
| Roof Rafter 24"o/c | 2 X 6 #2 H/Fir 28/12 | 533/M 179.08 |
| Roof Sheathing | 4 X 8 1/2" CDX Plywood 20pcs. | 477/M 305.28 |
| Brown Steel Eaves Flashing | 5 pcs. @ 10.00 | 50.00 |
| Brown Steel Gable Flashing | 4 pcs. @ 11.60 | 46.40 |
| Brown Steel Roofing 12ft. | 12 pcs. @ 15.00 | 180.00 |
| Brown Steel Ridge | 3 pcs. @ 11.00 | 33.00 |
| Butyl Adhesive Tape | 4 roll @ 9.00 | 36.00 |
| Foam Closure Tape | 2 roll @ 6.50 | 13.00 |
| Brown Roofing Screws | 300 screws @ .07 | 21.00 |
| Sheetrock - Ceiling | 4 X 12 5/8" Type X 10 pcs. | 434/M 208.32 |
| Sheetrock - Walls | 4 X 8 1/2" Regular 52 pcs. | 355 590.72 |
| Visqueen Vapor Barrier | 10 X 100 6mil | 45.00 |
| 4 gallon Sheetrock Joint Compound | 6 @ 17.00 | 102.00 |
| Beadex Corners | 20 @ 1.50 | 30.00 |
| Paper Joint Tape | 3 @ 3.95 | 11.85 |

CHOG LUMBER & SUPPLY

"The Blue Building on the Bay"

P. O. BOX 196
DILLINGHAM, ALASKA 99576
PHONE 842-1200

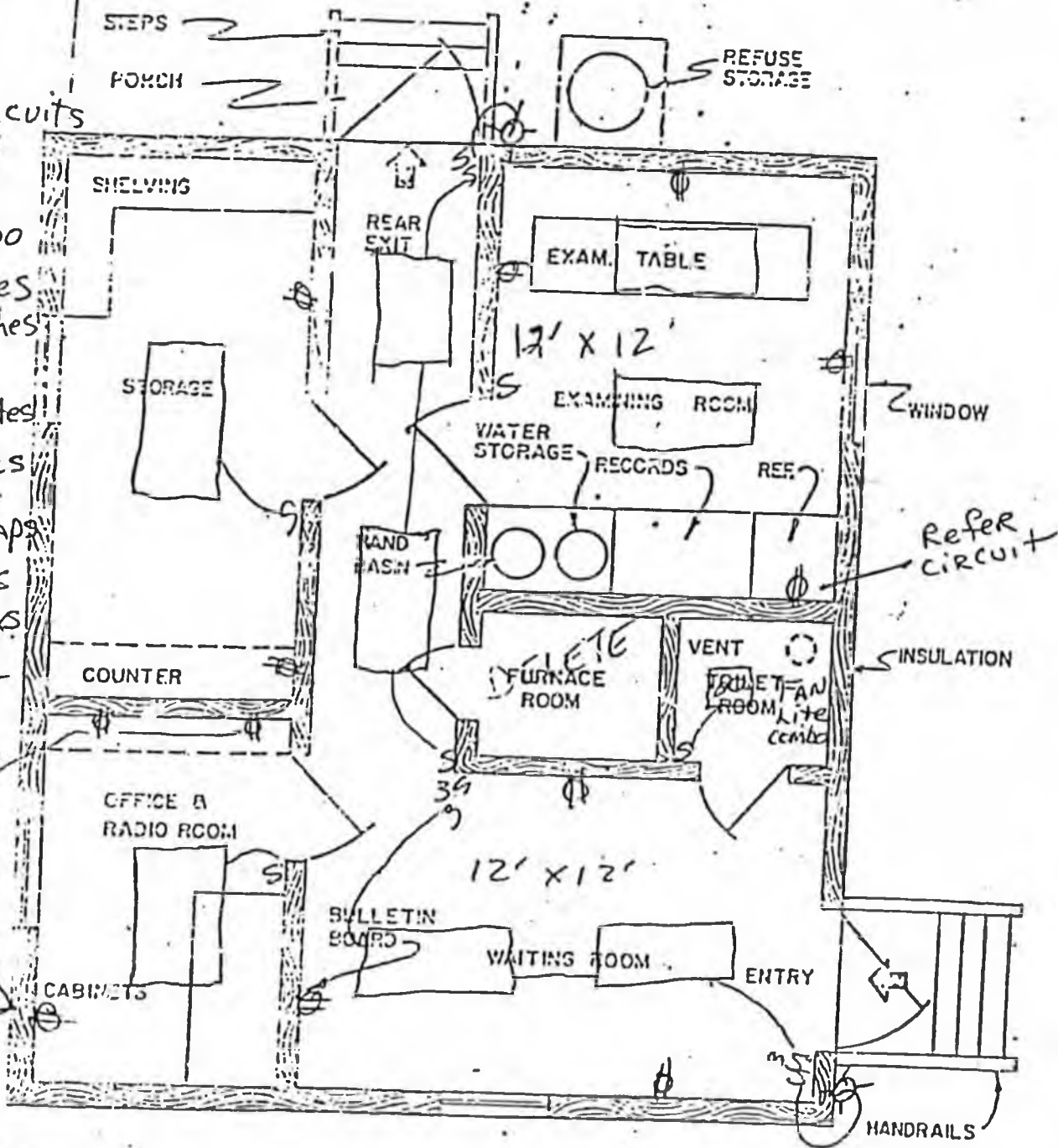
| ITEM | DESCRIPTION | EXTENTION |
|---|------------------------------|-----------|
| Insulation | | |
| Walls & Floors | R-19 X 15 6 @ 72.00 | 432.00 |
| Ceiling | R-38 X 24 6 @ 110.00 | 660.00 |
| Interior Paint | | |
| Fuller OBrien P.V.A. Primer | 2-5 gal. @ 75.00 | 300.00 |
| " " Latex Enamel - | 2-5 gal. @ 95.00 | 190.00 |
| Exterior Stain | | |
| Olympic Solid Oil - | 1 - 5 gal. 75.00 | 75.00 |
| Exterior Decks | | |
| 2 X 6 Cedar Decking and Steps | 4/10, 12/8, 6/12, 546/M | 113.56 |
| 2 X 10 #2 H/Fir Stair Stringers | 6/12 615/M | 59.02 |
| 2 X 2 TK Cedar pickets for rail | 14/8 | 28.00 |
| Flush 3/0 X 6/8 Outswing Insulated Steel Door | 2 @ 230.00 | 460.00 |
| Flush Hollow Core Mahogany 2-2/4, 1-2/0 | 3 @ 56.00 | 168.00 |
| Pine Craft Insulated Wood Casement Windows | 4 @ 230.00 | 920.00 |
| Rough Opening : 3-3-5/8" X 3-5 1/2" | | |
| Miscellaneous | | |
| <hr/> | | |
| 16d Galvanized Box Nails | 50lbs. | 47.00 |
| 8d " " " | 50lbs. | 47.00 |
| 7d " Siding | 25lbs. | 25.00 |
| 5/8" Z- Flashing | 5 @ 3.00 | 15.00 |
| Sheetrock Nails | 20lbs. | 22.00 |
| Pine Shelving 1 X 12 #3 Common 8/10 | 80 @ 1.00 | 80.00 |
| 2-1/4" Hemlock Casing & Base Molding | 200 @ .55 | 110.00 |
| Preway 50,000 BTU Oil Heater w/fan | | 375.00 |
| Metalbestos 6S-CSP Ceiling Support | 1 @ 18.00 | 18.00 |
| " 6S-30 Insulated Pipe | 3 @ 45.00 | 135.00 |
| " 6S-SF Special Flashing | 1 @ 15.00 | 15.00 |
| " 6S-SC Storm Collar | 1 @ 3.60 | 3.60 |
| " 6S-CT Round Top | 1 @ 28.00 | 28.00 |

Minimum Dimensions 20' x 24'

ALASKA AREA CIRCULAR NO. 81-43

ATTACHMENT #2

- 25 Red wirenuts
- 200 staples
- 500' 12-2
- 5 20amp circuits
- 6 Single gangs
- 3 Two gangs
- 1 Fan lite combo
- 2 plugs & plates
- 1 3 ways switches
- single pole "
- Two gang sw plates
- single sw plates
- 4' 2 tube wraps
- outside lites
- 3/p cut-in BXS
- 1 lite circuit
- convenience
- plug circuits



Service gear

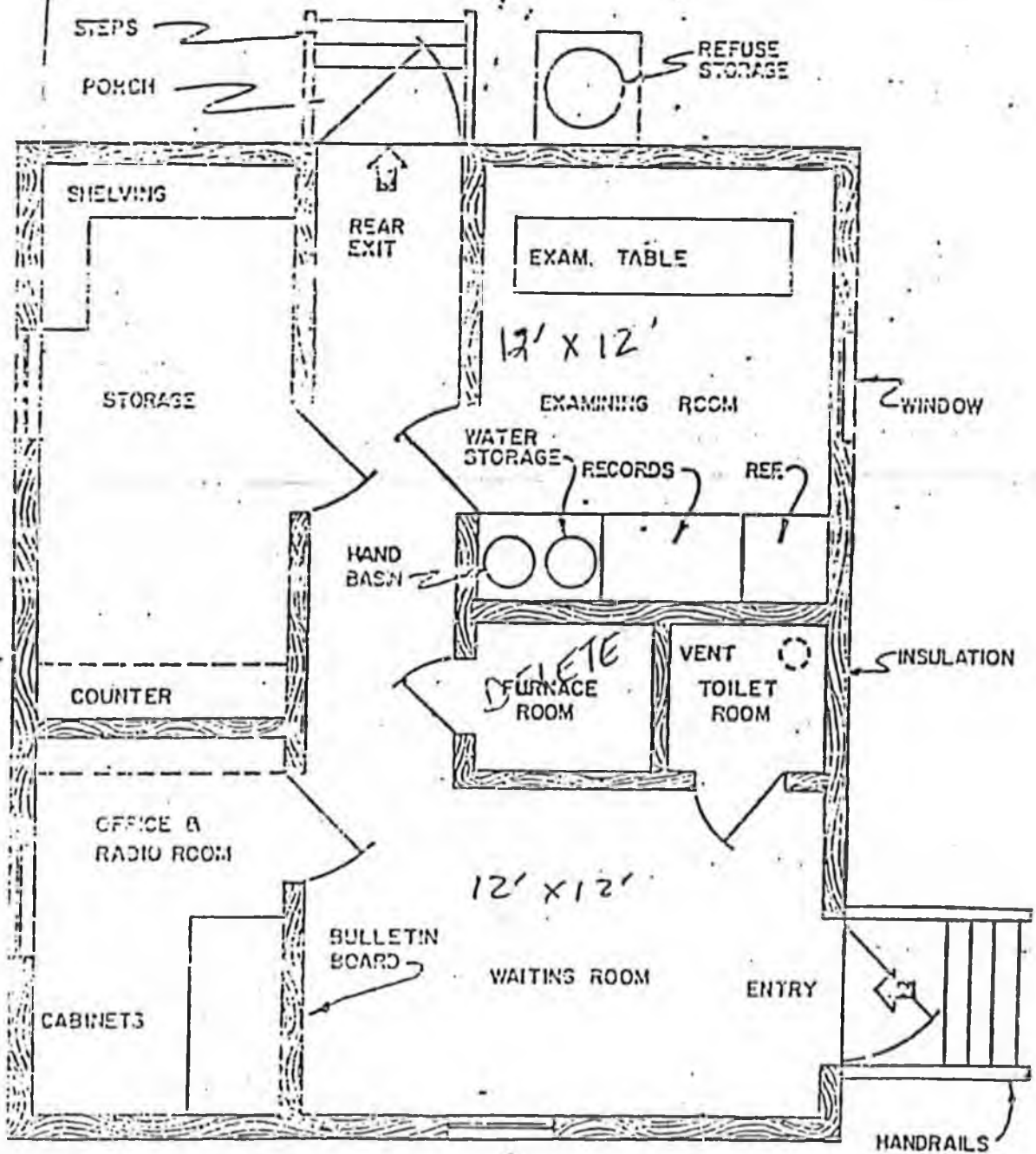
- 125 amp panel
- 125 meter disconnect
- grnd Rod 10' copper
- Approved for burial GRND CLAMP
- 10' #4 BARE grndwire
- 10' #2 THHN
- 20' #4 THHN
- Weather head 2"
- Strike knob 2"
- Flashing 2"

- 20 3/8" 2 screw connectors
- 10' 2" Rigid
- 2 2" Plastic bushings
- 4 2" Lock nuts
- 1 2" x 5" nipple
- 2 7" U bolts
- 1 2" hub

SUGGESTED BASIC CLINIC FOR VILLAGES UNDER 200 POPULATION

Minimum Dimensions 20' X 24'

ALASKA AREA CIRCULAR NO. 81-43 ATTACHMENT #2



SUGGESTED BASIC CLINIC FOR VILLAGES UNDER 200 POPULATION

58' INT. WALL X 6

CITY OF ALEKNAGIK
P.O. Box 33
ALEKNAGIK, ALASKA 99555
(907) 842-5953

March 5, 1984

Mr. Jon Sorensen
Chog Lumber Supply
Dillingham, AK 99576

Dear Mr. Sorensen:

Enclosed is a list of building materials that the City of Aleknagik would like price estimates on for the proposed South Shore Health Aide Clinic. The minimum dimensions are: 20 foot by 24 foot.

I would like to present the enclosed figures to Representative Herrmann by Thursday of this week (March 8th). The Council would like to delete the furnace room. Therefore, there are 4 rooms:

- A. Exam Room, Dimensions have to be 12 foot by 12 foot, according to the Public Health Service Requirements.
- B. Waiting Room/Office - suggested dimensions are also 12 foot by 12 foot, or 12 foot by 10 foot.
- C. Bathroom--for now, we are not anticipating installing water and sewage system, but we would like to reserve space for that in the near future.
- D. Storage Room-This must have some shelving, and a counter with a counter top.

See attached list, and enclosures for further details.

Sincerely,

CITY OF ALEKNAGIK

Helen M. Chythlook

Helen M. Chythlook
City Administrator

Enclosures

CITY OF ALEKNAGIK

P.O. Box 33

ALEKNAGIK, ALASKA 99555

(907) 842-5953

3/5/84

SOUTH SHORE HEALTH AIDE CLINIC (Dimensions 20' x 24' Minimum)

PRICE ESTIMATES FOR BUILDING MATERIALS

FROM CHOG LUMBER SUPPLY

| <u>Item(s)</u> | <u>Quantity</u> | <u>Each Item Price List</u> | <u>Total Price</u> |
|---|-------------------------|---------------------------------|--------------------|
| Oil Heater (non electric) (To heat clinic) | 1 | _____ | _____ |
| 30" to 42" Size Windows | 4 | _____ | _____ |
| 16" Foil Insullation (Wall Studs to 20' x 24') | For the whole Clinic | _____ | _____ |
| Siding Lumber (For Outside of Building) | | _____ | _____ |
| Wall Paneling (For Inside) | 4 Rooms | _____ | _____ |
| Ceiling Tile | 4 Rooms | _____ | _____ |
| 1" or 3/4" (Flooring) | 4 Rooms | _____ | _____ |
| 10" Floor Goist | 4 Rooms | _____ | _____ |
| 6" Floor Goist | 4 Rooms | _____ | _____ |
| 1/2" Roof (CDX) Material | 20' x 24' Bldg. | _____ | _____ |
| Tin Roof Galvanized | 20' x 24' Bldg. | _____ | _____ |

South Shore Health Aide Clinic
Price Estimates
From Chog Lumber Supply
March 5, 1984
Page Two

| <u>Item(s)</u> | <u>Quantity</u> | <u>Each Item Price List</u> | <u>Total Price</u> |
|---|-----------------|---------------------------------|--------------------|
| Metal Bestos Chimney | 3 Sections | | |
| Complete Doors w/ Door Jam & Door Locks | Two (2) | | |

Lumber for
2 Back Steps /handrails
& Back Porch

Lumber for 3
Front Steps /handrails
& Front Perch

Counter & Countertop 1

Shelving (1 x 12) 1

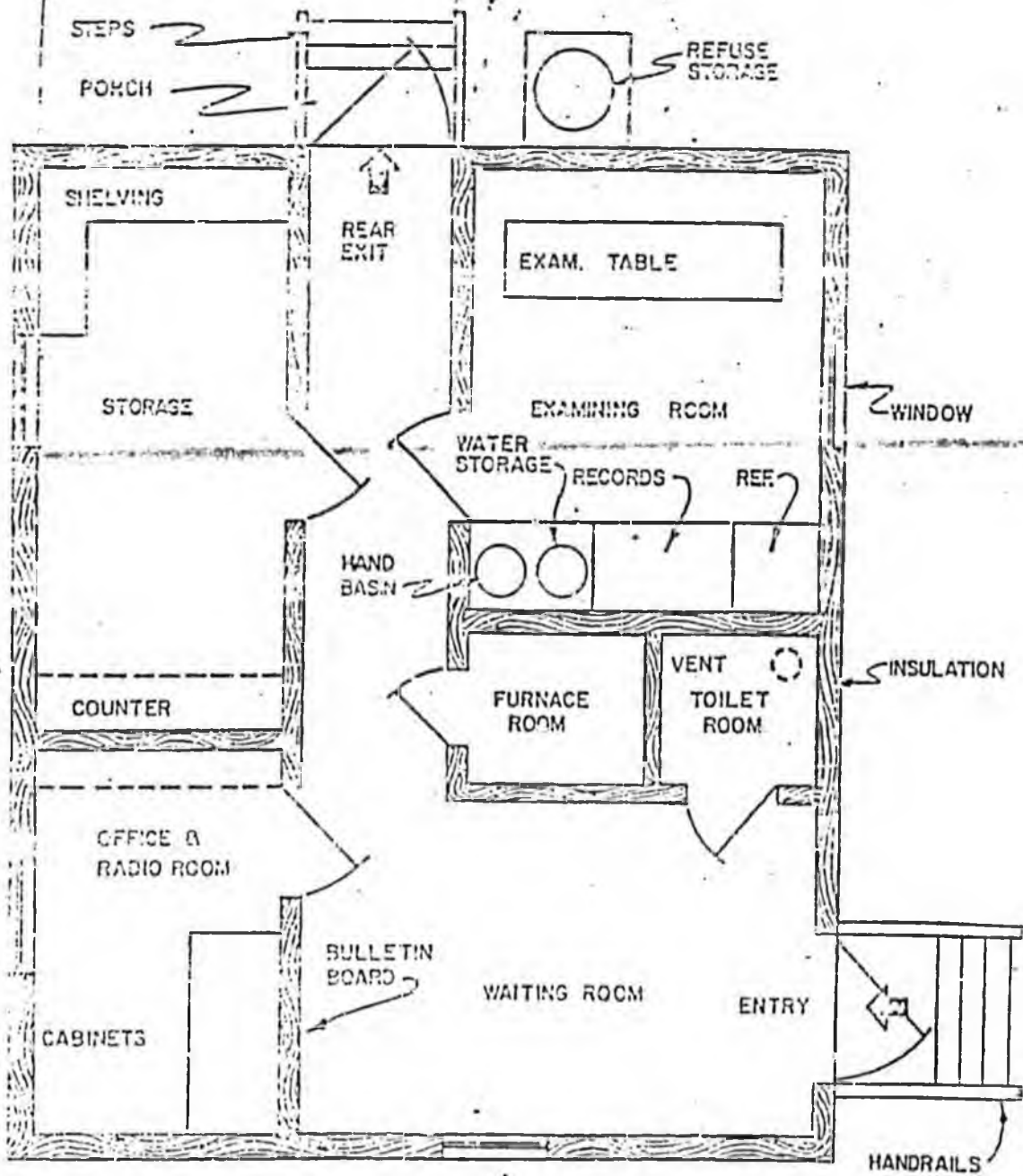
Electrical Outlets 2
Minimum (2)

Light Bulb Fixtures 4
Light Switch 4

Door Knobs 2

OTHER ITEMS NEEDED:

TOTAL PRICE ESTIMATE: _____
BUILDING MATERIALS &
SUPPLIES



SUGGESTED BASIC CLINIC FOR VILLAGES UNDER 200 POPULATION

A REPORT TO THE ALASKA STATE SENATE
AND HOUSE HESS COMMITTEE
13th ALASKA STATE LEGISLATURE, 1984
PROPOSED SOUTH SHORE HEALTH CLINIC
CITY OF ALEKNAGIK- FY84

INTRODUCTION

In the December 17, 1974, Memorandum of Agreement signed by Emery A. Johnson, M.D. Assistant Surgeon General, Indian Health Service, James S. Dwight, Jr., Administrator, Social and Rehabilitation Services, and Peter F. Holmes, Director, Office for Civil Rights, there is a provision of Medical Services to Indians and other Native Americans, that state in the policy: "Indians and other Native Americans are entitled under the fifth and fourteenth amendments to the Constitution of the United States, and Title IV of the Civil Rights Act of 1964, 42 U.S.C. 200-d et. seq., to equal access to State, Local, and Federal programs to which other citizens are entitled." It also mentions that "The United States Indian Health Service is a residual rather than primary health service resource." Moreover, the Indian Health Service Policy outlines, under the provision of its approved medical assistance plan or other public assistance plans, the state agency is responsible for meeting the cost of the services provided therein for all individuals, regardless of race, who apply and are found eligible.¹

EXISTING MEDICAL CARE (SECONDARY)

The central medical facility, is the Bristol Bay Hospital, in which the management recently was transferred to the local Bristol Bay Area Health Corporation, by the Indian Health Service. The hospital provides secondary medical service to approximately 32 villages. For major medical emergencies that cannot be treated at the Bristol Bay Hospital, they transport patients to the Alaska Native Medical Center in Anchorage.

The medical providers at the Bristol Bay Hospital communicate with the immediate health needs of each village, by the Community Health Aide Program (CHAP), which is funded by the Bristol Bay Area Health Corporation. Each day at an assigned time, the hospital doctor on duty, has "traffic hour," with the 32 villages and hears medical reports, prognosis, seen and monitored by the Community Health Aide, by VHF Radio Communications.

Thank goodness to the inventor (Alexander Graham Bell) of telephones, there are now "bush phones" in some of the villages, and the Community Health Aides can call the hospital if immediate, medical care is needed for patients. After hearing the Community Health Aides prognosis on the patient, the doctor recommends the appropriate medication treatment, and a follow-up visit to be done by the Community Health Aide. If the patient is still ill, and prescribed medical treatment isn't working, then the medical doctor will recommend that the patient be sent via airplane to the hospital for further medical treatment.

PROBLEM STATEMENT AND FACTS

If it weren't for the Community Health Aides Program in the villages, a lot of older adults and infants, who are mostly affected by illness, the death mortality rate would be higher than what it is today. Plus, it would be costing the elderly persons' and Alaska Natives, a fortune, to get to their final destination for immediate, medical attention, since most transportation is by air in the winter, and by boat in the summer. Although there is a 23 mile "dirt" road between Aleknagik and Dillingham, where the hospital is located, most elders do not drive, and they are the ones most affected by sudden illnesses and need immediate medical attention.

Therefore, I propose to the 1984 Alaska State Legislature, that a Community Health Aide Clinic be built on the South Shore of Lake Aleknagik, so that the elderly can have a closer access to quality health care. The elderly also do not operate outboard motors, and it is rather

difficult for most of them to "get around," and they mostly need "escorts" to help them get medical care, because they do not speak English, as their first language. If the New South Shore Clinic was built, this would benefit the elderly's well being, mentally, physically, and emotionally. Because, the South Shore Health Clinic would be on the same side of the lake they they live on, and they would call the Community Health Aide for immediate medical aide. She/he in turn, would contact the hospital if it was a serious emergency, and be able to drive the elder person, or infant, to the hospital, since the road is accessible on the South Shore vicinity. This medical care routine would affect persons of all ages, who need immediate medical care. For those persons who are too ill, disabled to go to the clinic, the Community Health Aide would make home visits, and follow-up visits, until the person's illness has subsided; or the person has been referred for further medical treatment at the Bristol Bay Hospital.

The approval of the South Shore Clinic, by the Alaska State Legislature would also be an improvement in the existing Community Health Aide facility, which is at the home of the South Shore Health Aide, who does not have built-in water and sewer in her home. When the weather is real cold, the existing oil heater doesn't provide adequate heat, and the medicine and supplies have frozen solid, thus having to dispose of medicine that should be locked up in an adequate medicine cabinet, and be well supplied in advance, for unexpected emergencies. The current "home clinic" equipment consists of one, four-drawer steel file cabinet, in which the Shore Shore Community Health Aide keeps her medical records in one drawer, medicine that doesn't need refrigeration in another, medical utensils, such as thermometers, stethoscope and related equipment in one drawer. The home is a small, two room, plywood built construction. The other equipment is the South Shore Community Health Aide's personal mini-refrigerator, in which she keeps her food and medicine that needs to be refrigerated.

Personally, I don't think I would like to be treating the medically ill in my home. It takes a special person with some dedication and sympathy, for the well being of others, first, to be treating the ill in his/her home.

CONCLUSION

Therefore, for the previous reasons mentioned, that for the physical, mental, and emotional well-being of the elderly, and ill, and those who need immediate medical attention, as well as for the betterment of the existing health care delivery and Community Health Aide's well being, I propose that the 13th Alaska State Legislature take all that has been said into consideration, and approve the funding of a new health clinic facility, in the South Shore vicinity of Aleknagik. Thank you for your time and consideration.

¹ Emory A. Johnson, M.D., Assistant Surgeon General, Indian Health Service; James S. Dwight, Jr., Administrator, Social and Rehabilitation Services, and Peter F. Holmes, Director, Office for Civil Rights, "Memorandum of Agreement: Provision of Medical Services to Indians and Other Native Americans." (letter). United States Government, Department of Health, Education and Social Services, Washington, D.C., December 17, 1974, p. 1.



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

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

(907) 278-3631

February 29, 1984

Honorable Mae Tischer
Alaska State House of
Representatives
Pouch V
Juneau, Alaska 99811



Dear Representative Tischer:

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, INC.

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 Calhoon
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
42300 Tahoe Drive
Anchorage, Alaska 99502
Home: 243-1078

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: 822-3256
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 99559
Home: 543-2954

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



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)

The Honorable Mae Tischer
Alaska House of Representatives
Chairman of H. E. S. S.
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Ms. Tischer:

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.

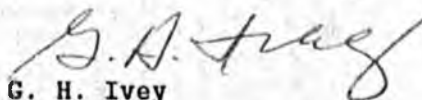
The Honorable Mae Tischer
Community Health Aide Program
March 2, 1984

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



Official Business

Alaska State Legislature



Pouch V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

TO: Rep. Mae Tischer Chairperson
House Health, Education
and Social Services Committee

FROM: Rep. Jack Fuller *JA*

DATE: February 24, 1984

SUBJECT: House Bill 548 - An Act relating to
State Assistance for Community
Health Aide Programs

Attached for your review and files is a letter from the Mayor of Kotlik, Joseph P. Mike, with regard to House Bill 548.

JOSEPH P. MIKE/MAYOR
Kotlik, City Council
Kotlik, Alaska 99620

February 14, 1984

JACK FULLER/REPRESENTATIVE
Pouch V
Juneau, Alaska 99811

Dear Mr. Fuller

Just recently I have received a copy of House Bill No. 548 which is introduced by Herman, Hulbert, M.W. Miller, Shultz, Fritz, BettiWorth, Gall, Zharoff and McBride.

I am in support of House Bill No. 548 which concerns about the Primary Health Aide which relates to State Assistance for Community Health Aide Programs.

Our Primary Health Aides within the A.V.C.P. Region have the lowest salary even though they have the same qualification as the other Health Corporation.

As you may not be aware our Health Aides are on call 24 hrs daily. I know the Health Aides work longer hrs in the villages because we do not have a PHS Hospital near our village.

The people in the villages depend on our Health Aides to help them with their sickness, and they do a real good job.

The Health Aides leave their families when they are asked to attend trainings in Bethel for about (2-3) weeks to improve their Health skill.

Also there are beginning to be more High School graduates who are interested in Health Fields.

They are benefiting from the training programs, and they should continue their job they can become Physician Assistant in the Health Corporation or the training will encourage them what their goals are for the future.

Since you are representing our District I once again ask you to strive real hard to get the House Bill no. 548 to go thru legislation, this is something that is badly needed by our Health Aides

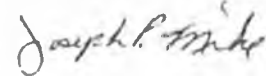
Thank you for taking your time to read the letter.

Have a nice day and do a good job.

If there should be any question do not hesitate to write to the above address or give us a call at (907) 899-4313.

Once again Thank You.

Sincerely,



Joseph P. Mike
Mayor

cc: George Peratrovich/YKHC
Tony Vaska /Representative
Frank Ferguson/Senator
Dorothy Schiller/YKHC

JPM/lro

municipality under this section shall be on a form furnished by the Department of Administration and shall be executed within 60 days after the effective date of the appropriation or allocation.

(b) An appropriation or allocation for a grant to a municipality for construction of a public facility lapses if substantial, ongoing work on the project has not begun within five years after the effective date of the appropriation or allocation.

(c) In accepting a grant of money for construction of a public facility, a municipality covenants with the state that it will operate and maintain the facility for the practical life of the facility and that the municipality will not look to the state to operate or maintain the facility or pay for its operation or maintenance. This requirement does not apply to a grant of money for repair or improvement of an existing facility operated or maintained by the state at the time the grant is accepted if the repair or improvement for which the grant is made will not substantially increase the operating or maintenance costs to the state.

(d) Not less than 20 percent of a grant shall be paid to a municipality within 10 days of the effective date of the agreement under (a) of this section. The remainder of the grant shall be paid either in monthly installments equal to the amount of grant money the municipality expended in the previous month or in a lump sum as determined by the Department of Administration. (§ 1 ch 156 SLA 1980; am § 1 ch 4 SLA 1982)

Effect of amendments. — The 1982 amendment in subsection (a), substituted "amount is appropriated or allocated" for "appropriation is made" in the first sentence, inserted "or allocation" in items (1) and (3) in the second sentence, and added "and shall be executed within 60 days after the effective date of the appropriation or allocation" to the end of the third sentence; redesignated the former fourth and fifth sentences of subsection (a) as subsection (d); inserted "or allocation" in two places in subsection (b); substituted "a" for "each" preceding "municipality covenants" and

"the practical life of the facility and that the municipality" for "its practical life and that it" in subsection (c); added the second sentence of subsection (c); deleted the provisions of former subsections (d), (f), and (g), which may now be found in AS 37.05.316, 37.05.317, and 37.05.318, respectively; and in present subsection (d), added "under (a) of this section" to the end of the first sentence. The substance of the provisions of former subsection (e) may now be found at the end of the third sentence of subsection (a).

Sec. 37.05.316. Grants to named recipients. When an amount is appropriated or allocated to a department as a grant for a named recipient which is not a municipality, the department to which the appropriation or allocation is made shall promptly notify the named recipient of the availability of the grant and request the named recipient to submit a proposal to provide the goods or services specified in the appropriation act, or both, for which the appropriation or allocation is made. At the same time, the department may issue a request for proposals from other qualified persons to provide the same goods or services, or both, in the same area. The department shall contract with

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Sec.
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the named recipient unless the Office of the Governor, with due regard for any local expertise or experience among those making proposals, determines that an award of the contract to a different party would better serve the public interest. If the contract is awarded to another party than that named by the legislature, the basis of that action shall be stated in writing at the time the grant is issued and a copy of the written statement shall be sent to the Legislative Budget and Audit Committee. A contract shall be executed within 60 days after the effective date of the appropriation or allocation. The purchase of the goods or services, or both, shall be in accordance with AS 37.05.230(1)(C). (§ 2 ch 4 SLA 1982)

Sec. 37.05.317. Grants to unincorporated communities. When an amount is appropriated or allocated as a grant under this section to an unincorporated community, it shall be disbursed as follows:

(1) Within 45 days after the effective date of the appropriation or allocation, the Department of Community and Regional Affairs shall notify the governing body of the unincorporated community, if any, that a grant is available.

(2) The Department of Community and Regional Affairs shall determine if there is a qualified incorporated entity in the community area that will agree to receive the grant and administer it, subject to terms generally applicable to private grantees. If there is more than one such entity, the Department of Community and Regional Affairs shall select the most qualified and the grant shall be awarded to that incorporated entity for the purposes specified in the appropriation act. However, the Department of Community and Regional Affairs shall give preference to a nonprofit corporation organized by a community for receipt of the grant.

(3) If there is no incorporated entity qualified to receive the grant, the Department of Community and Regional Affairs shall administer the program as specified in the appropriation act directly or through agents or contractors with whom it may contract in the community area. (§ 2 ch 4 SLA 1982)

Sec. 37.05.318. Further regulations prohibited. Notwithstanding the Administrative Procedure Act (AS 44.62), the Fiscal Procedures Act (AS 37.05), and the Executive Budget Act (AS 37.07), a state agency may not adopt regulations or impose additional requirements or procedures to implement, interpret, make specific, or otherwise carry out the provisions of AS 37.05.315 — 37.05.317 unless required by the federal government for participation in federal programs. (§ 2 ch 4 SLA 1982)

Sec. 37.05.325. Definitions for AS 37.05.315 — 37.05.317. In AS 37.05.315 — 37.05.317, "allocation" and "appropriation" have the meanings given in AS 27.07.120(2) and (3). (§ 2 ch 4 SLA 1982)



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

1135 West Eighth Avenue • Suite 1 • Anchorage, Alaska 99501
(907) 278-3631

February 13, 1984

Mae Tischer, Co-Chairperson
House Health, Education and Social
Services Committee
Pouch V
Juneau, Alaska 99811

Dear Ms. Tischer:

Re: HB 548 Regarding Community Health Aides

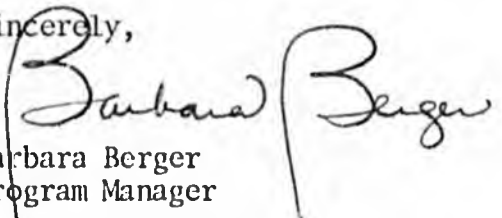
The delivery of primary health care in rural Alaska has long been dependent on the Community Health Aide (CHA). The development of health skills of indigenous providers has worked remarkably well for Native people in 200 sites throughout the State, and has become a model worldwide.

With the State's unprecedented population growth in the last 10 years and increasing numbers of non-natives moving to rural villages, demands on these essential health providers have also grown. The demands are constant but frequently show seasonal increases. With the growth has also come increased public expectations for new types of services from CHAs including health education, sanitation and hygiene, crisis intervention for behavioral health problems, and increasing levels of EMS interventions.

Concerns which have been brought to the attention of SCHPD during our needs assessments and plan development include high turnover and "burnout" of the primary aides; problems with recruitment, retention and adequate training of alternates; adequate continuing education for all aides; and adequate supervisory consultation for the aides. House Bill 548 addresses many of the concerns which we have emphasized. The Bill's provision for future support of aide services is essential to assure the stability of the program and the vital role CHAs play in health care in rural areas.

South Central Health Planning and Development, Inc. enthusiastically supports this bill and its intent.

Sincerely,


Barbara Berger
Program Manager

cc: Aleutian/Pribilof Islands Assoc. Bristol Bay Area Health Corp.
Cook Inlet Native Health Dept. Copper River Health Dept.
Kodiak Island Native Health Auth. North Pacific Rim Native Health Dept.
Norton Sound Health Corp. Yukon-Kuskokwim Health Corp.
Mauneluk Association Tanana Chiefs Health Authority
Southeast Alaska Health Corp. North Slope Borough Health Dept.
Alaska Native Health Board

MEMORANDUM

TO: Interested Parties

FROM: Adelheid Herrmann,
Representative/District 26

DATE: February 15, 1984

SUBJECT: Background on HB 548 on Health Aides

The Health Aide Bill, HB 548, is aimed at training and supervising health aides that service communities throughout the State. The bill establishes a funding formula to ensure that funding is provided to each region on an equitable basis. The formula for funding is based on the number of health aides employed in each region during the previous fiscal year.

Each of the 12 Regional Health Corporations would receive:

- \$30,000 to fund a COMMUNITY HEALTH AIDE PROGRAM, and
- \$8,000 which covers TRAINING AND SUPERVISING for each current community health aide, and SALARIES for alternate community health aides.

The bill would only commit an additional \$1 million of State funds over the total amount allocated last year for the same programs.

On the next page, I have outlined the costs that are covered and the total amount that would be awarded to each region.

Community health aides perform important services, and their support is especially important in areas where doctors, nurses and other professionally trained medical staff are scarcely available.

| | FY 85 | PROJECTED | EXPENSES | FOR | EACH | REGION |
|--------------------|---------------------|-----------|---------------------|----------------|------|--------------------|
| <u>Region</u> | <u>No. of</u> | | <u>\$ for Aides</u> | <u>\$ for</u> | | <u>Total Grant</u> |
| | <u>Health Aides</u> | | | <u>Program</u> | | |
| APIA | 7 | | 56,000 | 30,000 | | 86,000 |
| Bristol Bay | 37 | | 296,000 | 30,000 | | 326,000 |
| Cook Inlet | 1 | | 8,000 | 30,000 | | 38,000 |
| Copper River | 6 | | 48,000 | 30,000 | | 78,000 |
| Kodiak | 7 | | 56,000 | 30,000 | | 86,000 |
| Mauneluk | 15 | | 120,000 | 30,000 | | 150,000 |
| North Pacific Rim | 4 | | 32,000 | 30,000 | | 62,000 |
| North Slope | 12 | | 96,000 | 30,000 | | 126,000 |
| Norton Sound | 21 | | 168,000 | 30,000 | | 198,000 |
| Southeast | 15 | | 120,000 | 30,000 | | 150,000 |
| Tanana Chief Conf. | 29 | | 232,000 | 30,000 | | 262,000 |
| Y/k | 73 | | 548,000 | 30,000 | | 614,000 |
| <u>TOTAL:</u> | 227 | | 1,780,000 | 360,000 | | 2,176,000 |

FY 84 ACTUAL EXPENSES

| | |
|-----------------------------|--|
| Bristol Bay | 163,000 |
| Kodiak | 60,000 |
| Mauneluk | 170,000 |
| Norton Sound | 103,300 |
| Tanana Chiefs | 348,000 (including 100,000 for leases) |
| Yukon Kuskokwim | 142,000 |
| Kuskokwim Community College | 146,000 |
| <u>TOTAL:</u> | 1,132,300 |

The total grants awarded last year for health aide and related programs was approximately \$1.2 million, but not all the regions listed above were recipients. The total projected amount granted under this bill represents about a \$1 million increase over last year's funding.

AH/dlg

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

HSS

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.

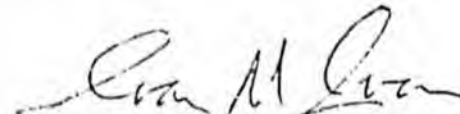
Passed and approved this 14 day of October, 1983



Willie Kasayulie, Chairman

10/14/83

DATE



Ivan M. Ivan, President

10/14/83

DATE SIGNED

HB 548

Regional Health Directors

Cook Inlet
Jeanne Bouquet
Kodiak
Susan Coffland

Denny Meyers
Exec. Dir
AK Native Health
Board

Alaska Pulmonary Inland Assoc.
Kathleen Sutcliffe

Bristol Bay
Robert Clark

Copper River Health
Clara "Billy" Peters

North Pacific Lin & Soc Serv
Richard Lulare

Manitowish Association
Howard Monroe

Norton Sound
~~Carolyne~~ Michael

Southeast AK Reg Health Corp.
Nile Casan

Tanana Chiefs Health Authority
David Mather

Yukon - Kuskokwim
Georg Peratrovich

North Slope Health
Mike Stockhouse

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

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 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 |
|--------------------------|-------|--------|--------|--------|--------|--------|
| 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 Peeples 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)

12/1/83

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 be 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 | \$2,280.0 |

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 |
| | \$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> | <1,132.0> |
| | 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.

portunities for Indians, and state asserted no specific, legitimate regulatory interest to justify the imposition of its gross receipts tax. *Ramah Navajo School Bd., Inc. v. Bureau of Revenue of New Mexico*, N.M.1982, 102 S.Ct. 3394.

2. Duty of Secretary

Failure of Secretary of Interior, through Bureau of Indian Affairs subordinates, to recognize and give serious consideration in written decisions rejecting plaintiffs' lease bids on

six Indian reservation grazing units to stated economic interest of Indian landowners who recommended that plaintiffs be granted lease continuances for one year to give plaintiffs time to comply with brucellosis retesting program constituted serious breach of Secretary's fiduciary duties to Indian tribes and their members and violated Congressional policy of Indian self-determination. *Coomes v. Adkinson*, D.C.S.D.1976, 414 F.Supp. 975.

§ 450a. Congressional declaration of policy

(a) The Congress hereby recognizes the obligation of the United States to respond to the strong expression of the Indian people for self-determination by assuring maximum Indian participation in the direction of educational as well as other Federal services to Indian communities so as to render such services more responsive to the needs and desires of those communities.

(b) The Congress declares its commitment to the maintenance of the Federal Government's unique and continuing relationship with and responsibility to the Indian people through the establishment of a meaningful Indian self-determination policy which will permit an orderly transition from Federal domination of programs for and services to Indians to effective and meaningful participation by the Indian people in the planning, conduct, and administration of those programs and services.

(c) The Congress declares that a major national goal of the United States is to provide the quantity and quality of educational services and opportunities which will permit Indian children to compete and excel in the life areas of their choice, and to achieve the measure of self-determination essential to their social and economic well-being.

(Pub.L. 93-638, § 3, Jan. 4, 1975, 88 Stat. 2203.)

Historical Note

Codification. This section was not enacted as part of Title 1 of Pub.L. 93-638, which comprises this subchapter.

Legislative History. For legislative history and purpose of Pub.L. 93-638, see 1974 U.S. Code Cong. and Adm. News, p. 7775.

§ 450b. Definitions

For the purposes of this Act, the term—

(a) "Indian" means a person who is a member of an Indian tribe;

(b) "Indian tribe" means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act [43 U.S.C.A. § 1601 et seq.] which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians;

(c) "Tribal organization" means the recognized governing body of any Indian tribe: any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: *Provided*, That in any case where a contract is let or grant made to an organization to perform services benefitting more than one Indian tribe, the approval of each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant;

(d) "Secretary", unless otherwise designated, means the Secretary of the Interior;

(f) "State education agency" means the State board of education or other agency or officer primarily responsible for supervision by the State of public elementary and secondary schools, or, if there is no such officer or agency, an officer or agency designated by the Governor or by State law.

(Pub.L. 93-638, § 4, Jan. 4, 1975, 88 Stat. 2204.)

¹ So in original. Section was enacted without a par. (*)

Historical Note

References in Text. This Act, referred to in text, is the Indian Self-Determination and Education Assistance Act, which is Pub.L. 93-638, Jan. 4, 1975, 88 Stat. 2203. For complete classification of this Act to the Code, see Short Title note set out under section 450 of this title and Tables volume.

The Alaska Native Claims Settlement Act, referred to in text, is Pub.L. 92-203, Dec. 18, 1971, 85 Stat. 688, as amended, which is classified generally to chapter 33 (section 1601 et

seq.) of Title 43, Public Lands. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of Title 43, and Tables volume.

Codification. This section was not enacted as part of Title 1 of Pub.L. 93-638, which comprises this subchapter.

Legislative History. For legislative history and purpose of Pub.L. 93-638, see 1974 U.S. Code Cong. and Adm. News, p. 7775.

Cross References

Indian tribes or tribal organizations as having same meaning as under this section for purposes of—

Aid to small business, see section 632 of Title 15, Commerce and Trade.

Alcohol and drug abuse and mental health services block grants, see section 300x-1 of Title 42, Public Health and Welfare.

Defining local government, see section 3371 of Title 5, Government Organization and Employees.

Food stamp program, see section 2012 of Title 7, Agriculture.

Preventive health and health services block grants, see section 300w-1 of Title 42, Public Health and Welfare.

Primary care block grants, see section 300y-3 of Title 42.

Programs for older Americans, see section 3057a of Title 42.

Review by health systems agency of proposed use of federal funds by Indian tribes, see section 300/-2 of Title 42.

Watershed protection and flood prevention, see section 1002 of Title 16, Conservation.

Code of Federal Regulations

Additional definitions, see 34 CFR 250.4, 250.5, 408.203.

Applicability of this section to contract programs for Indian tribes, see 34 CFR 408.202.

Applications for assistance contracts, see 34 CFR 408.206.

STATE OF ALASKA
THE LEGISLATURE

POUCH Y STATE CAPITOL
JUNEAU, ALASKA 99811
907 465-3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

February 15, 1984

SUBJECT: Community Health Aide Programs (HB 548)
TO: The House HESS Committee
FROM: Tamara Brandt Cook
Deputy Director
Division of Legal Services

Here is the sectional analysis that you requested for HB 548.

Section 1 adds a new chapter to the statutes creating a program of state assistance for community health aide programs.

Sec. 18.28.010 A qualified health corporation may receive a grant each fiscal year of \$30,000 plus \$8,000 for each primary community health aide works a minimum number of hours each week. The grant is to be used for training of community health aides, supervision of community health aides, and salaries for alternate community health aides.

Sec. 18.28.020 To qualify for a grant a health corporation must be engaged in conducting a community health aide program, provide services of community health aides on a nondiscriminatory basis, apply for the grant, and supply information requested by the Department of Health and Social Services.

Sec. 18.28.030 A community health aide grant account is established in the Department of Health and Social Services. Money to carry out the program of state assistance appropriated to the account shall be distributed as grants by the department. Each fiscal year the department shall determine the amount of money needed to fund all grants for the next year and shall request an appropriation of that amount from the legislature.

Sec. 18.28.040 The department is authorized to adopt regulations to carry out the program of state assistance for community health aides.

Sec. 18.28.050 Definitions of department, health corporation, and primary health aide are provided. Under this bill only the Native regional health corporations qualify for grants.

Section 2 The Act takes effect at the beginning of the next fiscal year.

TBC:ojb
J3/099

STATE OF ALASKA
THE LEGISLATURE

POUCH Y STATE CAPITOL
BUREAU ALASKA 99811
907 465 3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

March 21, 1984

SUBJECT: Community health aides
(CSHB 548 (HESS))

TO: Representative Mae Tischer
Chairman, House HESS Committee

FROM: Tamara Brandt Cook *TBC*
Deputy Director
Division of Legal Services



You have asked whether the state could be held liable as a result of use made of money obtained from the state as a community health aide grant. Although the state has generally relinquished sovereign immunity for tortious acts under AS 09.50.250, a clearly expressed intention to retain immunity for the state in a particular situation is controlling over AS 09.50.250. CSHB 548 (HESS) contains in section 18.28.040 a provision precluding the state from liability for any injury resulting from use of money awarded as a community health aide grant. In view of that section, the state is protected from liability.

You have also asked whether the CSHB 548 (HESS) poses any discrimination problems. The bill provides for state assistance to certain health organizations to be used in community health aide programs. Sec. 18.28.020(2) requires that a health organization provide the services of community health aides on a nondiscriminatory basis for the benefit of the public if it is to qualify for a grant of state money. There is no question of state money being used to benefit one group of people to the exclusion of others. Any health organization with a qualifying program can receive a grant under AS 18.28.010(b). Only regional health organizations qualify for a grant under AS 18.28.010(a), and it is my understanding that only regional Native health corporations actually qualify for grants under that provision now. However, if a non-Native regional health organization were ever established, it too could qualify for a grant under this section. The only requirement imposed for receipt of

Representative Mae Tischer
Page 2
March 21, 1984

the grant, other than the general qualification for all recipients contained in section 18.28.020, is that the regional health organization be a nonprofit corporation that provides health services in a rural area of at least 4,000 square miles. The bill does not appear to discriminate in any way under either the state or federal constitutions.

TBC:ojb
J4/108

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 paraprofessional 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/Department of Health & Social Services

Position Paper HB 548
Page 3

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

Date: 2-18-84

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

Date: 2/10/84

THE FOLLOWING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.



STATE OF ALASKA
OFFICE OF THE GOVERNOR
BILL ANALYSIS

| | | | |
|---|---------------------------|--|-----------------------------|
| DEPARTMENT Health & Social Servs. | DIVISION Public Health | BILL NUMBER HB 548 | SPONSOR Herrmann et. al. |
| DEPARTMENT POSITION Department supports HB 548 | | | |
| PREPARED BY Dwayne Peoples | DATE 2/5/84 | COMMISSIONER'S SIGNATURE <i>[Signature]</i> | DATE 2/10/84 |

SUMMARY

| | |
|--|--|
| OTHER AGENCIES AFFECTED BY BILL University of Alaska Alaska Area Native Health Assoc. | CONSTITUENT GROUP(S) AFFECTED BY BILL Regional Health Corporations (12) |
| ORGANIZATIONAL SUPPORT FOR BILL Regional Health Corporations (12) Alaska Native Health Board | ORGANIZATIONAL OPPOSITION TO BILL |

FISCAL IMPACT: NONE FISCAL NOTE ATTACHED

BACKGROUND/LEGISLATIVE INTENT

Community Health Aides (CHA) provide primary health care to approximately 37,000 to 40,000 people in bush communities. Historically the program has been sponsored by the Federal Indian Health Service with the State gradually becoming involved in selected geographic areas. HB 548 expands the State participation in training, supervision and salary support to all 12 of the Regional Health Corporations on a formula basis.

ANALYSIS OF BILL/PROGRAM EFFECTS

The bill as proposed would increase State funding of the CHA program from the FY 85 Governor's budget of \$1,132.0 to \$2,176.0. The provision of the bill expands state participation beyond training and supervision into salary support for community health aide alternates. These individuals provide back-up to the primary CHAs and are often inadequately trained. While the Department recognizes the need for expanded training and supervision, there are questions concerning legal liability for malpractice. In light of this consideration, the Department recommends amending the bill to limit support for training and supervision.

AMENDMENTS PROPOSED

Deletion of Sec. 18.28.010 and (2) (a) "salaries for alternate community health aides; and aides."

Modification of Sec. 18.28.010 (2) from "\$8,000 for each ... for" to "\$6,000 for each primary community health aide." This is intended to leave funds for training only and to keep State out of salary issue.

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL COMMENTS OR ANALYSIS

THE PRECEDING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

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 | 1,816.0 |
| TOTAL | \$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 |
| | \$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 | \$2,176.0 |
| <Governor's Requested> | <1,132.0> |
| | 1,044.0 |

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.

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

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 |
|--------------------------|-------|--------|--------|--------|--------|--------|
| OPERATING | | | | | | |
| 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 | | | | | | |
| TOTAL OPERATING | | 1044.0 | 1096.2 | 1151.0 | 1208.6 | 1269.0 |
| CAPITAL | | | | | | |
| REVENUE | | | | | | |

FUNDING: (Thousands of Dollars)

| | | | | | | |
|---------------|--|--------|--------|--------|--------|--------|
| GENERAL FUND | | 1044.0 | 1096.2 | 1151.0 | 1208.6 | 1269.0 |
| FEDERAL FUNDS | | | | | | |
| OTHER | | | | | | |
| TOTAL | | 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 Peoples
 Division: Public Health

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

Approved by Commissioner: Robert Landon Amundson
 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