

COMMITTEE REPORT

SENATE

FURTHER:

4/26/84

Date 5/7/84

Mr. President

The Committee on FINANCE considered CSHB 548 (Fin)

state assistance for community health aide programs; etc.

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

- do pass
- do pass with attached amendment(s)
- replace with/or adopt SCS for CSHB 548 (Fin)
- new title
- same title and recommends Do Pass with adopted fiscal note
- and attached a "LETTER OF INTENT" NEW FISCAL NOTE
- reports it back without recommendation adopted fiscal note 4/13/84
- recommends referral to _____ accompanied bill into Committee
- Committee 1,295.6

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS

V. Fischer
[Signature]

[Signature]
Chairman
[Signature]
Chairman recommendation

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Fiscal Notes accompanied bill into committee

Revision Date 4/13, 1984 *Adopted 5/7/84*

REQUEST
Bill/Resolution No.: CSHB 548 (Finance)
Title: "Assistance for Community Health Aide Program"
Sponsor: Herrmann, et al
Requestor: House Finance
Date of Request: 4/13/84

II. FISCAL DETAIL
Agency Affected: Dept. Health & Social 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.		1295.6	1444.4	1604.8	1685.0	1769.2
800 MISCELLANEOUS						
TOTAL OPERATING		1295.6	1444.4	1604.8	1685.0	1769.2
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND		1295.6	1444.4	1604.8	1685.0	1769.2
FEDERAL FUNDS						
OTHER						
TOTAL		1295.6	1444.4	1604.8	1685.0	1769.2

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 *D. Peeples* Phone: 465-3090
Division: Public Health Date: 4/13/84

Approved by Commissioner: Robert Gordon Smith, M.D. *R. Gordon Smith* Date: 4/18/84
Agency: Dept. Health & Social Services

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 (Finance)

"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 \$1,295.6. 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 Component	\$ 814.4
Maniilaq BRU. Health Services Component	\$ 170.0
Total FY 85 Governor's Budget	\$ 984.4
Total HB 54P Required	\$2,280.0
<Governor's Requested>	<u>984.4</u>
	\$1,295.6

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 and an additional 10 would be incorporated in FY 86 and with maximum community involvement not occurring until FY 87.

POSITION PAPER

COMMITTEE SUBSTITUTE FOR HOUSE BILL No. 548 (FINANCE)

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 support of community health aide supervision and training.

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 CSHB 548 (FINANCE)
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*
E.S. Rabeau, M.D., Director
Division of Public Health

Date: 4/18/84

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

Date: 4/19/84

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 Ser
 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
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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)

12/1/83

"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>

Maniilaq BRU. Health Services	\$170.0
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University of Alaska

Community Colleges Kuskokwim Community College	\$ 147.6
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Total FY 85 Governor's Budget	\$1,132.0
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Total HB 548 Required	\$2,280.0
<Governor's Requested>	<u><1,132.0></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.



DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE

March 19, 1984

Loellan

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 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.

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. 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

COMMITTEE REPORT
SENATE

FURTHER: FINANCE

4/5/84

Date April 25, 1984

Mr. President

The Committee on HESS considered CSHB 548(Fin)
state assistance for community health aide programs; efd.

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

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for _____
- new title _____
- same title and recommends _____
- and attached a "LETTER OF INTENT" NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING

DO PASS

Rich Halford

Poppy Warr

MEMBERS HAVING

OTHER RECOMMENDATIONS

Joe Ripker

Chairman

Do Pass

Chairman recommendation

Offered: 5/7/84
Referred: Rules

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

IN THE SENATE

BY THE FINANCE COMMITTEE

SENATE CS FOR HOUSE BILL NO. 548 (Finance)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTEENTH LEGISLATURE - SECOND SESSION

A BILL

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

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

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

CHAPTER 28. STATE ASSISTANCE FOR COMMUNITY HEALTH AIDE PROGRAMS.

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.

(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

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

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

(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

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 or negotiate a contract with the
17 department if the regional or local health organization provides other
18 contract services for the state; 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. 18.28.040. 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 or home rule borough that provides health services in a rural
20 area that is at least 4,000 square miles.

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

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

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12 health aid program;

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16 requirements of the department; and

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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.

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Offered: 3/29/84
Referred: Rules

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

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27 cient to finance all grants, the money shall be distributed pro rata
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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.

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
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 \$8,000
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. 18.28.020. 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.

MISTER CHAIRMAN AND MEMBERS OF THE SENATE FINANCE COMMITTEE, I AM REPRESENTATIVE ADELHEID. I REPRESENT DISTRICT 26 WHICH IS BRISTOL BAY, THE WESTERN ALASKA PENNINSULA, AND THE ALEUTIAN AND PRIBILOF ISLANDS. I WANT TO THANK YOU FOR GIVING ME THIS OPPORTUNITY TO ADDRESS THE COMMITTEE SUBSTITUTE FOR HOUSE BILL 548. I AM THE SPONSOR OF HOUSE BILL 548 ON COMMUNITY HEALTH AIDES, AND I AM REQUESTING THAT THE COMMITTEE TAKE FAVORABLE ACTION ON THIS BILL TODAY.

FOR YOUR CONVENIENCE, BACK-UP MATERIAL ON THE BILL HAS BEEN PROVIDED, BUT I WOULD LIKE TO TAKE THE TIME TO SUMMARIZE FOR YOU THE KEY POINTS ABOUT THE COMMUNITY HEALTH AIDE PROGRAM.

COMMUNITY HEALTH AIDES ARE THE BACKBONE OF HEALTH CARE THROUGHOUT RURAL ALASKA. OVER 40,000 ALASKANS IN 171 COMMUNITIES THROUGHOUT RURAL ALASKA ARE SERVED BY COMMUNITY HEALTH AIDES. IN MANY OF THESE COMMUNITIES WHERE THERE IS A SHORTAGE OF MEDICAL PROFESSIONALS OR HEALTH CARE FACILITIES, THE HEALTH AIDES PROVIDE THE ONLY AVAILABLE SERVICES. COMMUNITY HEALTH AIDES PROVIDE ROUTINE CARE AND HANDLE EMERGENCY SITUATIONS. THEY ARE ALSO ENGAGED IN A RANGE OF HEALTH SURVEILLANCE AND OTHER PREVENTIVE CARE PRACTICES. UNDER A PHYSICIAN'S DIRECTION, A COMMUNITY HEALTH AIDE MAY ADMINISTER DRUGS, AND FLU SHOTS, TREAT DISEASES AND INJURIES, AND CARE FOR THE TERMINALLY ILL. COMMUNITY HEALTH AIDES ARE RESPONSIBLE FOR HEALTH CARE DELIVERY THROUGHOUT RURAL ALASKA AND PROVIDE THE LINK BETWEEN THESE COMMUNITIES AND THE APPROPRIATE HEALTH CARE BACKUP SYSTEM.

Please submit as written testimony from the sponsor and note in committee that testimony has been submitted -

Thank you

IN ORDER TO BECOME CERTIFIED, A COMMUNITY HEALTH AIDE MUST COMPLETE

- THREE TEN WEEK COURSES OF FORMAL INSTRUCTION,
- A PRECEPTORSHIP, AND,
- PASS AN EXAMINATION.

HOWEVER, AT THE CURRENT TIME, LESS THAN HALF OF THE STATE'S COMMUNITY HEALTH AIDES ARE CERTIFIED. THOSE WHO ARE CERTIFIED OFTEN OPERATE WITHOUT THE APPROPRIATE SUPERVISION. FOR THOSE WHO ARE CERTIFIED THERE IS NO OPPORTUNITY TO RECEIVE ADDITIONAL TRAINING ON NEW HEALTH CARE TECHNIQUES, OR TO TAKE REFRESHER COURSES. FEDERAL FUNDS HAVE NEVER BEEN ADEQUATE FOR TRAINING, SUPERVISING, AND CERTIFYING COMMUNITY HEALTH AIDES IN AN EFFICIENT MANNER. THIS HAS RESULTED IN A LACK OF STANDARDIZATION IN THE PROGRAM, AND HAS LED TO MANY SITUATIONS WHERE ABLE AND HARD WORKING HEALTH AIDES HAVE BEEN FORCED TO PRACTICE WITHOUT CERTIFICATION.

THE BILL PROVIDES FUNDS NEVER BEFORE PROVIDED BY THE FEDERAL GOVERNMENT, FOR HEALTH AIDES TO RECEIVE THE NECESSARY TRAINING. THE BILL ESTABLISHES A FUNDING FORMULA MANDATING THAT STATE FUNDS FOR COMMUNITY HEALTH AIDE PROGRAMS BE ALLOCATED ON AN EQUITABLE BASIS. THE BILL AND THE FUNDS ARE CRITICAL FOR ACHIEVING STATEWIDE STANDARDIZATION AND CERTIFICATION OF COMMUNITY HEALTH AIDES.

THE COMMUNITY HEALTH AIDE PROGRAM IS THE HEALTH CARE PROGRAM FOR RURAL ALASKA, AND IS ONE OF THE MOST COST EFFECTIVE HEALTH CARE PROGRAMS THE STATE COULD EVER HOPE TO HAVE. WITHOUT THE PROGRAM THE STATE WOULD BE FORCED TO INCUR THE EXPENSE OF STATIONING HIGH PAID MEDICAL PROFESSIONALS THROUGHOUT THE STATE, OR HAVING A SYSTEM TO TRANSPORT PATIENTS INTO AREAS WITH LARGER HEALTH FACILITIES FOR BOTH EMERGENCY AND ROUTINE CARE.

KEEP IN MIND THAT IN MOST COMMUNITIES SERVED BY HEALTH AIDES, THERE IS NO OTHER TRAINED PERSON WHO CAN PROVIDE BOTH ROUTINE PRIMARY HEALTH CARE AND HANDLE EMERGENCY SITUATIONS. NO OTHER PROGRAM CAN REPLACE THE COMMUNITY HEALTH AIDE PROGRAM. NO OTHER SOURCE OF FUNDING OR SUPPORT IS AVAILABLE TO BRING THE COMMUNITY HEALTH AIDES UP TO AN ACCEPTABLE AND STANDARDIZED LEVEL OF CERTIFICATION. WITHOUT PASSAGE OF THIS BILL, WE RISK JEOPARDIZING NOT ONLY THE PROGRAM, BUT THE VERY HEALTH AND WELFARE OF OVER 40,000 CITIZENS OF THE STATE OF ALASKA. THE BILL IS SUPPORTED BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, THE 12 REGIONAL HEALTH DIRECTORS, THE LOCAL HEALTH AGENCIES INVOLVED, THE ALASKA NATIVE HEALTH BOARD, THE ALASKA WOMEN'S COMMISSION, AND THE LARGE NUMBER OF ALASKAN RESIDENTS WHO DEPEND UPON THESE SERVICES. AND IT IS ON THIS BASIS THAT REPRESENTATIVE HERRMANN REQUESTS THAT YOU PASS THE COMMITTEE SUBSTITUTE FOR HB 518 OUT OF THE SENATE HESS COMMITTEE TODAY.

I WANT TO THANK YOU FOR YOUR CONCERN AND YOUR SUPPORT.

POSITION PAPER

COMMITTEE SUBSTITUTE FOR HOUSE BILL No. 548 (FINANCE)

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 support of community health aide supervision and training.

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

Date: 4/18/84

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

Date: 4/19/84

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date 4/13, 1984

REQUEST
Bill/Resolution No.: CSHB 548 (Finance)
Title: "Assistance for Community Health
Aide Program"
Sponsor: Herrmann, et al
Requestor: House Finance
Date of Request: 4/13/84

II. FISCAL DETAIL
Agency Affected: Dept. Health & Social 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.		1295.6	1444.4	1604.8	1685.0	1769.2
800 MISCELLANEOUS						
TOTAL OPERATING		1295.6	1444.4	1604.8	1685.0	1769.2

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND		1295.6	1444.4	1604.8	1685.0	1769.2
FEDERAL FUNDS						
OTHER						
TOTAL		1295.6	1444.4	1604.8	1685.0	1769.2

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: 4/13/84

Approved by Commissioner: Robert Gordon Smith, M.D.
Agency: Dept. Health & Social Services
Date: 4/18/84

Distribution (by Agency preparing fiscal note):

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

12/1/83

Fiscal Analysis
CSHB 548 (Finance)

"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) \$ 3.0 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 \$1,295.6. 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 Component	\$ 814.4
Maniilaq BRU. Health Services Component	\$ 170.0
Total FY 85 Governor's Budget	\$ 984.4
Total HB 548 Required	\$2,280.0
<Governor's Requested>	<u>984.4</u>
	\$1,295.6

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 and an additional 10 would be incorporated in FY 86 and with maximum community involvement not occurring until FY 87.

MEMORANDUM


State of Alaska

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

DATE: March 22, 1984

FILE NO:

TELEPHONE NO: 465-3090

FROM: Dwayne Peeples 
Coordinator
Division of Public Health

SUBJECT: Senate Version FY 85
CHA Funding

The Senate version of Department of Health and Social Services' Community Health Aide funding that would be utilized to off-set the Fiscal Note for CSHB 548 (HESS) would be as follows:

Community Health Grants Component	
Tanana Chiefs Conference	\$257.9
Yukon Kuskokwim Health Corp.	145.7
Kodiak Area Native Assoc.	62.7
Norton Sound Health Corp.	107.4
	<u>\$573.7</u>
Manilaq BRU	\$176.8 (est. 4% +)
Total DHSS	\$750.5

It should be noted that the YKHC figure is derived from a 4% adjustment to the amount requested in FY 84; and the KANA amount is based upon an estimate that 50% of the itinerant program is utilized for CHA activities. The \$163.6 New Health Aide Training Monies have been omitted from this calculation since these funds are for support of health clinics.

In addition, the Kuskokwim Community College has \$147.6 in the FY 84 Governor's Budget Request which would bring the Senate version total off-set to \$898.1.

ANCHORAGE SERVICE UNIT NATIVE HEALTH BOARD
ALASKA NATIVE MEDICAL CENTER
P.O. Box 7-741
ANCHORAGE, AK 99510
PHONE: (907) 279-6661

THE HONORABLE JOE P. JOSEPHSON
Alaska State Senate
1526 "F" Street
Anchorage, AK 99501

Dear Senator Josephson:

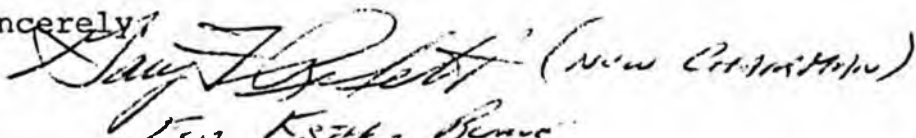
Re: HB 548 Regarding Community Health Aides

The Health Aide Program in the State and especially in rural Alaska has been vitally important to its people. In all cases, the Health Aide is initially the first person to assist the patient in rural settings.

Medical technology has developed rapidly since the territorial days of Alaska, so must our health aides develop in the training program to meet our daily patient care. Totally recognizing the health problem can play a vital direction when professional help is needed.

We all support House Bill 548 in its entirety and hope the members of the House consider our plea.

Sincerely,


ESTHER RONNE
Esther Ronne
ASUNHB Chairperson

cc: Aleutian/Pribilof Islands Assoc.
Cook Inlet Native Assoc.
North Slope Borough Health & Social Services Agency
Alaska Native Health Board
Bristol Bay Area Health Corp.
North Slope Borough
Norton Sound Health Corp.
Copper River Health Dept.
Southeast Alaska Regional Health Corp.
Kodiak Area Native Assoc.
Tanana Chiefs Conference, Inc.
Mauneluk Association
Yukon-Kuskokwim Health Corp.
North Pacific Rim Health Dept.

YUKON-KUSKOKWIM HEALTH CORPORATION

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

MEMORANDUM

TO: Rep. Tony Vaska

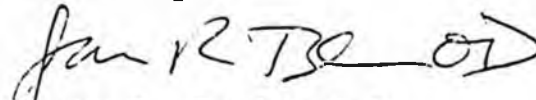
DATE: Feb 17, 1984

FROM: James R. Taylor O.D.

SUBJECT: I'm writing to ask your support for H.B. 548 which I

understand will increase the salary for the community health aides in the Yukon-Kuskokwim area. As you know the CHA's in this area have the lowest pay scale of any in the state. I feel they deserve to receive a salary equivalent to their counterparts in other areas of Alaska.

Sincerely,


James R. Taylor O.D.

RECEIVED

MAR 22 1984

Josephson.

YUKON-KUSKOKWIM HEALTH CORPORATION

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

MEMORANDUM

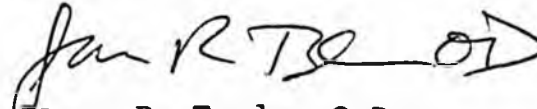
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Sincerely,



James R. Taylor O.D.

3-14-84

Dear Sirs.

I've been Health aide since 1963, I make \$5.13
an hour. I make home ^{visit} some times after clinic hrs.
I dont get paid for home ~~visit~~ visit, I work after
clinic hrs. some time middle of the night, wake
me up if any who have fever, couldnt sleep much.
to work for my patient, cause I worry about
my patient. I support the bill to give Health
more money.

Minnie Hawk,
Tuluksat, Alaska
99679

3-13-84

Dear Sir

I'm a Health Aid from Inulook and I make
5:13 an hour and I go to Home Visits ^{Even} and after
working hour and I don't get payed for Home Visits
and some times I hardly ~~sleep~~ sleep all night
even tho I have to work next day.
Some times I don't sleep all ~~the~~ ^{Night} + day.
Because I'm taking care of sick people.
and I think we are under paid
and I support Bill 548 to increase salary of
the health aids.

Sign

Olga Krizan

BILL SHEFFIELD
GOVERNOR



PHONE
(907) 561-4227

STATE OF ALASKA

OFFICE OF THE GOVERNOR

ALASKA WOMEN'S COMMISSION
3601 C STREET - SUITE 742
ANCHORAGE, ALASKA 99503

RECEIVED

APR 23 1984

April 18, 1984

Josephson,

Senator Joe Josephson, Chairman
Senate Health, Education and
Social Services Committee
State Capitol
Pouch V
Juneau, Alaska 99811

Dear Senator Josephson:

The Alaska Women's Commission would like to thank you for sponsoring HB 548 which requests State assistance for Community Health Aide Programs. Community Health Aides are the primary providers of health care to rural Alaskan residents. There are over 200 Health Aides employed by the 12 regional health corporations throughout the State. Women comprise the largest percentage of employed community Health Aides. As I'm sure you are aware Alaska Native women in the rural areas are in desperate need of employment and this bill would increase employment for this population of women.

In addition, House Bill 548 will benefit women in many other ways. It will provide for improved supervision and increased continuing education for community Health Aides and will ultimately lead to the improvement of health care for all people. In addition, passage of the bill will allow us to more adequately compensate Health Aides by raising salaries, increasing the number of hours they work per day or paying them for extra hours worked.

If the Commission can offer any support for HB 548 please don't hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Marshall".

Kathy Marshall
Executive Director