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4107 Laurel Street, Suite #1, Anchorage, AK 99504

October 17, 1980



Honorable Jay Hammond
Pouch A
Juneau, Alaska 99801

Dear Governor Hammond,

At our regular meeting on October 4, 1980, in Anchorage the Alaska State Medical Association council passed a resolution supporting deletion of the requirement for a premarital serologic test for syphilis. We do not believe that this is warranted on a screening basis, but that it should be done on a case by case basis as decided by the individual person and his or her physician.

We wish to make it clear that in no way do we believe that the requirements for prenatal serologic testing should be disturbed.

We will support legislation to delete mandatory premarital serologic testing.

Yours truly,

A handwritten signature in dark ink, appearing to read "David E. Johnson". The signature is fluid and cursive, with a large initial "D" and "J".

David E. Johnson, M.D.

DEJ/tlj

WHEREAS, the control of Public Health in a cost-effective manner is of the highest priority, and

WHEREAS, a review of the effectiveness of current statutes requiring premarital syphilis serologies has revealed this requirement to be ineffective in controlling syphilis, and

WHEREAS, a substantial saving can be realized through the suspension of premarital blood testing without decreasing the effectiveness of venereal disease control efforts,

BE IT SO RESOLVED::

That the Alaska Public Health Association endorse the position of the Department of Health and Social Services in presenting legislation to repeal the current requirement for premarital blood testing.

MEMORANDUM

State of Alaska

TO: The Honorable Helen D. Beirne
Commissioner
Department of Health & Social
Services

DATE: July 22, 1980

FILE NO:

TELEPHONE NO:

FROM: Wilson L. Condon
Attorney General

SUBJECT: Authority to repeal
blood test statutes
Our File: J-66-633-80

By:

Bruce M. Botelho
Assistant Attorney General
Department of Law

You have asked whether your department can suspend the requirement for premarital testing for infectious or heritable diseases by regulation.

AS 25.05.101(a)(2) and (3) require an applicant for a marriage license to present a premarital certificate from a licensed physician or osteopathic physician stating that the applicant has been tested for the presence of infectious or heritable disease and that the physician or osteopathic physician has examined the report or reports and has advised the applicant of any medical implications of any abnormal tests. AS 25.05.105 directs the department to adopt regulations prescribing the approved test required for the premarital certificate.

Your opinion request suggests that the premarital blood testing has been limited to serologic testing for syphilis. Your memorandum implies that the department considers this testing to be unduly burdensome, given the cost involved to individuals relative to the low number of positive tests (i.e., tests showing the presence of syphilis).

Since AS 25.05.105 directs the department to adopt regulations describing the approved tests, it would be inconsistent for the department to adopt a regulation indicating that in its judgment no tests should be required. This obtains because no regulation adopted can be valid or effective unless it is consistent with the statute and reasonably necessary to carry out the purpose of the statute. AS 44.62.030. AS 25.-05.101 and AS 25.05.105, when read together, evince a legislative decision that premarital tests for the presence of infectious or heritable diseases be conducted. Accordingly, discontinuation of the requirement for premarital testing would require repeal of AS 25.05.101 and AS 25.05.105.

BMB:md

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Article 3. Procedure to Obtain a License.

Section

- 91. Application for license
- 101. Premarital certificate
- 105. Prescribed tests

Section

- 111. Issuance of license
- 121. Marriage license

premarital
test for
syphilis

Sec. 25.05.091. Application for license. One of the contracting parties to a prospective marriage shall, at least three days before the time of issuance, file with the licensing officer written, verbal, or telegraphic application for a license. Before issuance of the license, each contracting party shall file with the same licensing officer a premarital certificate; and shall make a statement under oath that the contemplated marriage meets the requirements of law, giving the names, relationship if any, residence, occupation, and age of each party; naming guardians of any party under the legal age for marriage; and describing any prior marriage or marriages of either party, and the manner of dissolution of them. This statement may be made and executed before a notary public or postmaster who shall certify it to the licensing officer. (§ 21-1-42 ACLA 1949; § 1 ch 58 SLA 1963)

Sec. 25.05.101. Premarital certificate. (a) Before a licensing officer issues a marriage license, each party shall file with him a premarital certificate from a licensed physician or osteopathic physician stating

- (1) the name and age of the applicant;
- (2) that the applicant has been tested, as prescribed in the regulations of the department, for the presence of infectious or heritable disease; and
- (3) that the physician or osteopathic physician has received and examined the report or reports of testing and that he has advised the applicant of the medical implications of each abnormal test.

(b) A license may not be issued more than 30 days after laboratory testing. (§ 1 ch 64 SLA 1949; am § 1 ch 63 SLA 1953; § 1 ch 58 SLA 1963; am § 1 ch 103 SLA 1971)

Sec. 25.05.105. Prescribed tests. The department shall by regulation under the Administrative Procedure Act (AS 44.62) prescribe the approved tests required for the purposes of this chapter. (§ 2 ch 103 SLA 1971)

Sec. 25.05.111. Issuance of license. No marriage license shall be issued unless both of the contracting parties are identified to the satisfaction of the licensing officer. If all requirements have been met, and there is no legal objection to the contemplated marriage, and neither party is under the influence of intoxicating liquor or otherwise incapable of understanding the seriousness of the proceeding, the licensing officer

POSITION PAPER

SENATE BILL NO. 41

"An Act relating to marriage and domestic relations".

The bill repeals AS 25.05.101 and AS 25.05.105 requiring premarital medical certificate for marriage license.

The Act repeals AS 25.05.131 requiring that the report of results of test shall not be made a part of the premarital certificate.

The Act repeals AS 25.05.141 requiring that results of tests be sent only to physicians or osteopathic physicians requesting the report and that duplicate reports of test be held in absolute confidence by the Department. The Act repeals AS 25.05.151 governing the approval of laboratories and clinics for tests for infectious or heritable diseases.

Definition

Premarital blood testing has been limited to serological testing for syphilis by the Department of Health under authority granted by AS 25.05.105.

Need for Premarital Blood Testing

A decision to employ syphilis screening should be based upon; local epidemiologic circumstances that indicate geographic clustering of syphilis in a community, the distribution of syphilis cases by sexual preference (nationally it has been estimated that one half of all cases of syphilis are occurring in homosexual men), the distribution of syphilis cases by ethnic and occupational groups and of particular importance in Alaska, the availability of such groups for testing. Comparative costs and benefits of maintaining surveillance in screening groups must also be considered. The Department, after considering all factors, has determined that results from premarital syphilis screening are of little consequence in the national or State VD control effort. Nationally in 1976 four million premarital syphilis screening examinations were performed resulting in the discovery of only 456 cases. Mass screening of low-risk groups such as premarital applicants, however is still required in 44 states as of 1976, although many states are in the process of repealing such legislation. In Alaska it has been estimated that 25,000 serologies have been performed during the past 5 years with the discovery of only 2 cases of primary syphilis. Although the law in effect requires couples to have physician contact before marriage and is an apparent opportunity to counsel on matters pertaining to parenthood, hereditary diseases, sex and contraception and to possibly detect and correct illnesses and disabilities, it does not as currently written and administered carry out the intent of the law that is to contribute significantly to the control of infectious and heritable disease in the general population.

Experience in Alaska

For several months the Section of Communicable Disease Control of the Division of Public Health, Department of Health and Social Services, State

of Alaska, has been reviewing the need to continue to require premarital serologic blood tests for syphilis. In 1979, the State of Alaska reported 67 cases of syphilis: 45 cases of early syphilis (primary or early latent), and 22 cases of late latent syphilis. None of the 67 cases of syphilis were discovered through the use of premarital syphilis serological blood tests. In order to obtain more data on our experience in Alaska, the results of premarital serological testing for syphilis dating back to 1973 were reviewed. Since 1973, only five cases of syphilis in all stages were diagnosed through premarital blood tests. No cases of syphilis have been diagnosed since August 1978 from premarital syphilis serologies. Although Alaska has the highest rate of gonorrhea in the nation, the rate of syphilis has remained relatively constant and is lower (5.9 per 100,000) than the national average (30 per 100,000). In addition, the majority of syphilis cases now occur in the homosexual population not subject to premarital screening.

We have reviewed this data with the Venereal Disease Unit of the Section of Communicable Disease Control and with the Center for Disease Control, Atlanta, Georgia. Based upon our experience in Alaska in uncovering cases of syphilis through use of premarital serologic testing, the Center for Disease Control, the Venereal Disease Unit of the Section of Communicable Disease Control, and the Division of Public Health have concluded that the requirement for premarital syphilis serologic testing should be repealed.

Effect of Repeal on Venereal Disease Control Programs

Passage of this act would not alter or significantly affect syphilis serology testing programs in high-risk groups or prenatal groups to prevent congenital syphilis. Quality control and proficiency testing programs in laboratories that are currently performing syphilis serology testing would not be effected by passage of this act. Passage of this bill will reduce syphilis serology workload in the state public health laboratories by 18%.

We wish to emphasize that our commitment to discover, diagnose, and bring to treatment all persons with syphilis remains undiminished. We will vigorously pursue the continued requirement for prenatal serologic blood testing and continue to test for syphilis all blood specimens from public health clinics and from private physicians suspecting the diagnosis of syphilis.

Cost Savings

The FY 81 budget already reflects a cost savings to the Division as it was initially believed that repeal of premarital legislation would not be necessary. Premarital syphilis serological tests can be eliminated without impairing the cost effectiveness of Venereal Disease Control efforts in the State of Alaska.

Department Position

The Department of Health and Social Services recommends passage of this bill.

Recommended by:

David Bruce
David Bruce, Deputy Director
Division of Public Health

Date:

January 20, 1981

Approved by:

Helen D. Beirne
Helen D. Beirne
Commissioner

Date:

1 - 21 - 81

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill No. 41
 Title "An Act relating to marriage and domestic relations"
 Requested by Commissioner's Office Date January 21, 1981

II. FISCAL DETAIL

Agency Affected _____
 Program Category Affected Division of Public Health
 BRU, Program, or Subprogram(s) Affected _____

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

IV. DATE 1/21/81 PREPARED BY Harry Colvin
 AGENCY Public Health
 PHONE 465-3140
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named) _____ M&B Approved [Signature] Date 1/21/81

ALL DATA ON THIS SHEET WAS PROVIDED BY THE ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES - 1/23/81

State of Alaska
Number of Gonorrhea Cases

<u>YEAR</u>	<u>CASES</u>
1980	4,321
1979	5,244
1978	5,392
1977	5,406
1976	4,684
1975	5,916

State of Alaska
Number of Gonorrhea Cases by Age Group - 1979

<u>AGE</u>	<u>NUMBER OF CASES</u>
0-9	11
10-14	28
15-19	795
20-24	1,462
25-29	1,026
30-34	535
35-39	316
40-44	189
45-49	109
50 plus	119
other	654

State of Alaska
Number of Syphilis Cases

<u>YEAR</u>	<u>CASES</u>
1980	51
1979	66
1978	63
1977	114
1976	114
1975	64

State of Alaska
Number of Syphilis Tests

<u>YEAR</u>	<u>PREMARITAL TESTS</u>	<u>TOTAL TESTS</u>
1980	10,000	N/A
1979	10,034	91,642
1978	10,234	95,644
1977	10,376	110,159
1976	9,528	134,028
1975	9,504	136,013

Alaska Native Health Board

1689 C STREET, SUITE 230, ANCHORAGE, ALASKA 99501

PHONE (507) 276-8980

Reference #A80-0960

September 24, 1980

The Honorable Jay S. Hammond
Governor
State of Alaska
Pouch A
Juneau, Alaska 99811

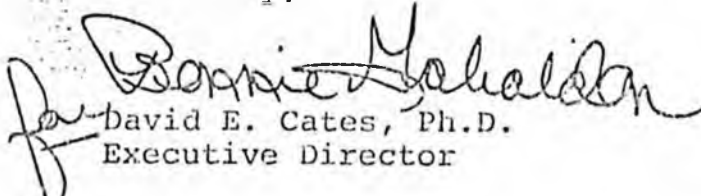
Dear Governor Hammond:

The Alaska Native Health Board endorses the repeal of the statute requiring premarital syphilis serological blood testing.

By doing so, the Board recognizes the continuing need to actively seek to discover and treat all cases of syphilis but it is believed that premarital testing is not the most effective means. The nearly \$81,000 required for the 9,000 tests given in 1979 could better be used in a more promising, productive manner. This change should not impair the effectiveness of the Venereal Disease Control efforts of the State.

As always, the Board is concerned with the well-being of all Alaskans. It seeks the epitome of service delivery and to eliminate waste. It believes to continue the "routine testing" to be such a waste.

Sincerely,


David E. Cates, Ph.D.
Executive Director

DEC:blg

cc: John Middaugh, M.D.

ALEUTIAN/PRIPILOF ISLAND ASSOC., INC
BRISTOL BAY AREA HEALTH CORPORATION
COOK INLET NATIVE ASSOCIATION
COPPER RIVER NATIVE ASSOCIATION

KODIAK AREA NATIVE ASSOCIATION
MAUNELUE ASSOCIATION
THE NORTH PACIFIC RUM
NORTH SLOPE BOROUGH HEALTH CORP.

NORTON SOUND HEALTH CORPORATION
SOUTHEAST ALASKA REGIONAL HEALTH CORP.
TANANA CHIEFS CONFERENCE
YUKON-KUSKOKWIM HEALTH CORPORATION

MEMORANDUM

State of Alaska

TO: Dean F. Tirador
Deputy Commissioner
Department of Health
and Social Services

DATE: February 10, 1981

FILE NO: J-66-535-81

TELEPHONE NO: 465-3603

FROM: WILSON L. CONDON
ATTORNEY GENERAL

SUBJECT: Request of Senate
Committee on Health,
Education, and
Social Services

By: ^{TUR}
Thomas H. Robertson
Assistant Attorney General

You have asked two questions on behalf of the Senate Committee on Health, Education, and Social Services. You have asked (1) whether prenatal serologies are statutorily required, and (2) whether a person or group of persons can be required to undergo blood or other laboratory tests in the event of an epidemic or other public health emergency.

Prenatal blood tests are addressed by AS 18.15.150-180. These statutes require that medical professionals obtain serological tests of most pregnant women. 1/ They are largely self-explanatory.

Your second question is not so easily resolved. Emergency diagnostic tests are not specifically addressed by statute. The Alaska Supreme Court has not had an opportunity to examine state authority in this area.

It has generally been held that a state may, for the purpose of protecting the public health, resort to reasonable, compulsory physical examination of persons suspected of being infected with a contagious or communicable disease. Reynolds v. McNichols, 488 F.2d 1378 (10th Cir. 1973); Irwin v. Arrendale, 159 S.E.2d 719 (Ga. 1967); Huffman v. District of Columbia, 39 A.2d 558 (D.C. 1944); 164 A.L.R. 967; 25 A.L.R.2d 1407; 39A C.J.S. Health and Environment § 19. However, at least with respect to venereal diseases, some courts have concluded that this power can be exercised only by state officials whose authority is clearly established by statute or regulation. Rock v. Carney 185 N.W. 798 (Mich. 1921). Wragg v. Griffin, 170 N.W. 400 (Iowa 1919).

1/ A physician or nurse who fails to administer the test is subject to criminal prosecution under AS 18.15.180. A pregnant woman who refuses to cooperate is not.

Pursuant to AS 18.05.040(a)(1), the Department of Health and Social Services is under an obligation to adopt regulations for "the definition, reporting and control of diseases of public health significance." 2/ Contagious diseases are the subject of 7 AAC 27.010:

7 AAC 27.010. CONTROL OF COMMUNICABLE DISEASES IN MAN. (a) The provision on methods of control of communicable diseases outlined in the Control of Communicable Diseases in Man, American Public Health Association, Eleventh Edition, 1970, are adopted by reference as the regulations governing "Preventive Measures," "Control of Patients, Contacts and the Immediate Environment," and "Epidemic Measures."

(b) The provisions of (a) of this section are not applicable to the control of rabies in animals or on the reporting of diseases of public health significance.

It is not immediately clear what this regulation purports to accomplish. 3/ While it addresses both the prevention and control of diseases of public health significance, it neither vests authority in particular public officials nor establishes procedures to govern its exercise. 4/

2/ Statutes providing, among other things, for the confinement of persons infected with contagious diseases were repealed upon enactment of AS 18.05.040(a)(1). Chapter 63, SLA 1972.

3/ One purpose of the text cited in this regulation is, as described in its preface, to "serve public health administrators as a guide and as a source of materials in preparing regulations and legal requirements for the control of the communicable diseases. . ." BENENSON, CONTROL OF COMMUNICABLE DISEASES IN MAN, (11th ed.), p. x, American Public Health Assoc., 1970. This has apparently been taken quite literally.

4/ The text, for example, cites "[c]orrection of such social conditions as overcrowding and poverty" as a means of preventing tuberculosis. It is unlikely that 7 AAC 27.010, in conjunction with AS 18.05.060, is intended to impose criminal sanctions upon all those who live under, or tolerate, these conditions.

Dean Tirador

February 10, 1981
Page Three

It appears, in light of the foregoing, that the authority of state officials to require blood or other laboratory tests is not well established. As a result, a public health emergency could necessitate adoption of emergency regulations, institution of legal proceedings, or both. We suggest that the Department of Health and Social Services take steps to clarify 7 AAC 27.010 in this regard.

THR/jal

POSITION PAPER

SENATE BILL No. 343

"An Act relating to premarital blood tests; and providing for an effective date."

This Bill repeals existing provisions in AS 25.05 requiring a blood test for syphilis as a condition for issuance of a marriage certificate.

In calendar year 1983, a total of 51 cases of syphilis in all stages was reported. Of these 32 were in the infectious stage. The rate for all cases of syphilis for 1982 was about 12.2 and 10.4 for 1983. Since 1973, Alaska's syphilis rate has been consistently lower than the rate for the U.S. as a whole. The 1980 U.S. rate was 30.38.

Premarital testing is no longer an effective case finding tool. Between 1975 and 1980, a total of about 60,000 premarital specimens were tested with a yield of only two cases of previously unknown infectious syphilis. In 1982, one case was found in a total of about 12,000 premarital tests. In recent years, about 65% of new cases of syphilis in Alaska have occurred in the homosexual population, a group not ordinarily reached through a premarital testing program. Most cases are detected through self-referral of symptomatic persons or through epidemiologic investigation of sexual contacts of detected cases.

Historically, the major purpose of premarital testing was the prevention of congenital syphilis. The existing Alaska statute became effective in 1949 when syphilis was much more common with over 100 cases per year.

Passage of this Bill would have no effect on VD control efforts in the State. Prenatal testing will continue as a preventive measure for congenital syphilis. Syphilis testing will still be available to private health care providers and to the sexually transmitted disease clinics. Efforts will continue to be directed at high risk groups and known associates and contacts of person with the disease in an infectious stage.

Passage of this legislation is supported by the Alaska Public Health Association, the Alaska State Medical Association, the Alaska State Hospital Association and the Alaska Native Board of Health. Opposition has been voiced by the Faith Hospital in Glenallen.

Position Paper SB 343
Page 2

The Department of Health and Social Services strongly supports passage.

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

Date: 1/30/84

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

Date: 1/30/84

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date _____, 1984

REQUEST

Bill/Resolution No.: SB 343
Title: Premarital Blood Tests

Sponsor: Sen. Josephson
Requestor: Senate HESS
Date of Request: 1/25/84

FISCAL DETAIL

Agency Affected: Health & Soc. Svcs.
Program Category Affected: Public Health

BRU, Program of Subprogram(s) Affected:
State Health Services, Laboratory Services

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.						
800 MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY	0	0	0	0	0	0

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for Analysis

Prepared By: Dean Tirador
Division: Public Health

(R) JCC
Phone: 465-3090
Date: 1/26/84

Approved by Commissioner: Robert Landon Smith, Ph.D. Date: 1/30/84
Agency: Health and Social Services

Distribution (by Agency preparing fiscal note):

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

12/1/83

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH

BILL SHEFFIELD, GOVERNOR

*POUCH H-06
JUNEAU, ALASKA 99811-9976*

PHONE: 465-3090

January 24, 1984

Ms. Nancy Deitrick
Professional Assistant
Senator Josephson's Office
Health, Education & Social
Services Committee
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Ms. Deitrick:

Enclosed is the additional information you requested last week on SB 343,
Premarital Blood Tests.

If you wish further information, please contact me.

Sincerely,



E. S. Rabeau, M.D.
Director

Enclosure

How prevalent is syphilis in Alaska and how does the State rank in relation to the other states?

In calendar year 1983, a total of 51 cases of syphilis in all stages was reported. Of these, 32 were in the infectious stage. In 1982, there were 32 infectious cases and 24 cases in the late latent stage. The rate for all cases of syphilis for 1982 was about 12.2 and 10.4 for 1983. No cases of congenital syphilis were reported in either year.

Since 1973 (the earliest year for which comparative statistics are readily available), Alaska's rate has consistently been lower than the rate for the U.S. as a whole. In 1980, the U.S. rate was 30.38.

What is the purpose of premarital syphilis testing?

Historically, the major purpose of premarital testing was the prevention of congenital syphilis, i.e., infection of the fetus before birth. The existing Alaska Statute became effective in 1949 at a time when syphilis was much more common with over 100 cases per year. In 1950, the U.S. rate for syphilis was 146/100,000.

How will repeal of the premarital requirement affect congenital syphilis rates?

We do not expect any effect. Prenatal testing will still be required.

Why repeal the existing statute?

1. Premarital testing is no longer an effective case finding tool. Between 1975 and 1980, a total of about 60,000 premarital specimens were tested with a yield of only two cases of previously unknown infectious syphilis. In 1982, one case was found out of about 12,000 tests. In recent years, about 65% of the new cases of syphilis in Alaska have occurred in the homosexual population, a group not ordinarily reached through a premarital testing program. Most cases are detected through self-referral of symptomatic persons or through epidemiologic investigation of sexual contacts of detected cases.
2. The premarital testing program requires an annual investment of about \$80,000 by the Section of Laboratories. In a time when laboratory services have been reduced, it would be more appropriate to restore other types of testing rather than continue an ineffective program. There are also other costs to the individual of probably \$20 to \$30 per test in physician office fees.

If premarital testing is repealed, how will VD control effort be affected?

Little or no effect is expected. Premarital testing will continue. Test-

ing will still be available to private health care providers and to the sexually transmitted disease clinics. Efforts will continue to be directed at high risk groups such as homosexuals and known associates and contacts of persons with the disease in an infectious stage.

Does the increasing amount of migration into the State affect a decision to repeal?

Probably not. Obviously, as population increases there may be an increase in the numbers of cases but no dramatic change in rates should occur. During the time of the explosive population increase during oil pipeline construction, there was no significant change in syphilis rates. Also, there is little reason to expect that the epidemiologic characteristics of the disease among in-migrants would differ from pattern found in Alaska and the contribution of premarital testing to case finding would continue to be very small.



ALASKA STATE HOSPITAL ASSOCIATION INC.

319 Seward Street
Juneau, Alaska 99801

Phone: (907) 586-1790

October 10, 1980

Dr. John Middaugh, M. D.
Room 301 MacKay Bldg.
338 Denali Street
Anchorage, AK 99501

Dear Dr. Middaugh:

The Alaska State Hospital Association wishes to inform you that on October 6, 1980 our Board of Directors voted to endorse your request to repeal the premarital syphilis serology requirement.

If we can be of help in the future, please let me know.

Sincerely,


Dennis L. DeWitt
Executive Director

DLD/sam

RESOLUTION:

REPEAL OF MANDATED PREMARITAL TESTS FOR SYPHILIS

The Alaska Public Health Association,

Recognizing that the control of diseases affecting the public's health in a cost-effective manner is of the highest priority, and

Realizing that a thorough review of the effectiveness of current statutes requiring premarital syphilis serological testing has revealed this requirement to be ineffective in controlling syphilis, and

Realizing that the elimination of mandatory premarital syphilis blood testing will allow available public health personnel to increase their efforts to insure that all women receive prenatal syphilis blood tests so that the elimination of congenital syphilis will become a reality, and

Recognizing that a substantial savings can be realized through the suspension of premarital blood testing without decreasing the effectiveness of venereal disease control efforts, and

Knowing that the Venereal Disease Branch of the Centers for Disease Control, Atlanta, Georgia, the Alaska State Medical Association; the Alaska State Hospital Association, the Alaska Native Health Board; and the Southcentral Health Planning and Development Agency are all on record supporting the repeal of Alaska's premarital syphilis blood test requirement, therefore

Urges the legislature to act decisively and rapidly to repeal the premarital syphilis blood test requirement currently mandated by AS 25.05.102 and AS 25.05.105.

Submitted by:

John Middaugh, M.D.
3010 Glacier Street
Anchorage, Alaska 99504

Resolution Representative:

John Middaugh, M.D.

Adopted:

April 29, 1983

Alaska Native Health Board

1689 C STREET, SUITE 230, ANCHORAGE, ALASKA 99501

PHONE (907) 276-8989

Reference #A80-0960

September 24, 1980

The Honorable Jay S. Hammond
Governor
State of Alaska
Pouch A
Juneau, Alaska 99811

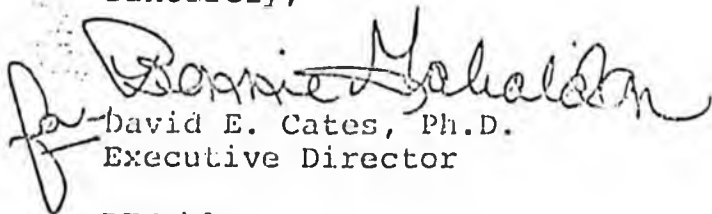
Dear Governor Hammond:

The Alaska Native Health Board endorses the repeal of the statute requiring premarital syphilis serological blood testing.

By doing so, the Board recognizes the continuing need to actively seek to discover and treat all cases of syphilis but it is believed that premarital testing is not the most effective means. The nearly \$81,000 required for the 9,000 tests given in 1979 could better be used in a more promising, productive manner. This change should not impair the effectiveness of the Venereal Disease Control efforts of the State.

As always, the Board is concerned with the well-being of all Alaskans. It seeks the epitome of service delivery and to eliminate waste. It believes to continue the "routine testing" to be such a waste.

Sincerely,


David E. Cates, Ph.D.
Executive Director

DEC:blg

cc: John Middaugh, M.D.

ALEUTIAN/PRIOR OF ISLAND ASSOC., INC
BRISTOL BAY AREA HEALTH CORPORATION
COOK INLET NATIVE ASSOCIATION
COPPER RIVER NATIVE ASSOCIATION

KODIAK AREA NATIVE ASSOCIATION
MAUNELUP ASSOCIATION
THE NORTH PACIFIC IRII
NORTH SLOPE BOROUGH HEALTH CORP.

NORTON SOUND HEALTH CORPORATION
SOUTHEAST ALASKA REGIONAL HEALTH CO
TANANA CHIEFS CONFERENCE
YUKON-NUSKOKWIM HEALTH CORPORATI

**PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT**

Municipality of Anchorage

MEMORANDUM

DATE: January 22, 1984

TO: Tyler Jones, Legislative Affairs
Municipality of Anchorage

FROM: Rodman Wilson, M.D., Director
Department of Health and Environmental Protection

SUBJECT: Requests to the Thirteenth Alaska State Legislature

The Municipality of Anchorage, Department of Health and Environmental Protection, asks the Alaska Legislature to act on the following matters on behalf of the MOA:

1. Categorical Grants:

A. Community Health Services Grant FY 85 - \$971,830

Comment: This grant is for public health nursing. It has been awarded perennially to MOA in lieu of the State's having to field its own public health nurses (PHN's) in Anchorage as it does in all other parts of Alaska. Anchorage uses the grant funds to employ PHN's and to operate clinics at DHEP at 825 L Street and at the satellite clinic in Eagle River. Activities of the PHN's in the field are investigation, mitigation and follow-up of outbreaks of disease, home visits to new mothers, particularly when there is special risk to the newborn child, visits to the handicapped and elderly, visits to child-care centers and other institutions, and health education, which will be substantially augmented this year. Clinics are principally for immunizations, eradication of tuberculosis, sexually transmitted disease control, and advice about nutrition. MOA employs 14 nurses with its own funds. With the grant 13 additional nurses are hired, without whom much of the above work could not be done.

In FY 83 the Community Health Services Grant was \$939,100. Last year a legislator at a House committee hearing on the DHSS budget apparently remarked that the grant funded the Anchorage Open Door Clinic in an amount of \$100,000. This was not true. The Open Door Clinic was funded only from MOA funds, not from the grant, and is not funded at all by MOA at present. DHSS personnel at the hearing did not gainsay the legislator's remark. MOA people were not present at the hearing to correct the misstatement either. Thereupon, \$100,000 was subtracted from the committee's recommendation for the Community Health Services Grant to MOA, reducing it to \$839,100. Then \$85,000 pass-through money for a dental program at Anchorage Neighborhood Health Clinic was added (later deleted by the Governor). At Conference Committee the lower amount, \$839,100 (\$924,100 counting the dental money) stood. The Senate HESS Committee had recommended approximately \$1,035,000. The upshot was that our grant was reduced by \$100,000 in part because of misinformation (for which we are to blame perhaps for not being at the hearing). This is why we seek \$971,830 this year to restore last year's cut and allow modestly for inflation.

DHEP does not oppose funding the dental clinic at Anchorage Neighborhood Health Clinic. It is a good program as long as it stresses preventive rather than restorative dentistry, but it is not a priority of DHEP when compared with epidemiology (disease outbreak control), immunizations, visits to babies at risk of poor mothering and abuse, and visits to the handicapped and the elderly.

B. Health Aide Services Grant FY 85 - \$286,300

Comment: This grant provides health aide services to approximately 75 chronically ill, handicapped or frail elderly individuals. These are not skilled nursing services but are services designed to assist patients in staying in their homes longer than they would be able to otherwise, thus sparing costs of institutionalization.

C. Alcoholism Grant FY 85 - \$3,675,000

Comment: This grant is to fund the prevention and treatment of alcoholism. It is done by DHEP through contracts to local non-profit organizations like the Alaska Council on Prevention of Alcohol and Drug Abuse, Salvation Army, Akeela House, Adolescent Residential Center for Help (in Eagle River), Cook Inlet Native Association, and the Alaska Women's Resource Center. It funds, among many other programs, treatment of DWI's at a time when intervention is often quite effective.

Anchorage traditionally has been underfunded compared to other areas of the State. In FY 84 Anchorage received only about 29% of State alcoholism money even though we treat innumerable alcoholics who come into the city either voluntarily or as outcasts from bush communities. The obverse of the argument is, of course, that even though Anchorage has half the State's population, all of its people - perhaps, not even half - do not need publically funded alcoholism service. In contrast in rural communities there frequently are no private resources for treatment of alcoholism. Nonetheless MOA hopes that the Legislature will fund alcoholism programs more equitably and more generously this year, for we do have sophisticated and fairly effective programs particularly in prevention education, treatment of DWI's, detoxification, and residential care of dried-out alcoholics who are not yet ready to return to their families and jobs.

D. Drug Abuse Grant FY 85 - \$889,000

Comment: Drug abuse treatment is almost exclusively in the public domain in Anchorage, although the Charter Hospital, now abuilding, will have private treatment for paying addicts. MOA funds a methadone clinic, Akeela House, and ARCH in Eagle River for treatment of drug addiction in both youths and adults. Without this grant the methadone clinic wou'd surely close. The methadone clinic is an effective way to keep a number of addicts from abusing the community through robbery

and violence, and it helps many of these unfortunates to restore their lives to genteel ways. Through counseling services they are able, once away from the awful need for a daily illicit fix, to get back to work and to family life. Residential treatment is given both at ARCH and Akeela House. In addition outpatient and early intervention programs are available at Akeela.

E. Treatment Alternatives to Street Crime (TASC) Grant FY 85 - \$650,000

Comment: In FY 84 Treatment Alternatives to Street Crime (TASC), an in-house program operated at DHEP at 825 L Street, received \$385,000 from the Division of Corrections. We ask for substantially more for FY 85 because of steadily rising, essentially open-ended case loads:

FY	Staff	Clients
78	5	144
79	8	246
80	8	260
81	10	366
82	11	628
83	14	868
84	14	980 (est)

MOA is contributing more than ever to this useful program in CY 1984, \$150,000 (cf 1983, \$80,500) despite Proposition 24 stringencies. The Anchorage Assembly also recently appropriated \$100,000 to TASC as a one-time catch-up for program deficits.

TASC is an out-patient program which accept from the courts arraigned or convicted adult or juvenile drug, or occasionally alcohol, addicted felons or misdemeanants for testing urine and for counseling. As long as urine tests, done several times weekly, remain free of drugs including alcohol, the subject remains out-of-jail. Counseling is given to all clients either at the clinic or by referral. It is an excellent program in that it keeps hundreds of persons out of jail, thereby enormously reducing custodial costs to the State. The problem DHEP has is that TASC is essentially open-ended. The courts, or occasionally attorneys directly, feel entirely free to refer persons to TASC and, in our enthusiasm to be helpful, we do not know how to say no. TASC has the best laboratory in the state for testing urine for a variety of narcotic and other drugs. It accepts specimens from all over the State including specimens from military installations. TASC bills for these tests at cost.

DHEP understands that the governor's budget for Corrections has \$400,000 for TASC in it. This is not nearly enough if we are to continue accepting more and more persons from the courts.

F. Mental Health Grant FY 85 - \$1,445,100

Comment: MOA decided on December 19, 1983 not to apply for a mental health grant for FY 85 and so informed Commissioner Smith. The main reason was simply that we were not certain that we could supply the required 25% match. At the request of Senator Fisher this position was reversed on January 16, 1984, and MOA did submit a letter of intent to apply for a grant. It is still far from clear whether we will have sufficient match money to apply by the March 15 deadline for the full amount listed in the letter of intent.

The dominant non-profit mental health organization in Southcentral Alaska is the Anchorage Community Mental Health Center. The State already deals directly with ACMHC through a contract to provide a transitional living center for chronically mentally ill individuals that have been discharged from Alaska Psychiatric Institute. In many ways it would be preferable for the State also to contract directly with ACMHC for provision of the statutorily prescribed mental health priorities of the State (emergency care, treatment of schizophrenics, treatment of the elderly, etc.), thus allowing MOA with its monies to fill gaps and fund new or experimental programs. In particular DHEP would like to do more in the area of rape, family strife, and prevention of mental illness but these are not Division of Mental Health priorities.

The countervailing argument is that MOA should not relinquish "local control" by eschewing the state grant. In fact there is little local control because the priorities are so rigidly prescribed. This means preeminently treating API discharges, 40% of whom are from out-of-town. About half of these then settle in Anchorage. ACMHC, though having many other programs, besides treating API discharges, should perhaps be an arm of API, or at least have so close a relationship with the Division that it does not need MOA to intrude as its agent. MOA has much more flexibility with respect to the alcoholism, drug abuse, and TASC grants in terms of tailoring programs to local taste.

At this juncture DHEP is still pondering what it should do. If we follow through on the grant to apply, say, for approximately \$812,000, we could meet the first half of the FY 85 25% match with our slim CY 84 budget and hope that an equal amount would be forthcoming in our CY 85 budget. Proposition 24 may work even greater hardships in 1985 than in 1984.

We also await written word from the Commissioner or the Division whether DHSS will consider making grants to both ACMHC and to MOA, for differing programs. If it did, then MOA would choose to fund organizations like Family Connection, CINA Amouak, and Suicide Prevention and Crisis Center, if their proposals won RFP competition. Other programs such as those having to do with sexual abuse and domestic strife do not qualify for state mental health funds in any event. These are, however,

priorities of the State Department of Public Safety. MOA would like to support organizations such as S.T.A.R. one way or another. Also Anchorage wants to fund programs in the prevention of mental illness. Primary prevention is not a state priority.

2. Capital Grants:

Animal Control Shelter \$3.8 million

Comment: The Anchorage animal control shelter is in a state of shabby, out-of-code delapidation. Each month it receives approximately 1,000 animals and 1,500 complaints about animals. We intend to build a state-of-the-art animal shelter which will be pleasing to the eye, ear, and nose. The final A & E contract is scheduled to be awarded by the Assembly January 24. Construction will begin in August or September at a 2½ acre Tudor Road site on the edge of Bicentennial Park.

A completely overhauled program will strive to inculcate responsible pet ownership so that the risks of bites, parasitic diseases, rabies and annoying barking are minimized, so that as few injuries to animals as possible occur in town, and so that as few stray animals as possible are destroyed.

3. Special Requests:

There are 3 special DHEP environmental projects which need funding:

A. Ground Water Testholes \$58,000

Comment: Most cities of substantial size test ground water at quarterly or other suitable intervals for contamination of ground water (i.e., water in the ground to a depth of 25-30 feet) for coliform bacteria, nitrates, phosphates (from detergents), and heavy metals. This is to see if on-site septic system effluents are having an adverse effect on ground water, which is naturally pure. If they are, then the contamination will soon seep down well casings to pollute deep aquifers. It is virtually impossible to sterilize an aquifer once contaminated. This project, mandated by the Hillside 208 study but never done, would simply drill approximately 50 20' holes around Anchorage, place piping and caps, and then use them indefinitely for regular testing. Eventually as many as 200-250 holes should be placed, but it is best to stage this over several year's time.

B. Telemetry of Air Monitoring Devices; Addition of two monitoring stations \$140,000

Comment: The amount of carbon monoxide in air above Anchorage is continuously monitored at 4 sites (downtown, Spenard, City View, and Sand Lake) to see if it stays within safe boundaries set by EPA. We

need 2 more stations (Glenn Highway and Airport Heights Road; Eagle River). Addition of 2 new monitoring devices would cost \$20,000.

All 6 devices should be telemetered to the Air Laboratory at 825 L Street. This would, among other advantages, allow the department to watch build-ups and decay of CO levels hour-by-hour so that the director would be able to alert the mayor if an air alert was at hand or imminent. This winter so far, Anchorage has experienced 4 air episodes in which CO exceeded 15 ppm over an 8-hour average. Air alerts should have been called but due to delay in collecting data, they were not called. By that time, air had cleared. But it is likely that before the winter passes, high levels for much longer intervals than 8 hours will occur, making it highly desirable to have on-line information at the department. Cost for telemetering 6 stations is estimated at \$120,000.

C. Temperature Inversion Monitor (Telemetered) \$30,000

Comments: Anchorage suffers many temperature inversions which traps cold air and pollutants near the ground. We need a temperature towers or poles to 100-200 feet to measure air temperatures at successive levels continuously and to telemeter readings to the Air Lab at 825 L Street. Differential temperatures thus obtained will help us predict periods when pollutants such as CO are likely to be dangerously elevated.

4. Possible source of more money for items 3 A, B, C.

Last year the Legislature appropriated \$88,000 to Anchorage as a part of the Capital Budget to contribute to construction of the extended care residential unit for alcoholics at the city owned Clitheroe Center at Point Woronzof. Because of a sharp reduction in the alcoholism grant for FY 84 operating monies to the Salvation Army which runs Clitheroe were reduced. Other arrangements were made for extended care. The Center does need \$18,000 to reconstruct their large kitchen which is badly in need of rebuilding and re-equipping. We seek permission to use \$18,000 of the \$88,000 for this purpose. This leaves \$70,000 which could apply with the Legislature's permission to Projects 3 A, B, or C.

5. Legislation Sought (non-budgetary):

A. Making Vital Statistics Documents Available to Municipal Health Officers

Comment: MOA seeks amendment of AS 18.50.310 to allow municipal health officers to inspect vital statistics documents including birth and death certificates. It is not clear in Alaska Statutes that a municipal health officer is entitled to see vital statistics documents. These are sorely needed, virtually day-by-day, in order to know what is occurring in a community from the standpoint of the health of the citizenry.

See attached suggested wording which has been sent to HESS Committee chairpersons.

B. Support of SB 343 Repealing Requirement for Pre-Marital Blood Test for Syphilis

Comment: Repeal of the requirement for a blood test for syphilis prior to marriage is in order. It costs over \$100,000 to discover one case of infectious syphilis this way. The proper time to test is not at marriage but at pregnancy. This is routinely done by physicians. More than 30 states have repealed this anachronistic requirement. It is high time Alaska did too. We support SB 343.

Rodman Wilson

Rodman Wilson, M.D.
Director, Department of Health
and Environmental Protection

Approved by:

Tony Knowles

Tony Knowles
Mayor

**STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES**

LETTER OF INTENT

FOR STATE USE ONLY - DO NOT FILL IN

3a Clearinghouse Identification No.		6a Program number		6b Program Title	
1. Name of Applicant Municipality of Anchorage, Dept. of Health &			2. Organizational Unit Physical Health Division		
3. Address of Applicant (c) Street or P.O. Box Env. Prot. (d) City (e) Borough (f) State Pouch 6-650, Anchorage Alaska					
4. Title of Applicant's Project Community Health Services					
5. Contact Person (Name and Phone) Rita Schmidt, 264-4607				6. Type of Applicant/Recipient <input type="checkbox"/> D - Borough <input type="checkbox"/> I - Higher Education Institution <input checked="" type="checkbox"/> E - City <input type="checkbox"/> J - Indian Tribe <input type="checkbox"/> F - School District <input type="checkbox"/> K - Other (Specify) <input type="checkbox"/> H - Community Action Agency <input type="checkbox"/> L - Private nonprofit including Native Corporations	
7. Area of Project Impact (City, Borough, Native Corporation, Statewide) Anchorage					
8. Estimated number of persons benefiting 230,000					
9. Type of Application <input type="checkbox"/> A - New <input checked="" type="checkbox"/> D - Continuation					
10. Project Start Date 7/1/84			11. Project Duration (Months) 24 months		
			12. State Agency to Receive Request Dept. of Public Health		

PROJECT COORDINATION


Is this proposed project contained within an adopted local and/or state plan or program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If so, list plan/program and year of adoption (i.e. comprehensive plan, health plan, water/sewer plan) 1982 Anchorage Health Plan	
List other related plans of applicant agency or other agency used to prepare the application, including year of adoption.		List other agencies you feel may be interested in reviewing this project.	

Indicate agencies project already coordinating with. (Attach letters as appropriate.) Will any requested funds be subcontract? Yes No If yes, show amount

13. BUDGET

Multi-Year Projections	Current Year	Year 1 of Application	Year 2 of Application
a. Federal (direct)	\$	\$	\$
b. Federal (through state)	\$	\$	\$
c. State (amount requested from)	\$ 839,100	\$ 971,830	\$ 1,020,421
d. Local Government Contribution	\$	\$	\$
e. Applicant (cash)	\$	\$	\$
f. Applicant (in-kind)	\$	\$	\$
f. TOTAL	\$ 839,100	\$ 971,830	\$ 1,020,421

ATTACH ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

The applicant certifies that: To the best of my knowledge and belief, data in this Letter of Intent are true and correct and the document has been duly authorized by the governing body of the applicant.		Date Signed 1-12-84
Certifying Representative (Name and Title) Barbara Steckel Municipal Manager		Signature of Representative 

**STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES**

LETTER OF INTENT

FOR STATE USE ONLY - DO NOT FILL IN

3a Clearinghouse Identification No.	3a Program number	6b Program Title
1. Name of Applicant Municipality of Anchorage, Dept. of Health & Env. Protection		2. Organizational Unit Physical Health Division
3. Address of Applicant (c) Street or P.O. Box Pouch 6-650		(d) City Anchorage
		(e) Borough Ala
4. Title of Applicant's Project Health Aide Services		
5. Contact Person (Name and Phone) Rita Schmidt 264-4607		6. Type of Applicant/Recipient <input type="checkbox"/> D - Borough <input type="checkbox"/> I - Higher Education Institution <input checked="" type="checkbox"/> E - City <input type="checkbox"/> J - Indian Tribe <input type="checkbox"/> F - School District <input type="checkbox"/> K - Other (Specify) <input type="checkbox"/> H - Community Action Agency <input type="checkbox"/> L - Private nonprofit including Native Corporations
7. Area of Project Impact (City, Borough, Native Corporation, Statewide) Anchorage		
8. Estimated number of persons benefiting 230,000		
9. Type of Application <input type="checkbox"/> A - New <input checked="" type="checkbox"/> D - Continuation		
10. Project Start Date 7/1/84		
11. Project Duration (Months) 24 months		12. State Agency to Receive Request Dept. of Public Health

PROJECT COORDINATION

Is this proposed project contained within an adopted local and/or state plan or program? Yes No If so, list plan/program and year of adoption (i.e. comprehensive plan, health plan, water/sewer plan) **1982 Anchorage Health Plan**

List other related plans of applicant agency or other agency used to prepare the application, including year of adoption.

List other agencies you feel may be interested in reviewing this project.

Indicate agencies project already coordinating with. (Attach letters as appropriate.) Will any requested funds be subcontract? Yes No If yes, show amount **\$239,000**

13. BUDGET

Multi-Year Projections	Current Year	Year 1 of Application	Year 2 of Application
a. Federal (direct)	\$	\$	\$
b. Federal (through state)	\$	\$	\$
c. State (amount requested from)	\$ 270,000	\$ 286,300	\$ 303,480
d. Local Government Contribution	\$	\$	\$
h. Applicant (cash)	\$	\$	\$
e. Applicant (in-kind)	\$	\$	\$
f. TOTAL	\$ 270,000	\$ 286,300	\$ 303,480

ATTACH ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

The applicant certifies that: To the best of my knowledge and belief, data in this Letter of Intent are true and correct and the document has been duly authorized by the governing body of the applicant. Date Signed **1-12-84**

Verifying Representative (Name and Title) **Barbara Steckel Municipal Manager** Signature of Representative *[Signature]*

**STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES**

LETTER OF INTENT

FY 85 Letter of Intent

FOR STATE USE ONLY - DO NOT FILL IN

3a Clearinghouse Identification No.		6a Program number	6b Program Title	
1. Name of Applicant Municipality of Anchorage			2. Organizational Unit Behavioral Health Division	
3. Address of Applicant (c) Street or P.O. Box Pouch 6-650		(d) City Anchorage	(e) Borough Anchorage	
4. Title of Applicant's Project Behavioral Health Treatment System - Alcoholism Components				
5. Contact Person (Name and Phone) James C. Parsons, Manager (264-4775)			6. Type of Applicant/Recipient	
7. Area of Project Impact (City, Borough, Native Corporation, Statewide) Municipality of Anchorage			<input type="checkbox"/> D - Borough <input type="checkbox"/> I - Higher Education Institution <input type="checkbox"/> E - City <input type="checkbox"/> J - Indian Tribe <input type="checkbox"/> F - School District <input checked="" type="checkbox"/> K - Other (Specify Municipality) <input type="checkbox"/> H - Community Action Agency <input type="checkbox"/> L - Private non-profit including Native Corporations	
8. Estimated number of persons benefiting 230,876 residents of Municipality of Anchorage & additional residents of surrounding areas # unknown				
9. Type of Application <input type="checkbox"/> A - New <input checked="" type="checkbox"/> B - Continuation				
10. Project Start Date July 1, 1984				
11. Project Duration (Months) Twelve (12) Months		12. State Agency to Receive Request Office of Alcoholism and Drug Abuse		

PROJECT COORDINATION

Is this proposed project contained within an adopted local and/or state plan or program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If so, list plan/program and year of adoption (i.e. comprehensive plan, health plan, water/sewer plan) State Plan - HSA - Municipal Plan	
List other related plans of applicant agency or other agency used to prepare the application, including year of adoption.		List other agencies you feel may be interested in reviewing this project.	

Indicate agencies project already coordinating with. (Attach letters as appropriate.) Will any requested funds be subcontracted? Yes No If yes, show amount \$4,088,000

13. BUDGET

Multi-Year Projections	Current Year	Year 1 of Application	Year 2 of Application
a. Federal (direct)	\$	\$	\$
b. Federal (through state)	\$	\$	\$
c. State (amount requested from)	\$ 2,900,000	\$ 3,675,000	\$ 3,859,000
d. Local Government Contribution	\$ 1,648,220	\$ 925,000	\$ 971,000
e. Applicant (cash)	\$	\$	\$
f. Applicant (in-kind)	\$	\$	\$
g. TOTAL	\$ 4,548,220	\$ 4,600,000	\$ 4,830,000

ATTACH ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

The applicant certifies that: To the best of my knowledge and belief, data in this Letter of Intent are true and correct and the document has been duly authorized by the governing body of the applicant.

Certifying Representative (Name and Title) Signature of Representative Date Signed

Barbara Streckel, Municipal Manager *Barbara Streckel* 1-10-84

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES

LETTER OF INTENT

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7. Area of Project Impact (City, Borough, Native Corporation, Statewide) Municipality of Anchorage				<input type="checkbox"/> D - Borough <input type="checkbox"/> I - Higher Educational Institution <input type="checkbox"/> E - City <input type="checkbox"/> J - Indian Tribe <input type="checkbox"/> F - School District <input checked="" type="checkbox"/> K - Other (Specify Municipal) <input type="checkbox"/> H - Community Action Agency <input type="checkbox"/> L - Private nonprofit including Native Corporations	
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9. Type of Application <input type="checkbox"/> A - New <input checked="" type="checkbox"/> D - Continuation					
10. Project Start Date July 1, 1984					
11. Project Duration (Months) Twelve (12) Months			12. State Agency to Receive Request Office of Alcoholism and Drug Abuse		

PROJECT COORDINATION

Is this proposed project contained within an adopted local and/or state plan or program? Yes No If so, list plan/program and year of adoption (i.e. comprehensive plan, health plan, water/sewer plan) State Plan - HSA - Municipal Plan

List other related plans of applicant agency or other agency used to prepare the application, including year of adoption.	List other agencies you feel may be interested in reviewing this project.

Indicate agencies project already coordinating with. (Attach letters as appropriate.) Will any requested funds be subcontracted? Yes No If yes, show amount \$1,129,000

13. BUDGET

Multi-Year Projections	Current Year	Year 1 of Application	Year 2 of Application
a. Federal (direct)	\$	\$	\$
b. Federal (through state)	\$	\$	\$
c. State (amount requested from)	\$ 647,500	\$ 889,000	\$ 934,000
d. Local Government Contribution	\$ 506,300	\$ 341,000	\$ 358,000
e. Applicant (cash)	\$	\$	\$
f. Applicant (in-kind)	\$	\$	\$
f. TOTAL	\$ 1,153,800	\$ 1,230,000	\$ 1,292,000

ATTACH ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

The applicant certifies that: To the best of my knowledge and belief, data in this Letter of Intent are true and correct and the document has been duly authorized by the governing body of the applicant.

Certifying Representative (Name and Title) Signature of Representative Date Signed

Barbara Steckel, Municipal Manager *Barbara Steckel* 1-10-84

DEPARTMENT OF HEALTH & SOCIAL SERVICES

LETTER OF INTENT

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Pouch 6-650 Anchorage		
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9. Type of Application <input type="checkbox"/> A - New <input checked="" type="checkbox"/> D - Continuation		
10. Project Start Date July 1, 1984		
11. Project Duration (Months) Twelve (12) Months		12. State Agency to Receive Request Dept. of Health and Social Services, Div. of M.H. and D.D.

PROJECT COORDINATION

Is this proposed project contained within an adopted local and/or state plan or program? Yes No If so, list plan/program and year of adoption (i.e. comprehensive plan, health plan, water/sewer plan) State Plan - HSA - Municipal Plan

List other related plans of applicant agency or other agency used to prepare the application, including year of adoption.

List other agencies you feel may be interested in reviewing this project.

Indicate agencies project already coordinating with. (Attach letters as appropriate.) Will any requested funds be subcontracted? Yes No If yes, show amount \$1,791,400

13. BUDGET

Multi-Year Projections	Current Year	Year 1 of Application	Year 2 of Application
a. Federal (direct)	\$	\$	\$
b. Federal (through state)	\$	\$	\$
c. State (amount requested from)	\$ 806,300	\$ 1,445,100	\$ 1,517,360
d. Local Government Contribution	\$ 522,740	\$ 481,700	\$ 505,790
e. Applicant (cash)	\$	\$	\$
f. Applicant (in-kind)	\$	\$	\$
g. TOTAL	\$ 1,329,040	\$ 1,926,800	\$ 2,023,150

ATTACH ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE


The applicant certifies that: To the best of my knowledge and belief, data in this Letter of Intent are true and correct and the document has been duly authorized by the governing body of the applicant.

Date Signed

1/16/84

Certifying Representative (Name and Title)
Barbara Steckel, Municipal Manager

Signature of Representative



**PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.**

COMMITTEE REPORT

SENATE

FURTHER:

1/11/84

Date: _____

Mr. President:

The Committee on _____ has had _____

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

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for _____ same title
 new title
- and recommends _____
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

ALASKA STATE SENATE

JOE P. JOSEPHSON
DISTRICT G - ANCHORAGE
1526 F STREET
ANCHORAGE ALASKA 99501
(907) 277-4419

WHILE IN JUNEAU
POUCH V
JUNEAU ALASKA 99811
(907) 465-4907
(907) 465-4525

COMMITTEES
HEALTH, EDUCATION & SOCIAL SERVICES (CHAIR)
JUDICIARY (VICE CHAIR)
FINANCE
MAJORITY CAUCUS (CHAIR)

February 1, 1984

Senator Frank Ferguson
Senator Don Bennett
Senator Bill Ray
Senator Tim Kelly

Subject: SB 354 (PreMarital Blood Tests)

Gentlemen:

For years, the Alaska State Medical Association has recommended the repeal of the Alaska law requiring the premarital blood test for syphilis.

Rodman Wilson, M.D., the Municipality of Anchorage Health Director, and for many years an outstanding medical practitioner, has recently communicated with me on this subject. (See enclosure).

The test has nothing to do with AIDS or other diseases which I think came up in the Rules Committee. The administration supports the bill vigorously. Current practice is a waste of money and just as important, a waste of health care resources which are limited in the State.

As Dr. Wilson observes, over 30 states have eliminated this test. I know that in Hawaii, where I was married in December, the bride is required to present evidence of rubella screening but neither party needs the premarital blood test for syphilis.

As Dr. Wilson notes, the syphilis test is administered prenatally, in any event.

I request that the Rules Committee place this matter on the calendar for floor debate and action at the earliest opportunity.

Sincerely,



Joe P. Josephson

- The bill has nothing to do with Herpes, gonorrhea, rubella, etc. I know of no medical opinion opposing this bill. Rep. Fritz (M.D.) has sponsored the same measure in the House and would be happy to talk with you about it as a medical expert.

- J.P.J.