

SJR

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COMMITTEE REPORT
SENATE

FURTHER: RESOLVE

1/26/83

Date: 2/7/83

Mr. President:

The Committee on HESS has had SJR 11

Relating to health care delivery to Non-Native dependents by the United States Public Health Service.

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:

Richard H. ...

CHAIRMAN

DEPT. OF COMMUNITY & REGIONAL AFFAIRS

OFFICE OF THE COMMISSIONER

POUCH B
JUNEAU, ALASKA 99811
PHONE: (907) 465-4700

February 23, 1983

POSITION PAPER

Re: SJR 11

Sponsor: Senator Ferguson

Program Effect

Head Start grantees are required by the federal government to provide medical and dental screenings and services for all children in the program. Public Law 97-394 will greatly impact services formerly provided and will segregate Native and non-Native children, especially in the rural areas.

Comments

The Department supports the intent of Senate Joint Resolution No. 11 as the reduction of medical services entailed in PL 97-394 will severely impact Head Start children and their families.

In 1978, the U.S. Congress amended Section 518 (a) of the Economic Opportunity Act of 1964, to include "poverty of access". This amendment allows certain children, whose families exceed the poverty guidelines, to be included in the Head Start program. Thus, these families included since 1978 may now be excluded by the action of PL 97-394.

The Alaska Head Start Directors Association meeting in Juneau January 26 and 27, 1983 identified potential impacts. Quantitative data on these impacts are being developed at this time.



STATE OF ALASKA
PRELIMINARY STATEMENT OF FISCAL IMPACT

Bill No: SJR 11 Date on Bill: 1/26/83
 Title: Health care delivery to non-Native dependents
 Sponsor: Ferguson
 Requestor: Senate H&SS

1. Estimated fiscal impacts on: Department of Community & Regional Affairs

a. Expenditures:

(Thousands of Dollars)

			FY 83	FY 84	FY 85	FY 86		
Capital				-0-	-0-	-0-		
Operating				-0-	-0-	-0-		
Total				-0-	-0-	-0-		

b. Revenues:

Revenue								
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2. Source of funds to offset fiscal impact of bill:

3. Assumptions:

Resolutions by definition have no fiscal impact. This resolution, in addition, addresses a federal program.

4. Disclaimer:

This statement has not been reviewed by the OMB in the Office of the Governor. It therefore does not represent the final estimate of fiscal impact.

Prepared By: Richard Rainery *RR* Phone: 465-4703
 Division: Commissioner's Office Date: 2/23/83
 Approved by Commissioner: *[Signature]* Date: 2/28/83
 Department: Community & Regional Affairs

5. Distribution:

- Original to Legislative Finance
- Copy to OMB
- Copy to Sponsor
- Copy to Requestor

2/15/83



Official Business

Alaska State Legislature

Senate

Pouch V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

TO: Senator Josephson, Chairman
Senate Health, Education, and
Social Services Committee

FROM: Senator Ferguson *J.F.*

DATE: February 7, 1983

SUBJ: SJR 11

President Reagan signed Public Law 97-394 into law on December 30, 1982. This law had the effect of immediately restricting the eligibility of non-Native dependents for Indian Health Services health care delivery. Although PL 97-394 was signed by the President in December of 1982, Indian Health Service Area Program Directors were not notified of the immediate change in health services eligibility until January 6, 1983. Neither the IHS Area Directors nor clients of the Indian Health Service had any official advance notice of changes in eligibility.

SJR 11 would request Congress to reinstate health care for non-Native dependents at IHS clinics to allow an adequate time frame for previous clients to find alternative health care, and would request Congress to allow a similar time frame in the event of any future curtailment of services.

RECEIVED

FEB 07 1983

Josephson,

Memorandum

22

Date : JAN 6 1983

From : Director, Indian Health Service

Subject : Non-Indian Eligibility - Immediate Action

To : All IHS Area/Program Directors

The fiscal year 1983 Appropriations for the Department of the Interior (P.L. 97-394) was signed by the President on December 30, 1982.

The law contains a provision restricting non-Indian eligibility as follows:

. . . notwithstanding current regulations, eligibility for Indian Health Services shall be extended to non-Indians in only two situations: (1) a non-Indian woman pregnant with an eligible Indian's child for the duration of her pregnancy through postpartum, and (2) non-Indian members of an eligible Indian's household if the medical officer in charge determines that this is necessary to control acute infectious disease or a public health hazard

This law supersedes IHS regulations, manual provisions and policy statements granting beneficiary status to non-Indian spouses and dependent members of an Indian's household or immediate family.^{1/} Effective immediately, non-Indians may be regarded as beneficiaries of the Indian health program only in the two exceptional situations stated in the appropriations statute above. Additional instructions will follow dealing with the provision of services to non-Indians with acute infectious diseases or other conditions which constitute public health hazards.

Non-Indians who were regarded as beneficiaries prior to enactment of P.L. 97-394 and who are presently inpatients in IHS facilities shall continue to be hospitalized until the need for hospitalization has ended. The determination as to when hospitalization is no longer needed shall be made by the patient's physician and be based upon the medical circumstances

^{1/} See the following statements governing non-Indian eligibility for IHS services: regulations at 42 CFR 36.12(a) regarding non-Indian wives, the preamble to proposed rules at 45 Federal Register 82839 (Dec. 16, 1980) regarding non-Indian husbands; section 2-1.2C of the IHS Manual regarding dependent non-Indian members of an eligible Indian's household; and section 2-3.7E(4) regarding non-Indian members of an eligible Indian's immediate family being eligible for contract health services.

of each patient. These patients shall be notified that after discharge they will no longer be eligible for services as IHS beneficiaries and should be assisted in locating other health care providers.

Non-Indians who were regarded as beneficiaries prior to enactment of the new law and who are presently undergoing a course of outpatient treatment may not be given further treatment unless, in the judgment of the medical officer in charge; immediate termination of treatment would threaten the life of or seriously impair the health of the individual patient. In that case the individual may be treated as an emergency patient (non-beneficiary) under regulations at 42 CFR 36.14. These patients shall also be notified that they are no longer eligible for services as IHS beneficiaries and should be assisted in locating other health care providers.

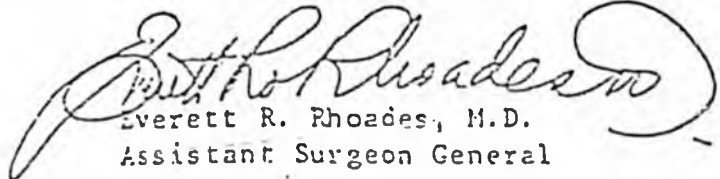
After receipt of this directive, no further initial authorization of contract health services may be made for any services provided after December 30, 1982, to former non-Indian beneficiaries except for non-Indians who meet the eligibility requirements of P.L. 97-394. Non-Indians who were regarded as beneficiaries prior to enactment of P.L. 97-394 and who are presently receiving inpatient contract care authorized under regulations at 42 CFR 36.21 et seq., may be authorized additional inpatient contract health services, within medical priorities, until the need for hospitalization has ended. No outpatient contract health care shall be authorized for these non-Indians after receipt of this notice. Outpatient contract health care authorized for these non-Indians before receipt of this notice shall be honored. These patients shall be notified that after discharge or completion of their previously authorized outpatient contract health care, they will no longer be eligible for services as IHS beneficiaries and should be assisted in locating other health care providers.

P.L. 97-394 does not affect treatment of non-beneficiaries where otherwise provided for by law. For example, the IHS facilities may continue to treat non-beneficiaries in cases of emergency as authorized under section 322(b) of the Public Health Service Act, 42 U.S.C. 249(b) and regulations at 42 CFR 36.14; the Alaska Area Native Health Service may treat non-indigent non-beneficiaries on a fee basis as authorized by 48 U.S.C. 49; and IHS facilities may continue to treat beneficiaries of other Federal programs under Economy Act arrangements. There may be other valid examples since this list is not intended to be all inclusive.

Within your respective jurisdictions, immediate dissemination of this notice shall be made to: (1) all IHS facilities and personnel involved in the provision of services, the determination of eligibility for services, and the authorization of contract health services; (2) all tribal leaders and leaders of Indian organizations involved in health issues, e.g., Indian health boards, urban Indian organizations, etc.; (3) all P.L. 93-638 contractors and grantees; (4) all non-IHS health care providers who provide services to IHS beneficiaries whether under contract (including Buy Indians) or not under contract; and (5) all local agencies that provide or pay for health services to the general population.

In addition, this notice shall be posted in the public areas of all IHS facilities, whether operated by IHS or by an Indian tribe or tribal organization, and in tribal facilities providing services to IHS beneficiaries under authority of P.L. 93-638. Finally, every reasonable effort should be taken to notify the general beneficiary population with particular emphasis given to individually notifying non-Indian patients, or their guardians, who were regarded as beneficiaries prior to enactment of P.L. 97-394 and who had received services as beneficiaries.

Individuals who are denied services under P.L. 97-394 shall be denied in writing and shall be afforded the current notice and appeals procedures.



Everett R. Rhodes, M.D.
Assistant Surgeon General

Regarding: Health Care delivery to Non-Native dependants

An order, effective immediately, declares that no health care will be provided to non native dependants @ JHS clinic with the exception of 4 categories

1- Non-Native preg women - care will be given for prenatal & post partum care

2- Emergencies approved my District

3- Control of contagious infections

4- If the only medical services available are JHS & the care will be on a fee for service basis

The problem is one of conservation - time for these non qualified persons to seek alternative health care ie - 30-60 days -

For more info contact -

ANS-

Thank you for your assistance

Respectfully

278-940 home
279-6661 x 340 wk.

Joan Sharp
438 Mumford #4
Arch 0054

Dr. Labeau:

impact in AK on Pub. Assist. is 1500 to 2000 people who will now be under Medicaid. (title XVIII)

No money in capital budget for hospitals.