

COMMITTEE REPORT  
HOUSE

(11)

FURTHER:

3/11/85

Date: 3-20-85

The Committee on FINANCE has had HB 215

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

under consideration and recommends:

- do pass  do not pass
- do pass with attached amendments(s)
- replace with CS for HP, 215 (FIN)  same title  new title
- and recommends individual recommendations
- AND attaches a "Letter of Intent"  New Fiscal Note <sup>2/11/85</sup>  Zero Fiscal Note Attached <sub>4/11-3</sub>
- reports it back without recommendation
- referred to the \_\_\_\_\_ Committee

MEMBERS SIGNING  
DO PASS

Walter A. G. [Signature]

[Signature]

[Signature]

For Fournier

[Signature]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBERS HAVING  
OTHER RECOMMENDATIONS:

[Signature] NO REC

[Signature] NO REC

[Signature] NO REC

[Signature] NO REC

\_\_\_\_\_

\_\_\_\_\_

[Signature]  
CHAIRMAN

STATE OF ALASKA 1985 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date: \_\_\_\_\_

REQUEST

Bill/Resolution No.: CSHB 215 (Fin)  
Title: State assistance for community health aide programs

FISCAL DETAIL

Agency Affected: Dept. Health & Social Serv.  
Program Category Affected: Public Health  
BRU, Program or Subprogram(s) Affected: \_\_\_\_\_

Sponsor: Representative Herrmann  
Requestor: House Finance Committee  
Date of Request: 3/19/85

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
<b>OPERATING</b>						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS		416.3	416.3	416.3	416.3	416.3
800 MISCELLANEOUS						
<b>TOTAL OPERATING</b>		416.3	416.3	416.3	416.3	416.3
<b>CAPITAL</b>						
<b>REVENUE</b>						

FUNDING: (Thousands of Dollars)

GENERAL FUND		416.3	416.3	416.3	416.3	416.3
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		416.3	416.3	416.3	416.3	416.3

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary: The fiscal note reflects the removal of skilled medical observers from the bill in CSHB 215 (Fin). According to Dept. Health & Social Services, Public Health Division, the funding requested for travel, contractual and supplies was associated only with the skilled medical observer portion of the bill. The amounts removed from the grants line are those amounts, (\$40.0: FY 86, \$80.0: FY 87, \$160.0: FY 88, and \$240.0: FY 89/ FY 90) shown in the DHSS fiscal note for skilled medical observer grants.

Prepared by: Al Adams-Chairman Phone: 465-3706  
Division: House Finance Committee Date: March 19, 1985

Approved by Commissioner: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency: \_\_\_\_\_

Distribution (by Agency preparing fiscal note):

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

7/1/84

Original sponsors: Herrmann, Wallis,  
Shultz, et al

1 IN THE HOUSE

BY THE FINANCE COMMITTEE

2 CS FOR HOUSE BILL NO. 215 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - FIRST 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) A qualified  
13 regional health organization is entitled to a grant of \$30,000 each  
14 fiscal year for the training and supervision of at least three primary  
15 community health aides.

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 multiplied by the number of primary community health aides who each  
19 week during the previous fiscal year averaged at least 20 hours of  
20 service paid for by the health organization, but not to exceed the  
21 number of primary community health aides who were employed by the  
22 health organization on July 1, 1984.

23 (c) A grant under (b) of this section may be used only for

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

26 (2) supervision of primary community health aides, includ-  
27 ing travel for supervisors;

28 (3) alternate community health aides.

29 (d) The department shall compute and pay a grant under this

1 section within the limits of appropriations made for the purpose.

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

4 (1) have received money from the federal government for a  
5 community health aide program during the fiscal year for which the  
6 grant is sought;

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

9 (3) apply for the grant in accordance with application  
10 requirements of the department or negotiate a contract with the de-  
11 partment in lieu of a grant if the regional or local health organi-  
12 zation provides other contract services for the state; and

13 (4) supply information requested by the department.

14 Sec. 18.28.030. COMMUNITY HEALTH AIDE GRANT ACCOUNT. (a) The  
15 community health aide grant account is established in the department.  
16 Money to carry out the provisions of this chapter shall be appropri-  
17 ated to the account and distributed as community health aide grants or  
18 to fund contracts entered into by the department under AS 18.28.-  
19 020(3).

20 (b) Each fiscal year the department shall determine the amount  
21 of money needed to fund all grants under AS 18.28.010 and contracts  
22 under AS 18.28.020(3) during the next fiscal year and shall report  
23 that amount to the legislature. If the amount appropriated to the  
24 account is not sufficient to finance all grants and contracts, the  
25 money shall be distributed pro rata among qualified regional and local  
26 health organizations.

27 Sec. 18.28.040. LIABILITY LIMITATION. The state is not liable  
28 for any injury that may result from the use of money awarded by the  
29 state as a community health aide grant or paid by the state under a

1 contract under this chapter.

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

4 Sec. 18.28.100. DEFINITIONS. In this chapter

5 (1) "alternate community health aide" means a person who  
6 assists the primary community health aide when necessary and acts in  
7 the absence of the primary community health aide;

8 (2) "community health aide" includes a primary community  
9 health aide and an alternate health aide;

10 (3) "department" means the Department of Health and Social  
11 Services;

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

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

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

23 \* Sec. 2. This Act takes effect July 1, 1985.  
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29

Fiscal Analysis

SENATE CS FOR CS HB 215 (HESS)

State Assistance for Community Health Aide Programs

Assumptions

Not applicable

Program Summary

This program will require an additional general fund appropriation of \$441.3 in the grants line for Health Grants BRU, Community Health Grants Component in FY 86.

Computation

State assistance to community health aide programs as specified in HB 215 would require a total FY 86 general fund appropriation of \$2,200.0 for grants. This calculation is based upon the following formula.

(1) \$30.0 per regional corporation to be used for expenses of conducting a community health aide program x 12 Corporations	\$ 360.0
(2) \$8.0 per each primary community health aide x 230 Aides	1,840.0
	<u>\$2,200.0</u>

The projected costs are based on incorporating the total amount requested in the House/Senate versions of FY 86 the Operating Budget as an offset for this bill. Current FY 86 budget for this program is as follows:

House

Health Grants BRU, Community Health Grants Component	\$1,388.3
Norton Sound BRU, Health Services Component	103.8
Maniilaq BRU, Health Services Component	<u>266.6</u>

Total FY 86 Budget \$1,758.7

Senate

Health Grants BRU, Community Health Grants Component	\$ 963.8
Norton Sound BRU, Health Services Component	349.9
Maniilaq BRU, Health Services Component	187.1
Tanana Chiefs Conference BRU, Health Services Component	<u>257.9</u>

Total FY 86 Budget \$1,758.7

Economic Impact

Not applicable

Impact on Local Government

Not applicable

**POSITION PAPER**

**SENATE CS FOR CS HOUSE BILL NO. 215 (HESS)**

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

This bill provides for expansion of financial assistance to nonprofit health organizations for training and supervision of community health aides. 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 entities providing services to less than 4,000 square miles, funding provided through this formula would be limited to \$8,000 per CHA. The bill also establishes a Community Health Aide Grant Account and requires the Department to report the amount necessary to meet the allocations outlined above to the legislature each year.

**BACKGROUND**

Community Health Aide

Community health aides provide primary health care to approximately 37,000 to 40,000 people in rural 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 Indian Health Service (IHS) or health corporation physicians. Health care training of a CHA is based on a standardized curriculum consisting of three basic sessions plus a preceptorship with a supervising physician at a medical center, periodic on-the-job training with a supervisor/instructor and continuing education sessions. Supervisor/instructors are employed by the corporations and are generally mid-level practitioners or registered nurses who conduct site visits one to three times per year for continuing education, skills evaluation and administration. In addition, 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 three. In addition to the primary CHA, alternates are also assigned to provide relief support and coverage during the absence of the primaries. Training for alternate aides varies widely with minimum standards that range from emergency trauma technician skills to completion of the first basic training session.

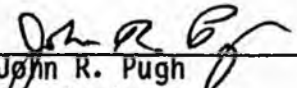
Historically the CHA program has been sponsored and funded by the federal IHS. This program was begun in 1967 although the concept and practices have a longer history. Until recently, financial support for the program rested solely with the federal government which contracted with regional or local corporations. Starting in FY 82, selected health corporations received designated state grants through direct legislative appropriation for support of CHA supervision and training. This trend has continued through the current

fiscal year with approximately \$1,040,000 being used to support programs administered by the Yukon-Kuskokwim Health Corporation, the Norton Sound Health Corporation, the Maniilaq Association, the Tanana Chiefs Conference, the Southeast Alaska Regional Health Corporation, the Aleutian/Pribilof Island Association, the Bristol Bay Area Health Corporation, the North Pacific Rim and the Copper River Native Association. The FY 86 Governor's Budget request maintains these grants, provides expansion of services to all twelve regional corporations and improves the level of training in selected underfunded corporation areas.

**POSITION**

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

Approved by:

  
\_\_\_\_\_  
John R. Pugh  
Commissioner  
Department of Health and  
Social Services

Date:

5/10/85

**STATE OF ALASKA 1985 LEGISLATIVE SESSION  
FISCAL NOTE**

Revision Date: \_\_\_\_\_

**REQUEST**

Bill/Resolution No CS/CSHB 215 (HESS)  
Title: Assistance for Community  
Health Aide Programs  
Sponsor: Rep. Herrmann, et al  
Requestor:  
Date of Request: 5/07/85

**FISCAL DETAIL**

Agency Affected: Dept. of Hlth. & Soc. Serv.  
Program Category Affected: Public Health  
BRU, Program or Subprogram(s) Affected:  
Hlth. Grants, BRU/ Comm. Hlth. Grants

**EXPENDITURES/REVENUES: (Thousands of Dollars)**

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
<b>OPERATING</b>						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS		441.3	441.3	441.3	441.3	441.3
800 MISCELLANEOUS						
<b>TOTAL OPERATING</b>		441.3	441.3	441.3	441.3	441.3

<b>CAPITAL</b>						
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<b>REVENUE</b>						
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**FUNDING: (Thousands of Dollars)**

GENERAL FUND		441.3	441.3	441.3	441.3	441.3
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		441.3	441.3	441.3	441.3	441.3

**POSITIONS:**

FULL-TIME						
PART-TIME						
TEMPORARY						

**ANALYSIS:** Attach a separate page if necessary

See attached.

Prepared By: Robert I Fraser, M.D.  
 Division: Public Health

Phone: 465-3090  
 Date: 5/09/85

Approved by Commissioner: [Signature]  
 Agency: Department of Health & Social Services

Date: 5/10/85

Distribution (by Agency preparing fiscal note):

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

# Alaska State Legislature

REPRESENTATIVE  
ADELHEID HERRMANN

P.O. BOX 63  
NAKNEK, ALASKA 99633  
(907) 246-4495

While in Juneau  
POUCH V  
JUNEAU, ALASKA 99811  
(907) 465-4942, 465-4943



CHAIRMAN  
SPECIAL COMMITTEE  
ON FISHERIES

MEMBER  
TRANSPORTATION  
COMMITTEE

## House of Representatives

### DISTRICT 26

ADAK  
AKUTAN  
ALEKNAGIK  
ATKA  
BELKOFSKI  
CLARK'S POINT  
COLD BAY  
DILLINGHAM  
DUTCH HARBOR  
EGEGIK  
EKUK  
EKWOK  
FALSE PASS  
IGIUGIG  
ILIAMNA  
KING COVE  
KING SALMON  
KOKHANOK  
KOLIGANEK  
LEVELOCK  
MANOKOTAK  
NAKNEK  
NELSON LAGOON  
NEWHALEN  
NEW STUYAHOK  
NIKOLSKI  
NONDALTON  
PEDRO BAY  
PILOT POINT  
PORT ALSWORTH  
PORT HEIDEN  
PORT MOLLER  
PORTAGE CREEK  
SAND POINT  
SOUTH NAKNEK  
SQUAW HARBOR  
ST. GEORGE  
ST. PAUL  
TOGIAK  
TWIN HILLS  
UGASHIK  
UNALASKA

### MEMORANDUM

TO: Representative Johne Binkley

FROM: Representative Adelheid Herrmann

DATE: February 19, 1985

SUBJECT: Co-sponsoring the Community Health Aide Bill

Attached is a copy of a draft of the Community Health Aide Bill that I thought you might be interested in co-sponsoring. For your convenience I have also attached a brief summary from my staff that discusses what the legislation does and why it is needed. The Community Health Aide is the central feature of health care delivery in rural areas, and this bill supports them in their efforts for adequate training.

If you have any questions about the bill or how it effects funding your region, please contact me, or Deborah Greenberg, at 465-4942. I hope to introduce this bill tomorrow and appreciate your concern and support.

MEMORANDUM

TO: Representative Adelheid Herrmann

FROM: Deborah L. Greenberg

DATE: February 19, 1985

SUBJECT: Summary and purpose of the 1985 Community Health Aide Legislation

The problem with the Community Health Aide Program is that Community Health Aides (CHAs), who are local people at the forefront of providing primary health care in rural areas, are not able to complete the minimum training for certification.

This is because of a lack of funds for supervision, and a lack of funds to get CHAs trained in an reasonable period of time. This is a big problem because it means that people are practicing as Community Health Aides without the benefit of the minimum available training, and therefore individuals dependent upon their services could be receiving a higher standard of health care delivery.

A lack of training makes the job of a health aide more complicated and stressful and this leads to high turn-over. Periods of high-turnover may mean that no one is available to help people in remote areas with even the most basic health problems.

Federal Indian Health Service funds have never provided for adequate supervision and adequate training of CHAs in a reasonable period of time. This is why health organizations have pursued State funding. These State funds however do not replace federal funds.

The Community Health Aide Bill provides \$30,000 to each of the 12 Regional Health Corporations who administer health care throughout rural Alaska. Previously only 6 of the 12 Regional Health Organizations received state funding for training health aides. The bill establishes an equitable funding formula, and reflects a compromise reached by the 12 Regional Health Directors.

In addition there is an \$8,000 allocation for each CHA in each of the 12 regional corporations and in each of the three Local Health Organizations in Yakutat, Tyonek, and Metlakatla, respectively. These funds cover training and supervision of CHAs and compensation for alternate health aides who take over in the absence of a CHA.

The allocation of \$8,000 per health aide is also made available to a couple of remote communities who historically have not been covered under the Indian Health Service Program, for example, Thorn Bay and Port Alexander.

The fiscal note for the bill will be about \$450,000, which is about 550,000 less than last year's version. The Bill includes a provision freeing the state from any responsibility from injuries that may occur as result of providing these funds.

The CHA program has proved to be a very good way of providing low cost health services to remote and rural areas. The program is low cost for the State and for its recipients. The bill and funds are needed to ensure that an acceptable standard of health care is provided to the state's rural residents.

1 IN THE HOUSE

BY HERRMANN

2 HOUSE BILL NO.

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - FIRST 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) A qualified  
13 regional health organization is entitled to a grant of \$30,000 each  
14 fiscal year for the training and supervision of at least three primary  
15 community health aides.

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 multiplied by the number of

19 (1) primary community health aides who each week during the  
20 previous fiscal year averaged at least 20 hours of service paid for by  
21 the health organization, but not to exceed the number of primary  
22 community health aides who were employed by the health organization on  
23 July 1, 1984; or

24 (2) skilled medical observers who each week during the  
25 previous fiscal year averaged at least 20 hours of service paid for by  
26 the health organization.

27 (c) A grant under (b) of this section may be used only for

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

1 (2) supervision of primary community health aides, includ-  
2 ing travel for supervisors;

3 (3) alternate community health aides.

4 (d) The department shall compute and pay a grant under this  
5 section within the limits of appropriations made for the purpose.

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 aide 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 de-  
17 partment 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. 18.28.100. DEFINITIONS. In this chapter

8 (1) "alternate community health aide" means a person who  
9 assists the primary community health aide when necessary and acts in  
10 the absence of the primary community health aide;

11 (2) "community health aide" includes a primary community  
12 health aide and an alternate health aide;

13 (3) "department" means the Department of Health and Social  
14 Services;

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

18 (5) "primary community health aide" means a person who has  
19 completed the first of three levels of community health aide training  
20 offered by the Norton Sound Health Corporation at the Nome Hospital,  
21 the Kuskokwim Community College in Bethel, or the Alaska Area Native  
22 Health Service;

23 (6) "regional health organization" means a nonprofit corpo-  
24 ration or home rule borough that provides health services in a rural  
25 area that is at least 4,000 square miles;

26 (7) "skilled medical observer" means a person who

27 (A) has received training comparable to a primary  
28 community health aide's training, as required by the department;  
29 and

1 (B) provides health services in a community that has  
2 no primary health care provider and has insufficient population  
3 to qualify for a federally funded community health aide program.  
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5 \* Sec. 2. This Act takes effect July 1, 1985.  
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*Alaska*  
**MUNICIPAL**  
*League*

TELEPHONES  
(907) 586-1325  
(907) 586-6526

105 MUNICIPAL WAY, SUITE 301  
JUNEAU, ALASKA 99801

RESOLUTION OF THE ALASKA MUNICIPAL LEAGUE

A RESOLUTION SUPPORTING FUNDING FOR TRAINING PROGRAMS FOR  
COMMUNITY HEALTH AIDES AND PRACTITIONERS

WHEREAS, the Community Health Aide Program is dedicated to the training and supervision of the Community Health Aides and Community Health Practitioners in order to provide primary village health care in a competent fashion, and

WHEREAS, funding is needed for the training of Community Health Aides and Practitioners through their regional health corporations' Community Health Aide Program, and

WHEREAS, we desire to promote the health, safety and well being of the citizens whom we represent;

NOW, THEREFORE, BE IT RESOLVED that the Alaska Municipal League supports State funding for training Community Health Aides and Practitioners.

Adopted this 17th day of November, 1984.

MEMORANDUM

TO: Representative Adelheid Herrmann

FROM: Deborah L. Greenberg, Legislative Aide

DATE: March 4, 1985

SUBJECT: Background Information on the Community Health Aide Program  
and House Bill 215

A Community Health Aide, or CHA, is a para-professional health care provider who provides primary health care services in rural Alaska.

The CHAs are the link between rural communities and the appropriate health care back-up system. In many communities, the CHA is the only health care provider. They make the initial assessment of what kind of health problem a patient is having, and by working under the supervision of an Indian Health Service Physician, or other medical professional, may administer certain drugs, put in stitches, help deliver babies, or handle emergency health problems.

Most importantly, the Community Health Aides constitute the brigade of health care workers who work actively throughout rural Alaska to fight the spread of diseases such as hepatitis B, hepatitis A, and tuberculosis. Although the Community Health Aide Program is a rural health care program for communities with limited health care professionals, the work of Community Health Aides benefits the whole state. Preventing outbreaks of disease in rural areas, is an important factor in preventing statewide epidemics of contagious diseases.

As local people, the Community Health Aides can operate swiftly and effectively in reaching rural residents to administer vaccines. As local residents familiar with the problems in the communities where they work, the CHAs can break the ground in educating rural residents about how to prevent health problems and disease. For example, their role in preventive health care and health care education has helped decrease the incidence in infants of otitis media, which is a middle ear infection.

To become certified a Community Health Aide must complete three ten-week academic courses, serve in the field under the supervision of a physician, or other trained medical professional, and complete a rigorous examination. The courses are given at the Alaska Area Native Health Service in Anchorage, at the Norton Sound Health Corporation in Nome, and at the Kuskokwim Community College in Bethel.

The courses include learning how to make initial assessments of a medical situation, the administering of primary health care, and some training in handling emergency situations.

The problems with certification are that it takes too long to complete all the steps. A CHA may complete the first course, and then it might not be another year or two before there is enough funding to send a CHA back for the second and third course.

Representative Herrmann  
March 4, 1985  
Page Two

There are more delays in completing the "preceptorship", or the field internship, because of a lack of funds for the supervising physicians or other trained health care professionals to travel and oversee the CHAs. By practicing without certification, the State can not be assured of providing an acceptable level of health care to rural areas.

The other problem with not being certified, is that CHAs often work under a great deal of pressure, and without the proper training it leads to a great deal of frustration that leads to a high rate of turn-over among CHAs. The turn-over rate can lead to long period where a community has no health care personnel available. Bringing on someone new requires training them again.

Currently there are about 227 CHAs in the State and less than half of them are certified. These CHAs serve over 40,000 residents of all ethnic backgrounds in about 171 rural communities throughout the State.

The bill and the funding it provides would help solve the problems with the CHA program. Funding would be adequate to send CHAs in for courses and training in a timely fashion. By providing monies for physicians and other trained personnel to travel to rural areas it would be possible for CHAs to complete their preceptorships, receive the training they need and operate more effectively because of the supervision. In short the funds could pay for the necessary tuition and travel, for supervision and for alternate community health aides.

Federal funds have never been adequate for a CHA to complete the training, preceptorship, and pass the exam in an expeditious fashion. The State funds do not replace federal funds but help do what the federal funds have never done.

Currently there is a lack of standardization in the Community Health Aide Program throughout the State. There is a disparity between those regions who have been able to secure funding to get CHAs through the certification process, and those who have not. There is a disparity between those regions who have been able to secure state funding for alternates and those who have not.

House Bill 215 helps overcome this disparity by providing an equitable funding formula. Under the provisions of the bill the funds that were previously made available to only a few regions will now be shared among all the regions.

The bill would allow the state regulate Community Health Aides, and at the same time increase their level of performance by providing the funds necessary for CHAs to achieve certification.

MEMORANDUM

TO: Representative Adelheid Herrmann

FROM: Deborah L. Greenberg

DATE: February 19, 1985

SUBJECT: Summary and purpose of the 1985 Community Health Aide Legislation

The problem with the Community Health Aide Program is that Community Health Aides (CHAs), who are local people at the forefront of providing primary health care in rural areas, are not able to complete the minimum training for certification.

This is because of a lack of funds for supervision, and a lack of funds to get CHAs trained in an reasonable period of time. This is a big problem because it means that people are practicing as Community Health Aides without the benefit of the minimum available training, and therefore individuals dependent upon their services could be receiving a higher standard of health care delivery.

A lack of training makes the job of a health aide more complicated and stressful and this leads to high turn-over. Periods of high-turnover may mean that no one is available to help people in remote areas with even the most basic health problems.

Federal Indian Health Service funds have never provided for adequate supervision and adequate training of CHAs in a reasonable period of time. This is why health organizations have pursued State funding. These State funds however do not replace federal funds.

The Community Health Aide Bill provides \$30,000 to each of the 12 Regional Health Corporations who administer health care throughout rural Alaska. Previously only 6 of the 12 Regional Health Organizations received state funding for training health aides. The bill establishes an equitable funding formula, and reflects a compromise reached by the 12 Regional Health Directors.

In addition there is an \$8,000 allocation for each CHA in each of the 12 regional corporations and in each of the three Local Health Organizations in Yakutat, Tyonek, and Metlakatla, respectively. These funds cover training and supervision of CHAs and compensation for alternate health aides who take over in the absence of a CHA.

The allocation of \$8,000 per health aide is also made available to a couple of remote communities who historically have not been covered under the Indian Health Service Program, for example, Thorn Bay and Port Alexander.

The fiscal note for the bill will be about \$450,000, which is about 550,000 less than last year's version. The Bill includes a provision freeing the state from any responsibility from injuries that may occur as result of providing these funds.

The CHA program has proved to be a very good way of providing low cost health services to remote and rural areas. The program is low cost for the State and for its recipients. The bill and funds are needed to ensure that an acceptable standard of health care is provided to the state's rural residents.

BACKUP AND LETTERS OF SUPPORT FROM 1985

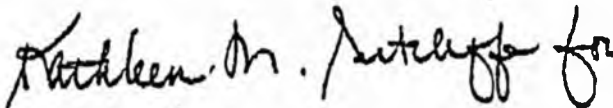


The Honorable Max Gruenberg  
Co-Chairman House HESS  
Page Two  
March 4, 1985

While most of us cannot be physically present for the Tuesday HESS hearing of HB 215, we are in unanimous agreement that a strong Community Health Aide program is the critical link in and an essential prerequisite for the success of every component of the rural health care delivery system.

The passage of House Bill 215 will assure that all rural Alaskans receive the high quality medical care that they deserve.

Sincerely,



Association of Regional Health Directors

Niles Cesar, President  
Association of Regional Health Directors

Association of Regional Health Directors  
of Alaska

Aleutian/Pribilof Islands Association, Inc.  
1689 "C" Street, Suite 205  
Anchorage, Alaska 99501  
(907) 276-2700  
Kathleen M. Sutcliffe, Health Director

Bristol Bay Area Health Corporation  
P.O. Box 10235  
Dillingham, Alaska 99576  
(907) 842-5101  
Robert Clark, Health Director

Cook Inlet Native Association  
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(907) 278-4641  
Jennifer Biusquet, Health Director

Copper River Health Department  
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Ms. Billie Peters, Health Director

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Willie Wolf, Health Director

Manilaq Association  
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Nina Dahl, Health Director

The North Pacific Rim  
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Anchorage, Alaska 99501  
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Dick Rolland, Health Director

North Slope Borough Health and  
Social Services Agency  
P.O. Box 69  
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(907) 852-3999  
Mike Stackhouse, Health Director

Norton Sound Health Corporation  
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Nome, Alaska 99762  
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Carolyn Michals, Health Director

Southeast Alaska Regional Health Corporation  
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Niles Cesar, President

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

Yukon-Kuskokwim Health Corporation  
P.O. Box 528  
Bethel, Alaska 99559  
(907) 543-3321  
George Paratrovich, Health Director

Yukon-Kuskokwim Health Corporation  
P.O. Box 528  
Bethel, Alaska 99559  
(907) 543-3321  
Diane Silimperi, M.D.  
Medical Director

ALASKA FEDERATION OF NATIVES, INC.  
1984 ANNUAL CONVENTION

RESOLUTION NO. 84-34

TITLE: COMMUNITY HEALTH AIDE TRAINING.

WHEREAS, the Alaska Community Health Aides are the backbone of health care delivery in rural and bush Alaska; and

WHEREAS, Community Health Aides provide services to approximately 40,000 Alaska residents, Native and non-Native alike; and

WHEREAS, Non-Native people are not being served by Community Health Aides when no other services are available, thereby reducing resources potentially available to Native beneficiaries; and

WHEREAS, current training levels for Community Health Aides are unequal throughout Alaska; and

WHEREAS, the State of Alaska, through its public health agents, has asserted the desirability of the State in supporting the efforts of the Community Health Aide Program for the purpose of maintaining high quality, equitable care to all Alaska residents; and

WHEREAS, the State of Alaska has already committed philosophically and financially, to support Community Health Aide Training in about half the State, thereby creating inequity and lack of stability in the State's relationship with that program,

NOW THEREFORE BE IT RESOLVED that the Alaska Federation of Natives supports passage of legislation which would provide equitable financial support for Community Health Aide training and supervision throughout the State of Alaska.

RESOLUTIONS COMMITTEE RECOMMENDATION: DO PASS

CONVENTION ACTION: PASSED



STATE OF ALASKA


MEMBER  
FINANCE COMMITTEE  
SPECIAL COMMITTEE ON FISHERIES



FOUCH V  
JUNEAU ALASKA 99811  
907-465-4137  
PO BOX 1068  
BETHEL ALASKA 99557  
907-543-2922

REPRESENTATIVE JOHNE BINKLEY

MEMORANDUM

TO: Representative Adelheid Herrmann  
FROM: Representative John Binkley   
DATE: March 1, 1985  
RE: House Bill 215 - Community Health Aides

Attached is a copy of information we received just yesterday from the Yukon-Kuskokwim Health Corporation which will serve as back-up for House Bill 215 concerning community health aides. If you have questions please feel free to call my offices.



FEB 28 1985

## Yukon-Kuskokwim Health Corporation

"Fostering Native Self-Determination in Primary Care, Prevention and Health Promotion"

February 20, 1985

Representative John Binkley  
Capitol Room 501  
State Capitol  
Pouch V  
Juneau, Ak 99811

Dear Representative Binkley;

We appreciate the time and consideration given to our presentation on February 14th, as well as your attendance at the Bush Caucus meeting with the Area Regional Health Directors.

As you are aware, the passage of the Health Aide Bill is critical to the survival of our Community Health Aide Program. Your support of this Bill would constitute a significant contribution toward its legislative passage. However, as we described to you, were the Bill to fail, our Program would, nonetheless, require State funding for its maintenance. We are, therefore, submitting the enclosed proposal per our discussion on Feb. 14th. Thank you for your attention to this matter which clearly has the potential to seriously jeopardize the health care service provided to the people of the YK Delta. If additional questions should arise, please let us know.

Respectfully,

*Diana R. Silimperi*

Diana R. Silimperi MD  
Medical Director

*George Peratrovich*

George Peratrovich  
Executive Director

Enclosure

YUKON KUSKOKWIM HEALTH CORPORATION  
COMMUNITY HEALTH AIDE PROGRAM

Submitted: February, 1985  
D. Silimperi MD  
Medical Director  
G. Peratovich  
Executive Director

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## Introduction

The Community Health Aide Program (CHAP) is the foundation of all rural primary health care in the Yukon-Kuskokwim (YK) Delta. Scattered over the 75,000 sq. mile of the Delta are 48 village clinics (including 1 mid-level subregional clinic) that serve 18,000 people. The Yukon Kuskokwim Health Corporation (YKHC) employs 120 Community Health Aides (CHAs), primaries and alternates, to staff the clinics. The village-based CHAs provide acute health care for all age groups. They also serve the chronically ill, do basic health education and counseling, well child care, preventative medicine, and are the first-responders to village-based emergencies and trauma. All health programs, from Mental Health to Maternal Child Health or Emergency Medical Services, depend upon the CHA for the delivery of effective health care in the village.

A strong Community Health Aide Program is, thus, an essential prerequisite for the success of every component of the rural health system. Because of its role as the critical lynchpin in the rural primary health system, the Community Health Aide Program should be given top priority when considering funding proportionment. This proposal requests financial resources to ensure the survival of the Community Health Aide Program for the YK Delta.

## Regional and Statewide Impact of YKHC's Community Health Aide Program

The essential role of YKHC's CHAP in the delivery of primary health care to the villages of the YK Delta is outlined above. What may not be so obvious, is the impact which the program has beyond the parameters of its own region. YKHC's Community Health Aide Program is unique because of its ability to utilize another regional resource, the Kuskokwim Community College.

Health Aide Training (HAT) instructors from the College are responsible for teaching the basic CHA 12-week core curriculum. Our Community Health Aide Program closely integrates skilled basic CHA instruction with later supervision in the field. The Coordinators of both arms of the Community Health Aide Program, Health Aide Training (HAT-KCC) and Health Aide Services (HAS-YKHC), work together under the direction of YKHC's Medical Director to insure appropriate reinforcement and supervision of basic training concepts while the CHA is practicing in the village clinic. The integration of training and supervision offered by our Program is crucial for quality assurance of village-based health care, but also serves as an example for other Health Corporations. Furthermore, our Program is one of three regional Training Centers for CHAs in the state. The Community Health Aide Program teaching manuals developed by our staff have been used by other Health Corporations throughout the state as examples of consistent, accurate CHA instruction materials. In a similar manner, the development of the Supervisor-Instructor (SI) program (called Coordinator-Instructor Program in other regions) has resulted in the creation of a specialized SI orientation, SI training workshops and village trip assessment tools which the Corporation has shared with CHAP's in other regions of Alaska. The SI Program is an important component in the ongoing process of quality assurance and field supervision of the CHAs. To qualify to be an SI, one must have attained certification as a Community Health Practitioner (CHP). Mid-level training (Physician Assistant or Family Nurse Practitioner) is desirable. The SIs are assigned to specific village clinics and make regular field trips to identify CHA support and training needs.

They are a key member of the village "health team" (Physician, State Public Health Nurse, Village CHAs, and SI) and function as the liaison or intermediary between the various team members. They also communicate closely with the HAT staff in order to identify those particular areas of training requiring reinforcement or attention in the field. Because of the SI Program, the CHAs receive regular and pertinent field instruction which insures the delivery of quality health care to the people of the YK Delta. And, because many of the materials or methods developed for YKHC's Supervisor-Instructor Program are used by other Health Corporations, this Program contributes to the quality of health care in other portions of the state as well as the YK Delta.

In addition to training, YK's Community Health Aide Program also utilizes the Kuskokwim Community College's resources in its "bridging" program. This relatively new program is specially designed to provide Community Health Aides with an adequate foundation of math and language skills to allow them to readily pursue advanced mid-level training in a program such as Medex. In accordance with its mission statement, YKHC is "fostering Native self-determination in primary care, prevention and health promotion," through the bridging program. In the future, it is anticipated that the blend of resources which KCC and YKHC possess will be utilized to develop long-distance health delivery mechanisms with applications in both training and direct care.

#### Objectives

The Chief objectives of this proposal are to:

- I. Maintain a team of 8 trained and qualified practitioners, called Supervisor-Instructors, to provide ongoing field instruction and supervision to the village-based CHAs in order to guarantee quality health care service to the people of the YK Delta;
- II. Provide the necessary teaching equipment and materials for this team of Supervisor-Instructors to utilize during the field instruction of CHAs;
- III. Develop and produce advanced CHA training workshops (beyond the Basic Training level) in order to equip CHAs with specialized clinical skills needed in the full practice of primary health care;
- IV. Provide "Refresher" instruction to CHAs trained or certified more than 3 yr. in the past in order to guarantee similar performance standards among all practicing CHAs;
- V. Provide per diem and transportation costs for CHAs to attend Basic CHA training in Bethel leading toward certification as qualified Community Health Practitioners; and
- VI. Decrease future health costs for acute and chronic health care through the creation and maintenance of an effective primary health care delivery system staffed by CHAs.

#### Mandate for Health

The people of the YK Delta have made it clear that they perceive village health care as a chief concern. Furthermore, the Board of Directors of the Health Corporation has designated primary health care as one of the main corporate priorities. This proposal is thus grounded on the expressed priorities of the people of the YK Delta. The funding requested is essential to guarantee the continuation of the level and quality of primary health care services offered

by the YKHC's Community Health Aide Program. Without this money, neither the Supervisor-Instructor Program or Health Aide Training can be adequately maintained. Both quantity and quality of health care service will decline.

#### Funding Clarification

Currently, the Federal Government pays for the salaries and benefits of the primary CHAs. This proposal has no intention of lessening the degree of Federal support, nor of minimizing the ongoing Federal responsibility to the Native people of Alaska. However, Federal funding does not cover the costs of the Supervisor-Instructor Program or of Health Aide Training. In past years, Federal "Carry-Over" funds within other YKHC programs have been utilized to maintain the Community Health Aide Program (Training and Services) and the developing Supervisor-Instructor Program. However, this next year "Carry-Over" money will not be available. These expenses have never been covered by the Federal budget. During FY'85, the State provided YKHC with a modest amount of support for CHA travel and per diem costs during Basic Health Aide Training in Bethel, as well as support for part of the Supervisor-Instructor Program.

Without additional State funds, we cannot maintain our Supervisor-Instructor Program which is critical for assuring quality CHA service. The ongoing field instruction, supervision and support provided by the SIs contribute both to CHA skill and spirit! The SIs also act as important intermediaries between all members of the village "health team", thus assuring optimal service by each health care provider. The requested funds are also necessary to maintain essential Health Aide Training. YKHC's Basic Training costs are for tuition, travel and per diem. The increase in Basic Training costs noted in this proposal's request (over FY'85 costs) is due to higher transportation expenditures caused by inflation. Basic Training consists of three (3) sessions, each 3-4 weeks in duration, plus a 2-week clinical preceptorship. As its title indicates, this instruction provides merely the foundation or core training for CHAs. The development of higher level, more specialized courses is also necessary for a CHA to ultimately obtain the skills required for the only primary health care provider in the village. Maternal Child Health and Mental Health have been targeted as the first two areas requiring significant instruction beyond Basic Training. In addition, because of large improvements in the standards of our Health Aide Training Program over the last 3 years, we are faced with the need to offer a "Refresher" skills course to Community Health Practitioners. The discrepancy in skills between those more recently trained CHPs and past graduates is becoming increasingly apparent and requires immediate attention. None of these essential training workshops beyond the Basic Training level are included in current IHS or State CHAP funding.

Without the requested funding, we cannot continue our Supervisor-Instructor Program nor offer essential training (Basic and Advanced) to our CHAs. Both the Supervisor-Instructor Program and training are critical if the people of the YK Delta are to continue to receive quality health care service.

#### Preventative Savings

The creation of an effective, quality rural health delivery system maintained through qualified CHAs who receive Basic and Advanced Clinical Training in Bethel (HAS and HAT), as well as ongoing field instruction and supervision (SI Program) should ultimately result in significant reductions in overall health care costs. For example, adequate prenatal care reduces the risk of complicated pregnancies likely to result in high-risk infants requiring expensive perinatal hospitalization; early outpatient treatment of minor symptoms in the chronically ill, especially those with chronic lung or heart disease, reduces the

frequency and duration of more intensive, inpatient hospitalizations; and well-child care programs such as immunizations for Diptheria, Pertussis, Tetanus or Hepatitis B significantly decrease the likelihood of serious childhood illnesses requiring hospitalization and resulting in long-term sequelae. These are just a few of the ways in which an effective Community Health Aide Program can contribute to decreasing future health care costs - costs often borne by the State.

#### Evaluation

The overall effectiveness of the Supervisor-Instructor program will be constantly monitored and evaluated by the Medical Director and the Coordinators of Health Aide Training and Health Aide Services. Individual Supervisor-Instructor performance will also be evaluated on a regular basis through a review of village trip reports, standard CHA evaluations of Supervisor-Instructors, CHA skill improvements, and assessments of Supervisor-Instructor problem-solving abilities. Various teaching tools developed for the Supervisor-Instructors, as well as the SI workshops will be evaluated at the conclusion of each session of use or presentation. All Health Aide Training courses, Basic or Advanced/Refresher will be evaluated in a standard fashion at their conclusion. CHAs' performances at the completion of a course and, later, in field practice are also used to reflect the effectiveness of the training program. Basic statistics regarding the number of SI village trips, number of CHAs or SIs attending training, number of CHA patient encounters, and when possible, significant changing trends in morbidity and mortality (presumably related to CHA interventions) will be tabulated regularly and made available to the State. An annual examination of goals, objectives and tasks will be performed for the entire Community Health Aide Program (HAT and HAS) by the Medical Director.

#### Conclusion

The Corporation recognizes that the Federal Government has a commitment to the Native people of Alaska regarding health care. Currently, Federal funds are used to pay CHA salaries and benefits. They do not adequately provide for the Supervisor-Instructor Program or Health Aide Training - two critical components of the Community Health Aide Program that insure the delivery of quality health care to the people of the YK Delta. Without the requested State funding, the quantity and quality of health care in the Delta will be decreased.

The people of the YK Delta have designated primary health care to be a priority concern. The Community Health Aide Program is the foundation for all primary health care in the villages. Therefore, this proposal carries the mandate of the people in the request for financial resources to ensure the survival of the Community Health Aide Program for the YK Delta.

\*\*\*\*\*MATR-0060\*\*\*\*\*FEB. 28\*\*\*\*\*MARTIE/MATSU\*\*\*\*\*

TO: ALL LEGISLATORS

FROM: JACK DIDRICKSON  
BOX 712  
PALMER 99645

RE: ~~HB 21~~

~~I AGREE WITH THE PROPOSAL~~ BUT I PREFER THAT STATE EMPLOYEES  
BE INCLUDED.

---

TO: ALL LEGISLATORS

FR: JANET STROM  
BOX 346  
BETHEL, AK. 99559 PH: 543-4238

RE: ~~HB 21~~

~~PLEASE SUPPORT THE COMMUNITY HEALTH AIDE BILL~~ AND THE CIGARETTE  
EXCISE TAX BILL WITH PROVISIONS THAT THE MONEY WILL BE USED FOR  
HEALTH PROMOTION. I ALSO WOULD LIKE YOU TO SUPPORT THE OPEN  
CONTAINER BILL AND THE HAPPY HOUR BILL.

THANK YOU.

FROM: TOM PITZKE  
3840 PATRICIA LANE  
ANCHORAGE, AK. 99504 (H) 337-0155

RE: ~~ANCHORAGE~~

PUT THE HOT COALS TO THE SEAT OF GOVERNOR SHEFFIELD AND MAKE HIM  
DO SOMETHING ABOUT THE CROOKS THAT LAUNDERED STATE MONEY INTO  
THEIR POCKETS, BECAUSE OF POLITICAL FAVORITISM WHICH LEAD TO THE  
PAYOFFS.

MAR 01 1985

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 \* DELIVER TO: LIOJNU \*  
 \* \*  
 \* ORIGINAL \*  
 \* SENT: 03/01/85 TIME: 13:15 \*  
 \* FROM: LIODLG \*  
 \* SUBJECT: PUBLIC OPINION MESSAGE \*  
 \* PRINT DATE: 03/01/85 TIME: 13:15 \*  
 \* \*  
 \*\*\*\*\*

TO: THE MEMBERS OF THE ALASKA STATE SENATE  
 THE MEMBERS OF THE ALASKA STATE HOUSE OF REPRESENTATIVES  
 FROM: EXMA AYOJIAK-CARLOS, MAYOR  
 CITY OF TOGIAK, BOX 99, [REDACTED], ALASKA 99578.  
 SUBJECT: [REDACTED]

CITY OF TOGIAK SUPPORTS THE TWO INITIATIVES THAT NEED TO SEE ACTION BY THE LEGISLATURE - THE COMMUNITY HEALTH AID BILL - HB 215 AND A REQUEST FROM THE ALASKA NATIVE HEALTH BOARD FOR FUNDING IN THE AMOUNT OF \$225,000.. I URGE YOUR FULLEST SUPPORT FOR BOTH. THANK YOU.

.....

MOORE BUSINESS FORMS, INC. 3016 JOE, 3429 877

Glenda M. Lord  
Community Health Aide  
Kaktovik, Alaska 99747

Chairman of the House Finance Committee  
South East Alaska  
Regional Health Corporation  
P.O. Box 2800  
Juneau, Alaska 99803

March 8, 1985

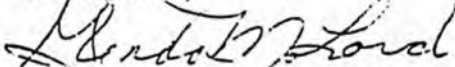
Dear House Finance Representative,

With your help we may receive proper training by a professional staff.

Often times it is difficult to get into the Anchorage Community Health Aide Program for training. With only one Health Aide per Village excepted, how can the second Community Health Aide be trained?

For these reasons and more, I am in support of House Bill #215.

Thank You,

  
Glenda M. Lord  
Community Health Aide

cc: Betty Gato/Chairman Representative  
Mike Davis/Vice-Chairman Representative  
Walter Furnace/Member  
Adelide Herman/Member  
Andre Marrou/Member  
Marco Pignalberi/Member  
Richard Shultz/Member

Susie T. Akootchook  
N.S.B. Village Liaison Officer  
Kaktovik, Alaska 99747

Chairman of the House Finance Comm.  
South East Alaska  
Regional Health Corporation  
P.O. Box 2800  
Juneau, Alaska 99803

March 8, 1985

Dear House Finance Repr.

This is my Support Letter on House Bill Number 215 concerning the Health Aides of the North Slope.

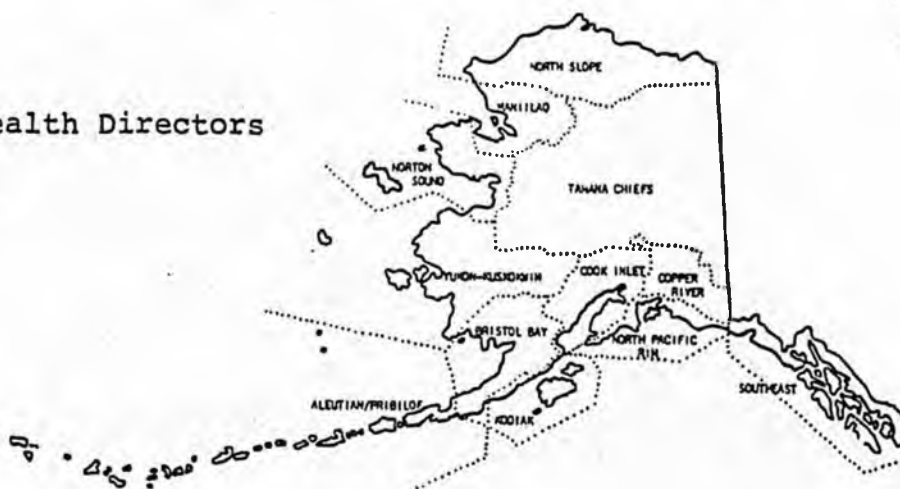
I am very much in support that our Community Health Aides in the North Slope are given their Training Program and that it will continue. As you all may know, Our Village is over 300 miles away from both Barrow and Fairbanks, and that is quite a distance to travel in case of extreme emergencies. I will support the Bill Number 215 that our CHA's continue their training programs and that the training takes place in the Central Office at Barrow, Alaska.

I want to thank you for taking time to read my letter and please help us support our Community Health Aides.

Thank You,  
*Susie T. Akootchook*  
Susie T. Akootchook  
N.S.B. Village Liaison Officer

cc; Betty Goto/chairman repr.  
Mike Davis/vice-chairman  
Walter Furnace/member  
Adelide Herman/member  
Andre Marrou/member  
Marco Pignalberi/member  
Richard Shultz/member

Association of Regional Health Directors  
of Alaska



Aleutian/Pribilof Islands Assoc., Inc.  
1689 "C" Street, Second Floor  
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P.O. Box 10235  
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(907) 842-5101

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(907) 278-4641

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(907) 822-5241

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(907) 485-5726

Manillaq Assoc.  
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Kotzebue, Alaska 99752  
(907) 442-3313

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(907) 443-5411

Southeast Alaska Regional Health Corp.  
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Juneau, Alaska 99803  
(907) 789-2131

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

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

October 5, 1984

The Honorable Adelheid Herrmann  
Box 63  
Naknek, AK 99633

Dear Adelheid:

I am writing on behalf of the Association of Regional Health Directors to once again request your support and assistance in re-introducing the Community Health Aide legislation. We were all disappointed that the bill failed to pass last session; however, we are hopeful that our efforts resulted in a firm foundation for the successful passage of the bill this next year.

The Association of Regional Health Directors has established a subcommittee to work with you and other legislators who are committed to improving health care delivery in rural Alaska. We plan to contact key Senate leaders over this recess and will work closely with you after the new session begins to identify a solid strategy for expediting passage of the bill. If you feel there are other things that we can or should be doing in the interim, please contact me at 276-2700.

We sincerely appreciated your dedication and hard work last session and look forward to working together again.

Best Regards,

Kathleen M. Sutcliffe  
Association of Region Health Directors  
Subcommittee Community Health Aide

KMS:kkn

MAR 05 1985

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\* DELIVER TO: LIOJNU \*  
\* \*  
\* \*  
\* ORIGINAL \*  
\* SENT: 03/05/85 TIME: 08:42 \*  
\* FROM: LIODLG \*  
\* SUBJECT: PUBLIC OPINION MESSAGE \*  
\* PRINT DATE: 03/05/85 TIME: 09:03 \*  
\* \*  
\*\*\*\*\*

TO: ALL MEMBERS OF THE ALASKA STATE HOUSE OF REPRESENTATIVES

FROM: ROBERT CLARK, BRISTOL BAY AREA HEALTH CORPORATION  
P.O. BOX 3050, ~~DIKENS~~ CHAN, ALASKA - PH: 842-5201

RE: ~~HB215~~ COMMUNITY HEALTH AIDE PROGRAM

BRISTOL BAY AREA HEALTH CORPORATION REPRESENTING 32 VILLAGES IN BRISTOL BAY WANTS TO BE ON RECORD IN SUPPORT OF HB215. URGENTLY REQUEST PASSAGE OF MOST WORTHWHILE BILL. YOUR CONSIDERATION OF RURAL HEALTH ADVOCACY AND RESOURCE CENTER PROPOSAL TO BE ESTABLISHED BY THE ALASKA NATIVE HEALTH BOARD WOULD BE APPRECIATED.

\*\*\*\*\*  
\*  
\* DELIVER TO: JFOM \*  
\* \*  
\* ORIGINAL \*  
\* SENT: 03/04/85 TIME: 14:03 \*  
\* FROM: LIOB \*  
\* SUBJECT: P.O.M. \*  
\* PRINT DATE: 03/04/85 TIME: 14:03 \*  
\* \*  
\*\*\*\*\*

TO: REP. BINKLEY, HERRMANN, WALLIS, SHULTZ, ADAMS, FULLER,  
GRUENBERG, THOMPSON, KOPONEN, HURLEY, DUNCAN; SZYMANSKI, COTTEN,  
POURCHOT, UEHLING

FR: DIANA SILIMPERI  
MEDICAL DIRECTOR  
YUKON KUSKOKWIM HEALTH CORP.  
BOX 528  
BETHEL, AK. 99559 PH: 543-3221

RE: ~~HB 215~~ STATE ASSISTANCE FOR COMMUNITY HEALTH AIDE PROGRAM

URGE PASSAGE OF HB 215. PASSAGE ESSENTIAL FOR MAINTAINING  
QUALITY HEALTH CARE SERVICE.

THANK YOU.

*Fili*

5810 /ABI v Patents 3 016 308 3 429 277 Moore Business Forms, Inc

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* DELIVER TO: LIQJNU
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* ORIGINAL
* SENT: 03/01/85 TIME: 13:15
* FROM: LIQJG
* SUBJECT: PUBLIC OPINION MESSAGE
* PRINT DATE: 03/01/85 TIME: 13:15
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TO: THE MEMBERS OF THE ALASKA STATE SENATE  
 THE MEMBERS OF THE ALASKA STATE HOUSE OF REPRESENTATIVES

FROM: EYMA AYOJIAK-CARLOS, MAYOR  
 CITY OF TOGIAK, BOX 99, TOGIAK, ALASKA 99678.

SUBJECT: ~~HB215 COMMUNITY HEALTH BOARD FUNDING~~

CITY OF TOGIAK SUPPORTS THE TWO INITIATIVES THAT NEED TO SEE ACTION BY THE LEGISLATURE - THE COMMUNITY HEALTH AID BILL - HB 215 AND A REQUEST FROM THE ALASKA NATIVE HEALTH BOARD FOR FUNDING IN THE AMOUNT OF \$225,000. I URGE YOUR FULLEST SUPPORT FOR BOTH. THANK YOU.

\*\*\*\*\*

Offered: 3/11/85  
Referred: Finance

Original sponsors: Herrmann, Wallis,  
Shultz, et al

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2

CS FOR HOUSE BILL NO. 215 (HESS)

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FOURTEENTH LEGISLATURE - FIRST 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) A qualified  
13 regional health organization is entitled to a grant of \$30,000 each  
14 fiscal year for the training and supervision of at least three primary  
15 community health aides.

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 multiplied by the number of

19 (1) primary community health aides who each week during the  
20 previous fiscal year averaged at least 20 hours of service paid for by  
21 the health organization, but not to exceed the number of primary  
22 community health aides who were employed by the health organization on  
23 July 1, 1984; or

24 (2) skilled medical observers who each week during the  
25 previous fiscal year averaged at least 20 hours of service paid for by  
26 the health organization.

27 (c) A grant under (b) of this section may be used only for

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

1           (2) supervision of primary community health aides, includ-  
2 ing travel for supervisors;

3           (3) alternate community health aides.

4           (d) The department shall compute and pay a grant under this  
5 section within the limits of appropriations made for the purpose.

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 aide 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 de-  
17 partment 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 or  
24 contracts by 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 report that amount to the legislature. If the  
28 amount appropriated to the account is not sufficient to finance all  
29 grants, the money shall be distributed pro rata among qualified re-

1 gional and local health organizations.

2 Sec. 18.28.040. LIABILITY LIMITATION. The state is not liable  
3 for any injury that may result from the use of money awarded by the  
4 state 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. 18.28.100. DEFINITIONS. In this chapter

8 (1) "alternate community health aide" means a person who  
9 assists the primary community health aide when necessary and acts in  
10 the absence of the primary community health aide;

11 (2) "community health aide" includes a primary community  
12 health aide and an alternate health aide;

13 (3) "department" means the Department of Health and Social  
14 Services;

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

18 (5) "primary community health aide" means a person who has  
19 completed the first of three levels of community health aide training  
20 offered by the Norton Sound Health Corporation at the Nome Hospital,  
21 the Kuskokwim Community College in Bethel, or the Alaska Area Native  
22 Health Service;

23 (6) "regional health organization" means a nonprofit corpo-  
24 ration or home rule borough that provides health services in a rural  
25 area that is at least 4,000 square miles;

26 (7) "skilled medical observer" means a person who

27 (A) has received training comparable to a primary  
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1                    (B) provides health services in a community that has  
2                    no primary health care provider and has insufficient population  
3                    to qualify for a federally funded community health aide program.

4                    \* Sec. 2. This Act takes effect July 1, 1985.

Offered: 3/11/85  
Referred: Finance

Original sponsors: Herrmann, Wallis,  
Shultz, et al

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Introduced: 2/20/85  
Referred: Health, Education &  
Social Services and Finance

BY HERRMANN, WALLIS, SHULTZ,  
BINKLEY, ADAMS, FULLER,  
GRUENBERG AND THOMPSON

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