

HPB

215

Senate Health, Education and Social Services Committee

Legislation Checklist

Bill number: *HB 215*

Sponsor: *Herman*

Date referred to committee: *8/2 9/9*

Synopsis completed:

Fiscal note:

Further referrals: *Finance*

CONTACTS:

✓ Hermann

✓ Puffer

COMMITTEE REPORT
SENATE

FURTHER: FINANCE

4/14/85

Date 5-7-85

Mr. President

The Committee on HESS considered CSHB 2.5 (Fin)
state assistance for community health aide programs; eid.

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

- do pass
- do pass with attached amendment(s)
- replace with/or adopt 5 CS for CS HB 215 (Fin) ^{HESS}
- new title
- same title and recommends Pass ^{HESS}
- and attached a "LETTER OF INTENT" NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING
DO PASS

Joe P. Jachson

Les Sturzulinski

Ed. ...

...

MEMBERS HAVING
OTHER RECOMMENDATIONS

Chairman _____

Chairman recommendation _____

North Slope Borough
Health and Social Services
Agency

Box 98
Barrow, Alaska 99723

(907) 852-3000

May 3, 1985

Adelheid Hermann, Representative
Alaska State Legislature
House of Representatives
Pouch Y
Juneau, Alaska 99811

Ref: SB 215

The North Slope Borough strongly urges you to support and endorse SB215 or commonly referred to as the Community Health Aide Bill. SB215 addresses the basic issue of continued education, training, and skill development needed in order to insure and maintain our primary health care providers with the opportunity to practice quality health services in our Rural Alaskan Villages.

I realize last years Community Health Aide Bill 048 was new and the role of the health aide was not clearly acknowledged as the primary provider for delivering health care services to our Rural Alaskan Citizens. Thus with SB215 in the second year, we are all informed and aware of the responsibilities, demands, and significance of the health aides in terms of the State's history involving Rural Health Care.

At this time it saddens me to admit to you that the North Slope Borough is not receiving any State support for our Community Health Aide Program. The necessity of State assistance with health aide training, direct supervision, and skill development is imperative to validate and substantiate the basic continuance of our Primary Health Aide Services throughout the Borough; especially during these times of declining revenues.

SB 215
Page 2
May 2, 1986

The twelve regions are committed to the Community Health Aide Program. Most Regional Corporations began their respected Health Departments centered around the Community Health Aide Program. Now new Regional Village Health Clinics are developed; telemedicine or telehealth services are becoming operable; additional supportive professional staff is available; regionalized accredited health side training centers are emerging; but all is dependent upon one common denomination: The Community Health Aide.

SB215 is not asking for pay incentives. SB215 is not asking for additional accommodations. SB215 is asking the State to assist the Regions in order that they may continue with their basic training and education opportunities; enabling our Primary Health Care Providers to carry on their practice as Community Health Aides.

Sincerely,

Michael R. Stackhouse

Michael R. Stackhouse, Director
HSE Health and Social Services Agency

cc: Bettye H. Fahrenkamp, Chairperson, Senate HESS
Arliss Sturgulewski, Vice-chairperson, Senate HESS
Edna B. DeVries, Member, Senate HESS
Paul A. Fischer, Member, Senate HESS
Joe P. Josephson, Member, Senate HESS

MRS:awe

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.

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.

HB 215
=

HB 215 STATE ASSISTANCE FOR COMMUNITY HEALTH AIDE PROGRAMS.
(HERMANN)

REGIONAL HEALTH CORPORATIONS (RURAL) PROVIDE COMMUNITY HEALTH AIDE SERVICES. RECEIVE SOME FEDERAL FUNDING (INDIAN HEALTH SERVICE); IN RECENT YEARS, SELECT CORPORATIONS HAVE RECEIVED LINE ITEM GRANTS FROM LEGISLATORS FOR THE SERVICE (INCLUDES TRAINING MONIES).

HB 215 PROVIDES A DISTRIBUTION SYSTEM FOR FUNDS, WHICH WOULD BE CHanneled THROUGH THE DEPT. HEALTH AND SOCIAL SERVICES.

EACH OF THE 12 CORPORATIONS WOULD RECEIVE \$30,000, AND AN ADDITIONAL \$8000 PER AIDE. (FISCAL NOTE \$416,000 ANNUALLY, BUT THIS IS IN ADDITION TO \$1.8 MILLION THAT'S IN THE GOVERNOR'S/HOUSE BUDGET.)

DEPARTMENT WILL PROPOSE AN AMENDMENT (SEE POSITION PAPER) TO CLARIFY THE DEFINITION OF "REGIONAL HEALTH ORGANIZATION".

DOES HERMANN SUPPORT? (~~PROBABLY~~ YES)

↳ she will also propose amending p. 3, line 19 to clarify that the Alaska Area Native Health Service is in Anchorage.

POSITION PAPER

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 215 (Finance)

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

This bill provides for expansion of financial assistance to 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

POSITION PAPER/Department of Health & Social Services

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.

RECOMMENDATIONS

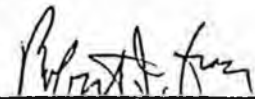
As currently written, the bill will restrict the base grant amount of \$30,000 to nonprofit corporations or home rule boroughs providing services to a rural area of at least 4,000 square miles. Because of the close relationships of the CHA programs to existing health corporations and IHS service unit facilities, the Department would prefer to see the base grants restricted to the existing corporations and the North Slope Borough which employed at least three health aides on July 1, 1984. This would tend to discourage fragmentation of the program. The Department recommends that the definition for regional health organization be modified as follows to reflect this concern:

- (6) "regional health organization" means a nonprofit corporation or home rule borough that provided community health aide services through a contract with the Alaska Area Native Health Service as of July 1, 1984 in a rural area that is at least 4,000 square miles.

POSITION

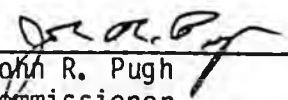
The Department of Health and Social Services recognizes the value of community health aides in providing primary medical care in rural communities and, with the adoption of the recommendation mentioned above, strongly supports the enhancement of supervision and training as provided by this bill.

Recommended by:


Robert I. Fraser, M.D.
Director
Division of Public Health

Date:

Approved by:


John R. Pugh
Commissioner
Department of Health and
Social Services

Date:

4-1-85

Aleutian/Pribilof Islands Association, Inc.

1689 C Street
Anchorage, Alaska 99501
Phone (907) 276-2700

St. Paul
St. George

Nelson Lagoon
False Pass
Sand Point
Bikofski
King Cove

Akulon

Unalaska

Nikolski



April 10, 1985

The Honorable Bettye M. Fahrenkamp
Chairman, Senate HESS
Pouch V
Juneau, Alaska 99811

Dear Senator Fahrenkamp:

We of the Association of Regional Health Directors urge your support of House Bill 215- "An Act Relating to State Assistance for Community Health Aide Programs."

Community Health Aides (CHA's) are the sole frontline medical care providers in approximately 200 communities throughout the state. These village based health aides provide acute health care, health education and counseling, care for the chronically ill and are the first responders to village-based emergencies for both Native and non-Native rural Alaskans. We believe the health aide's role and level of responsibility for providing medical care services to Alaskan residents justifies the establishment of a basic level of state support for the CHA program.

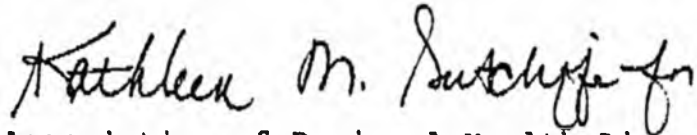
We recognize that the Federal Government has a commitment to the Native people of Alaska. Currently, basic federal funding of the program provides for CHA salaries and benefits, but does not adequately provide for quality assurance programs or continuing health aide training. State support for these two critical program activities is necessary to assure the provision of high quality, continuous health care services.

While most of us cannot be physically present for the Thursday 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 Honorable Bettye M. Fahrenkamp
Chairman Senate HESS
Page Two
April 10, 1985

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

Sincerely,

A handwritten signature in cursive script that reads "Kathleen M. Sutchy for". The signature is written in dark ink and is positioned above the typed name of the signatory.

Association of Regional Health Directors

Niles Cesar, President
Association of Regional Health Directors

KMS:kkn

**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
670 West Fireweed Lane
Anchorage, Alaska 99503
(907) 278-4641
Jennifer Biusquet, Health Director

Copper River Health Department
Drawer H
Copper Center, Alaska 99573
(907) 822-5241
Ms. Billie Peters, Health Director

Kodiak Area Native Association
P.O. Box 172
Kodiak, Alaska 99615
(907) 486-5726
Willie Wolf, Health Director

The North Pacific Rim
611 East Twelfth
Anchorage, Alaska 99501
(907) 276-2121
Dick Rolland, Health Director

**North Slope Borough Health and
Social Services Agency**
P.O. Box 69
Barrow, Alaska 90723
(907) 852-3999
Mike Stackhouse, Health Director

Norton Sound Health Corporation
P.O. Box 966
Nome, Alaska 99762
(907) 443-5411
Carolyn Michels, Health Director

Southeast Alaska Regional Health Corporation
P.O. Box 2800
Juneau, Alaska 99803
(907) 789-2131
Miles 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
Diana Silimperi, M.D.
Medical Director

Nancy - file HB 215

Village of Port Graham
General Delivery
Port Graham, Alaska 99603

February 28- 1985

MAR 5 1985

Representative Al Adams, House Finance Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Sirs:

We, residents of the Village of Port Graham support the Community Health
Aide Training Bill (H.B. 215). We feel that the passage of that bill is
very important as we greatly depend and need the Health Aide Services our
village is presently receiving.

Sincerely,

Francis Meganack
Joseph Meganack, Council member, V.P.S.O.,
The A.R.I.
Ephim Anahonak Jr
Martin Norman
Harvey Mizovace
Luba Meganack
Alice Anahonak
Michey Anahonak
Dulene Malchett
Randy Norman
John N. Moonin
Connie Hedrick
Dorothy Norman
May Melick
Tina Malchett
Caril D. Munschuck

Debrah Melick
Jenia McMullen
Rechelle Hanson
St. O.
Alice Moonin
Jennie Tanape
Luba Anahonak
Eva Kamlusk
Vivian Gromack
Eileen McMullen
Lynn Hedrick
Lynn Norman
Felicia Hedrick
Linda Norman
Ralph Ukatiak
Moya Munschuck
M. J. Knapp
Ephim Anahonak Jr
L. J. Knapp
Linda Anahonak Jr
Linda Anahonak Jr
Ognes Meganack

cc: House HESS Committee
Senate HESS Committee
SENATOR JOHN SACKETT, Senate Finance
SENATOR PAUL FISCHER
Representative Mike Navarre
Representative Andre Marrou

Wayne Norman
Wayne

MOVE THE HESS CS

HB 215 COMMUNITY HEALTH AIDES (REP. HERRMANN)

PROVIDES FINANCIAL ASSISTANCE TO NONPROFIT HEALTH ORGANIZATIONS
FOR TRAINING AND SUPERVISING OF COMMUNITY HEALTH AIDES.

ESTABLISHES AN EQUITABLE FUNDING FORMULA:

\$30,000 ANNUALLY TO EACH OF THE 12 REGIONAL HEALTH CORPORATIONS,
ADDITIONAL FUNDING ON A PER-AID⁷ BASIS

(CURRENTLY FUNDING IS PROVIDED AS LINE ITEMS IN THE BUDGET. ONLY
SELECTED HEALTH CORPORATIONS HAVE BENEFITTED FROM THESE STATE GRANTS.)

THERE IS A SENATE H.E.S.S. COMMITTEE SUBSTITUTE:

CHANGES RECOMMENDED BY THE SPONSOR AND DEPT. H&SS -- CLARIFIES
DEFINITIONS OF "PRIMARY COMMUNITY HEALTH AIDE" AND "REGIONAL
HEALTH ORGANIZATION".

FISCAL NOTE: \$441,300 (IN ADDITION TO \$1,758,000 CONTAINED IN
BOTH HOUSE AND SENATE VERSIONS OF THE OPERATING BUDGET.)

*Wadley
needed
Thanks*

NOTE: A COMMUNITY HEALTH AIDE IS A PARA-PROFESSIONAL WHO PROVIDES
DIAGNOSTIC AND TREATMENT SERVICES IN RURAL ALASKA. CERTIFICATION
IS AVAILABLE THROUGH COURSES OFFERED IN THE STATE. ARE APPROXIMATELY
227 HEALTH AIDES PRACTICING I THE STATE.

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

Revision Date: May 6, 1985

REQUEST

Bill/Resolution No.: CSHB 215 (Fin)
 Title: Assistance for Community Health Aide Programs
 Sponsor: Rep. Herrmann, et al
 Requestor: _____
 Date of Request: 3/22/85

FISCAL DETAIL

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

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
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						
TOTAL OPERATING		441.3	441.3	441.3	441.3	441.3

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND		441.3	441.3	441.3	441.3	441.3
FEDERAL FUNDS						
OTHER						
TOTAL		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. ^{RIF/DJ} Phone: 465-3090
 Division: Public Health Date: 5/06/85

Approved by Commissioner: John R. O'Connell Date: 5/7/85 JCC
 Agency: Department of Health & Social Services

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget

Fiscal Analysis

CSHB 215 (Finance)

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:

<u>House</u>	
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

<u>Senate</u>	
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

Alaska State Legislature

BETTYE FAHRENKAMP, Chairman
ARLISS STURGULEWSKI, Vice Chairman
JOE JOSEPHSON
PAUL FISCHER
EDNA ARMSTRONG-DE VRIES




POUCH V
STATE CAPITAL
JUNEAU, ALASKA 99811
(907) 465-3834
(907) 465-3835

Senate Committee on Health, Education and Social Services

M E M O R A N D U M

TO: Billy Berrier, Legislative Legal Division

FROM: Senator Bettye Fahrenkamp, Chairman 

RE: CS HB 215 (Finance)

DATE: April 11, 1985

Please prepare a draft committee substitute incorporating the following changes:

On page 3, line 19, insert in Anchorage after "Health Service".

On page 3, line 20, replace subsection (6) with:

(6) "regional health organization" means a nonprofit corporation or home rule borough that provided community health aide services through a contract with the Alaska Area Native Health Service as of July 1, 1984 in a rural area that is at least 4,000 square miles.

Return copies of the draft to Sandra Schubert of my staff in Room 125, Capitol. Please call her at 3834 if there are any questions.

FAAREN KAMP



Alaska State Legislature

BETTYE FAHRENKAMP, Chairman
ARLISS STURGULEWSKI, Vice Chairman
JOE JOSEPHSON
PAUL FISCHER
EDNA ARMSTRONG-DE VRIES



POUCH V
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(907) 465-3834
(907) 465-3835

Senate Committee on Health, Education and Social Services

TO: Members, Senate Committee on Health, Education and Social Services

FROM: Committee Staff

RE: Committee Meeting, May 7, 1985

DATE: May 6, 1985

On Tuesday, May 7, 1985 at 1:30 pm in the Beltz Room, the Senate Committee on Health, Education and Social Services will meet to take action on HB 215, An Act relating to state assistance for community health aide programs.

HB 215, which would provide financial assistance to nonprofit health organizations for training and supervising of community health aides, received a preliminary hearing by the committee on April 11. A committee substitute, incorporating amendments adopted at the earlier meeting, is attached.

In brief, HB 215 would establish an equitable funding formula, providing \$30,000 annually to each of the 12 Regional Health Corporations, and additional funding on a per-aide basis. The HESS C.S. clarifies the definitions of "primary community health aide" and "regional health organization".

Hein
5/3/85 ✓

Original sponsors: Herrmann, Wallis,
Shultz, et al

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IN THE HOUSE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

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

IN THE LEGISLATURE OF THE STATE OF ALASKA

FOURTEENTH LEGISLATURE - FIRST SESSION

A BILL

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

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

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

CHAPTER 28. STATE ASSISTANCE FOR COMMUNITY HEALTH AIDE PROGRAMS.

Sec. 18.28.010. COMMUNITY HEALTH AIDE GRANTS. (a) A qualified regional health organization is entitled to a grant of \$30,000 each fiscal year for the training and supervision of at least three primary community health aides.

(b) During each fiscal year a qualified regional health organization or local health organization is entitled to a grant of \$8,000 multiplied by the number of primary community health aides who each week during the previous fiscal year averaged at least 20 hours of service paid for by the health organization, but not to exceed the number of primary community health aides who were employed by the health organization on July 1, 1984.

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

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

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

(3) alternate community health aides.

(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, the Alaska Area Native
19 Health Service in Anchorage, or another accredited training center;

20 (6) "regional health organization" means a nonprofit corpo-
21 ration or home rule borough that provided health aide services

22 (A) under a contract with the Alaska Native Health
23 Service that was in effect on July 1, 1984; and

24 (B) in a rural area that is at least 4,000 square
25 miles.

26 * Sec. 2. This Act takes effect July 1, 1985.
27
28
29

added
in CS

added
in CS

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: CSHB 215 (Fin)
 Title: Assistance for Community Health Aide Programs
 Sponsor: Rep. Herrmann, et al
 Requestor: _____
 Date of Request: 3/22/85

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
OPERATING						
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						
TOTAL OPERATING		416.3	416.3	416.3	416.3	416.3
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND		416.3	416.3	416.3	416.3	416.3
FEDERAL FUNDS						
OTHER						
TOTAL		416.3	416.3	416.3	416.3	416.3

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

See attached.

Prepared By: Robert I Fraser, M.D. ^{REF/DB}
 Division: Public Health

Phone: 465-3090
 Date: 3/27/85

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

Date: 4-1-85 *jcc*

Distribution (by Agency preparing fiscal note):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget

Fiscal Analysis

CSHB 215 (Finance)

State Assistance for Community Health Aide Programs

Assumptions

Not applicable

Program Summary

This program will require an additional general fund appropriation of \$416.3 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 Governor's FY 86 Operating Budget as an offset for this bill. The current FY 86 budget for this program is as follows:

Health Grants BRU, Community Health Grants Component	\$1,413.3
Norton Sound BRU, Health Services Component	103.8
Maniilaq BRU, Health Services Component	<u>266.6</u>
Total FY 86 Governor's Budget	\$1,783.7

Economic Impact

Not applicable

Impact on Local Government

Not applicable

SB 168, Rights of deaf, blind and disabled persons.

SB 168 would amend AS 09.02.010, qualifications of jurors, to clarify that a person is not unqualified to act as a juror solely because of deafness, blindness or physical immobility. It would also require that services of an interpreter for a deaf juror be paid by the court, and that the state, its political subdivisions, and the University make available and pay for interpreters for deaf persons seeking access to their services.

SB 168 would also amend AS 18.06.040, interference with the use of a public facility by the blind or physically disabled, to include as punishable interference the use of facilities by deaf persons.

The Human Rights Commission has statutory authority to investigate and prescribe remedies to eliminate discrimination based on conditions such as race, religion, and marital status in the areas of civil rights, employment, housing, and financial practices. SB 186 would include deafness, blindness, and physical and mental disabilities as an inappropriate basis for discrimination, and provide a definition for disability.

SB 230, Relating to education.

SB 230 is a response to an anticipated reduction in the amount of state funding available for schools, and the reduction in district staffs that this may necessitate. Tenured teachers could be "nonretained" (i.e. contracts not renewed) in the event of an anticipated loss of funds, and a reduction in the number of teachers would be matched by a reduction in administrative personnel. The basis for acquiring tenure would be extended from two years to three.

The bill also provides for the legislature to annually advise the Department of Education of the amount it expects to appropriate to the school foundation program for the following fiscal year.

A sectional analysis is attached. The Association of School Administrators will propose an amendment (attached) that would allow for dismissal of teachers in the event of an anticipated loss of funds.

HB 215, State assistance for community health aide programs.

CSHB 215 (Fin) would provide financial assistance to nonprofit health organizations for training and supervising of community health aides. Historically, the community health aide program has been sponsored and funded by the federal Indian Health Service. Since FY 82, selected health corporations have received state grants through direct legislative appropriation. HB 215 would establish an equitable funding formula,

providing \$30,000 annually to each of the 12 Regional Health Corporations, and additional funding on a per-aide basis.

A community health aide is a para-professional health care provider who provides diagnostic and treatment services in rural Alaska. Certification is available through courses offered in the state. Currently less than half of the 227 practicing community health aides are certified.

POSITION PAPER

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 215 (Finance)

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

This bill provides for expansion of financial assistance to 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.

RECOMMENDATIONS

As currently written, the bill will restrict the base grant amount of \$30,000 to nonprofit corporations or home rule boroughs providing services to a rural area of at least 4,000 square miles. Because of the close relationships of the CHA programs to existing health corporations and IHS service unit facilities, the Department would prefer to see the base grants restricted to the existing corporations and the North Slope Borough which employed at least three health aides on July 1, 1984. This would tend to discourage fragmentation of the program. The Department recommends that the definition for regional health organization be modified as follows to reflect this concern:

- (6) "regional health organization" means a nonprofit corporation or home rule borough that provided community health aide services through a contract with the Alaska Area Native Health Service as of July 1, 1984 in a rural area that is at least 4,000 square miles.

POSITION

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

Recommended by: Robert I. Fraser
Robert I. Fraser, M.D.
Director
Division of Public Health

Date: _____

Approved by: John R. Pugh
John R. Pugh
Commissioner
Department of Health and
Social Services

Date: 4-1-85

Alaska State Legislature

HB 215

REPRESENTATIVE
ADELHEID HERRMANN

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CO-CHAIRMAN
RESOURCES COMMITTEE

MEMBER
TRANSPORTATION
COMMITTEE

House of Representatives

DISTRICT 26

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TWIN HILLS
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UNALAS.

April 25, 1985

Senator Bettye Fahrenkamp
Chair, Senate HESS Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Fahrenkamp,


Recently one of the Regional Health Directors approached me with the enclosed amendment for House Bill 215 which is now in your committee. As prime sponsor of the bill I would like to request that the committee incorporate the amendment into the bill.

The amendment is a technical one, and will help clarify how the funding formula is to be used.

Should you have any questions, please do not hesitate to contact me or my staff at 465-4942.

Thank you for your consideration of this amendment and your support.

Sincerely,



Adelheid Herrmann
Representative
District 26

Enclosure

cc:

Senator Frank Ferguson
John Pugh, Commissioner Health and Social Services
Dave Mathers, Director Regional Health Directors
Niles Ceasar, Director Community Health Aide Program
Kathy Sutcliffe, Regional Health Director
Mike Stackhouse, North Slope Borough Health Organization

A M E N D M E N T

to Committee Substitute for House Bill 215 (Finance) an act relating to state assistance for community health aide programs; and providing for an effective date.

page 3 line 18: delete "or".

page 3 line 19: after "Health Service" insert ", or another accredited training center;"

STATE OF ALASKA
THE LEGISLATURE

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

LEGISLATIVE AFFAIRS AGENCY
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May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HESS 4-11-85 1:36pm
5-7-85 1:38pm