

HB

242



P.O. Box 100563, Anchorage, Alaska 99510

April 2, 1991

Senate Health Education and Social Services:

The Alaska Health Education Consortium would like to express its support of Senator Pearce's Teen Pregnancy and Parenting Package-- SB-169-176 and SCR 15 and 16.

Teen pregnancy and adolescent parenting cost our society both economically and socially. We support all organized, planned efforts to address teen pregnancy as one at-risk issue of adolescence.

The Teen Pregnancy and Parenting Task Force spent several months studying the problem, and the package Senator Pearce has sponsored addresses some of the issues discussed during the Task Force meetings. The Task Force did not prioritize its recommendations in its report to the Legislature, but all successful plans prioritize actions in order to build a solid program that is long-term and continues to build on efforts from year to year. We are recommending that SCR 15 and 16 be implemented first, followed by SB 176, Comprehensive Health Education, and SB 170, Public Awareness Campaign and Parenting Projects. These bills would provide a sound investment in prevention that could yield long-term benefits.

Next, SB 169, Case Management, would help to augment current DHSS programs and ensure assistance for all teen parents. SB 175, 171, 173, 172, and 174 would be lower in priority but also important in both the short- and long-term.

As professionals in prevention, we urge that legislators consider investing in prevention carefully. For prevention efforts to be successful, they must have long-term commitment and financial support. Programs that last only one or two years cannot possibly hope to produce lasting results. Therefore, we are recommending passage of SB 176 first to build a foundation for other prevention and intervention efforts. While health education alone is not always sufficient to change behaviors or alter attitudes, it is necessary to provide information and skills in order for any other prevention program to succeed.

KNOWLEDGEABLE CHOICES FOR OPTIMUM HEALTH

We believe that only a comprehensive, sequential, age appropriate curriculum in health education can hope to begin to produce a reduction in demand for the health and social services funded by the public.

Delisa Culpepper

Delisa Culpepper, President
Alaska Health Education Consortium



April 6, 1991

Senator Arliss Sturgulewski
Chair, Senate HESS Committee
P. O. Box V
Juneau, AK 99811

Dear Senator Sturgulewski,

A number of bills (cs for 169, 170 through 176) concerning Adolescent Pregnancy Prevention and Parenting will be heard very soon in the Senate HESS Committee. On behalf of Planned Parenthood of Alaska, I would like to express our strong support for this proposed legislation and the fiscal notes that are attached.

Adolescent pregnancy and childbirth are social and medical problems of significant proportions in Alaska. Recent legislative reports, such as "Three A Day: Children Having Children in Alaska" as well as the report of the Teen Pregnancy Task Force, have documented the extent of these problems. Alaska leads the United States in the extent of adolescent pregnancy and childbirth, as we do in so many other social and health problems. Perhaps we can be a leader in the solution as well.

To address these problems will take a concerted effort by the Department of Health and Human Services and a significant amount of monies. However, these monies, more than many others, are buying a healthy future for the state. The social and economic cost to the state of teen pregnancy and childbirth is extensive and lasts for many years. Adolescent pregnancy prevention programs have been show to work - teens remain in their educational programs and later secure employment, contributing to the state economy. What better use of state dollars can there be than to insure such a future?

Planned Parenthood of Alaska stands ready to contribute its wealth of experience in providing family planning and teen pregnancy prevention programs throughout the state to these efforts. We urge the Senate HESS committee to support bills cs169 - 176.

Sincerely,

A handwritten signature in cursive script, appearing to read "Donna E. Hurdle".

Donna E. Hurdle, MSW
Executive Director

HOSPITAL & NURSING HOME

ASSOCIATION

April 9, 1991

Senator Arlis Sturgulewski, Chair
Committee on Health, Education &
Social Services
Alaska State Senate
Juneau, AK 98111

Dear Senator Sturgulewski and members
of the HESS Committee:

Hospital and Nursing Home Administrators, along with their governing board members met here in Juneau earlier in the week and had the opportunity to review the report of the Alaska's Adolescent Pregnancy and Parenthood Task Force, and the subsequent legislation introduced by Senator Pearce.

The Association would like to urge your support for the recommendations of the Task Force and support "in principle" for Senate Bills 170, 172, 173, 174, 175 and 176.

We would suggest that SCR 15 and SCR 16 be moved quickly through the legislative process and that those separate pieces of legislation that receive an immediate legislator/public consensus also be moved on. Those bills that need additional review should be referred to HESS subcommittees and given additional review.

The hospital is often the place where an unhealthy young woman, ill-prepared for motherhood gives birth to an equally or worse unhealthy child.

Hospitals across the state want to work with Senator Pearce, her Task Force and the Legislature in preventing these tragedies. In preventing the "human" tragedy, we also curtail a very high cost in health care dollars.

Enclosed is the April issue of our ASHNA newsletter that features a story on the work of the Task Force.

Sincerely,



Harlan R. Knudson
President/CEO

Encl: (1)

letters of support



ANCHORAGE SCHOOL DISTRICT

4600 DeBarr Avenue
P.O. Box 196614
Anchorage, Alaska 99519-6614
AREA CODE [907] 333-9581

April 10, 1991

SCHOOL BOARD

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Thomas C. O'Rourke

The Honorable Arliss Sturgulewski
Chair, Senate HESS Committee
Alaska State Legislature
P.O. Box V
Juneau, Alaska 99811

Dear Senator Sturgulewski:

At our regular meeting of April 8, 1991 the Anchorage School Board took formal action in support of Senate Bill 173, Senate Bill 174 and Senate Bill 176. We would encourage you to also support this legislation. If you have any questions please feel free to call either Dr. O'Rourke or myself.

Sincerely,

Sharon Richards, President
Anchorage School Board

I w

BPW usa

The Voice of the Working Women

ALASKA FEDERATION OF BUSINESS
AND PROFESSIONAL WOMEN

8610 Shrub Ct

Anchorage, AK 99504

Senator Drew Pierce
Juneau, AK

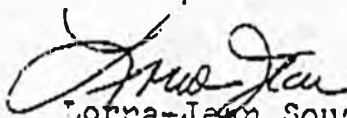
Dear Senator;

The Alaska Federation of Business and Professional Women's
Club's Executive Committee endorses and supports the following
bills:

H169
H170
H171
H172
H173
H174
H175
H176

Thank you very much for your help in trying to pass these
much need bills. Keep up the good work.

Best Personal Wishes;


Lorna-Jean Souza
State President
AK/BP:
(907) 338-0380

For an Act entitled: "An Act relating to health care services for adolescents".

Summary

HB 242 directs the Department to coordinate the delivery of all services it delivers under AS 18.05.010, AS 44.29.020 and all other laws so as to maximize accessibility to all the services that will help adolescents prevent pregnancy, obtain prenatal care and receive the other clinical health care they and their children would need. This bill directs the Department to either directly or through contracts, make prenatal, family planning and clinical health services available to adolescents monthly in communities with more than 2,000 population and semi-annually in communities of less than 2,000. The Department is directed to publicize the availability of the prenatal, family planning and clinical services in such a way that adolescents will effectively be encouraged to utilize them. If the services are contracted out, the contract must require the contractor to effectively publicize it's services as well.

Discussion

Individuals in many small communities do not have any access to comprehensive family planning services, on site. Frequently, the only clinical care available is from the local health aide and the itinerant public health nurse. Neither of these individuals is trained to do comprehensive evaluations, nor can they prescribe contraceptives. The nurses can and do distribute barrier contraceptives. They provide significant education related to reproductive health, when time allows. An adolescent must make the trip to a regional hub to get complete family planning services and the comprehensive exams which are a part of good health care for sexually active women. Unless the adolescent is Medicaid eligible they must pay their own transportation costs to obtain this health care. Prenatal care is easier to access in the villages, as both the health aides and the nurses are trained to provide it. As long as physician care is not needed, this need can be met at the village level. A primary problem comes at the time of delivery when the adolescent, who is not covered by Medicaid or another third-party payor, must pay their own costs to travel to the regional center to deliver.

Alaskan women have a very high rate of cervical cancer. Regularly scheduled pap smears, coupled with comprehensive health examinations provided as a part of health care services delivered by a nurse practitioner or other independent health care provider, could significantly impact this problem. Access to quality family planning education and contraceptives, appropriate to the adolescent, when requested, could significantly reduce the number of unplanned pregnancies and contribute to more young women finishing school and becoming economically self sufficient. Education geared towards keeping adolescents from becoming sexually active at a young age and preventing them from contracting sexually transmitted diseases will protect their reproductive ability and keep them healthier in general.

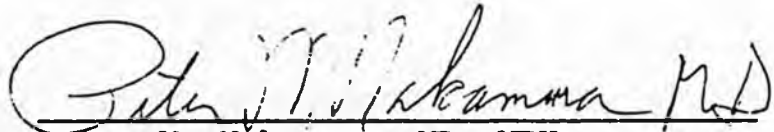
DHSS Position Paper

Many adolescents do not know who could help them in their quest for information and health care related to reproductive issues. An outreach campaign directed to adolescents, encouraging them to use the services and telling them how to access the service would be invaluable. Many adolescents are hesitant to acknowledge to their peers that they don't know these things. The decision to become or not become sexually active and to get the health care needed to care for one's reproductive system is a private matter. It is the responsibility of the service providers to conduct outreach in such a manner that it is understandable and acceptable by those who are functionally illiterate, as well as those who have excellent reading skills.

Since the Regional Health Corporations and the Municipalities provide a broad array of health services in both the rural and urban areas, it would be very appropriate to contract with these entities whenever possible to provide the health care services for adolescents being requested in this bill. It would enhance that agency's ability to meet the needs of their community and would integrate this service into the existing array of services. It would eliminate any significant increase in administrative costs, related to implementing this service.

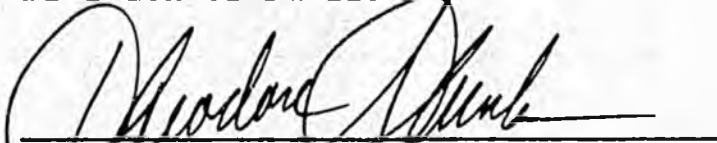
Position

The Department supports this bill which will significantly increase the availability of reproductive health services to women of all ages who live in the villages in the state. It will increase accessibility for adolescents in the urban areas and it will increase the outreach capability for this hard to reach segment of the population in all localities. The implementation of this program needs to be incorporated into efforts directed at increasing accessibility to reproductive health care for all women of child bearing age.



Peter M. Nakamura, MD, MPH
Director
Division of Public Health

4/30/91
Date



Theodore A. Maza, MD, MPH
Commissioner
Department of Health and Social Services

4/30/91
Date

HB 242

RECOMMENDATION:

The State should provide adequate funding to school districts for school health services.

Issue

Every Alaskan child deserves the opportunity to lead a healthy and productive life. Health services and healthy life skills training are often not available to our children (particularly in rural Alaska). Members of the Task Force have come to the conclusion that school health services are important. These services need to be adequately funded, and yet they have suffered considerably from budget cuts in the recent past. The Task Force looked at various programs which provide health services to school aged children. Research from other states such as Oregon, Michigan and Arkansas demonstrates that school based health clinics may be the most effective way of assuring that the largest number of children can receive these services.

Implementation

- 1) School districts should provide needed health services by bringing services up to adequate levels.
- 2) The Task Force encourages local school districts to explore models from those states with school based health clinics and to establish such clinics where appropriate.

Cost

The State should fund the cost of upgrading school health services to a reasonable level. Funding could be accomplished through: 1) increased foundation funding; 2) increased categorical funding; or 3) a combination of the two.

Benefits

We have the opportunity to impart to our children a higher sense of self-esteem, better decision-making capabilities, and career and interpersonal skills which will benefit them for a lifetime. These

skills will help give Alaskan children the ability to avoid many of the problems which they now face--for example, the ability to say no to drugs and the education to help reduce the incidence of sexually transmitted diseases as well as to avoid adolescent pregnancy and its associated consequences. School based health services would serve as reinforcement for the instruction students would receive during regular class time on healthy life skills, human sexuality, family planning, interpersonal skills, decision making skills and self-esteem building.

Teen pregnancy gets lawmaker focus

Putting health workers back in Alaska schools, mandating health courses for all Alaska students and training teens to counsel each other are among the recommendations of a state task force on adolescent pregnancy.

The task force, chaired by Sen. Drue Pearce (R-Anchorage), was formed in response to the alarming number of teenage pregnancies in Alaska. A study by the Legislative Research Agency in August 1989 found that Alaska teens give birth to an average of three children a day. In 1985, Alaska had the second-highest reported teen pregnancy rate among the 50 states.

"It came to my attention ... that many, many of our young women in the rural areas have children. I didn't have any idea how extensive the problem was."

Pearce, who has introduced a package of legislation in response to the task force's recommendations, said she first

became interested in the issue of adolescent pregnancy when she lived in Kotzebue in the early 1980s.

"It came to my attention ... that many, many of our young women in the rural areas have children," she said. "I didn't



Sen. Drue Pearce

have any idea how extensive the problem was."

Part of the task force's task was to

determine the financial costs of teenage pregnancies. For example, it found that it costs more than \$12,000 a year to provide basic public services for one needy teenage parent with one child.

Babies born to adolescent mothers in

As a group, their babies are more likely to die before their first birthday, to be hospitalized and to die as children of injuries and violence.

Alaska in 1989 were expected to cost the state \$21.5 million in public assistance by the time they reach the age of 19.

In addition, teen mothers are more apt to have premature and underweight infants who need costly medical attention from birth. Teen mothers are also more likely to abuse their babies by their actions and inactions. As a group, their babies are more likely to die before their first birthday, to be hospitalized and to die as children of

Continued on next page

ASTF: Nurturing Alaskans' creativity

What do crab pots, arctic vegetation and Hepatitis B vaccinations have in common?

The Alaska Science & Technology Foundation.

ASTF, as it's called, was established in 1988 as a public corporation of the Department of Revenue. Funded by a nest egg of \$100 million, ASTF can spend up to \$8.5 million a year on grants for what might be termed innovation.

So far, however, it hasn't spent more than \$3 million in one year. That's because, although it has received hundreds of proposals from people seeking grants, fewer than one of five have been awarded funds.

Grants officer Ann Kampfer said some proposals simply don't fit the foundation's mission -- to promote and enhance economic development and

technological innovation in a variety of fields, including public health.

The most frequent other problem with proposals is they haven't fully discovered who would be the market for their project.

"What we don't want to do is fund a study that is going to sit on a shelf. The objective of having the users involved is not so much that they contribute dollars to the project ... but to ensure that there really is a need, number one, and that it really will make a difference," said Kampfer.

Grants have so far gone to a wide variety of projects, including ways to modify crab pots for harvesting pacific cod, the potential effect of North Slope pollution on arctic vegetation and development of an Alaska-grown malting barley.

In the field of public health, safety and medicine, there were three grants awarded last year.

These include development of an automatic control system for an orthopedic device, development of an integrated system of devices to measure the strength and movement of the neck and lower back and ways to successfully vaccinate premature infants against Hepatitis B.

As of January, ASTF had funded five of 26 (or 19 percent) of the health proposals submitted. This is higher than the 14 percent average for all proposals. Health proposals have been received from physicians, foundations and universities.

For more information, write ASTF, 550 West 7th Ave., Suite 360, Anchorage, Ak. 99501-3555.

REQUEST: FISCAL NOTE

Revision Date: _____ Agency Affect: Health & Social Services
 Title: Health care services BRU: State Health Services
 for adolescents
 Sponsor: C. Davis, et al Components: Maternal, Child & Family Health
 Requester: House HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
Personal Services	29.1	29.1	29.1	29.1	29.1	29.1
Travel						
Contractual	470.1	470.1	470.1	470.1	470.1	470.1
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	499.2	499.2	499.2	499.2	499.2	499.2

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
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REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
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FUNDING: (Thousands of Dollars)

General Funds	499.2	499.2	499.2	499.2	499.2	499.2
Federal Funds						
Other						
TOTAL	499.2	499.2	499.2	499.2	499.2	499.2

POSITIONS

Full-Time	0	0	0	0	0	0
Part-Time	1	1	1	1	1	1
Temporary	0	0	0	0	0	0

ANALYSIS: (attach a separate page if necessary)

In order to visit the 227 villages semi-annually with populations of under 2000, it would cost \$200/day for a clinician and \$125/day for travel and per diem. In the larger communities, \$175,000 would be needed to enhance the services already provided. These services would be contracted out. The department would need one-part time position to develop the program and implement the outreach services.

Prepared By: Peter M. Nakamura, MD, MPH, Director
 Division: PUBLIC HEALTH

Phone: 465-3090
 Date: 04/30/91

Approved By Commissioner: Theodore Mala, M.D., MPH
 Agency: HEALTH & SOCIAL SERVICES

Date: 4/30/91

Distribution (by preparer):
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ALASKA STATE LEGISLATURE

ELECTIVE DISTRICT 1

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KUPREANOF
MEYERS CHUCK
PETERSBURG
SAXMAN
WRANGELL



HOME

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KETCHIKAN, AK 99901
PHONE 225-6304

DURING SESSION

P.O. BOX V
STATE CAPITOL BUILDING
JUNEAU, AK 99811
PHONE 465-3424

Representative Cheri L. Davis

Good morning and thank you for scheduling these bills so promptly.

Adolescent pregnancy is not new. Teen pregnancy is a result of a complex combination of factors that vary greatly from one community to the next. The three bills you have before you today are part of a package that resulted from the Teen Pregnancy Task Force, which met throughout last interim.

House Bill 243, relates to teen pregnancy prevention. This bill will allow for the development of a statewide public awareness campaign, relating to adolescent pregnancy prevention and services for adolescent parents and their children. Furthermore, this bill will establish a program to fund teen pregnancy and parenthood projects.

House Bill 242, mandates that the Department of Health and Social Services coordinate the delivery of family planning, prenatal and clinical services to adolescents in all communities of the state. Without these services adolescents are often unable to receive needed education, contraceptives and care.

HB 241 would develop financial incentive programs to encourage the establishment of in-school child care where a need exists. The establishment of a grant program for child care in schools, would provide for access to affordable child care and help the adolescent parent redevelop her life and goals in pursuit of an education.

Adolescent Pregnancy is not a problem that will go away with a "quick Fix" solution. I urge your support of this package of bills. They will form a strong foundation from which we can develop a comprehensive solution.

Thank you, I will be happy to answer any questions you may have on these bills.

Sponsor statement