

HOUSE COMMITTEE REPORT

(11)

Date Referred: February 7, 1992

FURTHER REFERRALS:

Date of Committee Action: 4/15/92

The FINANCE Committee considered:

CSSB 269(HES)

CS FOR SENATE BILL NO. 269 (HES)

TESTING FOR CHLAMYDIA AND GONORRHEA

"An Act relating to testing for chlamydia and gonorrhea."

RECOMMENDATIONS:

be replaced with CSSB 269 (HES) the same title a new title

have attached amendments(s)

do pass

do not pass

no recommendations

individual recommendations

additional referral to the _____ Committee

ADOPTS: _____ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept/Date)

fiscal impact DASS

fiscal note(s) _____

zero fiscal note _____

zero fiscal note(s) _____

SIGNING <u>DO PASS</u>	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>Mike Navarre</i> NAVARRE	<input checked="" type="checkbox"/>	<i>EP Mulhean</i> MULHEAN		X	
<i>Mark Boyer</i> BOYER	X	<i>George Jacke</i> JACKE		X	
<i>Jay Brown</i> BROWN	<input checked="" type="checkbox"/>	<i>Teresa Barnes</i> BARNES		X	
<i>Mike Womer</i> WOMER	<input checked="" type="checkbox"/>	<i>Barb Sharp</i> SHARP		X	
<i>Ken Koponen</i> KOPONEN	<input checked="" type="checkbox"/>	<i>Richard Phillips</i> PHILLIPS		<input checked="" type="checkbox"/>	
		<i>Ronald Larson</i> LARSON		(Go)	FISCAL NOTE

Mike Navarre NAVARRE
EP Mulhean MULHEAN
 CHAIRMAN'S SIGNATURE

CS FOR SENATE BILL NO. 269 (HES)
IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - FIRST SESSION

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered: 5/8/91
Referred: Finance

Sponsor(s): SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to testing for chlamydia and gonorrhea."

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

3 * Section 1. LEGISLATIVE FINDINGS AND PURPOSE. (a) The legislature finds that

4 (1) chlamydia is an important disease to detect and control because it can cause pelvic
5 inflammatory disease, which may result in infertility, difficult pregnancies, preterm labor, and neonatal
6 disease;

7 (2) the Department of Health and Social Services is currently not providing testing for
8 chlamydia even though its rate of occurrence in Alaska is one of the highest in the northwest;

9 (3) the test currently used by the Department of Health and Social Services to detect
10 gonorrhea, the Thayer-Martin bacterial culture test, is unreliable in Alaska because it is adversely
11 affected by environmental conditions and long transportation times;

12 (4) there is a testing procedure available, the DNA hybridization test, that could be used
13 to more effectively test for gonorrhea and that has the added benefit of being an effective test for
14 chlamydia as well;

1 (5) effective testing for gonorrhea and chlamydia with the DNA test, while initially more
2 expensive than current practice, would be more cost-effective in the long run because the incidence of
3 undiagnosed cases of both diseases would decline, decreasing the more expensive complications that can
4 occur when the diseases develop unchecked.

5 (b) Therefore, it is the purpose of this Act to require the Department of Health and Social
6 Services to make chlamydia testing available and to use the best current testing method available for
7 diagnosis of gonorrhea and chlamydia.

8 * Sec. 2. AS 18.15 is amended by adding a new section to read:

9 ARTICLE 3A. CHLAMYDIA AND GONORRHEA.

10 Sec. 18.15.250. TESTING PROCEDURES. (a) The department shall make available
11 on a statewide basis the best current testing method available to detect gonorrhea and chlamydia.

12 (b) The department shall use the best current testing method available for diagnosis of
13 gonorrhea and chlamydia.

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. CSSB 269 (HES)

Revision Date: 4/13/92 Dept. Affected Health and Social Services
 Title: Testing for chlamydia and gonorrhea BRU: State Health Services
 Component: Laboratory Services
 Sponsor: Senate HES
 Requestor: House Finance COMPONENT SERIAL NO. 0291

Expenditures/Revenues (Thousands of Dollars)

OPERATING	FY93	FY94	FY95	FY96	FY97	FY98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	16.2	17.5	18.9	20.3	20.3	20.3
SUPPLIES	274.4	297.3	320.1	343.0	343.0	343.0
EQUIPMENT	10.0					
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	300.6	314.8	339.0	363.3	363.3	363.3

CAPITAL						
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REVENUE						
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FUNDING:

GENERAL FUND	172.9	47.2	50.9	54.5	54.5	54.5
FEDERAL FUNDS						
OTHER	127.7	267.6	288.2	308.6	308.6	308.6
TOTAL	300.6	314.8	339.0	363.0	363.0	363.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year impact:

None

ANALYSIS: (Attach a separate page if necessary)

See Attached Analysis

Prepared by: Peter M. Nakamura, MD, MPH

Division: Public Health

Approved by Commissioner: Theodore A. Mala, MD, MPH

Agency: Department of Health and Social Services

Phone: (907) 465-3090

Date: 4/13/92

Date: 4/14/92

Distribution (by preparer):

Legislative Finance OMB
 Legislative Sponsor Impacted Agency(ies)
 Requestor

ANALYSIS (cont.):

Gonorrhea Testing (GC)

In FY 90 the State public health laboratories analyzed 51,783 specimens for gonorrhea; this number has been estimated for FY 93 to be 56,000. Although the incidence of disease has been steadily decreasing, gonorrhea testing continues to increase. This is probably due to a heightened concern about all sexually transmitted diseases, and increased surveillance due to the introduction of antibiotic resistant GC into Alaska. The additional cost to convert the present culture system to DNA hybridization is \$1.00/specimen collection swab; \$2.15/test reagents; and \$.29/specimen shipping. In addition, there would be approximately \$5,000 in small equipment items necessary to set up the tests.

If this change was instituted statewide for all providers, (56,000 tests), the cost for each test conducted separately would be :

Personnel Services	
Travel	
Contractual	\$16.2
Supplies	\$176.4
Equipment	\$5.0
Total	\$197.6

If DNA hybridization testing was made available only to rural health providers, the contractual and supply costs would be reduced to \$5.4 and \$58.8 respectively. If DNA probes were made available only to public health nursing clinics, contractual would be \$8.1 and supplies \$88.2. Equipment costs would remain the same regardless of the number of tests performed.

Chlamydia Testing:

Since the division is not presently testing for Chlamydia, an estimate of annual numbers of tests is far less accurate. In previous analyses we have used the number of GC tests from the previous year divided by 2. This assumes that no males will be tested for Chlamydia and that fewer females will present with signs and symptoms suggestive of Chlamydia infection. These assumptions may not be true. Without some actual experience, this estimate should be considered conservative. Other states have reported considerable growth in their Chlamydia programs once they are available. When fees are established, this test should be considered.

The cost to establish separate Chlamydia DNA hybridization testing is as follows:

\$1.00/specimen collection swab; \$3.50/test reagents and \$.29/specimen shipping. The \$5,000 in equipment is a requirement for both GC and Chlamydia.

For the first year of statewide Chlamydia testing of 28,000 specimens (when tested separately):

Personnel Services	
Travel	
Contractual	\$8.2
Supplies	\$126.0
Equipment	\$5.0
Total	\$139.2

ANALYSIS (cont.):

It is important to note that when these two tests are conducted separately, the fiscal and clinical advantages are lost. One of the great benefits of this new technology is that both tests can be run on the same specimen swab. This translates into a savings of \$1.29/specimen in unduplicated collection swabs and shipping costs. This cost savings has been reflected in the fiscal calculations on page one.

It should also be noted that there is a considerable savings in health care provider time required to collect only one specimen which facilitates improved diagnosis and treatment. This cost savings is not reflected in the analysis.

Assuming an effective date of July 1992, the total cost of contract and supplies can be supported after start up through General Fund and Programs Receipts resulting from implementation of planned fee for service structure in the Section of Laboratories anticipated by January 1993. In subsequent years it is projected that 85% of the service could be supported through fees with approximately 15% general funds required to offset the nonpayment and/or need to waive the required fees for public health reasons.

It is also estimated that the demand for testing will increase approximately 25% during the first three-year, post-implementation period, as familiarity and knowledge of the test availability becomes accepted within the provider community.

FISCAL NOTE

No. 2

Bill Version: CSSB 269 (HES)

(S) Publish Date: 5/17/91

STATE OF ALASKA
1991 LEGISLATIVE SESSION

Revision Date: _____ Department Affected: Dept. of Health & Social
 Title: Testing for chlamydia and BRU: State Health Services Service
gonorrhea Component: Laboratory Services
 Sponsor: Zharoff
 Requestor: Senate Finance COMPONENT SERIAL NO.

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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	15.0	15.0	15.0	15.0	15.0	15.0
SUPPLIES	146.8	146.8	146.8	146.8	146.8	146.8
EQUIPMENT	5.0	5.0	5.0	5.0	5.0	5.0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	166.8	166.8	166.8	166.8	166.8	166.8

CAPITAL	0	0	0	0	0	0
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REVENUE	0	0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	166.8	166.8	166.8	166.8	166.8	166.8
FEDERAL FUNDS						
OTHER						
TOTAL	166.8	166.8	166.8	166.8	166.8	166.8

POSITIONS:

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

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary.)

Prepared By: Pat Pourchot Phone: 465-4935
 Division: Senator Pat Pourchot Date: 5-17-91
Co-chairman, Senate Finance Committee
 Approved by Commissioner: _____
 Agency: _____ Date: _____

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

FISCAL NOTE

No. 2

STATE OF ALASKA
1991 LEGISLATIVE SESSION

Bill Version: CSSB 269 (HE)

(S) Publish Date: 5/17/91

Revision Date: _____ Department Affected: Dept. of Health & Social Services
 Title: Testing for chlamydia and gonorrhea BRU: State Health Services
 Component: Laboratory Services
 Sponsor: Zharoff
 Requestor: Senate Finance COMPONENT SERIAL NO.

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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	15.0	15.0	15.0	15.0	15.0	15.0
SUPPLIES	146.8	146.8	146.8	146.8	146.8	146.8
EQUIPMENT	5.0	5.0	5.0	5.0	5.0	5.0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	166.8	166.8	166.8	166.8	166.8	166.8

CAPITAL	0	0	0	0	0	0
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REVENUE	0	0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	166.8	166.8	166.8	166.8	166.8	166.8
FEDERAL FUNDS						
OTHER						
TOTAL	166.8	166.8	166.8	166.8	166.8	166.8

POSITIONS:

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

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary.)

Prepared By: Pat Pouchot Phone: 465-4935
 Division: Senator Pat Pouchot Date: 5-17-91
Co-chairman, Senate Finance Committee
 Approved by Commissioner: _____
 Agency: _____ Date: _____

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

Alaska State Legislature



SENATOR ARLISS STURGULEWSKI, Chairman
SENATOR PAUL FISCHER, Vice Chairman
SENATOR SAM COTTEN
SENATOR LYMAN HOFFMAN
SENATOR CURT MENARD

P.O. BOX V
ROOM 427
STATE CAPITOL
JUNEAU, ALASKA 99811
(907) 465 3762

Senate Committee on Health, Education and Social Services

MEMORANDUM

February 7, 1992

TO: Representative Eileen MacLean, Co-Chairman
Representative Mike Navarre, Co-Chairman
House Finance Committee

FROM: Senator Arliss Sturgulewski, Chairman (ay)
Senate Health, Education & Social Services Committee

RE: Senate Bill 269 "An Act relating to testing for chlamydia and gonorrhea."

I respectfully request that you schedule SB 269 for a hearing before the House Finance Committee as soon as is possible.

This legislation, which the Senate HESS Committee introduced at the request of Senator Zharoff, provides that the Department of Health and Social Services use the most current method available for testing of gonorrhea and chlamydia and that it shall make available to other testing agencies the best testing methods available as well.

The department currently uses an outdated testing method and it is our intent that it be replaced with a DNA hybridization test. The language in the legislation will give the department the flexibility to use the most current method as technology changes.

I appreciate your consideration of this legislation.

cc: Senator Zharoff

Sectional Analysis
CS for Senate Bill 269
Testing for Chlamydia and Gonorrhea

Section 1: Findings. This section establishes the reasons for providing a testing program for the detection of chlamydia and for the replacement of the out dated Thayer-Martin bacterial culture with the DNA hybridization test for the detecting of gonorrhea.

Section 2: Requires that the Health and Social Services Department begin testing for chlamydia by providing the DNA hybridization test through their regular system and specifying that they should, now and in the future, use the best and most current testing procedure available for the diagnosis of gonorrhea and chlamydia.

January 1991

A PROPOSED IMPROVEMENT OF THE ALASKA CHLAMYDIA/GONORRHEA TESTING PROGRAM

Chlamydia and gonorrhea are known to cause significant acute morbidity and severe complications including pelvic inflammatory disease, ectopic pregnancy, pelvic abscess, peritonitis, disseminated gonococcal infection (arthritis, meningitis, endocarditis), newborn eye infections and pneumonia. Gonorrhea rates have ranged from 1310.5 per 100,000 in 1978 to 216.1 per 100,000 in 1989 (5,394 and 1,155 cases, respectively). Our knowledge of chlamydia prevalence is based on several studies of varying duration; positivity rates of 7-23% were found in the populations studied. A study involving family planning clinics in Anchorage and Bethel found that Alaska had the highest rate of chlamydia among participating Northwest clinics (Alaska, Idaho, Oregon, Washington).

Currently, the State of Alaska uses Thayer-Martin bacterial cultures to diagnose gonorrhea. This is an outdated and inappropriate method. In ideal conditions, recovery rates of 90-95% are possible with cultures. However, adverse environmental conditions, complex collection procedures, long transportation lines, and other problems reduce the effectiveness of cultures to unacceptable levels. Until recently, effective laboratory tests to diagnose chlamydia have not been available. Limited testing has been done in special studies using research protocols in Bethel, Fairbanks, Juneau, and Ketchikan, Kotzebue, and Barrow.

New advances in medical technology (DNA hybridization) now provide a solution to the relative ineffectiveness of gonorrhea culturing and the first affordable tests to diagnose chlamydia statewide. Because this test is not adversely affected by environmental conditions and does not require viable isolates, several major problems noted above are eliminated. This technology is highly specific and sensitive. Cases of gonorrhea undiagnosed due to culture failure would be largely eliminated and the subsequent disease complications avoided. This test is also superior to other previously available but more expensive chlamydia tests. The test also enables chlamydia and gonorrhea to be identified from a single clinical specimen.

Recommendations

1. Implement DNA hybridization tests to detect gonorrhea and chlamydia and eliminate use of cultures to diagnose gonorrhea.
2. Begin routine chlamydia screening in state-sponsored STD and family planning clinics statewide.

Cost Estimate

12x4000/mo gonorrhea test x (\$2.21-3.32) = \$106,080 - 159,360

12x2000/mo chlamydia test x (\$3.75-4.32) = \$90,000 - 103,680

Total supply costs (chlamydia and gonorrhea) = \$196,080 - 263,040

These calculations assume a 20% reduction in current levels of gonorrhea screening, and approximately one-half of the tests required for gonorrhea screening (female only) needed for chlamydia screening.

Summary

1. Current tests used do not meet community standards and will result in failure to diagnose preventable disease.
2. Shifting to a new test system will cost more.
3. Adoption of the new test will improve gonorrhea control and will enable for the first time a statewide program to control chlamydia infection.

KODIAK ISLAND MEDICAL ASSOCIATES

1818 EAST REZANOF DRIVE. • KODIAK, ALASKA 99615 • (907) 486-6065 or 486-3177

MARK WITHROW, M.D. • GENERAL PRACTICE
CAROL JUERGENS, M.D. • INTERNAL MEDICINE
BRAD BRINGGOLD, M.D. • FAMILY PRACTICE

K. LOGAN PORTER, M.D. • FAMILY PRACTICE
JON HLAVINKA, M.D. • FAMILY PRACTICE



March 15, 1991

To: Fred Zharoff & Cliff Davidson

RE: Chlamydia testing at the Public Health Center in Kodiak

Dear Fred and Cliff,

Kodiak Island Medical Associates provides the physician coverage for the Public Health Center in Kodiak on a bi-monthly basis. Specifically, we do pap smears and testing for gonorrhea and provide counselling concerning methods of birth control. We see approximately 20 patients a month. The purpose of this letter is to inform you of one service that is not provided there that is critical in encounters with these patients. The Public Health Center at this point does not provide chlamydia testing for these clients/patients. Chlamydia is the most common sexually transmitted disease in this country. It far out numbers gonorrhea, syphilis, etcetera. Chlamydia infections in woman can lead to serious sequellae including pelvic inflammatory disease with resultant infertility and much increased risk in ectopic pregnancy. Other complications include pregnancy difficulties with preterm labor and neonatal disease. Chlamydial infections are usually asymptomatic and when symptoms are present they are frequently mild and nonspecific. This means that you cannot tell that a patient has chlamydia on clinical grounds alone. Because of the paucity of symptoms and serious side effects of undetected infections there have been developed numerous tests for diagnosis. I feel it is a disservice to our patients at the Public Health Center to not test routinely for chlamydia. This is letter is to encourage funding for the relatively small numbers of patients that would need this service at the Public Health Center Sexually Transmitted Disease Clinic. I have discussed this in some detail with Gary Bledsoe, the Sexually Transmitted Disease Coordinator in Anchorage and my understanding is that funds are just not available. However, I have learned that other cities in the state do have funding for this vital service. I would suggest coordination with Dr. John Middaugh, State Epidemiologist, Dr. Ted Mala, the Commissioner and Wendy Thon, the Nurse Coordinator for Family Health.

The cost of this service is approximately \$10.00 to \$15.00 per test for chlamydia. In light of its view in prevention of disease it is money well spent.

I would be happy to discuss this with you further.

Sincerely,

MARK WITHROW, MD

Mark Withrow, M.D.

MW:rw

RECEIVED APR 29 1991

State of Alaska
Epidemiology



Bulletin

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

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

Section of Epidemiology
John Middaugh, MD, Editor

3601 C Street, Suite 576, P.O. Box 24-0249, Anchorage, Alaska 99524-0249 (907) 561-4406

Bulletin No. 8 April 29, 1991

1990 Annual Infectious Disease Report Number of Cases by Region

	Southeast		Southcentral		Northern		Total	
	1990	1989	1990	1989	1990	1989	1990	1989
AIDS	2	0	14	15	0	3	16	18
Amoeba	1	0	2	3	1	0	4	3
Arthritis	0	0	0	0	0	0	0	0
Botulism	0	0	6	4	2	1	8	5
Botulism - infant	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	0	0
Campylobacter	20	22	58	36	5	4	83	62
Cholera	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0
Diphyllobothrium latum	0	0	3	1	0	0	3	1
Encephalitis	0	0	5	8	2	4	7	12
Echinococcus	0	0	0	1	0	0	0	1
Enterotoxigenic E. coli	0	0	0	0	0	0	0	0
Giardia	48	33	110	108	14	15	172	156
Gonorrhea	27	20	1019	988	135	147	1181	1155
Hepatitis A	6	27	171	568	13	48	190	643
Hepatitis B	7	12	40	40	11	8	58	60
Hepatitis non-A non-B	2	3	4	5	3	1	9	9
Hepatitis unspecified	1	1	1	3	5	1	7	5

Legionnaires' disease	0	0	0	1	0	0	0	1
Leprosy	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0
Malaria	1	3	0	0	1	0	2	3
Meningitis - aseptic	14	6	81	23	13	8	108	37
Meningitis - hemophilus	3	7	12	9	4	8	19	24
Meningitis - meningococcal	1	4	9	5	2	2	12	11
Meningitis - unspecified bacterial	4	0	9	20	7	6	20	26
Mumps	1	1	4	1	1	0	6	2
Paralytic shellfish poisoning	3	0	13	0	0	0	16	0
Pertussis	6	1	12	0	0	0	18	1
Plague	0	0	0	0	0	0	0	0
Polio	0	0	0	0	0	0	0	0
Pittacosis	0	0	0	0	0	0	0	0
Rabies (Animal)	0	0	11	46	15	25	26	71
Reye syndrome	0	0	1	0	0	0	1	0
Rheumatic fever	0	0	0	1	0	1	0	2
Rubella	0	0	0	0	0	0	0	0
Rubeola	45	1	20	0	15	0	80	1
Salmonella	6	8	89	46	12	16	107	70
Shigella	3	3	7	21	1	1	11	25
Smallpox	0	0	0	0	0	0	0	0
Syphilis	6	2	14	19	7	2	27	23
Tetanus	0	0	0	0	0	0	0	0
Trichinosis	0	0	0	3	1	5	1	8
Tuberculosis	11	2	43	40	12	18	66	60
Tularemia	0	0	1	0	1	0	2	0
Typhoid	0	0	0	0	0	0	0	0
Yellow Fever	0	0	0	0	0	0	0	0
Yersinia enterocolitica	2	3	13	5	0	1	15	9

Since only a portion of all reportable illnesses are reported, these figures represent trends rather than actual incidence. More complete reporting of cases to the Division of Public Health will result in more accurate statistics. The above figures represent both military and civilian reporting.

Total Population 1990:

Southeast	68,989
Southcentral	368,563
Northern	112,491
Total	550,043

ANALYSIS (cont.):

Gonorrhea Testing:

In FY 90 the State public health laboratories analyzed 51,783 specimens for gonorrhea; this number has been estimated for FY 91 to be 56,000. Although the incidence of disease has been steadily decreasing, gonorrhea testing continues to increase. This is probably due to a heightened concern about all sexually transmitted diseases, and increased surveillance due to the introduction of antibiotic resistant GC into Alaska. The cost to convert our present culture system to DNA hybridization is \$1.00/specimen collection swab; \$2.15/test reagents; and \$.29/specimen shipping. In addition there would be approximately \$5,000 in small equipment items necessary to set up the tests.

If this change was instituted statewide for all providers, i.e. 56,000 tests, the fiscal note would be:

Personnel Services	-0-
Travel	-0-
Contractual	16.2
Supplies	176.4
Equipment	5.0

If DNA hybridization was made available only to rural health providers, the contractual and supply costs would be reduced to 5.4 and 58.8 respectively. If DNA probes were made available only to public health nursing clinics, contractual would be 8.1 and supplies 88.2. Equipment costs would remain the same regardless of the number of tests performed.

Chlamydia Testing:

Since we are not presently testing for Chlamydia, an estimate of annual numbers of tests is far less accurate. In previous increments we have used the number of GC tests from the previous year divided by 2. This assumes that no males will be tested for Chlamydia and that fewer females will present with signs and symptoms suggestive of Chlamydia infection. These assumptions may not be true. Without some actual experience, this estimate is at least a good place to start. Other states have reported considerable growth in their Chlamydia programs once they are available. When fees are established, this test should be considered.

The cost to establish Chlamydia DNA hybridization testing in the public health labs is as follow: \$1.00/specimen collection swab; \$3.50/test reagents and \$.29/specimen shipping. The \$5,000 in equipment is a requirement for both GC and Chlamydia.

For the first year of statewide Chlamydia testing of 28,000 specimens:

Personnel Services	-0-
Travel	-0-
Contractual	8.2
Supplies	98.0
Equipment	5.0

ANALYSIS (cont.):

The total cost of contract and supplies can be supported after start up through 50% General Fund and 50% Programs Receipts resulting from implementation of planned fee for service structure in the Section of Laboratories by mid FY 93. In the subsequent years it is projected that 85% of the service could be support through fees with approximately 15% general funds required to offset the nonpayment and/or need to waiver the required fees for public health reasons.

It is also estimated that the demand for testing will increase approximately 25% from the base each year as familiarity and knowledge of availability becomes known within the healthcare provider community.

It is important to note that when these two test are divided the fiscal and clinical advantages are lost. One of the great benefits of this new technology is that both tests can be run on the same specimen swab. This translates into a savings of \$1.29/specimen in unduplicated collection swabs and shipping costs. There is also considerable savings in health care provider time in needing to collect only one specimen which facilitates improved diagnosis and treatment.

There being no further testimony on the measure, SENATOR COTTEN moved and asked unanimous consent to pass CSHB 88 (HES) (title am) out of the Senate HESS Committee with individual recommendations. Hearing no objection, it was so ordered.

#

Number 214

#SB269

SB 269, relating to testing for chlamydia and gonorrhea, was the next piece of legislation the committee addressed. VICE-CHAIRMAN FISCHER noted the bill was introduced by the committee. KATHERINE A. KELLY, Dr. PH, Chief, Section of Laboratories, Division of Public Health, Department of Health and Social Services, read a position statement into the record: "S.B. 269 recognizes that chlamydia is a disease of significance in Alaska due to its long term effects and potential damage to newborns. It also observes that the present method of testing for gonorrhea is unreliable for use in rural Alaska, and that more effective technologies are available. The bill also states that although new methods, such as DNA hybridization, may be more expensive, they are more cost effective in the long run by identifying disease and reducing complications.

"The Department of Health and Social Services supports a statewide chlamydia program and the institution of advanced technologies such as DNA hybridization. We feel strongly that it is our charge to produce and use the best medical information possible to identify and control public health problems such as chlamydia and gonorrhea. Additionally, we recognize that "best medical practice" differs between urban and rural Alaska, especially when it comes to laboratory testing. Tests which may be reliable for a specimen, which is immediately hand carried to one of our public health laboratories in Anchorage, Juneau, or Fairbanks, will not give valid results for a specimen mailed from Barrow, Kodiak, Wrangell or even more remote sites. New methods for specimen preservation and analysis now allows us to provide rapid and extremely accurate testing throughout the entire state, and we are eager to make them available to our health care providers and their patients.

"The division currently provides only gonorrhea testing and no chlamydia testing. In order to improve the accuracy of gonorrhea tests from rural sites and to establish statewide chlamydia testing, additional funding will be necessary. From previous statistics, we estimate that the division will perform approximately 48,000 gonorrhea and 24,000 chlamydia tests in a year. The reason for the change is that males can be diagnosed by symptoms more often than females. The cost for these tests is \$288,800.

"The division supports SB 269's recognition of chlamydia as an important health problem, and the need for state of the art technology to identify and control this disease. Alaska's public health professionals should have access to the best available tests and treatment in order to conduct an efficient chlamydia/gonorrhea

screening program.

Number 266

VICE-CHAIRMAN FISCHER asked if the federal government provides any funding for the testing of chlamydia. DR. KELLEY explained that the federal government, in the past, has been nonsupportive of chlamydia testing. The problem was the recognition of chlamydia as a significant sexually transmitted disease eclipsed about the same time of AIDS and most of the federal money was drawn to the AIDS Program rather than supporting chlamydia. She noted that there are federal dollars that support the state's Gonorrhea Testing Program and that does help with what the state is presently spending which are about \$55 thousand. Vice-Chairman Fischer asked who does the cultures. Dr. Kelley indicated that doctors take samples in OBGYN practices, public health nurses, nurse practitioners, and community health aids, all collect samples for gonorrhea and would do so for chlamydia testing. Vice-Chairman Fischer asked if school nurses would take samples. Dr. Kelley indicated that school nurses wouldn't take samples.

Number 294

SENATOR MENARD asked why a school nurse wouldn't take samples. DR. KELLEY said if there are students in the schools who are concerned about infection or have symptoms, they would be referred to a community health clinic. Senator Menard asked if there are community health centers in all the villages in rural areas. Dr. Kelley indicated that there are centers in most of the areas.

VICE-CHAIRMAN FISCHER questioned what the department's proposed committee substitute does. DR. KELLEY said the present piece of legislation specifically ties the department to a technology, DNA hybridization technology, and bio technology, and is a moving target as every year new and better ways to test are put on the market. She said the department was concerned that if they were tied to a specific testing method, in two years that may not be the best method or best medical practice. The department would prefer language that says they should be using the best available methods. She suggested deleting on lines 12 and 13, page 2.

Number 347

SENATOR COTTEN moved for the adoption of the proposed committee substitute. Hearing no objection, it was so ordered.

VICE-CHAIRMAN FISCHER noted the best available method could become very expensive and suggested wording such as, "The department shall consider the best current method." He asked if the tests are expensive. DR. KELLEY explained that there are other tests at a wide range of cost. If the department, for example, were to go to \$100 dollar tests, they would definitely have to come before the legislature for an increment. She said there is some control

through the budget process. Dr. Kelley said the department is held to the best and standard practices and are to use only those tests that have been well documented to work.

SENATOR COTTEN moved and asked unanimous consent to make an amendment on page 2, line 11, delete DNA hybridization testing and insert "the best current testing method available," and delete lines 12 and 13. It would then read, "The department shall make available on a statewide basis the best current testing method available to detect gonorrhea and chlamydia." SENATOR MENARD suggested making it a conceptual amendment.

Number 419

VICE-CHAIRMAN FISCHER asked if the tests are done in state laboratories. DR. KELLEY indicated they are. Vice-Chairman Fischer asked if there will be a need for additional laboratory staffing. Dr. Kelley explained there would be an additional need for staffing but the process is very automated. One person can run over 200 tests, per day, with the proper equipment and kits. She noted the department has identified increased mailing costs for the shipping of the kits. The kits are approximately \$4.00 per kit. Vice-Chairman Fischer asked if there are any laboratories in the state that do testing. Dr. Kelley said it is her understanding that Humana Hospital has already undertaken the tests. Most of the other chlamydia testing that is being done in the state is sent to Seattle.

Number 436

CHRISTY GARRETT, legislative staff to Senator Fred Zharoff, said the funding is presently in the Senate budget. However, in the past, when the budget has been submitted, the funding has been deleted during the process. She said she doesn't really believe the funding will stay in the budget. Funding for the program is obviously more than it would be for the current Gonorrhea Program. Information has been received, especially from rural areas, that chlamydia testing is very much needed. Ms. Garret said when she spoke with the Department of Health and Social Services Section of Epidemiology, they indicated that the current test for gonorrhea is not as effective as it could be and that by using the DNA hybridization test, they could get a better test for gonorrhea and chlamydia at the same time. She urged that the funding be maintained in the budget.

SENATOR MENARD asked how the program would be implemented if half of the money was appropriated. DR. KELLEY said if the funding was reduced, the department would reduce the scope of the program so it would only be available through the department's own public health clinics.

VICE-CHAIRMAN FISCHER asked how much was spent last year. DR. KELLEY said nothing was spent for chlamydia, and for gonorrhea

approximately \$55 thousand was spent in state dollars and another \$50 thousand to \$80 thousand in federal funds. She noted that the cultures are live organisms transported through the U.S. mail. Sometimes the cultures from rural areas die, due to bad weather, etc., before they get to the laboratory. Many times the testing needs to be done again. The new technology doesn't require live organisms and the samples are good for over a week regardless of temperature, etc.

Number 507

There being no further public testimony, VICE-CHAIRMAN closed the public hearing. SENATOR MENARD moved and asked unanimous consent to move CSSB 269 (HES), out of committee with individual recommendations. There being no objection, the motion carried.

#

Number 512

#SB139

The last order of business to come before the committee members was SB 139, relating to early childhood and parenting education. SENATOR JONES, sponsor of the measure, said that the Joint Committee on School Performance was established through legislation to examine and recommend areas that warranted legislative attention. The committee's overall goal is to find ways to improve school performance in Alaska. One of the critical areas identified was early parenting education. He said there was testimony regarding the importance of early childhood and parenting education which relates to the child's future learning potential. Senator Jones referred to the national achievement tests and indicated that Alaska does fairly well, but there are some areas that do bring up concern. The committee found that a coordinated approach for increasing school performance is a critical need. We must go beyond conventional questions to identify social help and bodily related problems that exist in Alaska. He said more attention should be given to better pre-schooling, child care, and parenting education program.

Senator Jones said SB 139 attempts to set into place standards by which all early childhood programs are involved. He said in conjunction with Department of Education, there is a proposed committee substitute for review which recommends that the committee would be better positioned within the jurisdiction of the Department of Education and not under Community and Regional Affairs.

SENATOR JONES discussed information in the committee members packets regarding the statewide plan and written questions in relation to the plan. He urged that the legislation be passed.

Number 564

WILLIE ANDERSON, NEA-Alaska, testified in support of the legislation. He indicated that they support the bill for a number

RECEIVED MAY 29 1991

State of Alaska
Epidemiology



Bulletin

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

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

Section of Epidemiology
John Middaugh, MD, Editor

3601 C Street, Suite 576, P.O. Box 24-0249, Anchorage, Alaska 99524-0249 (907) 381-4406

Bulletin No. 8 April 29, 1991

1990 Annual Infectious Disease Report Number of Cases by Region

	Southeast		Southcentral		Northern		Total	
	1990	1989	1990	1989	1990	1989	1990	1989
AIDS	2	0	14	15	0	3	16	18
Amoeba	1	0	2	3	1	0	4	3
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	6	4	2	1	8	5
Botulism - infant	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	0	0
Campylobacter	20	22	58	36	5	4	83	62
Cholera	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0
Diphyllobothrium latum	0	0	3	1	0	0	3	1
Encephalitis	0	0	5	8	2	4	7	12
Echinococcus	0	0	0	1	0	0	0	1
Enterotoxigenic E. coli	0	0	0	0	0	0	0	0
Giardia	48	33	110	108	14	15	172	156
Gonorrhoea	27	20	1019	988	135	147	1181	1155
Hepatitis A	6	27	171	568	13	48	190	643
Hepatitis B	7	12	40	40	11	8	58	60
Hepatitis non-A non-B	2	3	4	5	3	1	9	9
Hepatitis unspecified	1	1	1	3	5	1	7	5

misc. back-up

Legionnaires' disease	0	0	0	1	0	0	0	1
Leprosy	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0
Malaria	1	3	0	0	1	0	2	3
Meningitis - aseptic	14	6	81	23	13	8	108	37
Meningitis - hemophilus	3	7	12	9	4	8	19	24
Meningitis - meningococcal	1	4	9	5	2	2	12	11
Meningitis - unspecified bacterial	4	0	9	20	7	6	20	26
Mumps	1	1	4	1	1	0	6	2
Paralytic shellfish poisoning	3	0	13	0	0	0	16	0
Pertussis	6	1	12	0	0	0	18	1
Plague	0	0	0	0	0	0	0	0
Polio	0	0	0	0	0	0	0	0
Psittacosis	0	0	0	0	0	0	0	0
Rabies (Animal)	0	0	11	46	15	25	26	71
Reye syndrome	0	0	1	0	0	0	1	0
Rheumatic fever	0	0	0	1	0	1	0	2
Rubella	0	0	0	0	0	0	0	0
Rubeola	45	1	20	0	15	0	80	1
Salmonella	6	8	89	46	12	16	107	70
Shigella	3	3	7	21	1	1	11	25
Smallpox	0	0	0	0	0	0	0	0
Syphilis	6	2	14	19	7	2	27	23
Tetanus	0	0	0	0	0	0	0	0
Trichinosis	0	0	0	3	1	5	1	8
Tuberculosis	11	2	43	40	12	18	66	60
Tularemia	0	0	1	0	1	0	2	0
Typhoid	0	0	0	0	0	0	0	0
Yellow Fever	0	0	0	0	0	0	0	0
Yersinia enterocolitica	2	3	13	5	0	1	15	9

Since only a portion of all reportable illnesses are reported, these figures represent trends rather than actual incidence. More complete reporting of cases to the Division of Public Health will result in more accurate statistics. The above figures represent both military and civilian reporting.

Total Population 1990:

Southeast	68,989
Southcentral	368,563
Northern	112,491
Total	550,043

SENATE FINANCE COMMITTEE REPORT

DATE: 5/8/91

FURTHER:

DATE TURNED INTO OFFICE: 5-17-91

The Finance Committee considered SENATE BILL NO. 269
"An Act relating to testing for chlamydia and gonorrhoea."

and recommended:

replace with _____ CS
 or adopt CS 56269 (HB)
 attached amendment(s)
 _____ letter of intent adopted

same title
 new title
 technical title change (HB only)

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

ATTACHES NEW FISCAL NOTE(S):

Dept/Date:

fiscal note(s) SFC/DHSS 5-17-91 8/66.8

zero fiscal note(s) _____

appropriation-no fiscal note

APPROVES PREVIOUS:

Dept/Date:

fiscal note(s) _____

zero fiscal note(s) _____

SIGNING DO PASS:

OTHER RECOMMENDATIONS:

Al Adams

Richley

John K...

1.

2.

Co-Chairs: Signatures and Recommendations

Do pass

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. CSSB 269 (Hes)

Revision Date: _____ Department Affected: Dept. of Health & Social Services
 Title: Testing for chlamydia and gonorrhea BRU: State Health Services
 Component: Laboratory Services
 Sponsor: Zharoff
 Requestor: Senate Finance COMPONENT SERIAL NO.

--	--	--	--

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	15.0	15.0	15.0	15.0	15.0	15.0
SUPPLIES	146.8	146.8	146.8	146.8	146.8	146.8
EQUIPMENT	5.0	5.0	5.0	5.0	5.0	5.0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	166.8	166.8	166.8	166.8	166.8	166.8

CAPITAL	0	0	0	0	0	0
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REVENUE	0	0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	166.8	166.8	166.8	166.8	166.8	166.8
FEDERAL FUNDS						
OTHER						
TOTAL	166.8	166.8	166.8	166.8	166.8	166.8

POSITIONS:

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

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary.)

Prepared By: Pat Pouchot Phone: 465-4935
 Division: Senator Pat Pouchot Date: 5-17-91
Co-chairman, Senate Finance Committee
 Approved by Commissioner: _____
 Agency: _____ Date: _____

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

CS FOR SENATE BILL NO. 269 (HES)
 IN THE LEGISLATURE OF THE STATE OF ALASKA
 SEVENTEENTH LEGISLATURE - FIRST SESSION

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered: 5/8/91
 Referred: Finance

Sponsor(s): SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to testing for chlamydia and gonorrhea."

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

3 * Section 1. LEGISLATIVE FINDINGS AND PURPOSE. (a) The legislature finds that

4 (1) chlamydia is an important disease to detect and control because it can cause pelvic
 5 inflammatory disease, which may result in infertility, difficult pregnancies, preterm labor, and neonatal
 6 disease;

7 (2) the Department of Health and Social Services is currently not providing testing for
 8 chlamydia even though its rate of occurrence in Alaska is one of the highest in the northwest;

9 (3) the test currently used by the Department of Health and Social Services to detect
 10 gonorrhea, the Thayer-Martin bacterial culture test, is unreliable in Alaska because it is adversely
 11 affected by environmental conditions and long transportation times;

12 (4) there is a testing procedure available, the DNA hybridization test, that could be used
 13 to more effectively test for gonorrhea and that has the added benefit of being an effective test for
 14 chlamydia as well;

1 (5) effective testing for gonorrhea and chlamydia with the DNA test, while initially more
2 expensive than current practice, would be more cost-effective in the long run because the incidence of
3 undiagnosed cases of both diseases would decline, decreasing the more expensive complications that can
4 occur when the diseases develop unchecked.

5 (b) Therefore, it is the purpose of this Act to require the Department of Health and Social
6 Services to make chlamydia testing available and to use the best current testing method available for
7 diagnosis of gonorrhea and chlamydia.

8 * Sec. 2. AS 18.15 is amended by adding a new section to read:

9 ARTICLE 3A. CHLAMYDIA AND GONORRHEA.

10 Sec. 18.15.250. TESTING PROCEDURES. (a) The department shall make available
11 on a statewide basis the best current testing method available to detect gonorrhea and chlamydia.

12 (b) The department shall use the best current testing method available for diagnosis of
13 gonorrhea and chlamydia.

Alaska State Legislature

SENATOR ARLISS STURGULEWSKI, Chairman
SENATOR PAUL FISCHER, Vice Chairman
SENATOR SAM COTTEN
SENATOR LYMAN HOFFMAN
SENATOR CURT MENARD

P.O. BOX V
ROOM 427
STATE CAPITOL
JUNEAU, ALASKA 99811
(907) 465-3762

Senate Committee on Health, Education and Social Services

MEMORANDUM

09 May 1991

TO: Senator Pat Pourchot
FROM: Senator Arliss Sturgulewski
RE: Senate Bill 269

I respectfully request that you schedule Senate Bill 269 for a hearing before the Senate Finance Committee as soon as is possible.

This legislation, which the Senate HESS Committee introduced at the request of Senator Zharoff, provides that the Department of Health and Social Services use the most current method available for testing of gonorrhea and chlamydia and that it shall make available to other testing agencies the best testing methods available as well.

The department currently uses an outdated testing method and it is our intent that it be replaced with a DNA hybridization test. The language in the legislation will give the department the flexibility to use the most current method as technology changes.

I appreciate your consideration of this legislation.

cc: Senator Zharoff

Sectional Analysis
CS for Senate Bill 269
Testing for Chlamydia and Gonorrhea

Section 1: Findings. This section establishes the reasons for providing a testing program for the detection of chlamydia and for the replacement of the out dated Thayer-Martin bacterial culture with the DNA hybridization test for the detecting of gonorrhea.

Section 2: Requires that the Health and Social Services Department begin testing for chlamydia by providing the DNA hybridization test through their regular system and specifying that they should, now and in the future, use the best and most current testing procedure available for the diagnosis of gonorrhea and chlamydia.

January 1991

A PROPOSED IMPROVEMENT OF THE ALASKA CHLAMYDIA/GONORRHEA TESTING PROGRAM

Chlamydia and gonorrhea are known to cause significant acute morbidity and severe complications including pelvic inflammatory disease, ectopic pregnancy, pelvic abscess, peritonitis, disseminated gonococcal infection (arthritis, meningitis, endocarditis), newborn eye infections and pneumonia. Gonorrhea rates have ranged from 1310.5 per 100,000 in 1978 to 216.1 per 100,000 in 1989 (5,394 and 1,155 cases, respectively). Our knowledge of chlamydia prevalence is based on several studies of varying duration; positivity rates of 7-23% were found in the populations studied. A study involving family planning clinics in Anchorage and Bethel found that Alaska had the highest rate of chlamydia among participating Northwest clinics (Alaska, Idaho, Oregon, Washington).

Currently, the State of Alaska uses Thayer-Martin bacterial cultures to diagnose gonorrhea. This is an outdated and inappropriate method. In ideal conditions, recovery rates of 90-95% are possible with cultures. However, adverse environmental conditions, complex collection procedures, long transportation lines, and other problems reduce the effectiveness of cultures to unacceptable levels. Until recently, effective laboratory tests to diagnose chlamydia have not been available. Limited testing has been done in special studies using research protocols in Bethel, Fairbanks, Juneau, and Ketchikan, Kotzebue, and Barrow.

New advances in medical technology (DNA hybridization) now provide a solution to the relative ineffectiveness of gonorrhea culturing and the first affordable tests to diagnose chlamydia statewide. Because this test is not adversely affected by environmental conditions and does not require viable isolates, several major problems noted above are eliminated. This technology is highly specific and sensitive. Cases of gonorrhea undiagnosed due to culture failure would be largely eliminated and the subsequent disease complications avoided. This test is also superior to other previously available but more expensive chlamydia tests. The test also enables chlamydia and gonorrhea to be identified from a single clinical specimen.

Recommendations

1. Implement DNA hybridization tests to detect gonorrhea and chlamydia and eliminate use of cultures to diagnose gonorrhea.
2. Begin routine chlamydia screening in state-sponsored STD and family planning clinics statewide.

Cost Estimate

12x4000/mo gonorrhea test x (\$2.21-3.32) = \$106,080 - 159,360

12x2000/mo chlamydia test x (\$3.75-4.32) = \$90,000 - 103,680

Total supply costs (chlamydia and gonorrhea) = \$196,080 - 263,040

These calculations assume a 20% reduction in current levels of gonorrhea screening, and approximately one-half of the tests required for gonorrhea screening (female only) needed for chlamydia screening.

Summary

1. Current tests used do not meet community standards and will result in failure to diagnose preventable disease.
2. Shifting to a new test system will cost more.
3. Adoption of the new test will improve gonorrhea control and will enable for the first time a statewide program to control chlamydia infection.

KODIAK ISLAND MEDICAL ASSOCIATES

1818 EAST REZANOF DRIVE • KODIAK, ALASKA 99615 • (907) 486-6065 or 486-3177

MARK WITHROW, M.D. • GENERAL PRACTICE
CAROL JUERGENS, M.D. • INTERNAL MEDICINE
BRAD BRINGGOLD, M.D. • FAMILY PRACTICE

K. LOGAN PORTER, M.D. • FAMILY PRACTICE
JON HLAVINKA, M.D. • FAMILY PRACTICE



March 15, 1991

To: Fred Zharoff & Cliff Davidson

RE: Chlamydia testing at the Public Health Center in Kodiak

Dear Fred and Cliff,

Kodiak Island Medical Associates provides the physician coverage for the Public Health Center in Kodiak on a bi-monthly basis. Specifically, we do pap smears and testing for gonorrhea and provide counselling concerning methods of birth control. We see approximately 20 patients a month. The purpose of this letter is to inform you of one service that is not provided there that is critical in encounters with these patients. The Public Health Center at this point does not provide chlamydia testing for these clients/patients. Chlamydia is the most common sexually transmitted disease in this country. It far out numbers gonorrhea, syphilis, etcetera. Chlamydia infections in woman can lead to serious sequellae including pelvic inflammatory disease with resultant infertility and much increased risk in ectopic pregnancy. Other complications include pregnancy difficulties with preterm labor and neonatal disease. Chlamydial infections are usually asymptomatic and when symptoms are present they are frequently mild and nonspecific. This means that you cannot tell that a patient has chlamydia on clinical grounds alone. Because of the paucity of symptoms and serious side effects of undetected infections there have been developed numerous tests for diagnosis. I feel it is a disservice to our patients at the Public Health Center to not test routinely for chlamydia. This is letter is to encourage funding for the relatively small numbers of patients that would need this service at the Public Health Center Sexually Transmitted Disease Clinic. I have discussed this in some detail with Gary Bledsoe, the Sexually Transmitted Disease Coordinator in Anchorage and my understanding is that funds are just not available. However, I have learned that other cities in the state do have funding for this vital service. I would suggest coordination with Dr. John Middaugh, State Epidemiologist, Dr. Ted Mala, the Commissioner and Wendy Thon, the Nurse Coordinator for Family Health.

The cost of this service is approximately \$10.00 to \$15.00 per test for chlamydia. In light of its view in prevention of disease it is money well spent.

I would be happy to discuss this with you further.

Sincerely,

MARK WITHROW, M.D.

Mark Withrow, M.D.

MW:rw

RECEIVED MAY 29 1991

State of Alaska
Epidemiology



Bulletin

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

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

Section of Epidemiology
John Middaugh, MD, Editor

3601 C Street, Suite 576, P.O. Box 24-0249, Anchorage, Alaska 99524-0249 (907) 561-4408

Bulletin No. 8 April 29, 1991

1990 Annual Infectious Disease Report Number of Cases by Region

	Southeast		Southcentral		Northern		Total	
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Botulism - infant	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0	0	0
Campylobacter	20	22	58	36	5	4	83	62
Cholera	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0
Diphyllobothrium latum	0	0	2	1	0	0	3	1
Encephalitis	0	0	5	8	2	4	7	12
Enchinococcus	0	0	0	1	0	0	0	1
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Hepatitis non-A non-B	2	3	4	5	3	1	9	9
Hepatitis unspecified	1	1	1	3	5	1	7	5

Legionnaires' disease	0	0	0	1	0	0	0	1
Leprosy	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0
Malaria	1	3	0	0	1	0	2	3
Meningitis - aseptic	14	6	81	23	13	8	108	37
Meningitis - hemophilus	3	7	12	9	4	8	19	24
Meningitis - meningococcal	1	4	9	5	2	2	12	11
Meningitis - unspecified bacterial	4	0	9	20	7	6	20	26
Mumps	1	1	4	1	1	0	6	2
Paralytic shellfish poisoning	3	0	13	0	0	0	16	0
Pertussis	6	1	12	0	0	0	18	1
Plague	0	0	0	0	0	0	0	0
Polio	0	0	0	0	0	0	0	0
Psittacosis	0	0	0	0	0	0	0	0
Rabies (Animal)	0	0	11	46	15	25	26	71
Reye syndrome	0	0	1	0	0	0	1	0
Rheumatic fever	0	0	0	1	0	1	0	2
Rubella	0	0	0	0	0	0	0	0
Rubeola	45	1	20	0	15	0	80	1
Salmonella	6	8	89	46	12	16	107	70
Shigella	3	3	7	21	1	1	11	25
Smallpox	0	0	0	0	0	0	0	0
Syphilis	6	2	14	19	7	2	27	23
Tetanus	0	0	0	0	0	0	0	0
Trichinosis	0	0	0	3	1	5	1	8
Tuberculosis	11	2	43	40	12	18	66	60
Tularemia	0	0	1	0	1	0	2	0
Typhoid	0	0	0	0	0	0	0	0
Yellow Fever	0	0	0	0	0	0	0	0
Yersinia enterocolitica	2	3	13	5	0	1	15	9

Since only a portion of all reportable illnesses are reported, these figures represent trends rather than actual incidence. More complete reporting of cases to the Division of Public Health will result in more accurate statistics. The above figures represent both military and civilian reporting.

Total Population 1990:

Southeast	68,989
Southcentral	368,563
Northern	112,491
Total	550,043

Senate Bill No. 269

For an Act entitled "An Act relating to testing for chlamydia and gonorrhea".

Summary

S.B. No. 269 recognizes that chlamydia is a disease of significance in Alaska due to its long term effects and potential damage to newborns. It also observes that the present method of testing for gonorrhea is unreliable for use in rural Alaska, and that more effective technologies are available. The bill also states that although new methods, such as DNA hybridization, may be more expensive, they are more cost effective in the long run by identifying disease and reducing complications.

Discussion

The Division of Public Health supports a statewide chlamydia program and the institution of advanced technologies such as DNA hybridization. We feel strongly that it is our charge to produce and use the best medical information possible to identify and control public health problems such as chlamydia and gonorrhea. Additionally, we recognize that "best medical practice" differs between urban and rural Alaska, especially when it comes to laboratory testing. Tests which may be reliable for a specimen which is immediately delivered to the public health laboratory in Anchorage, Juneau or Fairbanks will not give valid results for a specimen mailed from Barrow, Kodiak, Wrangell or even more remote sites. New methods for specimen preservation and analysis now allow us to provide rapid and extremely accurate testing throughout the state, and we are eager to make them available to our healthcare providers and their patients.

The Division currently provides only gonorrhea testing and not chlamydia testing. In order to improve the accuracy of gonorrhea tests from rural sites and to establish statewide chlamydia testing, additional funding will be necessary. From previous statistics, we estimate that the Division will perform approximately 48,000 gonorrhea and 24,000 chlamydia DNA hybridization tests per year at a cost of \$288,800. (The lower number of chlamydia tests is based on a reduced need to screen males for chlamydia since males can be effectively diagnosed and treated based on symptoms, whereas females are often asymptomatic.)

Recommendations

The Division supports S.B. 269's recognition of chlamydia as an important health problem, and the need for state of the art technology to identify and control this disease. Alaska's public health professionals should have access to the best available tests and treatment in order to conduct an efficient chlamydia/gonorrhea screening program.

Recommended :

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

Date: _____

Approved:

Theodore Mala, MD, MPH
Commissioner
Department of Health
and Social Services

Date: _____

REQUEST: FISCAL NOTE

Revision Date: _____ Agency Affected: Health & Social Services
 Title: Testing for chlamydia and gonorrhea BRU: State Health Services
 Sponsor: Zharoff Components: Laboratory Services
 Requester: Senate HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
Personal Services						
Travel						
Contractual	15.0	15.0	15.0	15.0	15.0	15.0
Supplies	268.8	268.8	268.8	268.8	268.8	268.8
Equipment	5.0	5.0	5.0	5.0	5.0	5.0
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	288.8	288.8	288.8	288.8	288.8	288.8
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE	0.0	0.0	0.0	0.0	0.0	0.0

FUNDING: (Thousands of Dollars)

General Funds	288.8	288.8	288.8	288.8	288.8	288.8
Federal Funds						
Other						
TOTAL	288.8	288.8	288.8	288.8	288.8	288.8

POSITIONS

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

ANALYSIS: (attach a separate page if necessary)

Contractual: Shipping costs to distribute test kits statewide.
 Supplies: Test kits for 48,000 gonorrhea tests @ \$3.40/test and 24,000 chlamydia tests at \$4.40/test.
 Equipment: In order to prepare the specimens for analysis, the department will have to buy sonicators to disrupt the cells and automatic pipettors to dispense the reagents.

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

Phone: 465-3090
 Date: 05/07/91

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

Changes in CS SB 269 HES have no fiscal impact. This fiscal note is appropriate.

Distribution (by preparer):
 Legislative Finance, Legislative Sponsor, Requestor,
 Office of Management & Budget, Impacted Agency(ies)

07 May 91 date
Mala Comte Aide (initial)
 1 of 1

SENATE BILL NO. 269

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - FIRST SESSION

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Introduced: 4/26/91
Referred: HES, Finance

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to testing for chlamydia and gonorrhea."

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

3 * Section 1. LEGISLATIVE FINDINGS AND PURPOSE. (a) The legislature finds that

4 (1) chlamydia is an important disease to detect and control because it can cause pelvic
5 inflammatory disease, which may result in infertility, difficult pregnancies, preterm labor, and neonatal
6 disease;

7 (2) the Department of Health and Social Services is currently not providing testing for
8 chlamydia even though its rate of occurrence in Alaska is one of the highest in the northwest;

9 (3) the test currently used by the Department of Health and Social Services to detect
10 gonorrhea, the Thayer-Martin bacterial culture test, is unreliable in Alaska because it is adversely
11 affected by environmental conditions and long transportation times;

12 (4) there is a testing procedure available, the DNA hybridization test, that could be used
13 to more effectively test for gonorrhea and that has the added benefit of being an effective test for
14 chlamydia as well;

1 (5) effective testing for gonorrhea and chlamydia with the DNA test, while initially more
2 expensive than current practice, would be more cost-effective in the long run because the incidence of
3 undiagnosed cases of both diseases would decline, decreasing the more expensive complications that can
4 occur when the diseases develop unchecked.

5 (b) Therefore, it is the purpose of this Act to require the Department of Health and Social
6 Services to use the more effective and comprehensive DNA hybridization test and prohibit further use
7 of the unreliable and less comprehensive Thayer-Martin bacterial culture test.

8 * Sec. 2. AS 18.15 is amended by adding a new section to read:

9 ARTICLE 3A. CHLAMYDIA AND GONORRHEA.

10 Sec. 18.15.250. TESTING PROCEDURES. (a) The department shall make available
11 on a statewide basis DNA hybridization testing to detect gonorrhea and chlamydia.

12 (b) The department may not use Thayer-Martin bacterial cultures, or any other culture
13 method, to diagnose gonorrhea.

SENATE COMMITTEE REPORT
FIRST COMMITTEE OF REFERRAL

B

DATE: 4/26/91

FURTHER: Finance

Date of 5-Day Notice: 02 May 1991
(in accordance with Uniform Rule 23)

DATE TURNED INTO OFFICE: 07 May 1991

HESS Committee considered SB 269

Testing for chlamydia and gonorrhea.

and recommended:

- replace with _____ cs SB 269 (HES) same title
- attached amendment(s) new title
- _____ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

FM

ATTACHES NEW FISCAL NOTE(S):

Department(s)/Date:

Department(s)/Date:

fiscal note(s) HSS 5/7/91
SB + CS

zero fiscal note(s) _____

appropriation-no fiscal note

Governor's bill w/fiscal note

SIGNING DO PASS:

OTHER RECOMMENDATIONS:

Jim Galt
Committee Chair

Paul Frick Do Pass
Chair: Signature and Recommendation