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175

REQUEST: FISCAL NOTE

Revision Date: \_\_\_\_\_ Agency Affect: Health & Social Services  
 Title: Health care services BRU: State Health Services  
for adolescents  
 Sponsor: Pearce, Zharoff Components: Maternal, Child & Family Health  
 Requester: Senate HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services		29.1	29.1	29.1	29.1	29.1
Travel						
Contractual		470.1	470.1	470.1	470.1	470.1
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>

<b>CAPITAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
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<b>REVENUE</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
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FUNDING: (Thousands of Dollars)

General Funds	0.0	499.2	499.2	499.2	499.2	499.2
Federal Funds						
Other						
<b>TOTAL</b>	<b>0.0</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>	<b>499.2</b>

POSITIONS

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

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Phone: 465-3090  
 Date: 04/11/91

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

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

Distribution (by preparer):

Legislative Finance, Legislative Sponsor, Requester,  
 Office of Management & Budget, Impacted Agency(ies)

# Alaska State Legislature

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Senator Drue Pearce  
District G

*How does this  
line feel w/ P.H.S.*

## MEMORANDUM

TO: Senator Arliss Sturgulewski, Chair  
Health Education & Social Services Committee

FROM: Senator Drue Pearce *Drue Pearce*

DATE: April 16, 1991

RE: Sponsor Statement on SB 175

The intention of this legislation is to provide young people who live in rural and isolated communities to have more frequent and comprehensive access to health services. The specific focus of these services would be to provide prenatal, family planning, and clinical services to adolescent parents and their children.

In many communities medical visits by health professionals are infrequent at best. The traveling health aides and nurse practitioners that currently serve rural communities are unable to supply adolescents with prenatal, family planning, or other clinical services that are imperative to ensuring the well being of our youth. This bill would provide services to adolescents who would normally not receive any assistance.

If a community has a population over 2,000, clinical services must be made available on at least a monthly basis. A population under 2,000 requires semiannual visits. The focus of these visits will be making available prenatal, family planning, and clinical services for adolescents. Through this legislation, the availability of these services would be publicized by the department or contractor in a non-threatening manner to the adolescents who would utilize them.

Without these services, many adolescents would not have access to the assistance necessary for preventing teen pregnancy and promoting healthy living. This legislation would provide services that are desperately needed by the youth of our state. I hope that you will share in my support for these much needed services.

Thank you.

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**Senator Drue Pearce**  
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## MEMORANDUM

**SUBJECT:** Relating to Health Care Services for Adolescents  
(SB 175)

**TO:** Senator Arliss Strugulewski, Chair  
Health Education & Social Services Committee

**FROM:** Senator Drue Pearce *DP*

**DATE:** April 12, 1991

The following is a section analysis of SB 175:

Section 1. Amends chapter 47 by adding a new chapter dealing with services and programs relating to adolescents.

Sec.47.18.010. Requires the Department of Health and Social Services to coordinate the delivery of services under laws pertaining to prenatal, family planning and clinical services to adolescents. This coordination should maximize adolescents accessibility to programs providing prenatal care and clinical services.

Sec.47.18.020. Requires the department to make prenatal, family planning, and clinical services available to adolescents monthly for communities with a population over 2,000 and semiannually in communities with a population of not more than 2,000.

Sec.47.18.030. Requires that the department or contractor publicize the availability of prenatal, family planning and clinical services this legislation provides.

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

Summary

SB 175 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.

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.

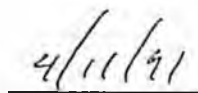
Position

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

Date



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

Date

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**RECOMMENDATION:**

Mandate that the Department of Health and Social Services coordinate the delivery of clinical, family planning, and prenatal care services to adolescents in all communities of the state.

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Issue

Many Alaskan communities currently lack clinical, family planning, and prenatal care services. Without these services, adolescents are often unable to receive needed education, contraceptives and care. While family planning counseling may be provided, the care providers are frequently not able to prescribe or provide contraceptives.

Implementation

- 1) In small rural villages itinerant medical care currently exists on a semiannual basis. These services must be augmented to include: an outreach component to encourage adolescents to visit the provider; and, provide educational information in a non-threatening and positive environment. This could be accomplished by the addition of health educator services to physician care or in a more cost efficient manner by utilizing mid-level practitioners who are competent in clinical, educational, and outreach services. Since the target population is adolescent girls, a female clinician would be the most appropriate service provider.
- 2) In larger rural communities, clinicians employed or contracted by the state should visit a minimum of once per month throughout the year, providing outreach and clinical services.
- 3) Urban communities should receive augmentation of current services as needed. This need would be assessed by the Maternal Child and Family Health Section of the Department of Health and Social Services.
- 4) The Section of Maternal/Child and Family Health shall facilitate the coordination between all existing providers.

4) Districts' programs will include specific ways to assist parents and other members of the community to participate in health and personal safety education.

5) Parents or guardians will have the option to exempt their child from part or all of the reproductive health portions of the curriculum. If exercising this option, the parent or guardian must make arrangements for the student to acquire the knowledge in some other way. All students will be required to pass an examination on this portion of the curriculum.

6) An in-service program which includes age-appropriate information about student pregnancy, student health issues and local community health resources shall be required. In addition, training and periodic staff development for administrators and teachers will be provided.

7) A transition period for implementing the health curriculum in schools will be determined by the State Board of Education.

#### Cost

Funding for the implementation of this recommendation could be accomplished through: 1) local district funds; 2) increased foundation funding; 3) increased categorical funding; or 4) a combination of any of the three.

#### Benefits

In the short term, a required K-12 sequential, comprehensive, health education program in schools will maximize the likelihood for youth to acquire the knowledge and skills necessary for living healthy, stable lives. When given the opportunity to learn about health with peers in school, especially when combined with interaction with parents and/or other caring adults, more young people will be able to recognize and effectively deal with the circumstances in their lives which could lead to early pregnancy and related consequences. In addition, this is an opportunity for adults to become more involved and informed about children's issues and to develop their own skills in guiding youth.

The expected long term benefits of implementing this recommendation include a reduction of adolescent births (and adolescent pregnancies, although this cannot be adequately measured), more positive outcomes of adolescent pregnancies, and a population of future adults better prepared to contribute to the society in which they live.