

HB

209

HOUSE COMMITTEE REPORT

(7)

Date Referred: March 10, 1993

FURTHER REFERRALS:

State Affairs
Health, Education & Social Services
Finance

Date of Committee Action: 4-6-93

The COMMUNITY AND REGIONAL AFFAIRS Committee considered:

HB 209

HOUSE BILL NO. 209

COMMUNITY HEALTH AIDE GRANTS

"An Act relating to community health aide grants."

RECOMMENDATIONS: [] the same title
 be replaced with _____ [] a new title

[] have attached amendments(s)

[X] 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 _____

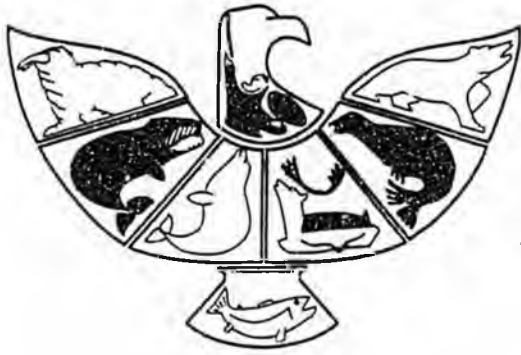
[] fiscal note(s) _____

[X] zero fiscal note HESS

[] zero fiscal note(s) _____

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>[Signature]</i>	✓				
<i>W.R. William</i>	✓				
<i>[Signature]</i>	✓				
<i>Gov. N. Davis</i>	✓				
<i>Don Sanders</i>	✓				
<i>Hailey Olberg</i>	✓				

Hailey Olberg
 CHAIRMAN'S SIGNATURE



Alaska Native Health Board

1345 Rudakof Circle, Suite 206
Anchorage, Alaska 99508

Phone: (907) 337-0028
FAX: (907) 333-2001

March 17, 1993

The Honorable Harley Olberg
Alaska State Legislature
State Capitol, Room 110
Juneau, AK 99801-1182

RE: House Bill 209

Dear Representative Olberg:

We would like to request that you schedule HB 209 for hearing by the Community and Regional Affairs Committee at the earliest possible date. House Bill 209 was introduced by the House Health, Education, and Social Services (HESS) Committee at the request of the Alaska Native Health Board (ANHB) to solve a very technical problem that has developed in the Community Health Aide Grants program, AS 18.28, which is administered by the Department of Health and Social Services (DHSS). The bill does not change the nature of the program or its cost to the State. It is supported by DHSS which helped us develop it. DHSS will be submitting a "zero" fiscal note, if they have not already.

The Community Health Aide Program is a critical component of the mostly federally funded rural health care system in Alaska. The Alaska Community Health Aide Grants program was enacted into statute in 1984. It provides grant funds for training and supervision of the community health aides who are for the most part the only health care providers in most of the villages throughout Alaska.

An enclosed one page article about the Community Health Aide Program describes it very well, although it fails to note that the health aides also serve non-Native rural residents who would otherwise not have access to primary and emergency health care when they live in rural and remote villages in the State. The program is almost entirely funded by federal dollars. Alaska contributes only by its limited support of training and supervision. The amount of the State's contribution is controlled by the ordinary budget process and is not affected by this bill.

KODIAK AREA NATIVE ASSOCIATION

ALEUTIAN/PRIPILOF ISLANDS ASSOCIATION
BRISTOL BAY AREA HEALTH CORPORATION
CHUGACHMIUT
COPPER RIVER NATIVE ASSOCIATION

REQUEST FOR HEARING

SOUTHCENTRAL FOUNDATION
T ALASKA REGIONAL HEALTH CORPORATION
TANANA CHIEFS CONFERENCE
DN-KUSKOKWIM HEALTH CORPORATION

The Honorable Harley Olberg
Page 2
March 17, 1993

When the program was established in 1984, eligibility for grants was limited to the regional and local Alaska Native health providers who were then providing services, and the level of grants was tied to the number of health aides in the system in 1984. In 1992, some of the villages in the Aleutian/Pribilof Islands Association (A/PIA) service area, which is immense and mostly impossible to reach except by travel through Anchorage, decided to form a new, more locally controlled health organization, Eastern Aleutians Tribes (EAT). EAT assumed responsibility for operating the federally supported health aide program for its villages after a very cooperative transfer from A/PIA, however it found itself unable to access the State DHSS grant funds because it was not in existence in 1984.

All of the Alaska Native regional health providers belong to ANHB. They asked us to take a leadership role in trying to amend this grant program to allow new providers to be eligible to receive grants. HB 209 accomplishes this without in any other way changing the program. The number of health aides upon which the grant amounts are awarded is still limited to the number providing services in 1984 and all other requirements of the program remain in place.

The Community Health Aide Program grants, in any given year, are restricted by the level of appropriation. That does not change in the bill. As a result, there is NO fiscal impact from the bill. All the grantees understand that each grantee may receive a slightly smaller grant than they have in previous years because a new grantee is added to the program, but they understand that this is the equitable thing to do.

House Bill 209 has received many committee referrals. It is critical that it pass this session to avoid disruptions in services provision and serious administrative problems for DHSS. Thus, an early hearing in the CRA Committee is crucial. ANHB's legal counsel, Myra Munson, is located in Juneau. She or her paralegal, Nancy Burns, will be contacting your staff soon to find out if you have any questions or need further information and to discuss scheduling the bill for hearing. If you have any questions in the meantime, Ms. Munson's address and phone number are 229 Fourth Street, Juneau, 586-5880. She will be available to provide whatever information or assistance may be needed throughout the session. Please contact her.

The Honorable Harley Olberg
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March 17, 1993

Thank you for consideration of our request. If we can be of help with other work of the CRA Committee, please be sure to contact us.

Cordially,

ALASKA NATIVE HEALTH BOARD

Anne Walker

Anne M. Walker *C.L.*
Executive Director

Enclosure

c: Representative Toohey
Representative Nicholia
Representative Williams

Community Health Aide Program

Winnie Reeve
Academic Coordinator, Community Health Aide Program

The Community Health Aide Program is a unique system of health care designed to provide village health care in Alaska's remote villages. The community health aides provide medical care under the supervision of referral physicians in each region of the state. They are taught to do a patient history, physical exam, assessment, and treatment plan using the *Community Health Aide Practitioner (CHAP) Manual* published by the Alaska Area Native Health Service in 1987.

Community health aides manage the treatment and referral of common medical problems, medevac emergencies to the nearest referral hospital, provide monthly exams for pregnant women, provide well-child exams and immunizations, and follow up with patients with chronic illnesses. Using the *Community Health Aide Practitioner Manual*, they assess and treat patients according to medical standing orders and refer patients on a daily basis to a referral physician over the telephone. CHAP administrators, CHAP field instructors, traveling field physicians, public health nurses, maternal and child health nurses, dentists, eye doctors, and other health care providers create a support system by on-going telephone contact and field trips.

Currently, there are approximately 440 community health aides serving a population of 42,722 Alaska Natives in 171 villages. They are employed by the regional Native corporations and in some cases by independent village contractors, funded by Indian Self-determination Act contracts with the federal government.

Five CHAP training centers provide the basic training courses leading to community health practitioner certification. These training centers are located at the Alaska Native Medical Center in Anchorage; the Norton Sound Health Corporation in Nome; the Kuskokwim Campus, College of Rural Alaska in Bethel; the North Pacific Rim Native Corporation in Seward; and the Southeast Alaska Regional Health Corporation in Sitka.

Community health aides attend three training sessions in one of the training centers. Each session is three to five weeks in length. Students practice the knowledge and skills learned during a 200-hour fieldwork experience in a village clinic after each session and complete a two-week preceptorship in a referral hospital or large village clinic. After the completion of community health practitioner certification, the title community health aide changes to community health practitioner.

The Community Health Aide Program is a collaborative program with the College of Rural Alaska of the University of Alaska Fairbanks. It is a multi-agency program including the Alaska Area Native Health Service, the Alaska Department of Health and Human Services, the five CHAP Training Centers, 11 Native corporations, and several independent village contracting agencies. Because the community health aides and practitioners are employed in rural communities, a CHAP academic coordinator is employed to serve the needs of the students, to represent the program within the university, and to coordinate

with the many agencies involved in CHAP training around the state.

Three statewide committees meet to discuss village health care needs, to revise the CHAP curriculum, and to address the concerns of the community health aides and practitioners. These committees are the Association of CHAP Directors, the Academic Review Committee, and the Statewide Community Health Aide Association. Current projects that are underway include the revision of the statewide basic training curriculum, the development of a new emergency care course, a review of the community health practitioner certification process, a revision of the certification examination, and planning for the eighth annual statewide CHAP Program Forum.

The state's Community Health Aide Program's mission to provide primary health care in Alaska's remote villages is exciting, challenging, and demanding, due to the continual need to teach and certify community health practitioners who can work safely and effectively in their home villages. It is also a challenge to provide the support needed for the students who work in the stressful situation of being a responsible health care provider in a setting that requires that they often care for their own families and friends.

The Alaska community health aides and practitioners are a wonderful loving community of individuals dedicated to serving their own people by stretching human physical, mental, emotional, and spiritual potential to the limit. Their work performance, strength of character, and love for the Alaska Native people can be an inspiration for us all.

POSITION PAPER

HOUSE BILL NO. 209

A Bill for an Act entitled: An Act relating to community health aide grants.

BACKGROUND

Since 1985, DHSS has been authorized to provide grants to help support training and supervision costs for community health aides (CHAs) employed by regional health organizations. CHAs are the only resident source of primary medical care for many small, rural Alaska villages.

Existing legislation provides a funding formula for these grants. Annual grants are based on total authorized funding prorated to participating regional health organizations on the basis of the formula.

DISCUSSION

In recent years there have been changes in the organizations sponsoring CHA programs with a trend toward organizations serving somewhat smaller regions and a greater amount of local control of programs. Under the existing statute, grants could be given only to organizations who employed health aides on July 1, 1984. The new language allows grants to be made to successor organizations which have taken over the provision of CHA services in specific communities. The bill does not change the funding limitations found in the current legislation nor does it alter the formula for distribution of funds actually appropriated.

POSITION

The Department supports enactment of HB 209. It would not be fair to restrict funding only to organizations which provided service in 1984 and to ignore developments and changes in the patterns of service provision in rural areas since that time. It is the department's understanding that current grantees also support HB 209.

Recommended By:

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

3/15/93
Date

Approved By:

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

3/18/93
Date

FISCAL NOTE

STATE OF ALASKA
1993 LEGISLATIVE SESSION

BILL NO. HB 209

Revision Date: _____ Dept. Affected: Health and Social Services
 Title: Relating to Community Health Aide BRU: State Health Services
Grants Component: Community Health Grants
 Sponsor: House HES
 Requestor: House Community & Regional Affairs COMPONENT SERIAL NO. 299

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL						
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REVENUE FUND SOURCE						
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FUNDING:

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY93) impact: None

ANALYSIS: (Attach a separate page if necessary)

AS 18.28.010 (d) caps the total funding level for the grant program. The impact of HB 209 allows the department to award grants to new agencies without increasing or decreasing the total amount of funds in the component.

Prepared by: Peter M. Nakamura, MD, MPH
 Division: Division of Public Health

Phone: (907) 465-3090
 Date: _____

Approved by Commissioner: Theodore A. Mala, MD, MPH
 Agency: Department of Health & Social Services

Date: 3/18/93

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FISCAL NOTE

STATE OF ALASKA
1993 LEGISLATIVE SESSION

BILL NO. HB 209

Revision Date: April 1, 1993 Dept. Affected: Health and Social Services
 Title: Relating to Community Health Aide BRU: State Health Services
Grants Component: Community Health Grants
 Sponsor: House HES
 Requestor: House Community & Regional Affairs COMPONENT SERIAL NO. 299

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
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LAND & STRUCTURES						
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL						
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REVENUE FUND SOURCE						
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FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY93) impact: None

ANALYSIS: (Attach a separate page if necessary)

AS 18.28.010 (d) caps the total funding level for the grant program. The impact of HB 209 allows the department to award grants to new agencies without increasing or decreasing the total amount of funds in the component.

Prepared by: Peter M. Nakamura, MD, MPH
 Division: Division of Public Health

Phone: (907) 465-3090
 Date: 4/1/93

Approved by Commissioner: Theodore A. Mala, MD, MPH
 Agency: Department of Health & Social Services

Date: 4/1/93

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ANALYSIS (cont.):

ASSISTANCE TO COMMUNITY HEALTH AIDE PROGRAMS
FORMULA FUNDING AS 18.28.010

Grantees	Full Formula	Full Formula	FY94 Gov	FY94 Gov
	Funding Level	Funding Level	Budget	Budget
	W/O HB 209	With HB 209	W/O HB 209	With HB 209
Aleutian Pribilof Island Assn.	\$78,000	\$54,000	\$70,080	\$46,699
Bristol Bay Area Health Corp.	\$326,000	\$326,000	\$292,900	\$281,921
Copper River Native Assn.	\$78,000	\$78,000	\$70,080	\$67,453
Kodiak Area Native Assn.	\$86,000	\$86,000	\$77,200	\$74,372
North Pacific Rim	\$62,000	\$62,000	\$55,700	\$53,617
North Slope Borough	\$126,000	\$126,000	\$113,200	\$108,963
St. George	\$8,000	\$8,000	\$7,200	\$6,918
Yakutat	\$8,000	\$8,000	\$7,200	\$6,918
Eastern Aleutian Tribes	\$0	\$54,000	\$0	\$46,699
Total	\$772,000	\$802,000	\$693,560	\$693,560

Formula funding for the community health aide grants is determined by AS 18.28.010 based upon the number of health aides recognized by the department on July 1, 1984. To be eligible to receive state funding, an agency must also have been providing health aide services under contract to the Alaska Area Native Health Services on July 1, 1984. The statute allows the department to distribute available funds on a pro rata basis to eligible organizations. The available funding for this program has been reduced to 90% of full formula level as a result of state wide budget reductions. HB 209 will amend the statute to allow new contractors to become eligible for funding. The available funding will continue to be distributed pro rata to all eligible organizations. The impact of this bill will be a redistribution of funds resulting in a reduction to 87% of full formula for each agency in this component in FY94.

Those organizations funded through the designated Budget Request Units (Tanana Chiefs Conference, Yukon Kuskokwim Health Corporation, Norton Sound Health Corporation, Maniilaq Association, and Southeast Alaska Regional Health Corporation) will not be impacted by HB 209.

the day-to-day operation and maintenance of a medical facility and over the development and implementation of long-range goals and objectives for the medical facility; it includes any person acting as an agent or representative of an operator;

(8) "property" means any real, personal, or mixed property, or any interest in it, including without limitation any real estate, appurtenances, buildings, easements, equipment, furnishings, furniture, improvements, machinery, rights-of-way, and structures, or any interest in any of these items;

(9) "revenue" means, with respect to any medical facility, the rent, fees, charges, interest, principal repayments, and other income or profit received or to be received, either directly or indirectly, by the authority from any source on account of the facility. (§ 1 ch 141 SLA 1978)

Revisor's notes. — Reorganized in 1986 to alphabetize the defined terms.

Chapter 28. State Assistance for Community Health Aide Programs.

Section	Section
10. Community health aide grants	40. Liability limitation
20. Qualifications	50. Regulations
30. Community health aide grant account	100. Definitions

Cross references. — For duty of health aides to report certain injuries, see AS 08.64.369.

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

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

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

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

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

(3) alternate community health aides.

(d) The department shall compute and pay a grant under this section within the limits of appropriations made for the purpose. (§ 1 ch 44 SLA 1985)

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

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

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

(3) apply for the grant in accordance with application requirements of the department or negotiate a contract with the department in lieu of a grant if the regional or local health organization provides other contract services for the state; and

(4) supply information requested by the department. (§ 1 ch 44 SLA 1985)

Sec. 18.28.030. Community health aide grant account. (a) The community health aide grant account is established in the department. Money to carry out the provisions of this chapter shall be appropriated to the account and distributed as community health aide grants or to fund contracts entered into by the department under AS 18.28.020(3).

(b) Each fiscal year the department shall determine the amount of money needed to fund all grants under AS 18.28.010 and contracts under AS 18.28.020(3) during the next fiscal year and shall report that amount to the legislature. If the amount appropriated to the account is not sufficient to finance all grants and contracts, the money shall be distributed pro rata among qualified regional and local health organizations. (§ 1 ch 44 SLA 1985)

Sec. 18.28.040. Liability limitation. The state is not liable for any injury that may result from the use of money awarded by the state as a community health aide grant or paid by the state under a contract under this chapter. (§ 1 ch 44 SLA 1985)

Sec. 18.28.050. Regulations. The department may adopt regulations necessary to carry out the provisions of this chapter. (§ 1 ch 44 SLA 1985)

Sec. 18.28.100. Definitions. In this chapter

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

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

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

(4) "local health organization" means a nonprofit corporation or other entity that provides health services in a rural area that is less than 4,000 square miles;

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

(6) "regional health organization" means a nonprofit corporation or home rule borough that provided health aide services

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

(B) in a rural area that is at least 4,000 square miles. (§ 1 ch 44 SLA 1985)

Chapter 31. Asbestos.

Article

1. Asbestos Health Hazard Abatement Program (§§ 18.31.010 — 18.31.050)
2. Certification of Asbestos Workers (§ 18.31.200)
3. Miscellaneous Provisions (§ 18.31.500)

Editor's notes. — Section 3, ch. 71, SLA 1985 provides that this chapter "does not apply to work involving asbestos or the abatement of asbestos health hazards underway on October 1, 1985."

Article 1. Asbestos Health Hazard Abatement Program.

Section

10. Program established
20. Duties of the Department of Labor
30. Duties of the Department of Education

Section

40. Duties of school officials
50. Repayment of grant funds



HOUSE COMMUNITY AND REGIONAL AFFAIRS

DATE: 4/6/93

PLACE: Rm. 124

SUBJECT OF MEETING:
 HB 173
 HJR 37
 HB 209

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
Roger McKowan	Rep Hoffman			L	4453	(Y) N	HJR 37
Rick Ulrich	City of Bethel					(Y) N	HB 173
Deborah Erickson	DHSS/ Public Health	DHSS Health Program specialist II			x3090	(Y) N	HB 209
Ron Papenkopf	Tuneau Youth Activities Group				586-2077	(Y) N	173
John Hansen	DCEO	Box D JNW			5-2581	(Y) N	HB-173
Myla Munson	Alaska Native Health Board	229 4th St June 99801			6-5980	(Y) N	HB 209
FEITH KELTON	ADEC					Y N	HJR 37
						Y N	
						Y N	
						Y N	
						Y N	