Proposed Regs

State Lab

Fees

8-13-93

LTN1100-R01 LEGISLATIVE TELECONFERENCE NETWORK PAGE 01
08/31/93 16:53:08

TCN: 30662 DATE & TIME: 08/31/93 09:00 TO 12:00 STATUS:7 STATS. IN

**** ORDER SUMMARY ****
SPONSOR: HHES HOUSE HEALTH, EDUCATION AND SOCIAL SERVI CHAIRS: TOOHEY
PURPOSE: WRK WORK SESSION
CONTACT: MARVEEN TEL#: (907)258-8195
CHAIRING SITE: ANCHORAGE 716 W 4TH, #200 ZZZ
TOLL FREE: DIAL-UP: LIO:(700)222-1000

SPONSOR REMARKS(PUB): TESTIMONY:Y ALLOWED 99 MINUTE LIMIT

SPONSOR REMARKS(LIO): BACKUP MATERIAL:Y MEETING IN PROGRESS:N MAX. SITES:20
TCN REQUESTED ON 08/31/93 AND HAS 9 UPDATES

**** AGENDA ****
1 PROPOSED STATE LAB FEES
2 ROLE OF THE STATE LAB

**** PARTICIPATING LIOS ****

*	ANC ANCHORAGE	716 W 4TH, #200		LOCATION	STAFF
	BET BETHEL	301 WILLOW ST.		LOCATION	STAFF
	DJT DELTA JCT.	JARVIS CTR. #210		LOCATION	STAFF
	FBX FAIRBANKS	119 N CUSHMAN ST		LOCATION	STAFF
	GLN GLENNALLEN	COMMUNITY LIB.		LOCATION	STAFF
	HOM HOMER LTC	126 W PIONEER #4		LOCATION	STAFF
	JNU JUNEAU	CAPITOL	CAP205	LOCATION	STAFF
	MAT MATSU	165 E PARKS HWY.		LOCATION	STAFF
	NOM NOME	FRONT STREET		LOCATION	STAFF
	PSG PETERSBURG	101 GJOA STREET		LOCATION	STAFF
	SOL KEN/SOL	34824 KALIFONSKY		LOCATION	STAFF
	VAL VALDEZ	STATE BLDG. #13		LOCATION	STAFF

**** VOLUNTEER & OFFNET SITES ****

SOL SEW SEWARD	COMMUNITY LIB.	VICKY SEIGEL	(907)224-3740	
VAL COR CORDOVA	CITY HALL	LORI DENSOW	(907)424-6200	

PARTICIPANTS IN: ANCHORAGE ANC

1	REP	CYNTHIA	TOOHEY		TSFY. PROPOSED STAT	
				AK	(907)000-0000	
2	REP	PETE	KOTT		TSFY. PROPOSED STAT	
				AK	(907)000-0000	
3	REP	BETTYE	DAVIS		TSFY. PROPOSED STAT	
				AK	(907)000-0000	
4	REP	JIM	NORDLUN		TSFY. PROPOSED STAT	
				AK	(907)000-0000	
5	SEN	JOHNNY	ELLIS		TSFY. PROPOSED STAT	
				AK	(907)000-0000	
6	SEN	DAVE	DONLEY		TSFY. PROPOSED STAT	
				AK	(907)000-0000	
7		PETER	NAKAMURA	DHSS.DPH	TSFY. PROPOSED STAT	
				AK	(907)465-3090	
8	DR	UNKNOWN	KELLY		TSFY. PROPOSED STAT	
				AK	(907)000-0000	
9		CHARLES	TEDFORD		TSFY. PROPOSED STAT	
				AK	(907)000-0000	
10		JENNIFER	GARCIA		TSFY. PROPOSED STAT	

TCN: 30662 DATE & TIME: 08/31/93 09:00 TO 12:00 STATUS:7 STATS. IN

PARTICIPANTS IN ANCHORAGE ANC (JENNIFER GARCIA)

	PO BOX 110518		ANCHORAGE	AK	99511	(907)276-5222	
11	HEATHER	FLYNN				TSFY.	PROPOSED STAT
	100 W 13TH		ANCHORAGE	AK	99501	(907)279-9581	
12	JEANNE	WOLF	MOA/DHHS			TSFY.	PROPOSED STAT
				AK		(907)343-4605	
13	JAN	WILLS	MOA/DHHS			TSFY.	PROPOSED STAT
				AK		(907)343-4605	
14	YVONNE	BROADHEAD				OBSV.	PROPOSED STAT
				AK		(907)000-0000	
15	JAY	LIVEY	DHSS			OBSV.	PROPOSED STAT
				AK		(907)465-3030	
16	REGINA	SMITH	IHS LABORATORIES			OBSV.	PROPOSED STAT
				AK		(907)257-1220	
17	KIP	KNUDSON				OBSV.	PROPOSED STAT
	OFFICE OF REP. HANLEY			AK		(907)258-8192	
18	DONNA	HURDA	PLANNED PARENTHD			OBSV.	PROPOSED STAT
	406 W FIREWEED		ANCHORAGE	AK	99503	(907)272-4822	
19	DENNIS	GELLHOUSE				OBSV.	PROPOSED STAT
	3044 WOODDUCK AVE		JUNEAU	AK	99801	(907)789-2638	
20	CHUCK	O'CONNELL				OBSV.	PROPOSED STAT
	3510 SPENARD RD		ANCHORAGE	AK	99503	(907)277-5200	
21 SEN.	JOHNNY	ELLIS				OBSV.	PROPOSED STAT
				AK		(907)000-0000	
22	KUHN	KEILY				OBSV.	PROPOSED STAT
	3256 HOSPITAL DR		JUNEAU	AK	99801	(907)586-3586	
23	ANNETTE	KREITZER				OBSV.	PROPOSED STAT
	SEN. LEMAN'S OFFICE			AK		(907)000-0000	
24	CARMEN DIEZ	CANSECO MALLI	JUDI			TSFY.	PROPOSED STAT
	3150 SEAWIND DR		ANCHORAGE	AK	99516	(907)345-4174	
25	ROSE	TANAKA				TSFY.	PROPOSED STAT
				AK		(907)000-0000	
26	TONY	BELL				TSFY.	PROPOSED STAT
	825 L ST. RM 107		ANCHORAGE	AK	99501	(907)343-4611	
27	HAROLD	JOHNSTON, M.D.	ANCH NEIGHBORHD			TSFY.	PROPOSED STAT
	1217 E 10TH AVE		ANCHORAGE	AK	99501	(907)257-4600	
28	GEORGE	HANSEN, DDS				TSFY.	PROPOSED STAT
	4860 FOLKER ST		ANCHORAGE	AK	99507	(907)567-7518	
29	KAY	LAHDEMPERE	MOA/DHHS			TSFY.	PROPOSED STAT
				AK		(907)343-4624	
30	PATRICIA	HONG				TSFY.	PROPOSED STAT
	237 E 3RD. NO 3		ANCHORAGE	AK	99501	(907)274-0827	
31	LISA	HARLAMERI				OBSV.	PROPOSED STAT
	19530 WINGHAM CIRCLE		EAGLE RIVER	AK	99577	(907)696-8426	
32	SAM	OBEIDI				OBSV.	PROPOSED STAT
				AK		(907)000-0000	
33	CHRIS	TOAL				OBSV.	PROPOSED STAT
	REP. FINKELSTEIN'S STAFF			AK		(907)000-0000	
34	FRANK	PAULS				OBSV.	PROPOSED STAT
	3431 COTTONWOOD ST		ANCHORAGE	AK	99508	(907)274-9939	
35	WILLIAM	GALLANGER				TSFY.	PROPOSED STAT
	644 W 34TH AVE NO. 425		ANCHORAGE	AK	99503	(907)562-5276	
36	AMY	NOE	ANC DENTAL SOC			OBSV.	PROPOSED STAT
	3400 SPENARD RD, STE 10		ANCHORAGE	AK	99503	(907)279-9144	

ICN: 30662 DATE & TIME: 03/31/93 09:00 TO 12:00 STATUS:7 STATS. IN

PARTICIPANTS IN:ANCHORAGE ANC

37	LARRY	STEVENS				OBSV. PROPOSED STAT
	SEN. JACKO'S OFFICE			AK		(907)000-0000
38	B.J.	ANDERSON	ANCH NEIGHBOR			OBSV. PROPOSED STAT
	1217 E 10TH AVE		ANCHORAGE	AK	99501	(907)257-4609
39	DAN	SADDLER				OBSV. PROPOSED STAT
				AK		(907)000-0000
40	MARVEEN	COGGINS				OBSV. PROPOSED STAT
				AK		(907)000-0000
41	KEN	ERICKSON				OBSV. PROPOSED STAT
				AK		(907)000-0000
42	RHONDA	ROBERTS				OBSV. PROPOSED STAT
				AK		(907)000-0000
43	ROSEMARY	KARISH				OBSV. PROPOSED STAT
				AK		(907)000-0000
44	RENEE	CHATMAN				OBSV. PROPOSED STAT
				AK		(907)000-0000
45	CHANNEL	TWO				OBSV. PROPOSED STAT
				AK		(907)000-0000
46	CHANNEL	TWO				OBSV. PROPOSED STAT
				AK		(907)000-0000
47	CHANNEL	ELEVEN				OBSV. PROPOSED STAT
				AK		(907)000-0000
48	CHANNEL	ELEVEN				OBSV. PROPOSED STAT
				AK		(907)000-0000
49	WAYNE	MALONEY				OBSV. PROPOSED STAT
				AK		(907)000-0000

PARTICIPANTS IN:DELTA JCT. DJT

1 MRS.	TONY	LEE, LAB SUPER.	FAMILY MED. CLIN		TSFY.	PROPOSED STAT
	HC 60, BOX 3140	DELTA JCT.		AK	99737	(907)895-5100
2 MS.	ANNIE	LANDRUM, STAFF	REP. OLBERG		OBSV.	PROPOSED STAT
	RM. 110, STATE CAPITOL	JUNEAU		AK	99801	(907)465-4859

PARTICIPANTS IN:FAIRBANKS FBX

1 REP.	JOE	SITTON			TSFY.	PROPOSED STAT
	119 N. CUSHMAN	FAIRBANKS		AK	99701	(907)456-8161
2 REP.	TOM	BRICE			TSFY.	PROPOSED STAT
	119 N. CUSHMAN	FAIRBANKS		AK	99701	(907)456-7423
3 MR.	TERRY	SCHMIDT	STATE HEALTH LAB		TSFY.	PROPOSED STAT
				AK	99701	(907)474-7017
4 MR.	DAN	RITTER	STATE HEALTH LAB		TSFY.	PROPOSED STAT
				AK	99701	(907)474-7017
5 ~~MS~~ DR	MELINDA	EVANS, M.D. MPH	UAF, HEALTH CTR.		TSFY.	PROPOSED STAT
	UAF, HSS BLDG, 2ND FLR.	FAIRBANKS		AK	99775	(907)474-7043
6 MS.	SUZANNE	OLSON	UAF, HEALTH CTR.		TSFY.	PROPOSED STAT
	UAF, HSS BLDG., 2ND FLR.	FAIRBANKS		AK	99775	(907)474-7043
7 MR.	WALLY	EVANS	STATE HEALTH LAB		OBSV.	PROPOSED STAT
		FAIRBANKS		AK	99701	(907)474-7017
8 MS.	CHERYL	KILGORE			OBSV.	PROPOSED STAT
	1919 LATHROP #23	FAIRBANKS		AK	99701	(907)451-2940
9 MS.	SANDRA	STRINGER	FNSB MAYOR'S OFF		OBSV.	PROPOSED STAT
	PO BOX 71267	FAIRBANKS		AK	99707	(907)459-1304
10 MS.	SUE	THOMPSON	KTVF-11		OBSV.	PROPOSED STAT

CN: 30662 DATE & TIME: 08/31/93 09:00 TO 12:00 STATUS:7 STATS. IN

PARTICIPANTS IN FAIRBANKS (Cont) FBX

	INTERNATIONAL ROAD		FAIRBANKS	AK	99701	(907)452-5123
1) MS.	NANCY	FIORA, MT ASCP	TANANA CLINIC	OBSV.	PROPOSED	STAT
	1001 NOBLE		FAIRBANKS	AK	99701	(907)452-1611

PARTICIPANTS IN GLENNALLEN GLN

1 MS.	SHARLANE	DONALSON	LAB SUPERVISOR	TSFY.	PROPOSED	STAT
	BOX 5		GLENNALLEN	AK	99588	(907)822-3293
2 MS.	IRENE	NICHOLAI		TSFY.	PROPOSED	STAT
	BOX 84		TANANA	AK	99777	(907)000-0000

PARTICIPANTS IN HOMER LTC HOM

1 MS.	KIM	SMITH	K.B.FAMILY PLAN.	TSFY.	PROPOSED	STAT
	BOX 2742		HOMER	AK	99603	(907)235-3436
2 MR.	DON	FIEBELKORN	S.P. HOSPITAL	TSFY.	PROPOSED	STAT
	BOX 4333		HOMER	AK	99603	(907)235-8101
3 MS.	SUSAN	KERNES	FAMILY PLANNING	TSFY.	PROPOSED	STAT
	BOX 984		HOMER	AK	99603	(907)235-5194
4 MRS.	LINDA	GJOSUND	REP. PHILLIPS	OBSV.	PROPOSED	STAT
	BOX 649		HOMER	AK	99603	(907)235-8392
5 REP.	GAIL	PHILLIPS		OBSV.	PROPOSED	STAT
	126 W. PIONEER AVE., #3		HOMER	AK	99603	(907)235-2921

PARTICIPANTS IN JUNEAU JNU

1	MARY	JEFFERSON	BARTLETT HOSP.	TSFY.	PROPOSED	STAT
	9351 MINER DRIVE		JUNEAU	AK	99801	(907)586-8417
2	DONALD	NOVOTNEY	BARTLETT HOSP.	TSFY.	PROPOSED	STAT
	1120 TIMBERLINE CT.		JUNEAU	AK	99801	(907)586-8413
3	DAVE	TONKOVICH	LEG. FINANCE	OBSV.	PROPOSED	STAT
			JUNEAU	AK		(907)465-5410

PARTICIPANTS IN NOME NOM

1 MS.	VICKI MARIE	COLACICCO	NSHC-PHN	TSFY.	PROPOSED	STAT
	P. O. BOX 966		NOME	AK	99762	(907)443-3221

PARTICIPANTS IN PETERSBURG PSG

1 MS.	SALLY	GUINEY	PSG GEN. HOSP.	TSFY.	PROPOSED	STAT
	BOX 1244		PETERSBURG	AK	99833	(907)772-4291

PARTICIPANTS IN KEN/SOL SOL

1 MRS.	SHELIA	NORDALE	CEN PEN GEN HPS	TSFY.	PROPOSED	STAT
	BOX 866		SOLDOTNA	AK	99669	(907)262-4404
2 MRS.	JOAN	BENNETT SCHRADER	CLUW	TSFY.	ALL ITEMS	
	BOX 1587		KENAI	AK	99611	(907)000-0000
3 SEN.	SUZANNE	LITTLE		TSFY.	ALL ITEMS	
	34824 K-BEACH RD.		SOLDOTNA	AK	99669	(907)262-9420
4 MR.	GENE	DEKERLEGAND	KPCLC	OBSV.	ALL ITEMS	
	PO BOX 1757		SOLDOTNA	AK	99669	(907)000-0000
5 MRS.	HELEN	DONAHUE	REP. G. DAVIS	OBSV.	ALL ITEMS	
	34824 K-BEACH RD		SOLDOTNA	AK	99669	(907)262-8414

PARTICIPANTS IN SEWARD SOL SEW

1 MS.	MARGARET	ERICKSON	SEW GEN. HOPST	TSFY.	ALL ITEMS	
	PO BOX 265		SEWARD	AK	99664	(907)224-3845

LTN1190-R01 LEGISLATIVE TELECONFERENCE NETWORK PAGE 05
08/31/93 16:53:08
TCN: 30662 DATE & TIME: 08/31/93 09:00 TO 12:00 STATUS:7 STATS. IN

PARTICIPANTS IN SEWARD SOL SEW
2 MS. JULIE BRYANT REP. G. DAVIS OBSV. ALL ITEMS
216 4TH AVE. SEWARD AK 99664 (907)224-2051

**** SCHEDULING NOTES ****
MARVEEN INDICATED THAT THIS WAS NOT A SPONSORED TELECONFERENCE - IT IS A COMMITTEE WORK SESSION CHAIRED BY REP. TOOHEY PW 8/18
(I TALKED EXTENSIVELY WITH HER ON 8/17 - LCM).
GLENNALLEN - CONFIRMED 8/19-LCM-PHONE NOON.
MARVEEN CALLED AND INDICATED SHE'D REQUESTED BARROW TO BE ADDED ON. I LET HER KNOW THAT BARROW HAD ASKED TO BE REMOVED AS THE OFFICE WOULD BE CLOSED. SHE MAY CALL AND ADD AN OFFNET. LCM 8/20
HOMER AND SEWARD ADDED PER MARVEEN. PLEASE CONFIRM PARTICIPATION.
TC BACKUP PROVIDED AND SENT OUT 8/24 PW
VAL AND COR CONFIRMED 8/24. BK
DJT CONFIRMED 8/24. BK
HOM CONFIRMED 8/25. BK
SEW CONFIRMED 8/25. BK

**** UPDATES ****

01	08/18/93	15:06:31	ANNOUNCING TELECONFERENCE	
02	08/18/93	15:12:14	KEN/SOL	ADDED ON
02	08/18/93	15:12:15	BARROW	ADDED ON
03	08/19/93	11:23:60	DELTA JCT.	ADDED ON
03	08/19/93	11:23:61	VALDEZ	ADDED ON
03	08/19/93	11:23:62	CORDOVA	ADDED ON
04	08/19/93	16:18:23	BARROW	DROPPED
05	08/20/93	11:26:20	NOME	ADDED ON
06	08/24/93	14:36:34	SEWARD	ADDED ON
07	08/24/93	14:36:57	HOMER LTC	ADDED ON
08	08/26/93	11:44:08	MATSU	ADDED ON
09	08/30/93	15:36:47	PETERSBURG	ADDED ON

08/31/93 LEGISLATIVE TELECONFERENCE NETWORK SYSTEM LTN1150
10:26.53 PARTICIPANT LIST (TESTIFIERS ONLY) BY:ANC
TCN:30662 SCHEDULED FOR:08/31/93 09:00 TO 12:00 FOR:JNU
WORK SESSION HOUSE HEALTH, EDUCATION AND SOCIAL SERVI

LOCATION: JUNEAU

PROPOSED STATE	MARY	JEFFERSON	BARTLETT HOSP.	TESTIFY
PROPOSED STATE	DONALD	NOROTNEY	BARTLETT HOSP.	TESTIFY

LEGISLATIVE TELECONFERENCE NETWORK

SIGN-IN SHEET

SPONSOR: HOUSE HESS COMMITTEE

SUBJECT: STATE PUBLIC HEALTH LAB FEES

START/END TIME: 9AM – 12PM DATE: AUG. 31 1993

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	JENNIFER GARCIA	P.O. BOX 110578 A/A	99811	276-5222	✓		
2.	Heather Flynn	100 W. 13th	99501	279-9581	✓		
3.	Jeanne Wolf	MOA - DHHS		343-4605	✓		
4.	JAN WILLIS	MOA - DHHS		343-4605	✓		
5.	Jeanne Kendall						
6.	JAY LIVEY	DHSS	99811	465-3030		✓	
7.	Regina Smith	IHS Laboratories	99501	257-1220		✓	
8.	Peter Nakamura	DHSS, DPHF		465-3090			
9.	KIP KNUDSON	OFF. OF REP. HANLEY		258-8192			
10.	DONNA HUDDLE	PUBLIC HEALTH LAB	99503	277-4827			
11.	DENNIS GELLHOUSE	3044 WOODDUCK AVE JUNEAU 99801		789-2658		✓	
12.	HANK O'CONNELL	3510 Spenard Rd. ANC	99503	279-5200		✓	
13.	Johnny ELLIS	1241 Denali #201	9980	2588182		✓	
14.	Barbara Riley	3256 Hospital Dr. Juneau	99801	586-3586			
15.	Diantte KREITZER	STAFF - Senator Lora Norman		258-8189		✓	

LEGISLATIVE TELECONFERENCE NETWORK

SIGN-IN SHEET

SPONSOR: HOUSE HESS COMMITTEE

SUBJECT: STATE PUBLIC HEALTH LAB FEES

START/END TIME: 9AM – 12PM. DATE: AUG. 31 1993

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	LISA M. HANLAMERT	19530 WINGHAM CIRCLE ER	99577	696-8426		✓	
2.	SAM OBEIDI	ANCH				✓	
3.	CHRIS TOAL - REP. FIELDSTEIN	716 W. 4TH AVE. #240-A	99501	2588195		✓	
4.	FRANK P. PAUL	3431 - COTTONWOOD ST.	99508	274-9930			
5.	WILLIAM GALLAGHER	664 W. 34TH AVE #425	99503	562-5276	✓		
6.	AMY B. MACE / ANCH. DENTAL SOCIETY	3400 SPENARD RD. SUITE 10	99503	279-9144		✓	
7.	HARRY STEVENS / JACKO	ANCH OFFICE	99501	258-8157		✓	
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

LEGISLATIVE TELECONFERENCE NETWORK

SIGN-IN SHEET

SPONSOR: HOUSE HESS COMMITTEE

SUBJECT: STATE PUBLIC HEALTH LAB FEES

START/END TIME: 9AM – 12PM. DATE: AUG. 31 1993

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	Charles F. Tedford./Rad. Health DHSS	320 W. Willough by Suite 101 Juneau AK	99811	465-3019			
2.	Tony Bell MOA/STD. Clinic	825 "L" St, Rm 107 9	99501	343-4611	X		
3.	Harold Johnston MD / Arch. Neighborhood Health Center	1217 E 10th Ave Anch.	99501	257-4600	X		
4.	GEORGE M. HANSEN D D S	4810 FOLKER STREET	99507	562-7518	X		
5.	Bill ANDERSON/ANCH. NEIGH. HEALTH	1217 E 10TH AVE	99501	257-4609		✓	
6.	KAY LAHDENPERE	MOA (DHHS)	99501	343-4624	✓		
7.	PATRICIA HONG - ALASKA NURSES ASSOCIATION	237 E THIRD #3	99501	274-0827	✓		
8.	CARMEN DIEZ CANSECO MALUPUDI	3150 SEAWIND DR	99516	345-4174	—		
9.	ROSE TANAKA						
10.							
11.							
12.							
13.							
14.							
15.							

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES

STATE CAPITOL, JUNEAU 99801
(907) 465-3759

HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE WORK SESSION

REGARDING PROPOSED FEES FOR PUBLIC HEALTH LABORATORY AND RADIOLOGIC HEALTH SERVICES

AUGUST 31, 1993

9:00 A.M.- 12:00 NOON

AGENDA

I. Department of Health & Social Services: explanation of the proposed regulations by Dr. Katherine Kelley, Chief Section of Laboratories

II. Public testimony

III. (If time allows) The role of the state labs in the present and in the future.

AGENDA

Alaska State Legislature

Official Business

State Capitol
Juneau, AK 99801-1182

August 13, 1993

Dr. Peter Nakamura
DEPT. OF HEALTH & SOCIAL SERVICES
P.O. Box 110610
Juneau, AK 99811-0610

Re: Proposed State Lab Fees

Dear Dr. Nakamura,

The Department has proposed to collect state lab fees for services which were previously free. It is understood that this is intended to provide program receipt revenue in the amount of approximately $600,000. Not only are fees proposed, but most of the fees appear to be excessive in many instances. They are as high or higher than what private labs charge. Yet the processing time for lab tests in the state labs is substantially slower than in private labs. One questions how any of the three state labs can compete under that scenario.

A number of concerns have been expressed about these proposed regulations and questions have been asked that do not appear to have been answered sufficiently. There was a public hearing on these regulations July 30th. However a number of individuals heard about the hearing after the fact. Some of those who attended, remain concerned and desire clarification on a number of issues related to the proposals. There are potentially some serious consequences in the area of public health if these regulations are implemented.

One of the most serious concerns is in the area of epidemiology and the close scrutiny of infectious diseases, both through screening and through gathering of statistical data. Another concern is financial. How will these proposed regulations affect non-profits and other clinics? If there is an

LETTER FROM REPRESENTATIVES REQUESTING HEARING

increase in bookkeeping, these clinics may not be able to handle the financial burden.

Is there a further breakdown on how the Department intends to collect sufficient revenues through this process? It is the understanding of the undersigned that two more positions will be necessary in the Juneau lab. A bookkeeping and billing system will have to be developed and put in place. The latter is already being done although the regulations have not been implemented.

Rather than relate all the concerns that have been voiced, it is the request of the undersigned that at least one more public, well-publicized hearing be held so that these concerns can be adequately addressed. We request that you send notice to all clinics and users of the state lab, including facilities which may be affected by your proposed fees for radiologic inspections and other services listed in your proposed fee schedule.

With another hearing, it is anticipated that a great many of the concerns and confusion about these proposals could be addressed. We will await your response. By copy of this letter, we are advising Commissioner Mala of our request.

Sincerely,

Representative Cynthia Tooney

Representative Ramona Barnes

Representative Mark Hanley

Senator George Jacko

Representative Con Bunde

Senator Judith Salo

Senator Loren Leman

Senator Steve Rieger

Representative Sean Parnell

Representative Carl Moses

Representative Kay Brown

Senator Johnny Ellis

Representative Bettye Davis

Representative David Finkelstein

Representative Jerry Sanders

Senator Dave Donley

Senator Drue Pearce

Representative Pete Kott

Representative Brian Porter

Representative Eldon Mulder

AGENCY CONTACT: Janet Clarke, Director | PHONE NUMBER: 465-3082

DESCRIPTION OF CHANGES IN COMPONENT SERVICES BETWEEN FY94 GOV AMD AND FY94 CC + OTHER:

The FY94 Governor's Amended Laboratory Services Component's Budget was reduced by <$20.0> in Personal Services Line 100 and by <$4.9> as an unallocated reduction. It also gained $27.9 in the Supply Line 400 for the testing of sex offenders (HB109).

When the fiscal note for the additional services required by HB109 to test sex offenders for sexually transmitted diseases was prepared, it was assumed that the current staff could handle the additional workload. By reducing the personal services line in the operating budget simultaneously, this scenario has changed. In order to manage the reduced personal services funding, the component will have to delay recruiting for the Chemist II position and refrain from filling any other vacancies generated throughout the fiscal year. This will result in protracted turnaround time for all lab testing.

The component will be absorbing the $4.9 unallocated reduction in its equipment line. If the labs experience any major equipment failures, the component may not be able to replace it without submitting a Revised Program Request.

EXPENDITURES	FY93 AUTH + SUPPLEMENTAL	FY94 GOV AMD	FY94 CC + OTHER
PERSONAL SERVICES	1,842.2	2,167.3	2,147.3
OTHER PROGRAM COSTS	710.0	1,011.2	1,034.2
TOTAL	2,552.2	3,178.5	3,181.5
FUNDING SOURCES			
FEDERAL FUNDS	90.0	217.7	217.7
GENERAL FUND MATCH			
GENERAL FUND	2,043.5	2,309.3	2,312.3
GENERAL FUND/PR	129.7	609.5	609.5
GENERAL FUND/MHTIA			
OTHER STATE FUNDS	289.0	42.0	42.0
TOTAL	2,552.2	3,178.5	3,181.5

CF3

ADJUSTED

COMPONENT

SERVICES

AGENCY HEALTH AND SOCIAL SERVICES

BRU STATE HEALTH SERVICES

COMPONENT LABORATORY SERVICES

COMPONENT # 281

FY94

Page 1 of 1

Revised Date:

FY94 BUDGET CUTS EFFECT ON PUBLIC HEALTH LABS

NOTICE OF PROPOSED CHANGES IN THE REGULATIONS OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Notice is given that the Department of Health and Social Services, under authority vested by AS 18.05.040 and AS 44.29.022 proposes to amend, repeal and adopt regulations in Title 7 of the Alaska Administrative Code, dealing with fee for service and implementing AS 44.29 as follows:

(1) 7 AAC 80.010 is proposed to be amended to update references to the federal poverty income guidelines, to clarify a basis for radiological device registration services and to establish a basis for fees for personal care services, chore services and family planning.

(2) 7 AAC 80.020 is proposed to be amended to clarify the conditions under which certain fees will be waived.

(3) 7 AAC 80.030 is proposed to be amended to include new fees, to update old fees and to set forth the standards for a sliding fee scale for certain services.

(4) 7 AAC 80.090 is proposed to be amended to add definitions pertaining to public health programs.

(5) 7 AAC 80.100 is proposed to be amended to correct obsolete references.

(6) 7 AAC 80.120 is proposed to be amended to correct obsolete references, delete obsolete material and to reflect administrative changes in the homemaker program.

(7) 7 AAC 80.130 is proposed to be repealed as the substance is now incorporated in other regulations.

(8) 7 AAC 80.140 is proposed to be repealed. This section pertains to services which have been changed in character and those services are administered by a different agency in the department.

(9) 7 AAC 80.190 is proposed to be amended to delete definitions which are no longer relevant to departmental programs.

(10) 7 AAC 80.210 is proposed to be amended to increase the fee for alcohol safety action program services and to establish an incentive for early payment.

NOTICE OF PROPOSED REGULATIONS

(11) 7 AAC 80 is proposed to be amended by adding a new section to establish a fee for educational or consultive services provided by departmental staff.

Notice is also given that any person interested may present written or oral statements or arguments relevant to the proposed action at a hearing to be held on:

July 30, 1993
1:00 pm to 5:00 pm
716 W. 4th St., Suite 200
Anchorage, Alaska

In addition oral statements or arguments relevant to the proposed action may be presented via the teleconference network of the Legislative Information Offices in Fairbanks (119 N. Cushman St., Suite 101) and Juneau (130 Seward St., Suite 313) from 1:00 pm to 3:00 pm on July 30, 1993.

The hearing may be extended to accommodate those present who do not have an opportunity to testify.

In addition, written statements or arguments may be sent to Dr. Peter Nakamura, Director, Division of Public Health, P.O. Box 110610, Juneau, Alaska 99811-0610. Comments must be received no later than 5:00 pm, August 13, 1993.

If you are a person with a disability who may need special modification in order to comment on the proposed regulations, please contact Katherine Kelley (907)586-3543 before July 29, 1993 to make any necessary arrangements.

This action is not expected to require an increased appropriation.

Copies of the proposed regulations may be obtained from Division of Public Health, Section of Maternal, Child and Family Health, P.O. Box 110612, Juneau, Alaska 99811-0612 (Phone: (907)465-3100).

The Department of Health and Social Services, upon its own motion or at the instance of any interested person, may, after the deadline stated above, adopt proposals within the scope of this notice or may decide to take no action on them.

Date: _____

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

CHAPTER 80. FEES FOR DEPARTMENT SERVICES.

Article
1. Public Health Services (7 AAC 80-010 -- 7 AAC 80.090)
2. Family and Youth Services (7 AAC 80.100 -- 7 AAC 80.190)
3. Alcohol Safety Action Program Services (7 AAC 80.200 -- 7 AAC 80.230)
4. General Provisions (7 AAC 80.900 -- 7 AAC 80.990)

Article 1. Public Health Services

Section
10. Reasonable fee
20. Public interest waiver AAC 80.090
30. Fee schedule
40. Applicability to public health grantees and contractors
90. Definitions for 7 AAC 80.010 -- 7 AAC 80.090

7 AAC 80.010(c), (d), (h) and (i) are amended to read:

(c) A full discount of a fee will be allowed to an individual from a family with an annual income at or below that set out in the Department of Health and Human Services' Poverty Income Guidelines for Alaska, 58 Fed. Register 8287 (1993) [51 FED. REGISTER 5,105 (1986)].

(d) No discount of a fee will be allowed to an individual from a family whose annual income exceeds 250 percent of the levels set out in the Department of Health and Human Services' Poverty Income Guidelines for Alaska, 58 Fed. Register 8287 (1993) [51 FED. REGISTER 5,105 (1986)].

(h) In the case of certification or registration services provided and inspections conducted under [7 AAC 30.005 -- 7 AAC 30.080 and]AS 18.60.475(a), the reasonable fee for certification or registration will include an amount to compensate for the cost of inspections. When inspections are not done annually the amount included in the annual fee to compensate for the cost of inspections will be based on an average of cost-per-unit expenditures.

(i) The fees for personal care services, chore services and family planning will be based on monthly family income, relative to the United States Department of Health and Human Services poverty income guidelines for Alaska 58 Fed. Register 8287 (1993). The method for determining the fee schedule is set out in 7 AAC 80.030.

(Eff. 12/6/86, Register 100; am / / , Register)

Authority: AS 18.05.040
AS 44.29.022
AS 44.29.020
AS 47.05.010

Editor's notes -- A copy of the federal guidelines referred to in 7 AAC 80.010(c), (d) and (i) is available from the [OFFICE OF THE FAMILY PLANNING COORDINATOR,]Section of Maternal, Child and Family Health, Division of Public Health, P.O. Box 110612 H-06, Juneau, Alaska 99811-0612 [99811-9976].

7 AAC 80.020 is amended to read:

7 AAC 80.020. PUBLIC INTEREST WAIVER. (a) Notwithstanding 7 AAC 80.010(e) -- 7 AAC 80.010(g) t[T]he department will, in its discretion, waive a fee for a public health service if the commissioner determines that

(1) a public health emergency exists and public health services at no cost to the public are needed to meet the emergency;

(2) the service is necessary for the prevention of a communicable [OR SEXUALLY TRANSMITTED] disease, and charging a fee would seriously deter receipt of services and cause risk to the general public; or

(3) the public health is otherwise best served by waiver of the fee.

(b) No person will be denied public health services because of the person's inability to pay for services at the time treatment is sought. The department will post a sign informing the public of this policy in each location where services are provided. Except as provided in 7 AAC 80.010(d) [7 AAC 80.010(e)] -- (g), the department will discount [WAIVE] a fee for a public health service if a patient is unable to pay the fee at the time treatment is sought and requests that the fee be discounted [WAIVED]. (Eff. 12/6/86, Register 100; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

7 AAC 80.030 is amended to read:

7 AAC 80.030. FEE SCHEDULE. (a) The following fees will be collected for health services provided by the department;

Public Health Laboratory Tests

Disease/Agent	Test	Fee
Adenovirus	Isolation and identification	$ 69.50
Anaerobic Bacteria	Culture and identification	$124.00
Arbovirus	Isolation and identification	$150.00
Arthropods	Identification	$ 42.75
Brucellosis	Identification	$ 83.00

Brucellosis	Slide agglutination	$ 48.75
Brucellosis	Tube agglutination	$ 65.00
Chlamydia	Isolation and identification	$127.75
Chlamydia	EIA serology	$ 65.00
Chlamydia	DNA probe	$ 16.25
Cytomegalovirus	Isolation and identification	$ 69.50
Cytomegalovirus	EIA serology IgG	$ 32.50
Cytomegalovirus	EIA serology IgM	$ 32.50
Diphtheria	Culture, identification and biotype	$ 49.75
Diphtheria	Toxigenic testing	$ 99.75
Enteric Bacteria	Culture and identification	$ 46.75
Enteric Bacteria	Serotype	$111.00
Enteric Bacteria	Food testing	$125.25
Enterovirus	Isolation and identification	$ 88.25
Epstein-Barr Virus	IFA serology IgG	$ 65.00
Epstein-Barr Virus	IFA serology IgM	$ 65.00
E. coli 0157:h7	Culture and identification	$ 65.00
E. coli 0157:h7	Typing	$ 34.00
Filariasis	Identification	$128.25
Fungus/Yeast	Culture and identification	$ 91.00
Gonorrhea	Microscopic exam	$ 11.25
Gonorrhea	Culture and identification	$ 17.00
Gonorrhea	DNA probe	$ 8.50
Hemolphilis influenza	Culture and identification	$ 55.75
Hepatitis A	EIA serology IgG	$ 32.50
Hepatitis A	EIA serology IgM	$ 32.50
Hepatitis B	Immune status B, IgG	$ 32.50
Hepatitis B	Confirmation	$ 65.00

Hepatitis B	Diagnostic panel	$166.25
Hepatitis Delta	EIA serology	$ 32.50
Herpes Simplex	EIA serology	$ 32.50
Herpes Simplex	Isolation and identification	$ 69.50
Human Immunodeficiency Virus (HIV)	EIA serology	$ 26.00
Human Immunodeficiency Virus (HIV)	Western Blot	$ 45.25
Influenza	HI serology	$ 32.50
Influenza	Isolation and identification	$ 86.50
Legionnaire's Disease	FA test	$ 31.25
Malaria	Microscopic identification	$128.25
Miscellaneous Cultures	Identification and confirmation	$128.25
Meningococcal Meningitis	Culture and identification	$ 59.75
Mumps	EIA serology	$ 32.50
Mumps	Isolation and identification	$ 86.50
Mycobacterium (TB)	Concentrate and smear	$ 42.75
Mycobacterium (TB)	Culture and biochemical	$ 28.50
Mycobacterium (TB)	Drug susceptibility	$ 22.75
Mycobacterium (TB)	DNA probe M.TB	$ 24.75
Mycobacterium (TB)	DNA probe M. avium	$ 24.75
Mycoplasma pneumonia	EIA serology IgG	$ 32.50
Mycoplasma pneumonia	EIA serology IgM	$ 32.50
Parainfluenza virus	Isolation and identification	$ 86.50
Parasites (Intestinal)	Identification	$166.00
Pertussis	Culture, identification and agglutination	$ 39.75
Pertussis	Direct FA	$ 42.75

Pinworm	Identification	$ 7.00
Poliovirus	Isolation and identification	$ 88.25
Rabies virus	Direct FA	$114.00
Respiratory Syncytial Virus (RSV)	EIA serology	$ 32.50
Respiratory Syncytial Virus (RSV)	Isolation and identification	$ 86.50
Rotavirus	EIA	$ 32.50
Rubeola (Measles)	EIA serology IgG	$ 32.50
Rubeola (Measles)	EIA serology IgM	$ 32.50
Rubeola (Measles)	Isolation and identification	$ 79.00
Rubella (German Measles)	EIA serology IgG	$ 32.50
Rubella (German Measles)	EIA serology IgM	$ 32.50
Rubella (German Measles)	Isolation and identification	$ 79.00
Staphylococcus	Identification and confirmation	$ 28.50
Staphylococcus	Food testing	$ 69.50
Streptococcus Group A	Culture, identification and grouping	$ 30.00
Streptococcus pneumonia	Culture and identification	$ 52.25
Syphilis	Serology RPR	$ 4.00
Syphilis	Serology VDRL	$ 19.50
Syphilis	Serology FTA-ABS	$ 39.00
TORCH	EIA serology	$228.00
Toxoplasma	EIA serology IgG	$ 32.50
Toxoplasma	EIA serology IgM	$ 32.50
Tularemia	Tube agglutination	$ 57.00
Tularemia	Slide agglutination	$ 42.75

Varicella Zoster virus	EIA serology	$ 57.00
Varicella Zoster virus	Isolation and identification	$125.25
Water bacteriology non-potable	MPN, total and fecal coliforms	$ 82.00
Water bacteriology drinking water	Culture total and fecal	$ 51.25

OTHER SERVICES [SERVICE]	FEE
Radiologic Health [LAB] SERVICES	
[METABOLIC SCREENING TESTING KIT	$10]
Annual radiological equipment registration and periodic inspection(for dentists)	$50 $20 per x-ray tube
Annual radiological equipment registration and periodic inspection (for others)	$80 $30 per x-ray tube
Radon monitoring	$30 per Alpha Track on charcoal test device [dosimeter]
Mammography registration and annual inspection	$1,500 per mammography tube
Linear Accelerator registration and periodic inspection	$500 per machine
AUDIOLOGY SERVICES [FOR ADULTS]	
Screening	$10
Evaluation/Consultation	
less than 20 minutes up to	$30
more than 20 minutes up to	$50
Hearing Aid - fitting and follow-up (does not include hearing aid)	
1 hearing aid up to	$125
2 hearing aids up to	$150
Auditory Brain Stem Response	
Diagnostic evaluation	$150
Threshold	$200
ADULT HEALTH	
Physical assessment/risk identification	$20
Blood pressure monitoring	$ 3
[HEARING SCREENING/REFERRAL]	
Administration of immunization	

(per visit, including for foreign travel)		$10
Exceptions [(ADDITIONAL FEE]):		
Yellow Fever vaccine		$30 [20]
[HEPTAVAX VACCINE (NON-IHS RECIPIENTS)]		$30
Tuberculin test for employment		$10
WOMEN'S HEALTH		
Cancer screening services		
Physical assessment (including pap smear, breast self examination)		$40 [25]
Pap smear (abnormal) repeat		$20 [10]
Pregnancy services		
pregnancy test		$15 [10]
Prenatal/assess/counsel/refer		$25
[RUBELLA TEST		$10]
Administration of Rh Immune Globulin		$10
FAMILY PLANNING SERVICES		
Initial examination		$90
Annual examination		$75
Problem visit		$40
Brief visit		$20
IUD insertion		$75
Norplant		$650
Depo-Provera		$40
Family planning classes (per series)		$40
[ENROLLMENT (INCLUDES EXAMINATION, METHOD, COUNSELING, PROBLEM VISITS)	UP TO	$70]
SEPARATE SERVICES WHEN NOT PART OF ABOVE SERVICES		
Home visit		$30/hr
Specialty clinics (Cardiac, neurodevelopmental and other similar medical clinics)		$150
Brief visit		$10
Urine test		$ 3
Hemoglobin test		$ 3
Drawing blood		$10 [5]
Throat cultures		$ 5
Metabolic screening test		$30 [10]
Personal care services		$18/hr
Chore services		$15/hr

Occupational therapy	$45/hr
Speech therapy	$45/hr
Physical therapy	$45/hr
Nutrition Services (initial visit)	$50/hr
Nutrition Services (follow-up visits)	$35/hr

OTHER	
Researching records (per hour)	$50
[EDUCATIONAL SEMINAR (PLUS TRAVEL COSTS IF MORE THAN $25)]	$100

(b) The department will not collect fees for the following services, free provision of which best serves the public interest:

(1) HIV [HTLV III] pre-test counseling and screening, and post-test counseling; and

(2) an initial patient visit made at the request or requirement of a person other than the patient, or made by the department for the purpose of communicable disease control.

(c) Fees for radiological equipment registrations are due annually [ON JANUARY 1 OF EACH YEAR] or, for new equipment[ACQUIRED AFTER JANUARY 1], within 30 days after acquisition. Fees are billed when due. If the annual fee is not paid within 60 [10] days after the billing is received, the outstanding balance may be referred for collection [DATE DUE, THE FEE WILL BE DOUBLED].

(d) The sliding fee scale for personal care services, chore services and family planning is applied to the fee established in (a) of this section if a recipient has monthly family income above the United States Department of Health and Human Services poverty guidelines for Alaska (58 Fed. Register 8287 (1993)). If the monthly family income is

(1) less than 115 percent of the poverty level there is no fee;

(2) between 115 percent and 130 percent of the poverty level the charge will be ten percent of the established fee;

(3) between 130 percent and 145 percent of the poverty level the charge will be 20 percent of the established fee;

(4) between 145 percent and 160 percent of the poverty level the charge will be 30 percent of the established fee;

(5) between 160 percent and 175 percent of the poverty level the charge will be 40 percent of the established fee;

(6) between 175 percent and 190 percent of the poverty level the charge will be 50 percent of the established fee;

(7) between 190 percent and 205 percent of the poverty level the charge will be 60 percent of the established fee;

(8) between 205 percent and 220 percent of the poverty level the charge will be 70 percent of the established fee;

(9) between 220 percent and 235 percent of the poverty

level the charge will be 80 percent of the established fee;

(10) between 235 percent and 250 percent of the poverty level the charge will be 90 percent of the established fee;

(11) 250 percent or more of the poverty level the charge will be 100 percent of the established fee.

(e) The department will determine a family's monthly adjusted income by

(1) counting all family income, before deductions, for the month ending with the date of service, or application for service, whether earned or unearned, from any source, including the fair market value of in-kind payments, but excluding non-taxable payments made under the Alaska Native Claims Settlement Act;

(2) subtracting all of the family's unreimbursed expenditures for medical and dental services, and medical insurance, including necessary transportation and temporary housing;

(3) subtracting child support and alimony payments made by a member of the family, unless those payments were paid to or for another family member;

(4) subtracting payment for the care of a child or dependent adult that was necessary to permit a family member to work, unless those payments are made to another family member;

(5) subtracting an amount to compensate for geographical differences in the cost of living, determined as follows,

(A) using the percentage geographical cost of living differentials negotiated between the state and the General Government Unit employees (Agreement, article 21, section 3, subsection A (1990));

(B) multiply the income as determined in paragraphs (1) -- (4) of this subsection by the percentage of increase, if any, applicable to the location of the usual residence of the recipient to determine the amount to be subtracted for a cost of living differential. (Eff. 12/6/86, Register 100; am 2/3/88, Register 105; am / / , Register)

Authority: AS 18.05.040
AS 44.29.022
AS 44.29.020
AS 47.05.010

Editor's notes. -- A copy of the general government unit agreement mentioned in 7 AAC 80.030(e) is available from the Section of Maternal, Child and Family Health, Division of Public Health, P.O. Box 110612, Juneau, Alaska 99811-0612.

7 AAC 80.090 is amended to read:

7 AAC 80.090. DEFINITIONS FOR 7 AAC 80.010 -- 7 AAC 80.090. In 7 AAC 80.010 -- 7 AAC 80-090,

(1) "direct costs" means the overall operational costs determined by the department to be necessary to provide public

health patients with public health services;

(2) "indirect costs" means the overall administrative costs determined by the department to be necessary to provide public health patients with public health services;

(3) "sexually transmitted disease" includes gonorrhea, syphilis, chlamydia, genital herpes, and other diseases commonly transmitted through sexual contact[, BUT EXCLUDES ACQUIRED IMMUNE DEFICIENCY SYNDROME];

(4) "chore services" means housekeeping and other assistance necessary to maintain a recipient's home in a clean, sanitary, and safe condition for the habitation of the recipient, and which are necessary to prevent institutionalization of the recipient and include

(A) helping the client with planning and organizing household tasks;

(B) routine cleaning, including one-time or intermittent washing of floors, walls, and windows when doing so is essential to achieving or maintaining a clean, sanitary, and safe environment;

(C) personal laundry;

(D) menu planning and food preparation (according to economic and cultural setting);

(E) grocery shopping;

(F) mending clothes;

(G) hauling water;

(H) chopping wood;

(I) hauling fuel;

(J) shovelling snow; and

(K) other, similar chore tasks essential to maintaining the independent functioning of the recipient within his or her home;

(5) "director" means the director of the Division of Public Health;

(6) "family" means the recipient, the recipient's spouse, parents, the recipient's siblings and the recipient's children and grandchildren that live in the same household with

(A) the recipient; or

(B) the custodial parent of the recipient, if the recipient is a dependent minor, with whom the recipient spends most of his or her time; and

(7) "personal care services" are services consistent with the requirements of 7 AAC 43.750 -- 43.975 and include tasks of a nontechnical medical nature that assist a recipient in following a plan of care to improve the recipient's physical health or to prevent or delay deterioration in his or her physical health, and which are necessary to enable the recipient to remain safely at home. (Eff- 12/6/86, Register 100; am / / , Register)

Authority: AS 44.29.022
AS 18.05-040

AS 44.29.020
AS 47.05.010

Article 2. Family and Youth Services

Section
100. Reasonable fee
110. Public interest waiver
120. Formulas for determining fees by service category
[130. FEE SCHEDULE]
[140. REASONABLE FEE FOR HOMEMAKER SERVICES]
190. Definitions for 7 AAC 80.100 -- 7 AAC 80.190

7 AAC 80.100(f) is amended to read:

(f) Fees assessed under 7 AAC 80.100 -- 7 AAC 80.120 [7 AAC 80.130] will be collected by the Department of Revenue, child support enforcement division, through procedures established by formal agreement between the Departments of Revenue, Law, and Health and Social Services. If the agreement between departments does not provide for collection of a type of fee or from a type of client, that fee will be collected by the Department of Health and Social Services. (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

7 AAC 80.120 is amended to read:

7 AAC 80.120. FORMULAS FOR DETERMINING FEES BY SERVICE CATEGORY. The department will periodically publish a schedule of fees for each category of service provided. The fee for a service will be computed according to the following formulas:

(1) The fee for child foster [HOME] care costs [WILL BE THE AVERAGE FOSTER HOME CARE MONTHLY RATE BY AGE GROUP AS INDICATED IN THE CURRENT FOSTER HOME CARE RATE SCHEDULE, WHICH] is computed annually according to the formula established in 7 AAC 53.030 -- 53.040 [7 AAC 50.720(c)] and published annually before the fiscal year to which they apply.

(2) The fee for residential child care costs will be based on facility category as established in 7 AAC 50.901(e). The fee for each in-state residential child care facility category will be the average monthly rate for all in-state facilities in each category with which the department contracts. The fee for each out-of-state residential child care facility will be the average monthly rate for all out-of-state residential child care facilities with which the department contracts.

[(3) THE FEE FOR PURCHASED CARE COSTS WILL BE THE AVERAGE MONTHLY COST OF ALL PURCHASED CARE SERVICES, DETERMINED AFTER DIVIDING THE CURRENT YEAR BUDGET FOR PURCHASED CARE SERVICES BY THE

TOTAL NUMBER OF CLIENTS PROJECTED TO RECEIVE THESE SERVICES.

(4) THE FEE FOR HOMEMAKER SERVICES WILL BE BASED ON MONTHLY FAMILY INCOME, RELATIVE TO THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES POVERTY INCOME GUIDELINES FOR ALASKA (51 FED. REGISTER 5,105 (1986)). THE FEE SCHEDULE FOR HOMEMAKER SERVICES IS SET OUT IN 7 AAC 80.140.] (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register)

Authority: AS 44.29.020
AS 44.29.024
AS 44.29.022
AS 47.05.010

Editor's notes. -- A copy of the child foster care and child residential care rates mentioned in 7 AAC 80.120(1) and (2) are available from the Division of Family and Youth Services, P.O. Box 110630, Juneau, Alaska 99811-0630 [1986 POVERTY INCOME GUIDELINES MENTIONED IN 7 AAC 80.120(4) IS AVAILABLE FROM THE CENTRAL OFFICE OF THE DIVISION OF FAMILY AND YOUTH SERVICES, P.O. BOX H-05, JUNEAU, ALASKA 99811].

7 AAC 80.130 is repealed.

7 AAC 80.140 is repealed.

7 AAC 80.190 is amended to read:

7 AAC 80.190. DEFINITIONS FOR 7 AAC 80.100 -- 7 AAC 80.190. In 7 AAC 80.100 -- 7 AAC 80.190,

(1) "foster home care costs" means the expenses associated with the care of a foster child set out at 7 AAC 53.030 -- 7 AAC 53.040 [50.720]; and

(2) "residential child care costs" means the expenses associated with the care of children in residential care facilities set out at 7 AAC 50.941(a) -- (m);

[(3) "PURCHASED CARE COSTS" MEANS THE COST TO THE DEPARTMENT FOR SERVICES PURCHASED FOR FAMILIES, INCLUDING INDIVIDUAL AND FAMILY COUNSELING, PSYCHOLOGICAL AND OTHER CLINICAL ASSESSMENT, DAY CARE, MEDICAL AND DENTAL CARE NOT OTHERWISE PROVIDED FOR THE FAMILY UNDER A HEALTH INSURANCE PLAN OR FEDERAL ENTITLEMENT PROGRAM, AND SPECIAL NEEDS AS SET OUT IN 7 AAC 50.760;

(4) "AVAILABLE AND NECESSARY SOCIAL SERVICES" MEANS THAT RESOURCES ARE AVAILABLE TO THE DEPARTMENT TO PROVIDE A SPECIFIC SERVICE AND THAT THE DEPARTMENT HAS ASSESSED THE CLIENT AS HAVING A NEED FOR THE SPECIFIC SERVICE; AND

(5) "HOMEMAKER SERVICES" IS A TEAM SERVICE, FOR ADULTS AND CHILDREN THAT IS DESIGNED TO PREVENT INSTITUTIONALIZATION AND TO PREVENT UNNECESSARY OUT-OF-HOME PLACEMENT]. (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register

)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

Article 3. Alcohol Safety Action Program Services

Section	Section
200. Applicability	220. Collection procedure
210. Fee schedule	230. Public interest waiver

Publisher's notes. -- Existing Article 3 (7 AAC 80.900 -- 7 AAC 80.990), as it appears in the Register 107 main pamphlet, was redesignated as Article 4 as of Register 111.

7 AAC 80.210 is amended to read:

7 AAC 80.210. FEE SCHEDULE. The fee for alcohol safety action program services is $100 [75] for each court case. The department may reduce this fee to $75 as an incentive for early payment. The department will determine the time periods for early payment on an individual basis. (Eff. 7/16/89, Register 111; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010
AS 47.37.040(14)

Article 4. General Provisions

Section	Section
900. Scope of service fees	925. Professional services
910. Actual cost	930. Non-collection of fee
920. Administrative services fees	940. Economic feasibility
	990. Definitions

7 AAC 80 is amended by adding a new section to read:

7 AAC 80.925. PROFESSIONAL SERVICES. The department may charge and collect a fee equal to the hourly cost, up to $300 per day, for individual staff who provide educational or consultive services to agencies or organizations. (Eff. / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

LABORATORY AND RADIOLOGIC HEALTH PROPOSED FEES FOR SERVICE

SUMMARY OF COMMENTS

August 18, 1993

The following is a compilation of both public testimony and written comments received by the Division of Public Health through this date. Comments have been divided out into general areas of concern. The number of comments per topic have been tallied. It was often the case that a single letter or testimony identified several areas of concern. These were noted.

Concern	Oral	Written	Total
Laboratory fees:			
Cost/Impact on care	9	18	27
Epidemiologic	6	11	17
Disease specific (TB, STD)	5	6	11
Privatization/Efficiency	7	5	12
Exemptions/Waivers	4	5	9
Regulatory concerns	3	4	7
Billing/Payment of fees	2	4	6
Decision Making	8	3	11
Radiologic fees:			
Radiologic concerns - all	5	10	15

It is hoped that this information will be helpful in developing the agenda for the House HESS Committee work session August 31, 1993. Areas which need to be clearly explained are easily identified by this review.

SUMMARY OF PUBLIC COMMENTS ON PROPOSED LAB FEES

EXEMPTIONS/WAIVERS

Currently dollar wise the State is supporting the State lab, and the State lab is supporting the Neighborhood Health Center in screening this population of patients. If the State labs funds are removed, the State lab no longer can support us, we have to seek screening laboratory studies else where and the only place left available to us would be the private contract labs. Private contract laboratories are cheaper than the fees you have proposed to charge, but they are not cheaper than free, which is what we have been getting up until this time. So the Anchorage Neighborhood Health Center, faced with the need to seek laboratory services from a private contract lab would have to seek money to pay that contract lab somewhere, and I don't know where we would find that money. Currently we are subsidized by a federal grant with the U.S. public health service, that grant has proven to be quite inflexible with the amount of money that it can give us. So it would cause us significant budget problems.

Non-profit organizations are government and federally funded, and will be forced to decrease services. They will then face the same problem that the State is now facing.
In the previous regulations there are a series of exceptions when fees are not be charged? Will these exception apply to these laboratory services? More specifically, there is an existing statement that says that services related to sexually transmitted diseases are not charged for by the State of Alaska in order to protect the public health. (RPR?, etc...)

I understand that fees are not applied to all patients and/or circumstances. Explain.

We are a non-profit organization and we are a comprehensive primary care facility and we are the only non-profit clinic in Anchorage, I think maybe even in Alaska. Many of our patients are on sliding scale fee and a nominal scale fee. We are really concerned about the laboratory fee schedule for our purposes. We would request that we could have an exemption from the laboratory fees, recognizing that we are a non-profit health care facility. We echo the comments that we made concerning mammography inspection.

EPI CONCERNS

If we charge money for STD work will the people doing the testing send specimens to other labs? This would pose problems with such things as positives not reported, and possible problems with follow up contact surveillance.
I also see this as having a very negative impact on the collection of epidemiologic data regarding infections and communicable diseases throughout the State.

Epidemiologic information that is obtained by easy access to these cultures will be seriously compromised by charging for them.

What is going to happen to the reporting of Hepatitis, STD's, etc..., that is currently done by the State employees?

From the point of view of a public health officer, I feel that we need to be very careful in determining what are clinical laboratory services and what are epidemiological services and how they overlap?

The identification of influenza is epidemiological. EPI asks and encourages us to send in specimens of influenza. The results have national and international implications. If billed, we can't justify sending specimens in for this purpose.

We do over 800 viral tests per year, so far this year I have already had 400. On average we have 2 or 3 specimens per week, and during the outbreaks, we get approximately 15 per day. Some of these tests are done for EPI, and some are clinical, however, there is a lot of overlap. Hard to draw the line between these two cases.

GENERAL REGULATION CONCERNS

Because we do a very active screening program, we catch cases of influenza, STD's, etc..., at their early stages. I don't think that the language in these regulations supports screening as it should.

How far along are the regulations? Are they still subject to revision?

Deletion on Page 2 7AAC 80.020 public interest waiver the deletion of the word sexually transmitted that was done to be clearer in the language that sexually transmitted diseases are in fact communicable diseases and was not meant to separate STD's from all other communicable diseases.

BILLING/PAYMENT OF FEES

Who is going to be the responsible party for the payment of the fees? The patient? The Physician? The party who insists on the test baing done? If the State requires that the school district be screening for T.B. who is then responsible for the payment of the fee? Village screenings are where a lot of T.B. cases are caught early on.

How is the billing going to be done? I feel that the Laboratory should bill the Doctor and then the Doctor bills the patient. Otherwise there is going to have to be a whole new bureaucracy of paperwork, employees, etc... The doctor already has name, address, phone number, etc...Billing takes a fare amount of time. How will insurance forms be dealt with?

TUBERCULOSIS, STD'S, HIV

I have concerns from myself and two other co-workers at the State Public Health Lab in Anchorage.

Charlotte Williams- letter to Dr. Nakamura regarding teenagers and young adults who use the services provided by the STD and family planning clinics and the stop AIDS project for whom the Anchorage lab provides services. If we charge for services, this group is not going to be tested. They either don't have the money or they are unable to ask their parents for support. This problem that teenagers have

It may takes month before someone with Tuberculosis realizes that they have it. They may think they have a cough that won't go away, or it's just the dust, and all this time they are infecting hundreds of people around them before they receive a diagnosis. In the long run, putting off testing for T.B. until there is some type of epidemic will cost more money because many, many people will become sick without anyone realizing it. It may not cost the State Lab that money but it will cost the State in terms of worker productivity and costs for people who need medical care as well as the anxiety.

Rates of T.B. are very high in Alaska, however, they are not increasing, they are decreasing. Multiple Drug Resistant Tuberculosis, these people need life long isolation. If they have the HIV infection there life span is very short, they will only live for approximately 6-8 weeks. If a healthy person becomes infected with this they are not just exposed to tuberculosis, but Multiple Drug Resistant Tuberculosis, a disease that is untreatable. There is currently an outbreak of this disease on the East Coast. Alaska has not yet been exposed, however Alaska is not an island people move here all the time from all over the United States. The population that generally gets T.B. are people who are homeless, people who are native, people who have immigrated from places like southeast Asia, Central and South America, etc..., and people who are in poverty, starving, etc... We don't fully under stand, but these people are unable to fight off the infection as well.

I feel that one of the reasons that the rate of Tuberculosis in Alaska has gone down in recent years while rates of Tuberculosis in other countries has gone up is because the State of Alaska has not charged for this testing therefore making it easy to catch T.B. cases early on. How is the State going to deal with Tuberculosis testing?

FEES IN GENERAL

When doing a strep test, there is about a 2/3 chance that the culture will be negative. It is hard to justify doing viral cultures unless there is a very specific clinical indication which would be unfortunate because we identify a lot of kids with CMV, Rotavirus, etc...

When I hear people talk about how high our fees are, I have to agree. When we request not one sample, but multiples, for example 3 parasite cultures, etc...we're talking in the neighborhood of over $100.00 dollars. I think these fees need to be adjusted. I also feel that some of the tests, for example Gonorrhea, should be broken down. Culture and Idenitification are put in the fee schedule together as one test. However, most of the time we screen the specimens and they come out negative, therefore they don't require any further identification. If the test turns out to be positive, then further identification is required, this should cost more money. I feel there should be two separate charges.

The problems that these fees present to the poor people should be carefully considered before they are put into effect.

I feel that there are two directions that the laboratory can go, one is to continue with our present mission- we do the tests that no one else wants to do, like food borne infection and outbreaks and other epidemic testing. Our price has been right, but the State labs are not speedy. If we are going to charge for these services pretty near what the commercial labs are charging we need to have quicker turn around time, and we cannot do this with our current number of staff members. The people who are going to be paying these fees are going to want to have quick service.

Both Lisa and I have some concerns with the fees that the laboratory will be charging. That instantly puts the lab out of the category of service and into commercial work.

As a member of the private sector I do appreciate the problems you are having. Some of the concerns that I have from a business sense is that are these fees going to be a flat rate for all the users or are they going to be marked by the users, for example the high volume users vs. the user who submits only 1 specimen.
The population at the University is students. We need these tests, and we need them at a minimal cost. Minimal fees are understandable, and I think students will be willing to pay that, but students will not pay these prices.

I don't understand how fees can not be making profit yet are comparable to other profit making laboratories.

The fee schedule lists the disease by virus, Adenovirus, CMV, etc..., but this is not the way it's done in the real world. Sometimes something grows and sometimes nothing grows. If the virus does not grow, then you are done. However, if the virus does grow then there is a lot more work to be done with the specimen. I don't know in advance whether or not the child who is sick has influenza, adenovirus, or herpes in their throat, but I know I'm going to do a viral culture. If it's going to be charged for, then I would recommend that the charge be handled as most laboratories handle it. There should a flat rate for a urine culture, and then if the urine culture grows and has to be further identified and have a sensitivity then another fee should follow.

Let's say that I am face to face with a parent whose child has a sore throat and I am pretty sure they have a viral infection - it would be very beneficial to the child, the child's siblings, and the children who go to school with the child, to know whether or not this is an adenovirus because it can last a long time and can be given to the people around the child very easily. However, if I have to say to that parent I'm going to add another $90.00 to your office visit today, I have to think very carefully about that. 2/3 of the tests are going to be negative, and I'm not going to be able to tell the parent that for a period of 2-3 weeks. Tests are important, and some charge is reasonable but you should stratify them if the viral culture is negative, so that there will be a lower charge than if the culture is positive.

PRIVATIZATION/COMMERCIALIZATION

I also feel that the State laboratory's training program is very important. There really isn't anyone who offers training the way we do because we are part of the National Laboratory Training Network. We are tied in nationally to do training for any laboratory employees. I think it would be a very sorry thing if we lost this asset.

I feel that the State lab fills a nitch where the private sector has a problem. The private sector cannot mobilize outbreaks and epidemics the way the State does.

The private labs send things to us as a reference because they cannot identify something or if they want something confirmed. I think we fill a very useful service.

I feature that charging for tests will put the State lab out of business and if that's what the public wants, then the section of laboratories can just disappear. The commercial facilities can take over. The unfortunate thing is that the people who need inexpensive medical health are going to find barriers, and I worry about those people.

Are we going to be putting out the services that the commercial labs can put out? For example, couriers running around all over town picking up specimens, staff working 24 hours a day, etc... Is it legal for a state agency to be competing with a commercial enterprise?

The fees are considerably higher than laboratory fees for almost everything that is commonly done that we have experienced from private contract labs. If we are expected to pay these fees, we will probably go entirely with contract labs, because the high volume tests that we have, we can get for much cheaper from a contract lab and the low volume, rare, tests are so infrequent that they would not have much impact on us.

I see for the State Lab the effect of these fees is going to be privatization whether it's intentional or not because private organizations and private physicians, etc..., will find it cheaper and more convenient to go to the contract lab. If the State is going to charge these substantially high fees, you have to offer appropriate turn around time which includes weekends and holidays. The other commercial laboratories that can be used do have quick turn around time, lower fees (in some cases) and they are open on weekends and holidays to give results, etc... If the State laboratory is going to compete you must make yourselves competitive.

I would also like to address the turn around time. The private labs have much faster turn around time and this is important to many people. In management, there is going to have to be more personnel procedure, paperwork, for the dept. to do this, I assume that this was worked into these costs. A comment is, has the department seriously considered sub-contracting many of these services to the private sector who has already addressed those problems and can charge a much lower fee than what you possibly can charge?

Also the private sector does not have the problems with personnel unions that the State may have. The State is also bound to personnel contracts where the lab tech's are only working 7.5 hour days, 5 days a week that the State must operate under.

I realize that in the rural parts of Alaska that privatization is not applicable, but in many areas I think it can be, and I certainly hope that it will be addressed by the department.

DECISION MAKING

Have we given thought to charging a flat rate for each of our tests rather than charging fees on this structured basis. Maybe we could raise more revenue this way. I think that is more acceptable to the private community.

Were other things considered before it was determined that the State would begin charging for services? For example was closing the Juneau office and merging it with the Anchorage office considered? And why were those things rejected?

Even if we charge, I don't anticipate that we are going to make the amount that we intend to make. Is there a plan for the labs if this amount isn't made? I see a spiral happening in the future of the lab. If we cut back on services, I see that as we lose tests, we lose revenue, etc...

How much revenue would be expected to be collected by charging fees?

Who will decide what gets charged for and what does not? Will the Doctor have to justify taking the test?

In the case of public health emergencies, for example measles outbreaks, blood is drawn routinely must the testing be authorized ahead of time?

I have a question regarding public policy on the passing through of the lab fees and the inspection fees. As I recall, the legislature authorized the department to establish fees and gave them the flexibility. It's my impression that the public policy decision as to how much of these fees are passed through to providers and to patients and how much are under written as part of our public health program by the State is really a decision made by this administration. If we're going to change this policy we really should be dealing with the Governor and Dr. Mala, is this correct?

What is the possibility of all this being retracted this September? Is this totally set in stone?

RADIOLOGIC CONCERNS

In regard to the inspection fee for Mammography units...we understand that the $1500 fee will not be charged in 1993 or 1994 and is pending a decision by the FDA.

Concerns are with the fee schedule surrounding the Radiologic Health Inspection. The $1500.00 per year Mammography fee seems to be excessive. There is a number of regulatory bodies that cover Mammography services and the costs continue to increase for the provider of mammography. The whole process of screening mammography is to be low cost and to be accessible to many women who are in need of the service.

75% of the sources that the Radiologic Health Specialist inspects, are located in Anchorage. Travel costs are from Juneau to Anchorage. Maybe if he were relocated to Anchorage, then the cost of mammography units inspections would be less.

Inspection of Mammography units being inspected every year and the inspection of Linear Accelerator every 2 years.....where did this information come from?

We are required on an annual basis by joint commission to have our x-ray equipment tested by a certified health physicist. We have two of those people on our staff. In addition to that we have maintenance contracts on all of our equipment that require that the equipment be tested by the manufacturer twice a year. Our physics staff performs the same tests that Mr. Tedford is proposing twice a year, that is four times a year that our equipment is being tested. The approximate cost to us of what is being proposed here is 10,000 a year at a time when all of us are being challenged to cut costs. I find that this is very unacceptable. It's a needless duplication of what we're doing, and I just don't think we need to do it.

Providence Hospital X-Ray Equipment:
(Approximations)

20 x-ray tubes
2 Linear Accelerators
4 Mammography Units
2 Dental Units

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH

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M E M O R A N D U M

DATE: August 11, 1993

TO: Kip Knudson, staff to
Representative Hanley

FROM: Katherine A. Kelley, DrPH, MPH
Chief, Laboratories

SUBJECT: Information re: state public health laboratories

Elmer Lindstrom, Legislative Liaison for DH&SS has asked to me respond to your questions about the organization and operation of the state public health laboratories in Alaska. I hope the following information will suffice; if not, please feel free to contact me directly.

Workload by Location:

There are public health laboratories in Anchorage, Juneau and Fairbanks. Pages 59 through 67 of the Proposed Fee Schedule Documentation, Section of Laboratories lists the types and numbers of tests performed by each laboratory for FY 92. These numbers are fairly representative for FY 93 to the present. We are seeing increases in requests for tuberculosis, HIV and Hepatitis B.

As you can see Anchorage has the largest workload, followed by Fairbanks and Juneau.

Staffing:

Page 4a of the same document is ar organizational chart for the Section of Laboratories. Within the laboratory units there are only three types of personnel:

Microbiologists - A Bachelors or higher degreed professional laboratorian with a specialty in the discipline of bacteriology, virology or immunoserology. Performs all laboratory tests.

KATHERINE KELLEY'S 8/11/93 MEMO RE: STATE LABS

Laboratory Technician - High school diploma or higher. Usually with some laboratory or science background, but also trained on-site. Makes up reagents and sets up for tests, accesses in specimens, maintains support systems such as stock cultures, tissue cultures and animal colonies. Do not perform any testing.

Clerical - Maintains specimen records and reporting system, orders supplies, takes calls from providers, arranges for shipments of supplies, test kits to medical community, provides general office support. Clerk typists have more administrative duties; data processing clerks are more involved with the specimen tracking and reporting system.

I have also included a listing of the numbers and types of work performed by all state public health laboratories in the United States. You will see that there is considerable variation is the types of services provided by public health laboratories. These data are taken from the Consolidated Annual Report of the Association of State and Territorial Public Health Laboratory Directors. I hope you will find it of interest.

TABLE 1. NUMBER OF SPECIMENS, BY REPORTING CATEGORY

Lab & Region	Total Number of Specimens	Bacteriology		Mycology		Parasitology		Virology	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
No. of States Reporting	53	53		45		52		52	
TOTAL	39,344,847	4,932,018	12.54	68,490	0.17	318,159	0.81	1,507,987	3.83
AVERAGE	742,356	93,057		1,478		6,118		28,999	
NEW ENGLAND	2,068,124	198,018	9.83	4,223	0.21	11,197	0.54	43,778	2.13
Connecticut	478,305	37,312	7.80	1,698	0.34	1,747	0.37	12,018	2.52
Massachusetts	1,067,351	68,941	6.52	519	0.05	84	0.01	5,300	0.50
Maine	109,631	10,017	9.14	1,019	0.93	385	0.35	11,564	10.54
New Hampshire	54,788	10,999	20.08	586	1.07	90	0.16	10,382	18.95
Rhode Island	297,133	60,138	20.24	205	0.07	4,081	1.37	2,334	0.79
Vermont	60,916	10,611	17.42	297	0.49	4,810	7.90	2,188	3.59
MIDDLE ATLANTIC	1,201,253	187,397	13.94	160	0.01	1,626	0.14	18,151	1.51
New Jersey	769,716	159,986	20.68	160	0.02	1,489	0.19	14,059	1.93
New York*									
Pennsylvania	432,537	8,411	1.94	0	0.00	137	0.03	3,292	0.76
EAST NORTH CENTRAL	6,164,171	172,340	2.80	9,272	0.15	22,248	0.36	204,782	3.32
Illinois	1,640,472	55,335	3.37	669	0.04	2,717	0.17	12,752	0.78
Indiana	149,628	6,323	4.23	404	0.27	2,339	1.56	8,349	5.58
Michigan	1,612,566	44,438	2.76	2,296	0.14	8,296	0.51	21,938	1.36
Ohio	1,168,557	27,325	2.34	666	0.06	956	0.08	89,691	6.96
Wisconsin	1,592,848	38,919	2.46	5,307	0.34	7,938	0.50	92,052	5.82
WEST NORTH CENTRAL	2,680,930	277,679	10.36	3,717	0.14	22,398	0.84	164,975	6.16
Iowa	656,044	71,730	10.31	1,714	0.25	5,876	0.84	30,355	4.36
Kansas	337,082	35,354	10.49	1,112	0.33	5,452	1.62	23,512	6.98
Minnesota	437,447	79,163	18.72	444	0.10	2,933	0.67	12,391	2.83
Missouri	923,876	73,346	7.94	243	0.03	4,810	0.49	60,333	6.45
Nebraska	87,774	8,283	9.44	0	0.00	22	0.03	13,872	15.80
North Dakota	93,209	5,864	6.29	149	0.16	722	0.77	13,741	14.74
South Dakota	105,499	9,759	9.44	55	0.05	2,883	2.73	20,771	19.69
SOUTH ATLANTIC	9,912,239	1,683,788	16.99	19,675	0.20	108,425	1.09	374,638	3.82
Delaware	159,112	43,118	27.10	5,405	3.40	284	0.18	20,010	12.58
District of Columbia	430,742	58,195	13.51	0	0.00	0	0.00	14,577	3.38
Florida	2,612,844	613,131	24.40	1,714	0.07	54,720	2.18	80,475	3.20
Georgia	992,440	239,832	24.14	902	0.09	18,371	1.85	9,639	0.97
Maryland	3,087,501	428,095	13.87	5,743	0.19	18,153	0.59	59,081	1.91
North Carolina	1,138,970	25,334	2.23	1,461	0.13	5,754	0.51	62,327	5.48
South Carolina	599,891	87,073	14.51	1,358	0.23	3,869	0.64	47,013	7.84
Virginia	678,214	125,259	18.52	2,508	0.38	5,658	0.84	84,908	12.56
West Virginia	316,524	64,041	20.23	519	0.16	1,609	0.51	608	0.19
EAST SOUTH CENTRAL	2,959,940	766,487	25.89	8,067	0.27	16,632	0.53	94,336	3.19
Alabama	1,096,646	248,813	22.69	4,437	0.40	4,721	0.43	57,373	5.23
Kentucky	386,546	11,977	3.07	0	0.00	2,537	0.38	16,503	4.27
Mississippi	835,202	223,975	26.82	1,492	0.18	5,671	0.68	6,453	0.77
Tennessee	641,546	281,802	43.93	2,138	0.33	2,703	0.42	14,007	2.18
WEST SOUTH CENTRAL	6,151,771	741,008	12.06	5,320	0.09	20,256	0.33	112,654	1.83
Arkansas	479,453	94,846	19.80	2,015	0.42	1,369	0.29	1,115	0.23
Louisiana	737,834	145,797	19.76	0	0.00	7,755	1.05	1,551	0.21
Oklahoma	417,273	69,251	16.60	961	0.23	3,384	0.81	5,301	1.27
Texas	4,517,211	431,014	9.54	2,344	0.05	7,768	0.17	104,687	2.32
MOUNTAIN	2,770,967	207,209	7.48	1,576	0.06	11,569	0.42	109,550	3.95
Arizona	128,365	27,088	21.10	317	0.25	191	0.15	13,824	10.77
Colorado	1,818,238	15,287	0.95	71	0.00	2,580	0.18	14,738	0.91
Idaho	124,322	21,919	17.63	248	0.20	1,588	1.28	24,997	20.11
Montana	170,284	7,439	4.37	265	0.16	2,000	1.19	27,154	15.95
Nevada	88,670	31,570	35.60	31	0.03	2,107	2.38	0	0.00
New Mexico	279,578	27,821	9.95	409	0.15	2,198	0.79	15,413	5.51
Utah	269,906	18,210	7.01	119	0.05	735	0.29	6,274	2.41
Wyoming	103,604	57,875	55.86	116	0.11	102	0.10	7,152	6.90
PACIFIC	5,125,217	673,795	13.15	14,379	0.28	94,403	1.84	373,882	7.29
Alaska	110,174	60,151	54.60	286	0.26	3,078	2.79	6,778	6.15
California	2,988,689	496,103	16.71	13,900	0.46	81,571	2.75	240,095	8.29
Hawaii	226,700	73,697	32.60	199	0.09	398	0.18	7,462	3.29
Oregon	1,462,628	6,388	0.44	0	0.00	2,777	0.19	52,828	3.64
Washington	387,028	37,256	10.16	93	0.03	6,581	1.79	60,730	16.56
TERRITORIES	332,238	44,641	13.44	101	0.03	10,417	3.14	7,223	2.17
Guam	24,464	10,328	42.18	101	0.41	512	2.09	1,725	7.05
Puerto Rico	24,442	1,210	4.95	0	0.00	856	3.50	4,558	18.65
Virgin Islands	283,310	33,103	11.68	0	0.00	9,049	3.19	940	0.33

* New York did not report for fiscal year 1989.

TABLE 1. NUMBER OF SPECIMENS, BY REPORTING CATEGORY (continued)

Lab & Region	Total Number of Specimens	Environmental Microbiology		Environmental Chemistry		Occupational Safety and Health		Toxicology	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
No. of States Reporting	53	53		44		27		39	
TOTAL	39,344,847	2,347,745	5.97	1,075,709	2.73	104,451	0.27	1,235,033	3.14
AVERAGE	742,356	44,297		24,448		3,869		31,668	
NEW ENGLAND	2,056,124	81,321	3.96	116,263	5.81	8,001	0.39	426,611	20.70
Connecticut	476,305	18,213	3.82	32,127	6.75	5,286	1.11	81,120	17.03
Massachusetts	1,067,351	4,639	0.44	349	0.03	0	0.00	240,416	22.52
Maine	109,631	22,610	20.62	20,304	18.52	252	0.23	7,148	6.52
New Hampshire	54,788	1,487	2.71	2	0.00	2,379	4.34	13,543	24.72
Rhode Island	297,133	11,937	4.02	56,681	19.08	104	0.04	69,982	23.55
Vermont	60,916	22,435	36.83	6,800	9.52	0	0.00	4,396	7.21
MIDDLE ATLANTIC	1,201,253	6,262	0.52	8,357	0.70	2,188	0.18	224,513	18.69
New Jersey	768,716	6,144	0.80	8,357	1.09	2,188	0.28	210,580	26.13
New York*									
Pennsylvania	432,537	118	0.03	0	0.00	0	0.00	5,933	1.37
EAST NORTH CENTRAL	6,164,171	378,646	6.15	205,265	3.34	65,377	1.06	61,622	1.00
Illinois	1,640,472	39,219	2.40	6,697	0.41	1,839	0.11	16,737	1.02
Indiana	149,828	77,225	51.61	21,263	14.21	2,797	1.87	2,757	1.84
Michigan	1,612,668	125,787	7.80	54,907	3.40	0	0.00	0	0.00
Ohio	1,168,557	51,749	4.38	11,027	0.94	3,647	0.31	17,692	1.51
Wisconsin	1,592,646	86,086	5.38	111,471	7.04	57,094	3.61	24,396	1.54
WEST NORTH CENTRAL	2,680,930	280,003	10.44	149,642	5.58	11,031	0.41	24,310	0.91
Iowa	696,044	41,782	6.00	68,330	9.82	9,528	1.37	209	0.03
Kansas	337,062	45,450	13.48	13,528	4.01	408	0.12	0	0.00
Minnesota	437,417	13,538	3.09	22,119	5.06	538	0.12	0	0.00
Missouri	923,875	115,846	12.54	12,498	1.35	39	0.00	45	0.00
Nebraska	87,774	23,985	27.33	13,884	15.82	509	0.58	1,602	1.83
North Dakota	93,209	20,854	22.37	10,772	11.56	9	0.01	13,417	14.39
South Dakota	105,499	18,548	17.58	8,502	8.06	0	0.00	9,037	8.57
SOUTH ATLANTIC	9,912,238	614,218	6.20	291,793	2.94	11,484	0.12	257,380	2.60
Delaware	159,112	15,672	9.85	8,152	5.12	0	0.00	8,653	5.44
District of Columbia	430,742	209	0.05	239	0.06	0	0.00	79,312	18.41
Florida	2,512,844	288,068	11.50	35,821	1.43	639	0.03	26,220	1.04
Georgia	992,440	221	0.02	0	0.00	0	0.00	0	0.00
Maryland	3,087,501	133,870	4.34	213,739	6.92	9,554	0.31	65,811	2.13
North Carolina	1,136,970	50,537	4.44	32,115	2.82	81	0.01	25,414	2.24
South Carolina	599,891	12,328	2.06	0	0.00	1,210	0.20	51,970	8.66
Virginia	878,214	70,044	10.36	0	0.00	0	0.00	0	0.00
West Virginia	316,524	42,369	13.39	1,727	0.55	0	0.00	0	0.00
EAST SOUTH CENTRAL	2,959,940	182,403	6.16	23,694	0.80	2,151	0.07	10,843	0.37
Alabama	1,096,646	87,771	8.00	0	0.00	0	0.00	0	0.00
Kentucky	386,546	9,788	2.53	9,354	2.42	2,151	0.56	10,843	2.81
Mississippi	835,202	72,788	8.71	7,478	0.90	0	0.00	0	0.00
Tennessee	641,546	12,058	1.88	6,864	1.07	0	0.00	0	0.00
WEST SOUTH CENTRAL	6,161,771	484,697	7.88	104,080	1.69	2,709	0.04	86,825	1.41
Arkansas	479,453	80,848	16.86	12,187	2.54	1,721	0.36	1,066	0.22
Louisiana	737,834	92,897	12.59	29,084	3.94	16	0.00	69,354	9.40
Oklahoma	417,273	79,060	18.95	24,385	5.84	545	0.13	61	0.01
Texas	4,517,211	231,884	5.13	38,424	0.85	427	0.01	16,344	0.36
MOUNTAIN	2,770,987	140,829	5.08	73,246	2.64	1,510	0.05	133,058	4.80
Arizona	128,365	9,763	7.61	3,776	2.94	856	0.67	22	0.02
Colorado	1,618,238	24,736	1.53	21,366	1.32	0	0.00	108,729	6.60
Idaho	124,322	40,125	32.28	10,723	8.63	0	0.00	0	0.00
Montana	170,284	18,112	10.64	9,535	5.60	138	0.08	220	0.13
Nevada	88,870	11,460	12.95	5,276	5.95	0	0.00	0	0.00
New Mexico	279,578	16,533	5.91	12,815	4.58	0	0.00	8,442	3.02
Utah	259,909	7,496	2.88	9,753	3.76	516	0.20	4,138	1.59
Wyoming	103,604	12,584	12.15	0	0.00	0	0.00	13,507	13.04
PACIFIC	5,126,217	146,770	2.86	93,840	1.83	0	0.00	6,730	0.13
Alaska	110,174	151	0.14	0	0.00	0	0.00	2,667	2.42
California	2,968,689	113,507	3.82	29,434	0.99	0	0.00	3,987	0.13
Hawaii	226,700	12,872	5.68	56,841	25.07	0	0.00	76	0.03
Oregon	1,452,629	8,651	0.60	0	0.00	0	0.00	0	0.00
Washington	367,028	11,589	3.16	7,565	2.06	0	0.00	0	0.00
TERRITORIES	332,236	32,706	9.84	10,529	3.17	0	0.00	4,141	1.25
Guam	24,484	366	1.49	0	0.00	0	0.00	0	0.00
Puerto Rico	24,412	8,697	35.58	2,650	10.84	0	0.00	740	3.03
Virgin Islands	283,310	23,643	8.35	7,879	2.78	0	0.00	3,401	1.20

* New York did not report for fiscal year 1989.

ADN 8-15-93

State lab fees

Rethink now, reform later

Alaska's Public Health Division wants to start charging fees for tests done at the state's three public health laboratories. Bureaucrats defend the proposed charges as necessary because of declining state revenues. Since when is Alaska so poor that — intentionally or not — it intends to cut funding for indigent health care?

The state wants to be able to tap federal Medicaid funds to help pay for the tests and, according to federal rules, if the state charges Medicaid patients, it has to charge everybody. The labs intend to waive fees for patients who don't have insurance, aren't eligible for Medicaid and can't afford to pay.

Reforming Alaska's Health Care

On the surface, taking advantage of federal funding and charging those who can afford to pay sounds perfectly reasonable. But like just about everything else in our Byzantine health-care system, there's more to it than that.

Clinics that rely on the labs are stunned at the proposed fees. In Anchorage, these clinics include the Anchorage Neighborhood Health Center, the municipal health clinic, the city's sexually transmitted disease clinic and the homeless shelters. All of these clinics treat low-income or no-income people, and all depend on the free lab tests to subsidize the care they provide.

Even if the state does waive the fees for patients who can't afford to pay, bureaucrats haven't told clinics what kind of documentation they'll need, or how they'll pay for gathering that information. The sexually transmitted disease clinic, for example, charges $40 for exams, tests and treatment, but waives the fee if the person says he or she can't afford it, no more questions asked.

If you think this is careless accounting, keep in mind that to document income takes extra employees and extra time — in other words, it takes money the clinics don't have. Remember those studies that say 20 percent of health-care costs go just for administration? These no-frills clinics are trying to keep those costs as low as they can.

A certain selection process already goes on at these clinics. The care may be first-rate, but the waits can be long. People with insurance, people with money, are more likely to go to private physicians, who use private health labs, than to these clinics.

Finally, many of these clinics treat a population that's hard enough to reach even with free services. And they serve not just an individual but the public, by helping curb outbreaks of communicable diseases like gonorrhea or tuberculosis.

If the state goes along with its plan to charge fees for lab tests, it is removing a subsidy while requiring these clinics to do more administrative work without additional funding. That's a double cut. At the same time politicians are talking about the need to increase access to health care for people without insurance, these fees will squeeze the clinics that provide the

And that's just for starters. There are other problems with the proposed fees. The suggested fees — the Public Health Division stresses that they're not final — are actually higher than fees charged by private, for-profit labs.

You could argue that's reason to close the labs and contract out the services — in effect, privatize the state health laboratories. But if you want to make that argument, you should make it publicly, to the legislature.

The public labs play an important role in promoting public health, another hot topic for would-be health-care reformers. The labs identify outbreaks of communicable diseases early so that the state can intervene. They track diseases and provide data for the state and federal governments to decide where special resources are needed. Shutting them down, even inadvertently by charging expensive fees, isn't a decision to be made administratively, or, as the case may be, unintentionally.

If there's an argument to be made at all here, it's for universal health care. But barring that — or considering that it's going to take at least until the next legislative session to talk overall reform — the state needs to rethink these fees. In addition to everything else, clinic operators complain they were not given enough notice or time for public discussion, and that their questions haven't been answered.

TTERS, EDITORIAL ON LAB FEES, ANCH DAILY NEWS

Public health funding suffers

The state Public Health Department is going to implement charges for lab and family planning services that have been free to all of us. Low-income families that are not eligible for Medicaid will be unable to receive the medical care they need but cannot afford.

The municipality may have to shut down the sexually transmitted disease clinic, and the only nonprofit sliding fee clinic in Anchorage may have to close its lab department due to the high charges Public Health is proposing to implement *Oct. 1.* All of Anchorage's shelters use this lab.

The public hearing was held July 30, from 1 to 5 on a Friday afternoon. I testified and asked why Public Health was going to charge higher prices for such tests as gonorrhea identification, hepatitis, TB, herpes and chlamydia cultures than private labs. I was told they did not set policy. I reminded them that they could not charge more than cost, as stated in Alaska State statutes.

A few of the most important infectious diseases that continue to pose serious health problems in our state are sexually transmitted diseases. Realizing that funding is a major issue in providing needed health services, I urge the Public Health department to look at other ways to reduce costs rather than making access to a basic public health infrastructure impossible for those who absolutely depend on it.

We only have until Aug. 13 to get our opinions to Dr. Theodore Mala, commissioner, Department of Health and Social Services, P.O. Box 110610, Juneau 99811-0610. Or you may call your representatives here in Anchorage and let them know your concerns regarding this new policy.

— *Jennifer Garcia*

8/9/93
ADN

ANCH. DAILY NEWS 8-12-93

Free testing helps community

Most readers are probably not even aware of the free services provided by the state public health laboratories to Alaska's residents. Yet it is likely that most have benefited from these services. We have been able to monitor and control epidemics of hepatitis, whooping cough and influenza partly because we have been able to do wide-scale testing without financial hardship to our patients — because of the state lab.

Free testing for AIDS antibody, hepatitis infection, whooping cough and influenza virus are a few of the tests that our community has utilized extensively in the last three years.

In most cases, the results of such tests benefit the community more than the person tested, in the sense that affected individuals are usually treated before test results are available.

The people who do benefit are those who have been exposed and are not yet clinically ill, but who can spread the illness. Preventive measures can be taken to curb the spread if we know who has been exposed. In this situation one cannot expect either patients or their insurance carriers to pay for such tests. This is why free testing by the state is of tremendous value in controlling epidemics.

In the long run, it will cost the state more to treat larger disease outbreaks that are not well monitored, than it would to continue to provide the free testing that presently helps control the size of epidemics.

Free testing by the state public health laboratories could cease. We must speak now to have this proposal subject to better-publicized public discussion. Comments can be directed to Lisa Short at Commissioner Ted Mala's Anchorage office, phone 561-4211, or fax 561-1308. Comments received by Friday will be reviewed by the commissioner.

— *Sharlane Donaldson Glennallen*

LETTERS TO THE EDITOR, ANCH DAILY NEWS

Municipality of Anchorage

Tom Fink, Mayor

Department of Health and Human Services
825 "L" Street
P.O. Box 196650 Anchorage, Alaska 99519-6650

July 30, 1993

Peter Nakamura, Director
Division of Public Health
P.O. Box 110610
Juneau, Alaska 99811-0610

Dear Dr. Nakamura:

Subject: Proposed State Lab Fees

A local Health Department cannot survive without access to laboratory services, a basic infrastructure in providing public health services. The Municipality of Anchorage, Department of Health and Social Services is no exception.

If the proposed fees for laboratory services are implemented, the effect on the MOA local health department would be devastating. The services we now provide in our Sexually Transmitted Disease Program, Tuberculosis Program, Disease Prevention and Control Program, Family Planning Program, and Food Borne outbreak investigation would be seriously curtailed or eliminated. Without the ability to detect cases, our epidemiology function would not be possible. We have no other source of funding to provide the laboratory function that the state has always provided. We are not able to pass on the cost of adding this service to our clients since many are not willing or able to pay for this service now. An asymptomatic contact to an active case is reluctant at best, to come in for service and is often brought to treatment after a great deal of time and effort by our staff. At this point other contacts can be elicited and the whole process starts again. The cases must be laboratory confirmed to make this process work. Without that confirmation we cannot successfully bring clients to treatment or convince asymptomatic contacts to seek treatment and provide information regarding their contacts. Sources of disease will not be discovered and full fledged epidemics will be ripe for spreading. We also know from experience that increasing fees does not translate to increased collections.

As you are aware, people in our state are very mobile, moving between communities continually. The problems created in Anchorage by lack of ability to diagnosis and case find active disease in our community would quickly spread to the rest of the state.

LETTERS

The MOA, DHHS has an understanding with the State that we serve as an arm of the State Health Department at the local level. State laboratory reports submitted by other agencies are sent to the local health department if they are positive and have a direct bearing on the publics health. The process of case finding, treatment, contact tracing and data collection is again implemented to control the spread of disease. This relationship is essential to the role the local health department plays in disease surveillance which is of extreme importance to the State. Surveillance of disease requires continuing scrutiny of all aspects of occurrence and spread of disease that are pertinent to effective control. The steps essential to this ongoing activity include collection, collation, and analysis of relevant data, followed by regular dissemination of reports to those responsible for disease control. This information serves as a data base for early identification of epidemics and for planning immunization campaigns and other activities necessary for the control of disease. If local health departments are deprived of access to State laboratory services, this task will be impossible for the State to carry out. A few of the most important infectious diseases that continue to pose serious health problems in our State are sexually transmitted diseases, hepatitis, HIV infection, tuberculosis, and foodborne disease, all of which the State Laboratory now provides support for at the local level.

Another aspect to consider is the ability of the local health department to serve as a training site for other health care providers in the state. If our ability to function is impaired or eliminated due to inability to cope with the added cost of state lab fees, this service will also be lost.

Realizing that funding is a major issue in providing needed health services, I urge you to look at other ways to reduce costs rather then making access to a basic Public Health infrastructure impossible for those who absolutely depend on it to provide public health services.

Sincerely,

Jeanne Wolf

Jeanne Wolf, Manager
Community Health Services
Municipality of Anchorage
Department of Health and Social Services

THE ANCHORAGE NEIGHBORHOOD HEALTH CENTER

1217 East 10th Avenue • Anchorage, Alaska 99501 • (907) 258-7888

AUG 18 1993

August 13, 1993

Theodore A. Mala, MD MPH
Commissioner, Health and Social Services
PO Box 110601
Juneau, Alaska 99811-0601

Re: Proposed Fees for State Public Health Laboratory Services

Dear Dr. Mala:

I am submitting this written testimony regarding the proposed fees for State Public Health Laboratory services because of grave concern regarding the impact of this proposal on the health of the Alaskan public, and especially the medically underserved.

I am a lifelong Alaskan who has been interested in health and social issues all my adult life. I trained in the WAMI program and learned some microbiology at the state lab in Fairbanks. I have been in practice as a family physician in Anchorage for four years. For the last 15 months I have been Medical Director of the Anchorage Neighborhood Health Center, the only medical facility in Anchorage which provides comprehensive primary care to patients on a sliding-fee basis. The perspective provided by my background and occupation gives rise to four areas of concern regarding the proposed fees.

First, the public health of all Alaskans will be affected by the impact of these fees on the collection of epidemiological data. Currently, many specimens are collected statewide by physicians encountering patients in their offices with illnesses or risk factors which they suspect may have public health implications. These include influenza, tuberculosis, HIV infection and sexually transmitted diseases. The samples obtained yield information for state epidemiologists which allows them to detect and track epidemics, so that effective intervention may be taken and public health planning may be more effective. If the state

lab begins to charge fees for specimens, which in many cases are not absolutely necessary for clinical decision-making, many fewer samples will be obtained. Also, as private labs generally charge lower fees than those proposed and have a much shorter turnaround time than the state lab, a large number of the specimens obtained will be sent to private labs. Although state law requires certain diseases to be reported when diagnosed, the compliance with this largely unenforceable requirement has historically been very poor. Thus many fewer specimens will be obtained, and of those taken, much of the epidemiologically useful information will not be available to the state. The net effect will be a major reduction in the breadth and type of information available to state epidemiologists. This can only have an adverse effect on the quality of public health decision-making by the state, and therefore on the overall health of Alaskans. I realize there has been some consideration given to exempting specimens of epidemiological significance from lab charges. However I don't see how this can be practical, because one would not know at the time of collection whether the specimen would be exempt. Physicians will have to act as if every specimen were subject to a charge, which would negate any benefit from providing lab fee exemptions.

The second area of concern is the viability of the state lab. This lab is a microbiological center of excellence in Alaska and is an asset to the scientific community as well as to the public health. It performs many tests which are rare and technically difficult and are not available in commercial labs or even private reference labs. The fees proposed for most higher-volume tests are significantly higher than those charged by the private community. The turnaround time in private labs is much shorter, and the customer service is better. If the state lab begins charging the proposed fees, clinical providers will begin sending specimens to their private contract labs. The higher-volume tests, which represent the most money will be cheaper, and the lower-volume tests will be competitive and more convenient. The state lab will lose a very large percentage of its business. I envision that the only continuing users of the state lab will be those entities who have some obligation to use the lab or are unable to make arrangements with a private laboratory. This will result in the eventual closure of the state lab, as the rare and difficult tests will not generate enough revenue to sustain the lab in themselves. However, the loss of this scientific asset and center of excellence within the state will be significant.

The third area of concern is the impact of these charges on non-profit health providers. There are many organizations throughout the state which provide medical services to low-income patients and those with limited access to care due to cultural and physical barriers. These organizations, like the Anchorage Neighborhood Health Center and the Municipality of Anchorage Health Department, require laboratory services to provide adequate care to these patients. These organizations invariably have very tight budgets, and funding is often difficult to obtain. Recently, the state has been reducing the amount of money allocated to human services, and this trend is expected to continue, not reverse. If the state lab begins charging fees for its services, these non-profit organizations will have to seek funds to cover their costs, as the clients are, by definition, unable to pay. It is unlikely that funding

in the amount necessary will be available. The only recourse then will be to reduce services. It is conceivable that marginally funded organizations would close. The net effect will be to reduce the availability of health care to low-income people, or to increase the amount of state grant money needed to fund these organizations. There is language in the proposed regulations regarding sliding or waiving the fees for low-income patients. However, this does not prevent an increase in costs for non-profit organizations. The documentation required would result in considerable expense and administrative overhead. This cost may not be as high as the lab fees, but would nevertheless strain the financial resources of these organizations.

The final area of concern I have is the most important, in my view: access to medical services for low-income citizens. The goal of these proposed fees, as I understand it, is to transfer the cost of laboratory services from the state to the patients and their insurers. There are large numbers of uninsured people in Alaska. Without specific information, I would expect that a disproportionate number of them receive their laboratory services through the state lab. If the state is successful in transferring the cost of laboratory services to these uninsured people, the result will not be an increase in dollars for the state lab but a decrease in services delivered. Uninsured and low-income citizens cannot afford to pay for needed laboratory services. The institutions which care for them will have to cut back services, reducing their access to care. If the patients do see medical providers, they may decline to have necessary tests done because of the cost. If they do agree to pay for tests, it will be only for the most necessary. Screening tests like gonorrhea cultures in teenagers will not get done, and so serious latent infections will not be detected. The net effect will be a significant deterioration in the health status of this group, whose health needs are not now being fully met. I do not believe that lab fee waivers or discounts will ameliorate this problem. I doubt that providers in the private medical community will be able to take the time to apply for waivers for their low-income patients. In non-profit institutions like my own, the burden of additional paperwork and documentation will inevitably increase costs. If, on the other hand, the state, because of discounts or waivers, does not transfer the costs of lab fees to these users, the net effect will be to increase costs within the state lab and health provider organizations to deal with the documentation and waivers, without increasing revenue for the lab.

To summarize, I believe this policy of charging for services by the state lab is ill-advised. It will result in a significant reduction in the availability of good information for public health decision-making. It will weaken and possibly completely eliminate the state lab as a viable state institution. It will cause non-profit health providers to reduce or eliminate services. Finally, it will surely increase barriers to adequate care experienced by low-income Alaskans.

There are several policy questions implicit within this proposal, which perhaps should be addressed more directly by the legislature and the administration. Should the state lab be "privatized"? Should funding of non-profit and governmental healthcare institutions be

done directly by grant moneys which are used to pay state lab fees, or indirectly by funding the state lab to bear these costs? Do we indeed wish to reduce the availability of health care to underserved populations by passing on these costs to them?

I strongly believe that the state lab should continue to provide services free of charge, as it has successfully for many years. However, if a fee system is instituted, I would propose that non-profit and governmental institutions providing care to indigent populations be given institutional exemptions, rather than patient-specific waivers. This is the only way to preserve the current level of access to services for these people. To preserve epidemiological information, each healthcare provider should be allowed a fixed number of free tests to be used if epidemic disease is suspected, so that these diseases will be picked up as early as possible. Of course, any test done which detects epidemic disease should not be charged.

Thank you for considering these thoughts. I would be very happy to answer any questions you may have.

Sincerely,

Harold Johnston, MD
Medical Director

cc:
Walter Hickel
Peter Nakamura
Bettye Davis
Johnny Ellis
Jim Nordlund
Drue Pearce
Steve Rieger
Cynthia Toohey

Alaska Women's Resource Center
111 W. 9th Ave., Suite 4 • Anchorage, Alaska 99501 • (907) 276-0528

AUG 16 1993

August 12, 1993

Dr. Peter Nakamura, Director
Division of Public Health
PO Box 110610
Juneau, AK 99811

Re: Notice of Proposed Changes in Regulations of
Department of Health and Social Services
AS 44.29

Dear Dr. Nakamura,

I am writing on behalf of the Alaska Women's Resource Center (AWRC), a non-profit, membership organization whose mission since 1975 remains aiding women in fulfilling their potential. Our comprehensive services include counseling and assistance in the areas of domestic violence, substance abuse, employment and job training, pregnancy and health and information and referral. Additionally, we operate the only residential substance abuse rehabilitation/treatment facility in Alaska serving women and their children. We appreciate this opportunity to comment.

AWRC was surprised that we did not receive notice of these changes. As an agency that served over 2,500 Alaskans last year, most of whom are low-income women, we think we need to be informed regularly of any proposed regulatory and statutory changes. Please correct your mailing lists to assure our notification.

AWRC is concerned about the limited time available for public notice and comment. These regulations will have significant impacts on local governments, private health care providers and citizens. Holding one public hearing on a Friday afternoon mid-summer when most Alaskans are working, fishing [illegible] dwelling with the written comment deadline soon thereafter does not promote public participation and trust.

AWRC is opposed to these proposed regulations. We clearly understand the fiscal pressures within the Division of Public Health. Transferring costs without sufficient analyses and without adequate lead time for planning nearly always results in loss and/or serious disruption of services. If the purpose of these regulations is to eliminate government-supported family planning services and to eliminate certain kinds of people from certain kinds of testing services, then these regulations will work well. As a society and state, we have consistently supported public health programs - many of which are preventive - because we know, for example, that providing prematernal and prenatal care supports families and costs considerably less than institutional care later. Cutting public health services that not only are needed but have proven their benefits while funding mega construction projects, which may be less needed and the benefits questionable, does little to support our overall quality of life.

The information provided in this notice lists fee schedules, income guidelines and definition changes. The only analysis provided states "This action is not expected to require an increased appropriation". It is difficult to understand how the administration of an increased fee collection system will not require an additional appropriation. Since no information is provided regarding the impacts on local government, impacts on service levels, impacts on Alaskans using the services (projections of those not covered by Medicaid who will be unable to purchase the service with a change in income guidelines as an example), we are left to draw our own learned and hasty conclusions.

Neither local government nor the private sector is prepared to assume these costs. Many of the women and their families we serve fall into the "working poor" class for whom Medicaid or other health insurance is not an option and for whom increased costs mean life survival choices among heat, housing, food, clothing, transportation or other medical care.

AWRC asks that these proposed regulations be withdrawn, that the Division undertake a full analysis for public health needs and costs and that the Legislature hold an oversight hearing once this analysis is complete.

Thank you for your consideration of our brief comments. Please contact me if additional information is needed.

Sincerely,

Mary Grisco, M. Coun., MPA
Executive Director

AUG 16 1993

Rep. Cynthia Toohey
3111 C Stree
Anchorage, AK 99503

Dear Rep. Toohey

I am a public employee, but I am writing to you as a private citizen.

On July 30, 1993, a public hearing for fee for services of Public Health Laboratory services was held in the Legislative Information Office conference room in Anchorage. Juneau and Fairbanks were hooked up to this teleconference. The consensus from all who testified was that the proposed fee schedule for laboratory services was exhorbitant, higher in many instances than those of private laboratories. The strategy of the Dept. of Health and Social Services assumes that collection from 3rd. party insurers, Medicaid/Medicare, private insurance companies, would generate enough revenue to cover a shortfall of $600,000 in operating costs incurred by the Section of Laboratories in FY '94. The collection of revenues would be the responsibility of a newly established office requiring the hiring of a program analyist and two other personnel. It is my opinion that revenues generated would mainly support this newly established office and not raise enough revenue to satisfy the stated objective of collecting $600,000 in revenue.

The medical personnel who testified also stated that they would not fill out any more forms to get involved in another bureaucracy because they already were involved with Federal Medicaid/Medicare and private insurers. They attested to the fact that private laboratories can offer faster service because private laboratories are staffed on a 24 hour 7 days a week basis. Providers would also not have to arrange for separate courier service to deliver or themselves mail specimens to the Public Health Laboratories. There is little that we can argue to counter these statements because they are valid statements. The providers send specimens to the State Public Health Laboratories now because, as one medical person testified, the price is right (no charge), and thus they are willing to wait longer for a result; but, if fees were assessed, they would expect the State to provide just as fast turnaround time of results as the private sector.

This is a most distressing situation because, if laboratory tests were done in a private laboratory, valuable epidemiological data would be lost. The private sector is notoriously negligent in providing laboratory test results of reportable diseases or results of significance. A great void would develop in the effectiveness of epidemiologists to investigate communicable diseases and to effectively curtail their effect upon a community. They would

further be curtailed in their assessment of the health of our citizens, preventative measures, trends, and loss of valuable data necessary to their function. The private sector lacks the ability to mobilize in response to acute outbreaks of disease, because the private laboratories are located in the lower 48, primarily in Washington. All of the laboratory test fees would be supporting companies outside Alaska!

Senator Lehman's legislative aide questioned whether other means had been considered to alleviate this budgetary shortfall, such as consolidation of the three Public Health Laboratories. This study is currently underway; however, I must point out that the laboratory in Juneau has a minimal workload (8704 specimens in Fy '93) that to keep it in operation is not cost effective and a drain on the resources. Their space must be leased, salaries of six personnel funded, and other operating costs must be expended. Although it makes sense to close this facility, debate and studies have occurred over many years. The reason always given for keeping the Southeast laboratory in operation has been, "it's political".

It has been expressed that many would not mind a minimal fee. I am not opposed to this minimal fee concept, and there are several ways that this can be accomplished.

Of great concern is that not-for-profit clinics have a tough time generating revenue without added State fees. Of even greater concern is that there are many more people who will not have access to health care if these fees are instituted.

The time to turn this around is very short, and I urgently request that you do whatever you can to turn this matter around.

Thank you for listening to my concerns.

Sincerely,

Rose Tanaka

Rose Tanaka

Osama Obeidi
3502 Arctic Blvd.
Anchorage, AK 99503

August 09, 1993

Dear Representative

In reference to item #3 of the **Notice of Proposed Changes in the Regulations of the Department of Health and Social Services** I would like to respectfully offer the following comments.

In order to identify and prevent contagious diseases, certain tests like those performed at the State Public Health Laboratory - Anchorage should be performed free except for the cost of the reagents and kits. Having free testing will give us all a larger and more meaningful reward in the long run: a healthy community.

The impact of the new regulations will be felt negatively and sometimes will cause irreversible damage, especially to villages throughout Alaska and the Native community, therefore this issue should be reconsidered and investigated by independent counsel.

Sincerely,

Osama Obeidi, MPH

cc: Honorable Walter J. Hickel, Governor, State of Alaska

5510 Trena Street
Anchorage, Alaska 99507
August 11, 1993

The Honorable Cynthia Toohey
3111 C Street
Anchorage Alaska 99503

Dear Ms. Toohey:

I am writing to you to express my concern over proposed fees-for-service for work done by the State Public Health Laboratories (SPHLs) and for other services provided by the Department of Health and Social Services (DHHS).
The Federal government and other states seem to be exploring ways to make health care more accessible to people. This state, by statute and by regulation, seems to be reducing health care accessibility!
One function of good government, to me, is to look after its disadvantaged citizens; to establish financial and bureaucratic difficulties for Alaskans who need health services denies this function.
For the general welfare of all Alaskans, I suggest that the statute mandating fees for the above services be reexamined and rescinded, if possible.
Thank you for your interest.

Sincerely,

Margaret Tolman

Margaret Tolman

Alaska State Legislature
HOUSE OF REPRESENTATIVES

Official Business

REPRESENTATIVE CYNTHIA TOOHEY
DISTRICT 13

State Capitol
Juneau, AK 99801-1182

Interim:
Suite 330
716 W. 4th Ave.
Anchorage, AK 99501
Phone: 907-258-8195

August 20, 1993

Wally Richardson
P.O. Box 528
Bethel, AK 99559

Dear Wally,

Per our telephone conversation today, I am enclosing a copy of the proposed regulations regarding state lab fees and radiologic inspection and registration fees. I would appreciate your sharing the copy with others who have expressed an interest in the regulations or who use the state labs. I would be happy to send other copies to anyone who requests them. Copies will also be available at the teleconference sites in the state.

The House Health Education and Social Services Committee work session on the proposed lab fees and (time-permitting) on the role of the state lab will be held from 9:00 A.M. until 12:00 noon on August 31, 1993. An agenda of the meeting will be available at the site. Basically, DHSS will present background information and rationale for the fees. Public testimony will be taken. Comments from the work session will be transmitted to Commissioner Mala for consideration. It is anticipated that a number of people will participate so short and concise testimony will be appreciated so that all concerns can be addressed.

Please do not hesitate to contact me if I can be of further assistance. Thank you for your interest in this issue.

Sincerely,

Marveen Coggins, Staff
Office of Representative Cynthia Toohey

PROPOSED FEE SCHEDULE DOCUMENTATION

DIVISION OF PUBLIC HEALTH
SECTION OF LABORATORIES
3256 Hospital Dr.
Juneau, Alaska 99801
(907) 586-3543

1993

STATE OF ALASKA
DEPARTMENT OF HEALTH
AND
SOCIAL SERVICES

Walter J. Hickel
Governor

Theodore A. Mala, MD, MPH
Commissioner

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PROPOSED FEE SCHEDULE - ALASKA PUBLIC HEALTH LABORATORIES

Disease/Agent	Test	Fee
Adenovirus	Isolation & ID	$ 69.50
Anaerobic Bacteria	Culture & ID	134.00
Arbovirus	Isolation & ID	150.00
Arthropods	Identification	42.75
Brucellosis	Identification	83.00
	Slide Agglutination	48.75
	Tube Agglutination	65.00
Chlamydia	Isolation & ID	127.75
	EIA Serology	65.00
	DNA Probe	16.25
Cytomegalovirus	Isolation & ID	69.50
	EIA Serology IgG	32.50
	EIA Serology IgM	32.50
Diphtheria	Culture,ID & Biotype	49.75
	Toxigenic Testing	99.75
Enteric Bacteria	Culture &ID	46.75
	Serotype	111.00
	Food Testing	125.25
Enterovirus	Isolation & ID	88.25
Epstein-Bar Virus	IFA Serology IgG	65.00
	IFA Serology IgM	65.00
E. coli 0157:h7	Culture and ID	65.00
	Typing	34.00
Filariasis	Identification	128.25
Fungus/Yeast	Culture and ID	91.00
Gonorrhea	Microscopic Exam	11.25
	Culture and ID	17.00
	DNA probe	8.50

Alaska Public Health Laboratories Proposed Fee Schedule

Disease/Agent	Test	Fee
Hemolphilis influenza	Culture and ID	55.75
Hepatitis A	EIA Serology IgG	32.50
	EIA Serology IgM	32.50
Hepatitis B	Immune Status B_c IgG	32.50
	Confirmation	65.00
	Diagnostic Panel	166.25
Hepatitis Delta	EIA Serology	32.50
Herpes simplex	EIA Serology	32.50
	Isolation & ID	69.50
Human Immunodeficiency Virus (HIV)	EIA Serology	26.00
	Western Blot	45.25
Influenza	HI Serology	32.50
	Isolation & ID	86.50
Legionnaire's Disease	FA Test	31.25
Malaria	Microscopic ID	128.25
Miscellaneous Cultures	ID & Confirmation	128.25
Meningococcal Meningitis	Culture and ID	59.75
Mumps	EIA Serology	32.50
	Isolation & ID	86.50
Mycobacterium (TB)	Concentrate & Smear	42.75
	Culture & Biochemical	28.50
	Drug Susceptibility	22.75
	DNA Probe M.TB	24.75
	DNA Probe M.avium	24.75
	BACTEC Drug-Susceptibility	57.00
	BACTEC Identification	28.50

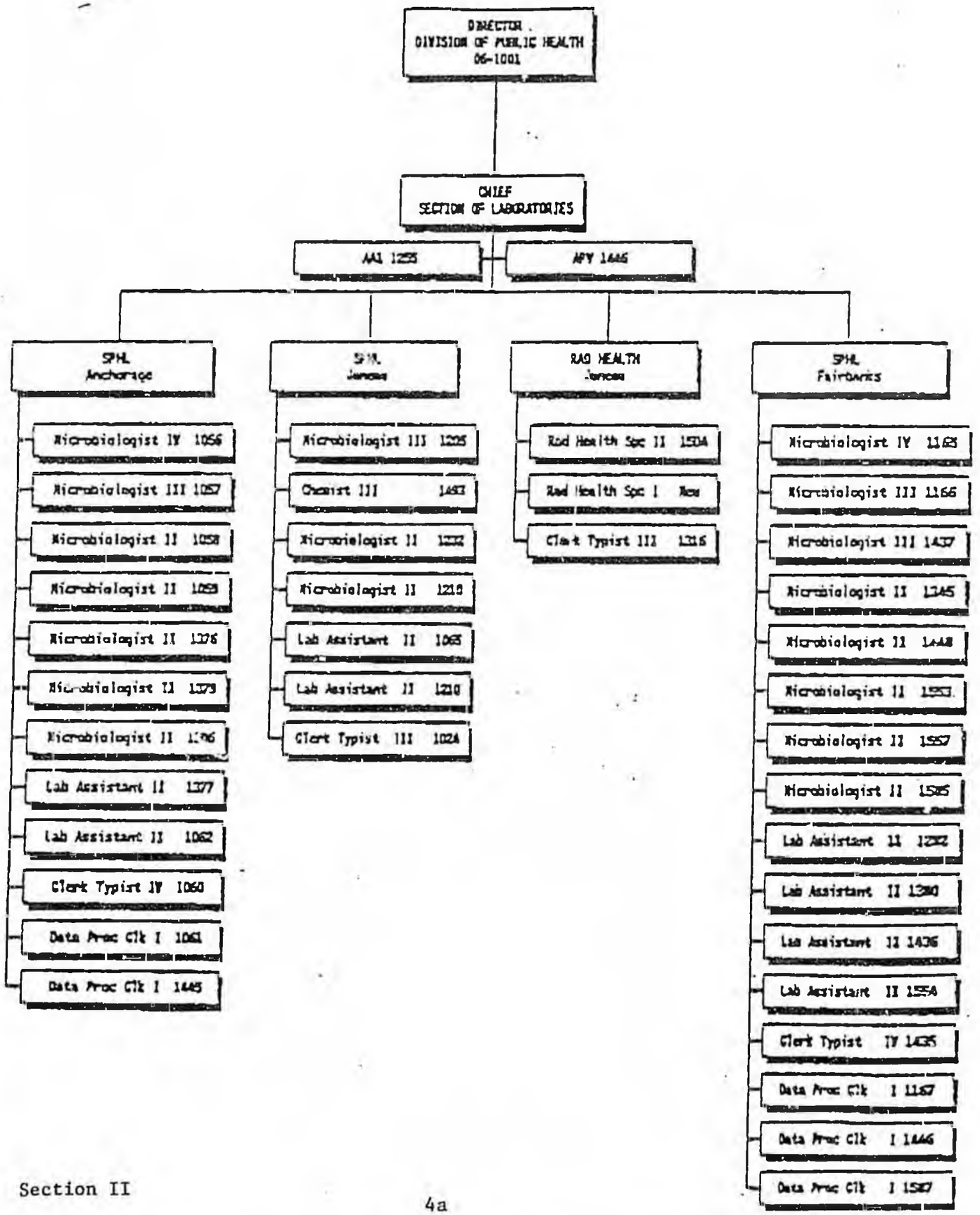
Alaska Public Health Laboratories Proposed Fee Schedule

Disease/Agent	Test	Fee
Mycoplasma pneumonia	EIA Serology IgG	32.50
	EIA Serology IgM	32.50
Parainfluenza virus	Isolation & ID	86.50
Parasites (Intestinal)	Direct Exam	19.75
	Complete Exam	19.75
	Trichrom Stain	44.60
Pertussis	Culture, ID & Agglutination	39.75
	Direct FA	42.75
Pinworm	Identification	7.00
Poliovirus	Isolation and ID	88.25
Rabies virus	Direct FA	114.00
Respiratory Syncytial Virus (RSV)	EIA Serology	32.50
	Isolation & ID	86.50
Rotavirus	EIA	32.50
Rubeola (Measles)	EIA Serology IgG	32.50
	EIA Serology IgM	32.50
	Isolation & ID	79.00
Rubella (German Measles)	EIA Serology IgG	32.50
	EIA Serology IgM	32.50
	Isolation & ID	79.00
Staphylococcus	Identification & Confirmation	28.50
	Food Testing	69.50
Streptococcus Group A	Culture,ID & Grouping	30.00
Streptococcus pneumonia	Culture & ID	52.25

Alaska Public Health Laboratories Proposed Fee Schedule

Disease/Agent	Test	Fee
Syphilis	Serology RPR	4.00
	Serology VDRL	19.50
	Serology FTA-ABS	39.00
TORCH	EIA Serology	228.00
Toxoplasma	EIA Serology IgG	32.50
	EIA Serology IgM	32.50
Tularemia	Tube Agglutination	57.00
	Slide Agglutination	42.75
Varicella Zoster virus	EIA Serology	57.00
	Isolation & ID	125.25
Water Bacteriology Non-potable	MPN, Total & Fecal Coliforms	82.00
Water Bacteriology Drinking Water	Culture Total & Fecal	51.25
Water Suitability	Bioassay	131.00

DIVISION OF PUBLIC HEALTH
SECTION OF LABORATORIES



PROCESS FOR DOCUMENTATION OF FEES

Overview of the Public Health Laboratories:

The Section of Laboratories consists of five units; three public health laboratories located in Juneau, Anchorage and Fairbanks; the Office of Radiologic Health and the Office of the Chief of Laboratories (administration). (see Organizational Chart) For the purpose of determining cost/test information, fiscal and workload data from the three laboratories and administration only was utilized.

Each laboratory performs some unique tests and some tests which are offered by the other labs. In order to calculate an equitable fee structure, some assumptions were made; these were: 1) Fees for tests performed by the laboratories are based on the actual direct and indirect costs associated with each test. In those situations where a test is performed by more than one laboratory, the time, cost, etc. is averaged between laboratories. 2) Test information is sorted by technical discipline, i.e., virology, bacteriology or immunology. 3) All test and fiscal information is based on state fiscal year 1992 (FY 92) data and includes supplemental and line item transfered funds. 4) Fees for laboratory services are based on the FY 92 cost/test calculation rounded down to the nearest $0.25. Fees are therefore consistant with the regulation requirement that "the fee established for a service may not exceed the actual cost of providing the service" (7 AAC 80.010).

Fees for laboratory tests performed by the Alaska State Public Health Laboratories were determined using the cost accounting system developed by the Centers for Disease Control (CDC) and the Association of State and Territorial Public Health Laboratory Directors (ASTPHLD). (1) Information regarding worktime units, workload volume and allocation was provided by the managers of the three laboratories. Compilation, final documentation and comparison information was performed by staff in the Office of the Chief of Laboratories.

The process fell into three activities; 1) defining cost and time elements, 2) allocating all direct and indirect costs to laboratory revenue centers, and 3) developing Work Time Units (WTU's) for each test. The procedure used is as follows:

Defining cost and time elements:

Definition of terms: According to the CDC/ASTPHLD Cost Accounting Manual, the key elements to determining cost/test information are:

Cost Center -smallest unit of activity for which costs are accumulated.

Revenue Centers - are cost centers which produce services that could be charged, i.e., bacteriology tests.

Non-Revenue Centers - are cost centers which incur costs but do not bring in revenue and are vital to supporting the revenue centers, i.e, media preparation.

Cost Accumulation - identifying costs to the cost center actually incurring the cost.

Cost Allocation - the division of costs based on a related quantifier (% time, space, etc) between Revenue and Nonrevenue Centers.

Reapportionment - The transfer of all nonrevenue costs to the revenue cost centers they serve to give the total cost per revenue center.

Work Time Unit (WTU)- One Work Time Unit (WTU) is equal to one minute of involved technical (testing) time. This does not include time spent in reagent preparation, quality control, reporting, or any other non-anlaytical activity. See Table I for WTU's per test.

The protocol for Cost Finding can be found in Section VII. The method as used by the Alaska Public Health Laboratories was as follows:

Definition of Cost and Time Elements:

1. Present State Statutes AS 44.29.022-024 & Regulatory 7 AAC 80.010-.990 reviewed by Laboratory Chief and Manager of each Laboratory.

2. A list of tests performed by each laboratory was developed from the Quick Reference chart in the Laboratory Services Manual. (7)

PROCESS FOR DOCUMENTATION OF FEES (Cont...)

Definition of Cost and Time Elements:

3. In accordance with the CDC/ASTPHLD cost accounting protocol, the Laboratory Managers and the Section Chief identified and agreed upon revenue and non-revenue cost centers. The revenue centers were Bacteriology, Immunology, and Virology. Non-revenue cost centers were Administration, which consisted of the Office of the Director, the Office of the Chief, and Support which included all laboratory clerical support and scientific services.

Cost Allocation: See Section VIII for details

Salaries -

For each laboratory, the percent of time that each staff member devoted to a non-revenue or revenue cost center was accumulated and converted into dollars. Costs were summed and reapportioned as in number 8.

Indirect Costs -

Using the FY 92 Authorized Balance Summary, and with the help of the Director's office, the percent (Federal Negotiated Indirect) of non-revenue costs for agency overhead was determined.

Services, Supplies, & Equipment -

1. Lines 72000, 73000, 74000, and 75000, of the FY 92 Authorized Balance Summary were allocated to revenue and non-revenue cost centers.

2. All columns for each cost center were summed.

3. Non-revenue cost sums were then reapportioned to revenue cost centers according to the percent work time units per laboratory (i.e. % effort). See Table VIII.

4. Costs for each revenue cost center were summed to give total cost for all expenses accrued.

PROCESS FOR DOCUMENTATION OF FEES (Cont...)

***Work Time Units -** See section IX for details

1. Work Time Units per test information was developed for each test. If the test was listed in the 1986 WTU Catalogue(10), it was reviewed and either accepted or rejected. If rejected, or not found in the catalogue, then the laboratory manager and staff performed a time study to determine the WTU's according to (1).

2. Using the work load data for FY 92, calculations were made for each test by multiplying the number of WTU'S for the test by the number of times the test was performed. Total WTU's were calculated for each test, for all tests, for each laboratories, for all three laboratories combined.

3. Tests and total WTU's were then compiled by laboratory and by revenue cost centers (Bacteriology, Immunology, and Virology).

4. The total number of WTU's per revenue cost center was determined.

5. The cost of each revenue cost center was divided by the total number of WTU's in that revenue center. This amount was the cost of a minute of analytical time, cost per WTU, to perform a test in that Direct revenue center.

6. To determine the cost for any one test, the number of WTU's for the test was multiplied by the cost per WTU for that revenue center.

7. The fee for a test was the cost for the test rounded down to the nearest 25 cents.

*WTU - "One WTU is equal to one minute of involved technical time." (1)

TABLE I - VALIDATION OF PROPOSED TEST FEES

Disease/Agent	Test	Revenue Cost Center	*Cost /WTU	WTU	Actual Cost	Fee
Adenovirus	Isolation & ID	Virology	$1.58	44	$ 69.52	$ 69.50
Anaerobic Bacteria	Culture & ID	Bacteriology	$2.85	(33.2 + 61)/2	$134.24	$134.00
Arbovirus	Isolation & ID	Virology	$1.58	95	$150.01	$150.00
Arthropods	Identification	Bacteriology	$2.85	15	$ 42.75	$ 42.75
Brucellosis	Identification Slide	Bacteriology	$2.85	29.2	$ 83.22	$ 83.00
	Agglutination Tube	Immunology	$3.26	15	$ 48.90	$ 48.75
	Agglutination	Immunology	$3.26	20	$ 65.20	$ 65.00
Chlamydia	Isolation & ID	Virology	$1.58	81	$127.98	$127.75
	EIA Serology	Immunology	$3.26	20	$ 65.20	$ 65.00
	DNA Probe	Immunology	$3.26		$ 16.30	$ 16.25
Cytomeglovirus	Isolation & ID	Virology	$1.58	44	$ 69.52	$ 69.50
	EIA Serology IgG	Immunology	$3.26	10	$ 32.60	$ 32.50
	EIA Serology IgM	Immunology	$3.26	10	$ 32.60	$ 32.50
Diptheria	Culture, ID & Biotype	Bacteriology	$2.85	17.5	$ 49.88	$ 49.75
	Toxigenic Testing	Bacteriology	$2.85	35	$ 99.75	$ 99.75
Enteric Bacteria	Culture & ID	Bacteriology	$2.85	(16.1 + 16.8)/2	$ 46.88	$ 46.75
	Serotype	Bacteriology	$2.85	(12 + 45 + 60)/3	$111.15	$111.00
	Food Testing	Bacteriology	$2.85	44	$125.40	$125.25

*See Table IX for cost/WTU determination

**WTU = Work Time Unit

TABLE I - VALIDATION OF PROPOSED TEST FEES

Disease/Agent	Test	Revenue Cost Center	*Cost /WTU	WTU	Actual Cost	Fee
Enterovirus	Isolation & ID	Virology	$1.58	56	$ 88.48	$ 88.25
Epstein-Bar Virus	IFA Serology IgG IFA Serology IgM	Immunology Immunology	$3.26 $3.26	20 20	$ 65.20 $ 65.20	$ 65.00 $ 65.00
E. coli 0157:h7	Culture & ID Typing	Bacteriology Bacteriology	$2.85 $2.85	(25.68 + 20)/2 12(WTU book)	$ 65.09 $ 34.20	$ 65.00 $ 34.00
Filariasis	Identification	Bacteriology	$2.85	45	$128.25	$128.25
Fungus/Yeast	Culture & ID	Bacteriology	$2.85	32	$ 91.20	$ 91.00
Gonorrhea	Microscopic Exam Culture & ID DNA Probe	Bacteriology Bacteriology Bacteriology	$2.85 $2.85 $2.85	(5 + 3)/2 6 3	$ 11.40 $ 17.10 $ 8.55	$ 11.25 $ 17.00 $ 8.50
Hemolphilis influenza	Culture & ID	Bacteriology	$2.85	(19.2 + 20)/2	$ 55.86	$ 55.75
Hepatitis A	EIA Serology IgG EIA Serology IgM	Immunology Immunology	$3.26 $3.26	10 10	$ 32.60 $ 32.60	$ 32.50 $ 32.50
Hepatitis B	Immune Status B^c IgG Confirmation Diagnostic Panel	Immunology Immunology Immunology	$3.26 $3.26 $3.26	10 20 51	$ 32.60 $ 65.20 $166.26	$ 32.50 $ 65.00 $166.25
Hepatitis Delta	EIA Serology	Immunology	$3.26	10	$ 32.60	$ 32.50
Herpes Simplex	EIA Serology Isolation & ID	Immunology Virology	$3.26 $1.58	10 44	$ 32.60 $ 69.52	$ 32.50 $ 69.50
Human Immuncdefiei-ency Virus (HIV)	EIA Serology Western Blot	Immunology Immunology	$3.26 $3.26	8	$ 26.08 $ 45.25	$ 26.00 $ 45.25
Influenza	HI Serology Isolation & ID	Immunology Virology	$3.26 $1.58	10 54.8	$ 32.60 $ 86.58	$ 32.50 $ 86.50

*See Table IX for cost/WTU determination

**WTU = Work Time Unit

TABLE I - VALIDATION OF PROPOSED TEST FEES

Disease/Agent	Test	Revenue Cost Center	*Cost /WTU	WTU	Actual Cost	Fee
Legionnaire's Disease	FA Test	Bacteriology	$2.85	11	$ 31.35	$ 31.25
Malaria	Microscopic ID	Bacteriology	$2.85	45	$128.25	$128.25
Misc. Cultures	ID & Confirmation	Bacteriology	$2.85	(29 + 6)/2	$128.25	$128.25
Meningococcal Meningitis	Culture & ID	Bacteriology	$2.85	(25 + 17.2)/2	$ 59.99	$ 59.75
Mumps	EIA Serology Isolation & ID	Immunology Virology	$3.26 $1.58	10 54.8	$ 32.60 $ 86.58	$ 32.50 $ 86.50
Mycobacterium (TB)	Concentrate & Smear Culture & Biochemical Drug Susceptibility DNA Probe M.TB DNA Probe M. avium BACTEC Drug Susceptibility BACTEC Identification	Bacteriology Bacteriology Bacteriology Bacteriology Bacteriology Bacteriology Bacteriology	$2.85 $2.85 $2.85 $2.85 $2.85 $2.85 $2.85	15 10 8 8.7 8.7 20 10	$ 42.75 $ 28.50 $ 22.80 $ 24.79 $ 24.79 $ 57.00 $ 28.50	$ 42.75 $ 28.50 $ 22.75 $ 24.75 $ 24.75 $ 57.00 $ 28.50
Mycoplasma pneumonia	EIA Serology IgG EIA Serology IgM	Immunology Immunology	$3.26 $3.26	10 10	$ 32.60 $ 32.60	$ 32.50 $ 32.50
Parainfluenza Virus	Isolation & ID	Virology	$1.58	54.8	$ 86.58	$ 86.50
Parasites (Intestinal)	Direct Exam Complete Exam Trichrome Stain	Bacteriology Bacteriology Bacteriology	$2.85 $2.85 $2.85	7.0 7.0 15.65	$ 19.75 $ 19.75 $ 44.60	$ 19.75 $ 19.75 $ 44.50

*See Table IX for cost/WTU determination

**WTU = Work Time Unit

TABLE I - VALIDATION OF PROPOSED TEST FEES

Disease/Agent	Test	Revenue Cost Center	*Cost /WTU	WTU	Actual Cost	Fee
Pertussis	Culture & ID	Bacteriology	$2.85	(19.7 + 8.2)/2	$ 39.90	$ 39.75
	Agglutination Direct FA	Bacteriology	$2.85	15	$ 42.75	$ 42.75
Pinworm	Identification	Bacteriology	$2.85	2.5	$ 7.13	$ 7.00
Poliovirus	Isolation & ID	Virology	$1.58	56	$ 88.48	$ 88.25
Rabies Virus	Direct FA	Virology	$1.58	72.2	$114.07	$114.00
Respiratory Syncytial Virus (RSV)	EIA Serology Isolation & ID	Immunology Virology	$3.26 $1.58	10 54.8	$ 32.60 $ 86.58	$ 32.50 $ 86.50
Rotavirus	EIA	Immunology	$3.26	10	$ 32.60	$ 32.50
Rubeola (Measles)	EIA Serology IgG EIA Serology IgM Isolation & ID	Immunology Immunology Virology	$3.26 $3.26 $1.58	10 10 50	$ 32.60 $ 32.60 $ 79.00	$ 32.50 $ 32.50 $ 79.00
Rubella (German Measles)	EIA Serology IgG EIA Serology IgM Isolation & ID	Immunology Immunology Virology	$3.26 $3.26 $1.58	10 10 50	$ 32.60 $ 32.60 $ 79.00	$ 32.50 $ 32.50 $ 79.00
Staphylococcus	Identification & Confirmation	Bacteriology	$2.85	10	$ 28.50	$ 28.50
	Food Testing	Bacteriology	$2.85	24.5	$ 69.54	$ 69.50
Streptococcus Group A	Culture, ID & Grouping	Bacteriology	$2.85	(17.7 + 5)/2 (11.4 + 9.8)/2	$ 30.21	$ 30.00
Streptococcus pneumonia	Culture & ID	Bacteriology	$2.85	(20 + 16.7)/2	$ 52.29	$ 52.25
Syphilis	Serology RPR Serology VDRL Serology FTA-ABS	Immunology Immunology Immunology	$3.26 $3.26 $3.26	(1.1 + 1.4)/2 6 12	$ 4.08 $ 19.56 $ 39.12	$ 4.00 $ 19.50 $ 39.00

*See Table IX for cost/WTU determination

**WTU = Work Time Unit

TABLE I - VALIDATION OF PROPOSED TEST FEES

Disease/Agent	Test	Revenue Cost Center	*Cost /WTU	WTU	Actual Cost	Fee
TORCH	EIA Serology	Immunology	$3.26	70	$228.20	$228.00
Toxoplasma	EIA Serology IgG EIA Serology IgM	Immunology Immunology	$3.26 $3.26	10 10	$ 32.60 $ 32.60	$ 32.50 $ 32.50
Tularemia	Tube Agglutination Slide Agglutination	Bacteriology Bacteriology	$2.85 $2.85	20 15	$ 57.00 $ 42.75	$ 57.00 $ 42.75
Varicella Zoster Virus	EIA Serology Isolation & ID	Immunology Virology	$3.26 $1.58	20 44	$ 57.00 $125.40	$ 57.00 $125.25
Vibrio	Culture & ID	Bacteriology	$2.85	49.5	$141.08	$141.00
Water Bacteriology Non-potable	MPN, Total & Fecal Coliforms	Bacteriology	$2.85	28.8	$ 82.08	$ 82.00
Water Bacteriology Drinking Water	Culture Total & Fecal	Bacteriology	$2.85	18	$ 51.30	$ 51.25
Water Suitability	Bioassay	Bacteriology	$2.85	46	$131.10	$131.00

*See Table IX for cost/WTU determination

**WTU = Work Time Unit

TABLE II

COMPARISON OF ALASKA PUBLIC HEALTH LABORATORIES PROPOSED TEST FEES TO PRIVATE LABORATORIES IN THE PACIFIC NORTH-WEST

Disease	Test	Alaska PH LAB	Provid. Hospital	Smith/ Kline	PML	U. of W. Hospital
Adenovirus	Isolation & ID	$ 69.50		$110.00		$110.25
Anaerobic Bacteria	Culture & ID	$134.00	$ 85.00	$ 23.50	$ 59.50	$109.00
Arbovirus	Isolation & ID	$150.00				
Arthropods	Identification	$ 42.75				
Brucellosis	Identification Slide Agglutination Tube Agglutination	$ 83.00 $ 48.75 $ 65.00	$106.60	$ 31.00		$ 48.75 $ 25.00 $ 25.00
Chlamydia	Isolation & ID EIA Serology DNA Probe	$127.75 $ 65.00 $ 16.25	$ 37.10	$110.00 $ 65.50 $ 36.75	$ 59.00 $ 21.80	$ 42.75 $ 33.75
Cytomegalovirus	Isolation & ID EIA Serology IgG EIA Serology IgM	$ 69.50 $ 32.50 $ 32.50		$154.00 $ 56.50 $ 56.50	$ 95.00 $ 47.00 $ 56.00	$124.25
Diphtheria	Culture, ID & Biotype Toxigenic Testing	$ 49.75 $ 99.75	$ 50.20	$ 44.50		$ 40.75
Enteric Bacteria	Culture & ID Serotype Food Testing	$ 46.75 $111.00 $125.25	$ 77.90	$ 56.50 $ 73.00	$ 27.50	$ 67.25

TABLE II

COMPARISON OF ALASKA PUBLIC HEALTH LABORATORIES PROPOSED TEST FEES TO PRIVATE LABORATORIES IN THE PACIFIC NORTH-WEST

Disease	Test	Alaska PH LAB	Provid. Hospital	Smith/ Kline	PML	U. of W. Hospital
Enterovirus	Isolation & ID	$ 88.25		$154.00		
Epstein-Barr Virus	IFA Serology IgG IFA Serology IgM	$ 65.00 $ 65.00		 $ 55.75	$ 63.00	$ 44.00
E. coli 0157:h7	Culture & ID Typing	$ 65.00 $ 34.00		$ 32.25		$ 40.75
Filariasis	Identification	$128.25			$ 27.00	
Fungus/Yeast	Culture & ID	$ 91.00	$150.00	$100.75	$ 71.00	$ 78.00
Gonorrhea	Microscopic Exam Culture & ID DNA probe	$ 11.25 $ 17.00 $ 8.50	 $ 28.00	 $ 13.00 $ 30.00	 $ 18.50 $ 18.90	
Hemolphilis influenza	Culture & ID	$ 55.75	$ 86.80			
Hepatitis A	EIA Serology IgG EIA Serology IgM	$ 32.50 $ 32.50	$ 95.90 $ 95.90	 $ 54.75	$ 30.00 $ 30.00	$ 43.25 $ 43.25
Hepatitis B	Immune Status Bc IgG Confirmation Diagnostic Panel	 $ 32.50 $ 65.00 $166.25	 $ 78.10 $ 94.90 $136.70	 $ 40.75 $ 60.25 $159.00	 $ 63.00 $ 58.00	 $ 34.00 $102.50
Hepatitis Delta	EIA Serology	$ 32.50		$ 69.50	$ 75.00	$ 54.25

TABLE II

COMPARISON OF ALASKA PUBLIC HEALTH LABORATORIES PROPOSED TEST FEES TO PRIVATE LABORATORIES IN THE PACIFIC NORTH-WEST

Disease	Test	Alaska PH LAB	Provid. Hospital	Smith/ Kline	PML	U. of W. Hospital
Herpes simplex	EIA Serology Isolation & ID	$ 32.50 $ 69.50	$ 40.40	$ 51.00 $154.00	$ 47.00 $ 34.90	$ 68.50
Human Immunodeficiency Virus (HIV)	EIA Serology Western Blot	$ 26.00 $ 45.25		$ 23.50 $102.00	$ 20.50	$ 40.25 $ 45.25
Influenza	HI Serology Isolation & ID	$ 32.50 $ 86.50		$154.00	$126.00	
Legionnaire's Disease	FA Test	$ 31.25	$ 79.80	$ 93.00	$ 65.00	$ 54.75
Malaria	Microscopic ID	$128.25	$ 64.50	$ 68.50	$ 27.00	$ 40.25
Miscellaneous Cultures	ID & Confirmation	$128.25	$ 65.00		$ 30.00	$ 81.75
Meningococcal Meningitis	Culture & ID	$ 59.75	$219.30			
Mumps	EIA Serology Isolation & ID	$ 32.50 $ 86.50		$ 61.75 $110.00	$ 47.00	

TABLE II

COMPARISON OF ALASKA PUBLIC HEALTH LABORATORIES PROPOSED TEST FEES TO PRIVATE LABORATORIES IN THE PACIFIC NORTH-WEST

Disease	Test	Alaska PH LAB	Provid. Hospital	Smith/ Kline	PML	U. of W. Hospital
Mycobacterium (TB)	Concentrate & Smear	$ 42.75	$ 76.20	$ 57.50		
	Culture & Biochemical	$ 28.50		$ 46.00	$ 33.00	$ 93.25
	Drug Susceptibility	$ 22.75		$ 73.25		
	DNA Probe M.TB	$ 24.75				
	DNA Probe M.avium	$ 24.75				
	BACTEC Drug Susceptibility	$ 57.00				
	BACTEC Identification	$ 28.50				
Mycoplasma pneumonia	EIA Serology IgG	$ 32.50			$ 50.00	$ 45.50
	EIA Serology IgM	$ 32.50		$ 51.00	$ 50.00	combined
Parainfluenza virus	Isolation & ID	$ 86.50		$110.00		
Parasites (Intestinal)	Direct Exam	$ 19.75	$ 37.00	$ 25.75	$ 31.00	$ 56.75
	Complete Exam	$ 19.75				
	Trichrom Stain	$ 44.50				
Pertussis	Culture, ID & Agglutination	$ 39.75		$ 76.50		
	Direct FA	$ 42.75	$ 50.20			
Pinworm	Identification	$ 7.00		$ 19.00	$ 17.00	$ 14.75
Poliovirus	Isolation & ID	$ 88.25		$110.00		

TABLE II

COMPARISON OF ALASKA PUBLIC HEALTH LABORATORIES PROPOSED TEST FEES TO PRIVATE LABORATORIES IN THE PACIFIC NORTH-WEST

Disease	Test	Alaska PH LAB	Provid. Hospital	Smi[illegible]/ Kline	PML	U. of W. Hospital
Rabies Virus	Direct FA	$114.00				
Respiratory Syncytial Virus (RSV)	EIA Serology Isolation & ID	$ 32.50 $ 86.50	$106.60 $ 42.00	$ 47.00 $230.50	$ 46.20	$110.25
Rotavirus	EIA	$ 32.50		$ 86.75		$ 47.75
Rubeola (Measles)	EIA Serology IgG EIA Serology IgM Isolation & ID	$ 32.50 $ 32.50 $ 79.00	$ 14.30 $ 14.30	$ 60.25 $110.00	$ 47.00 $ 56.00	
Rubella (German Measles)	EIA Serology IgG EIA Serology IgM Isolation & ID	$ 32.50 $ 32.50 $ 79.00	$ 22.50 $ 22.50	$ 31.00 $ 99.00 $110.00	$ 20.00	$ 20.50 $ 67.00
Staphylococcus	Identification & Confirmation Food Testing	$ 28.50 $ 69.50				
Streptococcus Group A	Culture, ID & Grouping	$ 30.00		$ 9.50	$ 14.50	$ 59.25
Streptococcus pneumonia	Culture & ID	$ 52.25	$ 79.60	$ 83.00		
Syphilis	Serology RPR Serology VDRL Serology FTA-ABS	$ 4.00 $ 19.50 $ 39.00	$ 42.60	$ 12.00	$ 10.00 $ 24.00 $ 23.00	

TABLE II

COMPARISON OF ALASKA PUBLIC HEALTH LABORATORIES PROPOSED TEST FEES TO PRIVATE LABORATORIES IN THE PACIFIC NORTH-WEST

Disease	Test	Alaska PH LAB	Provid. Hospital	Smith/ Kline	PML	U. of W. Hospital
TORCH	EIA Serology	$228.00		$204.00	$116.00	
Toxoplasma	EIA Serology IgG EIA Serology IgM	$ 32.50 $ 32.50		$ 56.50 $ 79.25	$ 20.50 $ 38.50	$ 40.25
Tularemia	Tube Agglutination Slide Agglutination	$ 57.00 $ 42.75		 $ 31.00		
Varicella Zoster Virus	EIA Serology Isolation & ID	$ 57.00 $125.25		$ 62.75	 $109.00	$ 36.00 $124.25
Water Bacteriology Non-Potable	MPN, Total & Fecal Coliforms	$ 82.00				
Water Bacteriology Drinking Water	Culture & Total Fecal	$ 51.25		$ 60.25		
Water Suitability	Bioassay	$131.00				

Alaska PH LAB = Alaska State Public Health Laboratories, Juneau, Anchorage, Fairbanks, AK
Provid. Hospital = Providence Hospital, Anchorage
Smith/Kline = SmithKline Beecham Clinical Laboratories, Seattle, WA
PML = The Physicians MEDLAB, Portland, OR

TABLE III
COMPARISON OF ALASKA PUBLIC HEALTH LABORATORY TEST FEES TO OTHER STATE LABORATORIES

Disease/Agent	Test	AK PHL	N.D.	Florida	WA	MN
Adenovirus	Isolation & ID	$ 69.50		$ 51.50		
Anaerobic Bacteria	Culture & ID	$134.00	$ 10.00			
Arbovirus	Isolation & ID	$150.00				
Arthropods	Identification	$ 42.75				
Brucellosis	Identification Slide Aggl. Tube Aggl.	$ 83.00 $ 48.75 $ 65.00		 $ 7.50 $ 7.50		 $ 41.00
Chlamydia	Isolation & ID EIA Serology DNA Probe	$127.75 $ 65.00 $ 16.25	$ 21.00	$ 7.00 $ 9.50		 $ 40.00
Cytomegalovirus	Isolation & ID EIA Serology IgG EIA Serology IgM	$ 69.50 $ 32.50 $ 32.50	$ 31.00 $ 18.00	$ 51.50		 $ 40.00
Diptheria	Culture, ID & Biotype Toxigenic Testing	 $ 49.75 $ 99.75	$ 18.00			
Enteric Bacteria	Culture & ID Serotype Food Testing	$ 46.75 $111.00 $125.25	 $ 48.00	$ 26.50	$ 70.00	$ 48.00
Enterovirus	Isolation & ID	$ 88.25	$ 31.00 $ 72.00	$ 51.50	$ 80.00	$97.00
Epstein-Barr Virus	IFA Serology IgG IFA Serology IgM	$ 65.00 $ 65.00	$ 18.00			$ 40.00 $ 40.00
E. coli 0157:h7	Culture & ID Typing	$ 65.00 $ 34.00	 $ 24.00		$ 50.00	
Filariasis	Identification	$128.25				

TABLE III
COMPARISON OF ALASKA PUBLIC HEALTH LABORATORY TEST FEES TO OTHER STATE LABORATORIES

Disease/Agent	Test	AK PHL	N.D.	Florida	WA	MN
Fungus/Yeast	Culture & ID	$ 91.00	$ 26.00	$ 13.50		$ 37.00
Gonorrhea	Microscopic Exam Culture & ID DNA probe	$ 11.25 $ 17.00 $ 8.50	N.C.	$ 3.50 $ 9.50	$20.00 (Average)	$ 6.00
Hemolphilis influenza	Culture & ID	$ 55.75				
Hepatitis A	EIA Serology IgG EIA Serology IgM	$ 32.50 $ 32.50				$ 40.00 $ 40.00
Hepatitis B	Immune Status Confirmation Diagnostic Panel	$ 32.50 $ 65.00 $166.25	 $ 43.00 $ 89.00	$ 7.00	 (per kit) $ 10.00	$ 40.00 $ 40.00
Hepatitis Delta	EIA Serology	$ 32.50				$ 40.00
Herpes simplex	EIA Serology Isolation & ID	$ 32.50 $ 69.50	 $ 24.00			$ 40.00 $ 97.00
Human Immunodeficiency Virus (HIV)	EIA Serology Western Blot	$ 26.00 $ 45.25		$ 7.00 $ 36.00		
Influenza	HI Serology Isolation & ID	$ 32.50 $ 86.50	$ 54.00 $ 31.00	$ 10.00 $ 51.50		$ 40.00 $ 97.00
Legionnaire's Disease	FA Test	$ 31.25	$ 24.00		$ 55.50	$ 41.00
Malaria	Microscopic ID	$128.25		$ 9.00		
Miscellaneous Cultures	ID & Confirmation	$128.25	N.C.	$ 13.00		$ 82.00
Meningococcal Meningitis	Culture & ID	$ 59.75				

TABLE III

COMPARISON OF ALASKA PUBLIC HEALTH LABORATORY TEST FEES TO OTHER STATE LABORATORIES

Disease/Agent	Test	AK PHL	N.D.	Florida	WA	MN
Mumps	EIA Serology	$ 32.50				$ 40.00
	Isolation & ID	$ 86.50	$ 31.00			$ 97.00
Mycobacterium (TB)	Concentrate & Smear	$ 42.75		$ 7.50	All tests $154.00	
	Culture & Biochemical	$ 28.50		$ 19.50		$ 51.00
	Drug - Sucseptibility	$ 22.75				
	DNA Probe M.TB	$ 24.75				
	DNA Probe M.avium	$ 24.75				
	BACTEC Drug Susceptibility	$ 57.00				
	BACTEC Identification	$ 28.50				
Mycoplasma pneumonia	EIA Serology IgG	$ 32.50				$ 44.00
	EIA Serology IgM	$ 32.50				$ 41.00
Parainfluenza virus	Isolation & ID	$ 86.50		$ 51.50		$ 97.00
Parasites (Intestinal)	Direct Exam	$ 19.75	$ 6.00			
	Concentrate & Exam	$ 19.75	$ 9.00			$ 19.00
	Trichrome Stain	$ 44.50				
Pertussis	Culture, ID & Agglutination	$ 39.75				$ 41.00
	Direct FA	$ 42.75	$ 17.00			
Pinworm	Identification	$ 7.00		$ 3.00		
Poliovirus	Isolation & ID	$ 88.25				$ 97.00
Rabies Virus	Direct FA	$114.00	$ 30.00	$ 51.50		$100.00

TABLE III
COMPARISON OF ALASKA PUBLIC HEALTH LABORATORY TEST FEES TO OTHER STATE LABORATORIES

Disease/Agent	Test	AK PHL	N.D.	Florida	WA	MN
Respiratory Syncytial Virus (RSV)	EIA Serology Isolation & ID	$ 32.50 $ 86.50		$ 51.50		$ 40.00 $ 97.00
Rotavirus	EIA	$ 32.50				$ 40.00
Rubeola (Measles)	EIA Serology IgG EIA Serology IgM Isolation & ID	$ 32.50 $ 32.50 $ 79.00		 $ 51.50		$ 40.00 $ 40.00 $ 97.00
Rubella (German Measles)	EIA Serology IgG EIA Serology IgM Isolation & ID	$ 32.50 $ 32.50 $ 79.00		$ 10.00 $ 10.00 $ 51.50		$ 40.00 $ 40.00 $ 97.00
Staphylococcus	Identification & Confirmation Food Testing	$ 28.50 $ 69.50				
Streptococcus Group A	Culture, ID & Grouping	$ 30.00				$ 6.00
Streptococcus pneumonia	Culture & ID	$ 52.25	$ 24.00			
Syphilis	Serology RPR Serology VDRL Serology FTA-ABS	$ 4.00 $ 19.50 $ 39.00	 N.C.	$ 4.00 $ 4.00 $ 10.00		$ 9.00 $ 9.00
TORCH	EIA Serology	$228.00	$ 72.00			$164.00
Toxoplasma	EIA Serology IgG EIA Serology IgM	$ 32.50 $ 32.50				$ 41.00
Tularemia	Tube Agglutination Slide Agglutination	$ 57.00 $ 42.75				$41.00

TABLE III
COMPARISON OF ALASKA PUBLIC HEALTH LABORATORY TEST FEES TO OTHER STATE LABORATORIES

Disease/Agent	Test	AK PHL	N.D.	Florida	WA	MN
Varicella Zoster Virus	EIA Serology Isolation & ID	$ 57.00 $125.25		 $ 51.50		$ 47.00 $ 97.00
Water Bacteriology Non-Potable	MPN, Total & Fecal Coliforms	$ 82.00			$150.00	$ 42.00
Water Bacteriology Drinking Water	Culture & Total Fecal	$ 51.25			$150.00	$ 36.00
Water Suitability	Bioassay	$131.00				

CHAPTER 80. FEES FOR DEPARTMENT SERVICES.

Article
1. Public Health Services (7 AAC 80-010 -- 7 AAC 80.090)
2. Family and Youth Services (7 AAC 80.100 -- 7 AAC 80.190)
3. Alcohol Safety Action Program Services (7 AAC 80.200 -- 7 AAC 80.230)
4. General Provisions (7 AAC 80.900 -- 7 AAC 80.990)

Article 1. Public Health Services

Section
10. Reasonable fee
20. Public interest waiver AAC 80.090
30. Fee schedule
40. Applicability to public health grantees and contractors
90. Definitions for 7 AAC 80.010 -- 7 AAC 80.090

7 AAC 80.010(c), (d), (h) and (i) are amended to read:

(c) A full discount of a fee will be allowed to an individual from a family with an annual income at or below that set out in the Department of Health and Human Services' Poverty Income Guidelines for Alaska, 58 Fed. Register 8287 (1993) [51 FED. REGISTER 5,105 (1986)].

(d) No discount of a fee will be allowed to an individual from a family whose annual income exceeds 250 percent of the levels set out in the Department of Health and Human Services' Poverty Income Guidelines for Alaska, 58 Fed. Register 8287 (1993) [51 FED. REGISTER 5,105 (1986)].

(h) In the case of certification or registration services provided and inspections conducted under [7 AAC 30.005 -- 7 AAC 30.080 and]AS 18.60.475(a), the reasonable fee for certification or registration will include an amount to compensate for the cost of inspections. When inspections are not done annually the amount included in the annual fee to compensate for the cost of inspections will be based on an average of cost-per-unit expenditures.

(i) The fees for personal care services, chore services and family planning will be based on monthly family income, relative to the United States Department of Health and Human Services poverty income guidelines for Alaska 58 Fed. Register 8287 (1993). The method for determining the fee schedule is set out in 7 AAC 80.030.

(Eff. 12/6/86, Register 100; am / / , Register)

Authority: AS 18.05.040
AS 44.29.022
AS 44.29.020
AS 47.05.010

Editor's notes -- A copy of the federal guidelines referred to in 7 AAC 80.010(c), (d) and (i) is available from the [OFFICE OF THE FAMILY PLANNING COORDINATOR,]Section of Maternal, Child and Family Health, Division of Public Health, P.O. Box 110612 H-06, Juneau, Alaska 99811-0612 [99811-9976].

7 AAC 80.020 is amended to read:

7 AAC 80.020. PUBLIC INTEREST WAIVER. (a) Notwithstanding 7 AAC 80.010(e) -- 7 AAC 80.010(g) t[T]he department will, in its discretion, waive a fee for a public health service if the commissioner determines that

(1) a public health emergency exists and public health services at no cost to the public are needed to meet the emergency;

(2) the service is necessary for the prevention of a communicable [OR SEXUALLY TRANSMITTED] disease, and charging a fee would seriously deter receipt of services and cause risk to the general public; or

(3) the public health is otherwise best served by waiver of the fee.

(b) No person will be denied public health services because of the person's inability to pay for services at the time treatment is sought. The department will post a sign informing the public of this policy in each location where services are provided. Except as provided in 7 AAC 80.010(d) [7 AAC 80.010(e)] -- (g), the department will discount [WAIVE] a fee for a public health service if a patient is unable to pay the fee at the time treatment is sought and requests that the fee be discounted [WAIVED]. (Eff. 12/6/86, Register 100; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

7 AAC 80.030 is amended to read:

7 AAC 80.030. FEE SCHEDULE. (a) The following fees will be collected for health services provided by the department;

Public Health Laboratory Tests

Disease/Agent	Test	Fee
Adenovirus	Isolation and identification	$ 69.50
Anaerobic Bacteria	Culture and identificatior	$134.00
Arbovirus	Isolation and identification	$150.00
Arthropods	Identification	$ 42.75
Brucellosis	Identification	$ 83.00

Brucellosis	Slide agglutination	$ 48.75
Brucellosis	Tube agglutination	$ 65.00
Chlamydia	Isolation and identification	$127.75
Chlamydia	EIA serology	$ 65.00
Chlamydia	DNA probe	$ 16.25
Cytomegalovirus	Isolation and identification	$ 69.50
Cytomegalovirus	EIA serology IgG	$ 32.50
Cytomegalovirus	EIA serology IgM	$ 32.50
Diphtheria	Culture, identification and biotype	$ 49.75
Diphtheria	Toxigenic testing	$ 99.75
Enteric Bacteria	Culture and identification	$ 46.75
Enteric Bacteria	Serotype	$111.00
Enteric Bacteria	Food testing	$125.25
Enterovirus	Isolation and identification	$ 88.25
Epstein-Barr Virus	IFA serology IgG	$ 65.00
Epstein-Barr Virus	IFA serology IgM	$ 65.00
E. coli 0157:h7	Culture and identification	$ 65.00
E. coli 0157:h7	Typing	$ 34.00
Filariasis	Identification	$128.25
Fungus/Yeast	Culture and identification	$ 91.00
Gonorrhea	Microscopic exam	$ 11.25
Gonorrhea	Culture and identification	$ 17.00
Gonorrhea	DNA probe	$ 8.50
Hemolphilis influenza	Culture and identification	$ 55.75
Hepatitis A	EIA serology IgG	$ 32.50
Hepatitis A	EIA serology IgM	$ 32.50
Hepatitis B	Immune status B, IgG	$ 32.50
Hepatitis B	Confirmation	$ 65.00
Hepatitis B	Diagnostic panel	$166.25

Hepatitis Delta	EIA serology	$ 32.50
Herpes Simplex	EIA serology	$ 32.50
Herpes Simplex	Isolation and identification	$ 69.50
Human Immunodeficiency Virus (HIV)	EIA serology	$ 26.00
Human Immunodeficiency Virus (HIV)	Western Blot	$ 45.25
Influenza	HI serology	$ 32.50
Influenza	Isolation and identification	$ 86.50
Legionnaire's Disease	FA test	$ 31.25
Malaria	Microscopic identification	$128.25
Miscellaneous Cultures	Identification and confirmation	$128.25
Meningococcal Meningitis	Culture and identification	$ 59.75
Mumps	EIA serology	$ 32.50
Mumps	Isolation and identification	$ 86.50
Mycobacterium (TB)	Concentrate and smear	$ 42.75
Mycobacterium (TB)	Culture and biochemical	$ 28.50
Mycobacterium (TB)	Drug susceptibility	$ 22.75
Mycobacterium (TB)	DNA probe M.TB	$ 24.75
Mycobacterium (TB)	DNA probe M. avium	$ 24.75
Mycoplasma pneumonia	EIA serology IgG	$ 32.50
Mycoplasma pneumonia	EIA serology IgM	$ 32.50
Parainfluenza virus	Isolation and identification	$ 86.50
Parasites (Intestinal)	Identification	$166.00
Pertussis	Culture, identification and agglutination	$ 39.75
Pertussis	Direct FA	$ 42.75
Pinworm	Identification	$ 7.00

Poliovirus	Isolation and identification	$ 88.25
Rabies virus	Direct FA	$114.00
Respiratory Syncytial Virus (RSV)	EIA serology	$ 32.50
Respiratory Syncytial Virus (RSV)	Isolation and identification	$ 86.50
Rotavirus	EIA	$ 32.50
Rubeola (Measles)	EIA serology IgG	$ 32.50
Rubeola (Measles)	EIA serology IgM	$ 32.50
Rubeola (Measles)	Isolation and identification	$ 79.00
Rubella (German Measles)	EIA serology IgG	$ 32.50
Rubella (German Measles)	EIA serology IgM	$ 32.50
Rubella (German Measles)	Isolation and identification	$ 79.00
Staphylococcus	Identification and confirmation	$ 28.50
Staphylococcus	Food testing	$ 69.50
Streptococcus Group A	Culture, identification and grouping	$ 30.00
Streptococcus pneumoniae	Culture and identification	$ 52.25
Syphilis	Serology RPR	$ 4.00
Syphilis	Serology VDRL	$ 19.50
Syphilis	Serology FTA-ABS	$ 39.00
TORCH	EIA serology	$228.00
Toxoplasma	EIA serology IgG	$ 32.50
Toxoplasma	EIA serology IgM	$ 32.50
Tularemia	Tube agglutination	$ 57.00
Tularemia	Slide agglutination	$ 42.75
Varicella Zoster virus	EIA serology	$ 57.00

Varicella Zoster virus	Isolation and identification	$125.25
Water bacteriology non-potable	MPN, total and fecal coliforms	$ 82.00
Water bacteriology drinking water	Culture total and fecal	$ 51.25

OTHER SERVICES [SERVICE]		FEE
Radiologic Health [LAB] SERVICES		
[METABOLIC SCREENING TESTING KIT		$10]
Annual radiological equipment registration and periodic inspection(for dentists)		$50 $20 per x-ray tube
Annual radiological equipment registration and periodic inspection (for others)		$80 $30 per x-ray tube
Radon monitoring		$30 per Alpha Track on charcoal test device [dosimeter]
Mammography registration and annual inspection		$1,500 per mammography tube
Linear Accelerator registration and periodic inspection		$500 per machine
AUDIOLOGY SERVICES [FOR ADULTS]		
Screening		$10
Evaluation/Consultation		
less than 20 minutes	up to	$30
more than 20 minutes	up to	$50
Hearing Aid - fitting and follow-up (does not include hearing aid)		
1 hearing aid	up to	$125
2 hearing aids	up to	$150
Auditory Brain Stem Response		
Diagnostic evaluation		$150
Threshold		$200
ADULT HEALTH		
Physical assessment/risk identification		$20
Blood pressure monitoring		$ 3
[HEARING SCREENING/REFERRAL]		
Administration of immunization		

(per visit, including for foreign travel)	$10
Exceptions [(ADDITIONAL FEE]):	
Yellow Fever vaccine	$30 [20]
[HEPTAVAX VACCINE (NON-IHS RECIPIENTS)]	$30
Tuberculin test for employment	$10

WOMEN'S HEALTH

Cancer screening services	
Physical assessment (including pap smear, breast self examination)	$40 [25]
Pap smear (abnormal) repeat	$20 [10]
Pregnancy services	
pregnancy test	$15 [10]
Prenatal/assess/counsel/refer	$25
[RUBELLA TEST	$10]
Administration of Rh Immune Globulin	$10

FAMILY PLANNING SERVICES

Initial examination	$90
Annual examination	$75
Problem visit	$40
Brief visit	$20
IUD insertion	$75
Norplant	$650
Depo-Provera	$40
Family planning classes (per series)	$40
[ENROLLMENT (INCLUDES EXAMINATION, METHOD, COUNSELING, PROBLEM VISITS) UP TO	$70]

SEPARATE SERVICES WHEN NOT PART OF ABOVE SERVICES

Home visit	$30/hr
Specialty clinics (Cardiac, neurodevelopmental and other similar medical clinics)	$150
Brief visit	$10
Urine test	$ 3
Hemoglobin test	$ 3
Drawing blood	$10 [5]
Throat cultures	$ 5
Metabolic screening test	$30 [10]
Personal care services	$18/hr
Chore services	$15/hr

Occupational therapy	$45/hr
Speech therapy	$45/hr
Physical therapy	$45/hr
Nutrition Services (initial visit)	$50/hr
Nutrition Services (follow-up visits)	$35/hr

OTHER	
Researching records (per hour)	$50
[EDUCATIONAL SEMINAR (PLUS TRAVEL COSTS IF MORE THAN $25)]	$100

(b) The department will not collect fees for the following services, free provision of which best serves the public interest:

(1) HIV [HTLV III] pre-test counseling and screening, and post-test counseling; and

(2) an initial patient visit made at the request or requirement of a person other than the patient, or made by the department for the purpose of communicable disease control.

(c) Fees for radiological equipment registrations are due annually [ON JANUARY 1 OF EACH YEAR] or, for new equipment[ACQUIRED AFTER JANUARY 1], within 30 days after acquisition. Fees are billed when due. If the annual fee is not paid within 60 [10] days after the billing is received, the outstanding balance may be referred for collection [DATE DUE, THE FEE WILL BE DOUBLED].

(d) The sliding fee scale for personal care services, chore services and family planning is applied to the fee established in (a) of this section if a recipient has monthly family income above the United States Department of Health and Human Services poverty guidelines for Alaska (58 Fed. Register 8287 (1993)). If the monthly family income is

(1) less than 115 percent of the poverty level there is no fee;

(2) between 115 percent and 130 percent of the poverty level the charge will be ten percent of the established fee;

(3) between 130 percent and 145 percent of the poverty level the charge will be 20 percent of the established fee;

(4) between 145 percent and 160 percent of the poverty level the charge will be 30 percent of the established fee;

(5) between 160 percent and 175 percent of the poverty level the charge will be 40 percent of the established fee;

(6) between 175 percent and 190 percent of the poverty level the charge will be 50 percent of the established fee;

(7) between 190 percent and 205 percent of the poverty level the charge will be 60 percent of the established fee;

(8) between 205 percent and 220 percent of the poverty level the charge will be 70 percent of the established fee;

(9) between 220 percent and 235 percent of the poverty

level the charge will be 80 percent of the established fee;

(10) between 235 percent and 250 percent of the poverty level the charge will be 90 percent of the established fee;

(11) 250 percent or more of the poverty level the charge will be 100 percent of the established fee.

(e) The department will determine a family's monthly adjusted income by

(1) counting all family income, before deductions, for the month ending with the date of service, or application for service, whether earned or unearned, from any source, including the fair market value of in-kind payments, but excluding non-taxable payments made under the Alaska Native Claims Settlement Act. (Eff. 12/6/86, Register 100; am 2/3/88, Register 105; am / / , Register)

Authority: AS 18.05.040
AS 44.29.022
AS 44.29.020
AS 47.05.010

Editor's notes. -- A copy of the general government unit agreement mentioned in 7 AAC 80.030(e) is available from the Section of Maternal, Child and Family Health, Division of Public Health, P.O. Box 110612, Juneau, Alaska 99811-0612.

7 AAC 80.090 is amended to read:

7 AAC 80.090. DEFINITIONS FOR 7 AAC 80.010 -- 7 AAC 80.090. In 7 AAC 80.010 -- 7 AAC 80-090,

(1) "direct costs" means the overall operational costs determined by the department to be necessary to provide public health patients with public health services;

(2) "indirect costs" means the overall administrative costs determined by the department to be necessary to provide public health patients with public health services;

(3) "sexually transmitted disease" includes gonorrhea, syphilis, chlamydia, genital herpes, and other diseases commonly transmitted through sexual contact[, BUT EXCLUDES ACQUIRED IMMUNE DEFICIENCY SYNDROME];

(4) "chore services" means housekeeping and other assistance necessary to maintain a recipient's home in a clean, sanitary, and safe condition for the habitation of the recipient, and which are necessary to prevent institutionalization of the recipient and include

(A) helping the client with planning and organizing household tasks;

(B) routine cleaning, including one-time or intermittent washing of floors, walls, and windows when doing so is essential to achieving or maintaining a clean, sanitary, and safe environment;

(C) personal laundry;
(D) menu planning and food preparation (according to economic and cultural setting);
(E) grocery shopping;
(F) mending clothes;
(G) hauling water;
(H) chopping wood;
(I) hauling fuel;
(J) shovelling snow; and
(K) other, similar chore tasks essential to maintaining the independent functioning of the recipient within his or her home;

(5) "director" means the director of the Division of Public Health;

(6) "family" means the recipient, the recipient's spouse, parents, the recipient's siblings and the recipient's children and grandchildren that live in the same household with
(A) the recipient; or
(B) the custodial parent of the recipient, if the recipient is a dependent minor, with whom the recipient spends most of his or her time; and

(7) "personal care services" are services consistent with the requirements of 7 AAC 43.750 -- 43.975 and include tasks of a nontechnical medical nature that assist a recipient in following a plan of care to improve the recipient's physical health or to prevent or delay deterioration in his or her physical health, and which are necessary to enable the recipient to remain safely at home. (Eff- 12/6/86, Register 100; am / / , Register)

Authority: AS 44.29.022
AS 18.05-040
AS 44.29.020
AS 47.05.010

Article 2. Family and Youth Services

Section
100. Reasonable fee
110. Public interest waiver
120. Formulas for determining fees by service category
[130. FEE SCHEDULE]
Section
[140. REASONABLE FEE FOR HOMEMAKER SERVICES]
190. Definitions for 7 AAC 80.100 -- 7 AAC 80.190

7 AAC 80.100(f) is amended to read:

(f) Fees assessed under 7 AAC 80.100 -- 7 AAC 80.120 [7 AAC 80.130] will be collected by the Department of Revenue, child support enforcement division, through procedures established by formal agreement between the Departments of Revenue, Law, and Health and Social Services. If the agreement between departments does not provide for collection of a type of fee or from a type of

client, that fee will be collected by the Department of Health and Social Services. (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

7 AAC 80.120 is amended to read:

7 AAC 80.120. FORMULAS FOR DETERMINING FEES BY SERVICE CATEGORY. The department will periodically publish a schedule of fees for each category of service provided. The fee for a service will be computed according to the following formulas:

(1) The fee for child foster [HOME] care costs [WILL BE THE AVERAGE FOSTER HOME CARE MONTHLY RATE BY AGE GROUP AS INDICATED IN THE CURRENT FOSTER HOME CARE RATE SCHEDULE, WHICH] is computed annually according to the formula established in 7 AAC 53.030 -- 53.040 [7 AAC 50.720(c)] and published annually before the fiscal year to which they apply.

(2) The fee for residential child care costs will be based on facility category as established in 7 AAC 50.901(e). The fee for each in-state residential child care facility category will be the average monthly rate for all in-state facilities in each category with which the department contracts. The fee for each out-of-state residential child care facility will be the average monthly rate for all out-of-state residential child care facilities with which the department contracts.

[(3) THE FEE FOR PURCHASED CARE COSTS WILL BE THE AVERAGE MONTHLY COST OF ALL PURCHASED CARE SERVICES, DETERMINED AFTER DIVIDING THE CURRENT YEAR BUDGET FOR PURCHASED CARE SERVICES BY THE TOTAL NUMBER OF CLIENTS PROJECTED TO RECEIVE THESE SERVICES.

(4) THE FEE FOR HOMEMAKER SERVICES WILL BE BASED ON MONTHLY FAMILY INCOME, RELATIVE TO THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES POVERTY INCOME GUIDELINES FOR ALASKA (51 FED. REGISTER 5,105 (1986)). THE FEE SCHEDULE FOR HOMEMAKER SERVICES IS SET OUT IN 7 AAC 80.140.] (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register)

Authority: AS 44.29.020
AS 44.29.024
AS 44.29.022
AS 47.05.010

Editor's notes. -- A copy of the child foster care and child residential care rates mentioned in 7 AAC 80.120(1) and (2) are available from the Division of Family and Youth Services, P.O. Box 110630, Juneau, Alaska 99811-0630 [1986 POVERTY INCOME GUIDELINES MENTIONED IN 7 AAC 80.120(4) IS AVAILABLE FROM THE CENTRAL OFFICE OF THE DIVISION OF FAMILY AND YOUTH SERVICES, P.O. BOX H-05,

JUNEAU, ALASKA 99811].

7 AAC 80.130 is repealed.

7 AAC 80.140 is repealed.

7 AAC 80.190 is amended to read:

7 AAC 80.190. DEFINITIONS FOR 7 AAC 80.100 -- 7 AAC 80.190. In 7 AAC 80.100 -- 7 AAC 80.190,

(1) "foster home care costs" means the expenses associated with the care of a foster child set out at 7 AAC 53.030 -- 7 AAC 53.040 [50.720]; and

(2) "residential child care costs" means the expenses associated with the care of children in residential care facilities set out at 7 AAC 50.941(a) -- (m);

[(3) "PURCHASED CARE COSTS" MEANS THE COST TO THE DEPARTMENT FOR SERVICES PURCHASED FOR FAMILIES, INCLUDING INDIVIDUAL AND FAMILY COUNSELING, PSYCHOLOGICAL AND OTHER CLINICAL ASSESSMENT, DAY CARE, MEDICAL AND DENTAL CARE NOT OTHERWISE PROVIDED FOR THE FAMILY UNDER A HEALTH INSURANCE PLAN OR FEDERAL ENTITLEMENT PROGRAM, AND SPECIAL NEEDS AS SET OUT IN 7 AAC 50.760;

(4) "AVAILABLE AND NECESSARY SOCIAL SERVICES" MEANS THAT RESOURCES ARE AVAILABLE TO THE DEPARTMENT TO PROVIDE A SPECIFIC SERVICE AND THAT THE DEPARTMENT HAS ASSESSED THE CLIENT AS HAVING A NEED FOR THE SPECIFIC SERVICE; AND

(5) "HOMEMAKER SERVICES" IS A TEAM SERVICE, FOR ADULTS AND CHILDREN THAT IS DESIGNED TO PREVENT INSTITUTIONALIZATION AND TO PREVENT UNNECESSARY OUT-OF-HOME PLACEMENT]. (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

Article 3. Alcohol Safety Action Program Services

Section	Section
200. Applicability	220. Collection procedure
210. Fee schedule	230. Public interest waiver

Publisher's notes. -- Existing Article 3 (7 AAC 80.900 -- 7 AAC 80.990), as it appears in the Register 107 main pamphlet, was redesignated as Article 4 as of Register 111.

7 AAC 80.210 is amended to read:

7 AAC 80.210. FEE SCHEDULE. The fee for alcohol safety action

program services is $100 [75] for each court case. The department may reduce this fee to $75 as an incentive for early payment. The department will determine the time period for early payment on an individual basis. (Eff. 7/16/89, Register 111; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010
AS 47.37.040(14)

Article 4. General Provisions

Section		Section	
900.	Scope of service fees	925.	Professional services
910.	Actual cost	930.	Non-collection of fee
920.	Administrative services fees	940.	Economic feasibility
		990.	Definitions

7 AAC 80 is amended by adding a new section to read:

7 AAC 80.925. PROFESSIONAL SERVICES. The department may charge and collect a fee equal to the hourly cost, up to $300 per day, for individual staff who provide educational or consultive services to agencies or organizations. (Eff. / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

CHAPTER IX

USING WORK TIME UNITS FOR COSTING

Work Time Units (WTUs) can not only be used for estimating employee productivity and appropriate staffing levels but for estimating test costs as well. If a laboratory performed 500,000 tests that involved 4,000,000 WTUs at a total laboratory cost of $2,000,000, dividing $2,000,000 by 4,000,000 WTUs yields a cost of $.50 per WTU. That is:

$$\frac{\text{Total Cost}}{\text{Total WTUs}} \qquad \frac{\$2,000,000}{\$4,000,000 \text{ WTUs}} \qquad \$ .50 \text{ per WTU}$$

One can then estimate the cost of any particular test for which a WTU is assigned by using the following relationship:

Cost Per Test = Number of WTUs for the Test X Cost Per WTU

Then, if we want to estimate the cost of a test valued at five WTUs we would calculate as follows:

Cost = 5 WTUs X $ .50 = $2.50

Calculating a cost per WTU as shown above yields an average cost for the entire laboratory. By developing cost and production figures for specific sections of a laboratory (for example, Microbiology), more precise cost per test estimates can be achieved.

COST ACCOUNTING FOR THE LABORATORY

How are total costs for the laboratory (or for the Microbiology Section) identified? Cost accounting provides the principles and techniques for identifying the costs involved in all laboratory activities which would include bench activities, planning and controlling activities, controlling and possibly lowering costs, and estimating the costs of tests. Cecil Duncan has described the nature, the purposes, and some of the language of cost accounting for the laboratory (1).

Cost accountants use the term "estimating" rather than "determining" costs because accounting data are a mixture of facts, estimates, and opinion. Identifying "true costs" of services is so expensive that necessity forces us to use a healthy dose of common sense in arriving at a fair cost without the added expense of obtaining "true cost."

Cost accounting begins with the identification of cost centers. A cost center is the smallest unit of activity for which costs are accumulated. Two examples of cost centers in a laboratory are the microbiology section and the glassware preparation activity. Cost centers may be revenue cost centers or non-revenue cost centers. Revenue cost centers, for example microbiology, produce services which are delivered outside the laboratory and for which a fee for that service could be charged (the center is still considered a revenue cost center even if fees are not charged). Non-revenue cost centers, such as glassware preparation, do not deliver services outside the laboratory. Non-revenue cost centers incur costs but do not bring in revenue; they are, however, vital to the organization in supporting the activities of the revenue centers.

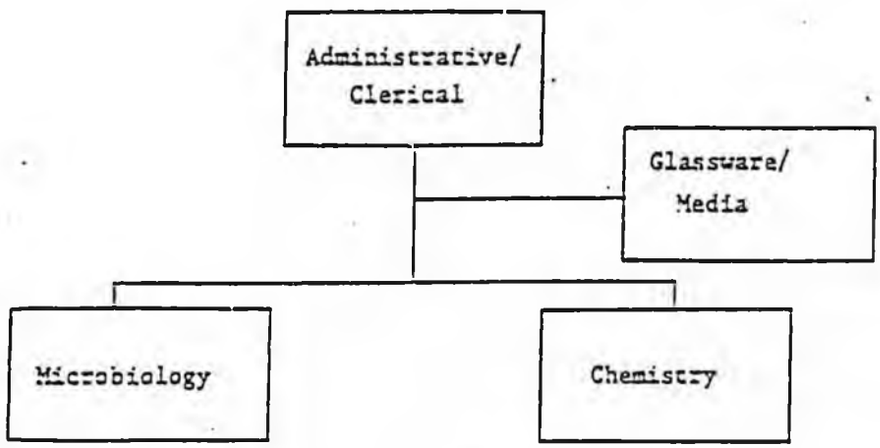
METHODS OF COST FINDING: ACCUMULATION AND ALLOCATION

One of the purposes of cost accounting is identifying the costs involved in activities or cost centers. The three recommended procedures are cost accumulation, cost allocation, and cost reapportionment. The three procedures taken together are considered to be "cost finding."

The first objective of cost finding is to estimate the indirect and direct costs of each activity. The second objective is to transfer the costs of the non-revenue cost centers to the revenue centers that they serve, thereby providing an estimate of the total cost of each revenue cost center.

The first procedure of cost finding is cost accumulation. This procedure involves the identification of as many costs as possible by the cost centers which incur them. Let us use as an example a laboratory with the four activities of administrative/clerical, glassware/media, microbiology, and chemistry as shown in Figure 1. Let us also assume that these four activities have been designated as the cost centers for this hypothetical laboratory.

Figure 1. Hypothetical Laboratory Activities
and Cost Centers Used to Illustrate Cost Finding Procedures



In the laboratory depicted in Figure 1, one would normally be able to identify salary costs and, if the supply system is effectively designed and efficiently operated, identify material costs by cost center. Accumulating salary and supply costs may be more difficult in some laboratories than in others but it can be done. Assume for illustrative purposes that salaries and materials have been identified for each cost center as shown in Figure 2. Many other costs, however, cannot be identified by activity, thereby preventing accumulation by cost center; for example, rent and telephone. We must, therefore, advance to the second procedure of cost finding: cost allocation.

The objective in cost allocation is to find something that can be quantified that is related to the cost to be allocated. Take rent of the laboratory building as an example of an indirect or overhead cost that cannot be accumulated by cost center. What quantifiable element could be related to building rent? Logically, the floor space assigned to each cost center. Assume that we find:

COST CENTER	PERCENTAGE OF TOTAL AREA
Administrative/Clerical	10%
Glassware/Media	20%
Microbiology	40%
Chemistry	30%

Now we have a quantifiable, related element called an allocation basis which we can use to divide the rent cost among the cost centers on a fair share basis. Let us assume in this laboratory there are only four costs: salaries, $70,000; materials and supplies, $12,000; rent, $20,000; and telephone, $200. Therefore, rent ($20 000) is allocated to the cost centers by assigning 10% ($2,000) of the rent to Administrative/Clerical, 20% ($4,000) to Glassware/Media, 40% ($8,000) to Microbiology, and 30% ($6,000) to Chemistry.

Telephone costs must also be allocated because they cannot be readily identified with cost centers. Since people use the telephone, a fair allocation basis would be the percent of total employees assigned to each cost center. Another allocation basis might be the percentage of the total number of extension telephones assigned to each cost center. Let us use people as the basis and assume the following distribution of employees:

COST CENTER	PERCENTAGE OF TOTAL EMPLOYEES
Administrative/Clerical	20%
Glassware/Media	10%
Microbiology	50%
Chemistry	20%

Using this basis, we can allocate the $200 telephone cost to the cost centers as follows: Administrative/Clerical, $40 (20% of $200); Glassware/Media, $20; Microbiology, $100; and Chemistry, $40. This step completes the allocation process, and we can add the allocated costs to the accumulated costs to derive the total cost of each cost center as shown in Figure 2.

Figure 2. Accumulation of Costs, Allocation of Costs on Fair Share Bases, and Computation of the Total Cost of Each Cost Center

COST CATEGORIES	COST CENTERS			
	Admin./Clerical	Glassware/Media	Microbiology	Chemistry
Accumulated				
Salaries	$20,000	$12,000	$22,000	$16,000
Supplies	500	3,000	4,500	4,000
Allocated				
Rent	2,000	4,000	8,000	6,000
Telephone	40	20	100	40
TOTAL COSTS	$22,540	$19,020	$34,600	$26,040

It is important to point out that all possible costs should be identified and accumulated by cost center, leaving as few as possible to be allocated. Accumulation produces greater accuracy than allocation. It is also important to recognize that the allocation process depends on finding a basis which bears some relation to the cost being allocated. If no rational or reasonable basis can be found, it is acceptable to evenly divide the cost among the cost centers.

REAPPORTIONMENT

After achieving the first objective of cost finding--that is, estimating the cost of each cost center by accumulation and allocation--we are ready for the final step. This procedure is called reapportionment and involves the transfer of costs of the non-revenue cost centers to the revenue cost centers that they serve. Once this is accomplished, one can estimate the total costs of the revenue cost centers.

Since the objective in reapportionment is to distribute the costs of the non-revenue cost centers to the revenue cost centers, we need a basis for distribution. The basis used for reapportionment is the service given by a non-revenue cost center to all other cost centers. Assume that Administrative/Clerical provides 20 per cent of its service to Glassware/Media and the remainder of its service to the other cost centers, as shown in Table 1.

Table 1. Service Provided by Cost Centers to Other Cost Centers

	SERVICE (%) PROVIDED BY:	
Provided To:	Administrative/Clerical	Glassware/Media
Administrative/Clerical	0%	0%
Glassware/Media	20	0
Microbiology	50	60
Chemistry	30	40

Also assume that Glassware/Media provides 60% of its service to Microbiology and 40% of service to Chemistry, as shown in Table 1. Note that if a cost center, such as Administrative/Clerical, provides service to itself that is not counted. Only service to others is considered. Furthermore, Administrative/Clerical appears first in the order of the non-revenue cost centers in Table 1 because it serves the largest number of other cost centers. The ordering of non-revenue cost centers in this manner provides a "step-down" sequence for reapportionment. Step-down reapportionment is one of several methods described by the American Hospital Association (2) and others (3); but the step-down procedure appears to be most suitable for laboratories.

When the "service provided" basis for rea ortionment is established, the costs of the non-revenue centers can be reapportioned to the revenue cost centers. Table 2 illustrates the process of reapportioning costs of the Administrative/Clerical cost center ($22,540) to the Glassware/Media, Microbiology, and Chemistry cost centers.

Table 2. Reapportionment of Costs from Non-Revenue Cost Centers to Revenue Cost Centers

	Admin./Clerical		Glassware/Media		Added by Reapportionment
Accumulated & Allocated Cost	$22,540		$19,020		
Added by Reapportionment	0		→ 4,508		
To Be Reapportioned	$22,540		$23,528		
Admin./Clerical	0		0		
Glassware/Media	$ 4,508		0		
Microbiology	11,270	+	$14,117	=	$25,387
Chemistry	6,762	+	9,411	=	16,173

By using the reapportionment basis shown in Table 1, we distribute 20% of the costs of Administrative/Clerical ($4,508) to Glassware/Media, 50% ($11,270) to Microbiology, and 30% ($6,762) to Chemistry. All costs that were accumulated and allocated for Administrative/Clerical have now been distributed.

Next, distribute the costs of Glassware/Media, which is $19,020 (from Figure 2) plus the $4,508 that was distributed from Administrative/Clerical, which is a total of $23,528 to reapportion. Sixty per cent ($14,117) of Glassware/Media costs are distributed to Microbiology and 40% ($9,411) to Chemistry. Therefore, the new total cost for Microbiology is the accumulated and allocated cost from Figure 2 ($34,600) and the amount added by reapportionment ($25,387, Table 2), for a total cost of $59,987. Similarly, the total cost of Chemistry is $26,040 (accumulated and allocated) plus $16,173 (reapportioned) for a total of $42,213.

We have illustrated the three procedures of cost finding in a most simplified manner, but the principles apply to complex problems. One assumption made was that salary costs could be easily identified and accumulated by cost center, when, in fact, in small laboratories rotation of employees among cost centers is routine. The solution is to keep a record, over a period of time, of the number of hours worked in each cost center.

Effort expended in accurately accumulating salary costs for each cost center will pay dividends in accuracy of cost per test. A study of 23 public health laboratories found that salary costs constituted 77% of total laboratory expenditures (supplies accounted for 12% of total costs, utilities 5%, depreciated value of equipment 1%, and all other cost categories accounted for about 5% of total expenditures).(4)

The service basis for reapportionment can be determined by asking employees to keep a record on a sampling basis of the hours spent serving the other cost centers. Another basis for reapportionment is the dollar value of service; however, since most of the cost of service is for labor, the hours of service seem more appropriate.

Allocation bases have been suggested for costs other than rent and telephone.(2) One of the costs which may be incurred by the laboratory is a fair share of the indirect costs of the hospital or health department which are distributed to laboratory as a revenue cost center. These costs often can be redistributed (allocated) to cost centers of the laboratory on the same basis that the costs were received.

SUMMARY

The cost accounting procedures of accumulation, allocation, and reapportionment provide reasonable estimates of the total cost of a laboratory activity or cost center. For example, if the total annual cost of the Microbiology cost center is $59,987 and that activity has produced 119,974 Work Time Units during the same time period, then the cost per WTU is $0.50. So if the WTU for a positive enteric culture is 31.4, the cost for performing the stream of work on an enteric culture from the primary culture to serotyping is $15.70.

Cost accounting is a useful tool for managers in planning and controlling activities and in controlling costs. It is hoped that the basic principles and simplified model presented here will help the reader communicate with the specialists, evaluate their proposals, and intelligently use a cost accounting system in their laboratory.

REFERENCES

(1) Duncan, Cecil R., "Cost Accounting for the Laboratory: The Nature, the Purposes, and Some of the Language", Cadence, Vol. 5, No. 5, September/October 1974, 27-35.

(2) Cost Finding and Rate Setting for Hospitals. American Hospital Association, Chicago, Illinois, 1968. 103 pp.

(3) Horngren, Charles T. Cost Accounting, A Managerial Emphasis. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1972.

(4) Elwell, G. Richey, Herbert L. Lawton, Cecil R. Duncan, "An Analysis of Cost Studies Performed in Public Health Laboratories", Health Laboratory Science, Vol. 14, No. 2, April 1977, 140-144.

22614-92 LABORATORY SERVICES
LEVEL: 70 = ALLOCATIONS APPROPRIATION EXPENDITURES BY EXTENDED NEXT LOWER LEVEL
ORIG: 92 FUND: 11100 BDGTING
SPNDING REV REC

	ENTITY NUMBER AND DESCRIPTION	FY 92 AUTH	FY 92 ACTUAL EXP	FY 92 ENCUMB	BALANCE
NN	22614-92 LABORATORY SERVICES	2,251,900.00	2,232,566.45	37,445.77	18,112.22-
NN	06311500-92 SE REGIONAL LABS	2,251,900.00	355,313.09	2,001.56	1,894,585.35
SNY	70000 TOTAL EXPENDITURES	2,251,900.00	355,313.09	2,001.56	1,894,585.35
SN	70008 OPERATING ACCT TOTAL	2,251,900.00	355,313.09	2,001.56	1,894,585.35
SNN	70100 GROUP CTRL-PER SER	1,676,900.00	281,083.02	.00	1,395,816.98
SNN	71000 PERSONAL SERVICES	1,676,900.00	281,083.02	.00	1,395,816.98
SNN	71100 WAGES	.00	176,608.92	.00	176,608.92-
SNN	71150 REGULAR DUTY	.00	173,224.56	.00	173,224.56-
SNN	71170 REGULAR COMPENSATION	.00	173,224.56	.00	173,224.56-
SNN	71172 REGULAR PAY	.00	173,224.56	.00	173,224.56-
SNN	71550 OTHER TAXABLE COMP	.00	3,384.36	.00	3,384.36-
SNN	71560 RETROACTIVE PAY	.00	3,384.36	.00	3,384.36-
SNN	71600 BENEFITS	.00	103,857.85	.00	103,857.85-
SNN	71650 LEAVE TAKEN	.00	21,002.14	.00	21,002.14-
SNN	71680 ANNUAL LEAVE	.00	10,571.17	.00	10,571.17-
SNN	71690 SICK LEAVE	.00	10,430.97	.00	10,430.97-
SNN	71720 LIQUIDATED LEAVE	.00	2,256.27	.00	2,256.27-
SNN	71750 LEAVE PAY OUT	.00	2,256.27	.00	2,256.27-
SNN	71770 EMPLR FRINGE BENEFIT	.00	78,899.22	.00	78,899.22-
SNN	71790 AK SUPPLEMNTL BENEFT	.00	12,203.45	.00	12,203.45-
SNN	71800 PUBLC EMPL RETIREMNT	.00	30,636.53	.00	30,636.53-
SNN	71820 UNEMPLYMNT INSURANCE	.00	1,991.22	.00	1,991.22-
SNN	71830 GROUP HLTH INSURANCE	.00	26,479.53	.00	26,479.53-
SNN	71840 WORKMANS COMP INSUR	.00	3,670.78	.00	3,670.78-
SNN	71870 TERMINAL LEAVE CHARG	.00	3,917.71	.00	3,917.71-
SNN	71795 MEDICARE TAX	.00	1,700.22	.00	1,700.22-
SNN	71880 OTHER	.00	616.25	.00	616.25-
SNN	71925 ASEA LEGAL TRUST	.00	616.25	.00	616.25-
SNN	70200 GROUP CTRL - OTHER	575,000.00	74,230.07	2,001.56	498,768.37
SNN	70201 GC=OTHER=NONGRANT	575,000.00	74,230.07	2,001.56	498,768.37
SNN	72000 TRAVEL	34,900.00	1,930.75	.00	32,969.25
SNN	72200 TRAVEL TRANSPORTATN	.00	569.25	.00	569.25
SNN	72240 FIELD TRAVEL	.00	569.25	.00	569.25
SNN	72250 INSTATE TRANSPORTATN	.00	569.25	.00	569.25
SNN	72500 PER DIEM/OTHER COSTS	.00	1,361.50	.00	1,361.50
SNN	72540 FIELD TRAVEL	.00	1,361.50	.00	1,361.50
SNN	72550 INSTATE PER DIEM	.00	1,361.50	.00	1,361.50
SNN	73000 OTHER SRVCS & CHARGE	214,100.00	38,843.73	1,022.27	174,234.00
SNN	73100 PROFESSIONAL SRVCS	.00	199.25	.00	199.25
SNN	73230 MED/DENT/HOSP SVCS	.00	199.25	.00	199.25
SNN	73241 LAB TEST	.00	17.25	.00	17.25
SNN	73300 COMMUNICATIONS	.00	5,023.15	.00	5,023.15
SNN	73320 TELEPHONE	.00	2,340.65	.00	2,340.65
SNN	73321 TOLL COSTS	.00	876.64	.00	876.64

22614-92 LABORATORY SERVICES
LEVEL: 70 - ALLOCATIONS APPROPRIATION EXPENDITURES BY EXTENDED NEXT LOWER LEVEL
ORIG: 92 FUND: 11100 BDGTING
SPNDING REV REC

	ENTITY NUMBER AND DESCRIPTION	FY 92 AUTH	FY 92 ACTUAL EXP	FY 92 ENCUMB	BALANCE
SXX	73322 BASE/LOCAL-FIX COST	.00	1,464.01	.00	1,464.01-
SXX	73380 POSTAGE	.00	2,682.50	.00	2,682.50-
SXX	73381 POSTAGE METER FC	.00	682.50	.00	682.50-
SXX	73400 TRANSPORTATION	.00	3,773.16	.00	3,773.16-
SXX	73460 FRGHT & EXPRESS CHRG	.00	1,745.16	.00	1,745.16-
SXX	73480 MESSENGER SERVICE	.00	2,028.00	.00	2,028.00-
SXX	73481 COURIER-FIXED COST	.00	2,013.00	.00	2,013.00-
SXX	73500 ADV PRINT & BIND	.00	1,744.00	.00	1,744.00-
SXX	73501 SUBSCRIPTIONS	.00	1,738.00	.00	1,738.00-
SXX	73560 PRINTING & BINDING	.00	6.00	.00	6.00-
SXX	73600 PUBLIC UTILITY SVCS	.00	8,833.70	429.77	9,263.47-
SXX	73610 NATURAL GAS/PROPANE	.00	31.50	.00	31.50-
SXX	73620 ELECTRICITY	.00	7,449.95	429.77	7,879.72-
SXX	73640 WASTE DISPOSAL	.00	1,352.25	.00	1,352.25-
SXX	73700 MINR REPAIRS & MAINT	.00	13,242.97	592.50	13,835.47-
SXX	73780 MACH/EQUIP REPR/MAIN	.00	7,462.97	592.50	8,055.47-
SXX	73855 JANITORIAL/CARETAKER	.00	5,780.00	.00	5,780.00-
SXX	73789 JANITORIAL/CT FC	.00	5,780.00	.00	5,780.00-
SXX	73800 RENTALS/LEASES	.00	3,939.00	.00	3,939.00-
SXX	73860 MACHINERY & EQUIP	.00	3,180.00	.00	3,180.00-
SXX	73866 COPIER-FIXED COST	.00	3,180.00	.00	3,180.00-
SXX	73880 OTHER RENTALS/LEASES	.00	759.00	.00	759.00-
SXX	73900 OTHER EXPEND/SVCS	.00	2,088.50	.00	2,088.50-
SXX	73911 LAUNDRY	.00	769.50	.00	769.50-
SXX	73912 CONFERENCE REGISTRAT	.00	315.00	.00	315.00-
SXX	73913 EMPLOYEE TUITION FEE	.00	585.00	.00	585.00-
SXX	73914 MEMBERSHIP DUES/FEES	.00	75.00	.00	75.00-
SXX	73928 FOREIGN FEES/TAXES	.00	250.00	.00	250.00-
SXX	73991 INTEREST EXPENSE	.00	94.00	.00	94.00-
SXX	74000 SUPPLIES	315,600.00	29,056.59	979.29	285,564.12
SXX	74200 OFFICE SUPPLIES	.00	1,324.96	.00	1,324.96-
SXX	74220 OFFCE/LIBRARY SUPPLY	.00	1,324.96	.00	1,324.96-
SXX	74221 STATIONERY & SUPPLYS	.00	710.72	.00	710.72-
SXX	74225 DUPLICATING SUPPLIES	.00	84.38	.00	84.38-
SXX	74229 OFFICE SUPPLIES	.00	14.56	.00	14.56-
SXX	74232 STATE FORMS COSTS --	.00	95.00	.00	95.00-
SXX	74400 OPERATING SUPPLIES	.00	25,031.24	979.29	26,010.53-
SXX	74520 SCIENTIFIC SUPPLIES	.00	24,853.17	979.29	25,832.46-
SXX	74523 LABORATORY SUPPLIES	.00	24,853.17	979.29	25,832.46-
SXX	74525 PROF/SCIENT SUPL NCE	.00	.00	.00	.00
SXX	74560 DATA PROC. SUPPLIES	.00	178.07	.00	178.07-
SXX	74650 REPAIR/MAINTEN SUPPL	.00	2,700.39	.00	2,700.39-
SXX	74750 OTH REPAIR/MAINT SUP	.00	2,700.39	.00	2,700.39-
SXX	74753 BOTTLED GAS	.00	2,700.39	.00	2,700.39-

22614-92 LABORATORY SERVICES
LEVEL: 70 - ALLOCATIONS APPROPRIATION EXPENDITURES BY EXTENDED NEXT LOWER LEVEL
ORIG: 92 FUND: 11100 BDGTING
SPNDING REV REC

	ENTITY NUMBER AND DESCRIPTION	FY 92 AUTH	FY 92 ACTUAL EXP	FY 92 ENCUMB	BALANCE
SXX	75000 CAPITAL OUTLAY	10,400.00	4,399.00	.00	6,001.00
SXX	75690 MACH/EQUIP SUMMARY	10,400.00	4,399.00	.00	6,001.00
SXX	75830 DATA PROC. EQUIP	.00	703.00	.00	703.00-
SXX	75870 LABORATORY/SCIENTIFC	.00	3,696.00	.00	3,696.00-
XX	06311503-92 SOUTHCENTRL REG LABS	.00	713,324.24	30,098.45	743,422.69-
SXX	70000 TOTAL EXPENDITURES	.00	713,324.24	30,098.45	743,422.69-
SXX	70008 OPERATING ACCT TOTAL	.00	713,324.24	30,098.45	743,422.69-
SXX	70100 GROUP CTRL-PER SER	.00	589,583.90	.00	589,583.90-
SXX	71000 PERSONAL SERVICES	.00	589,583.90	.00	589,583.90-
SXX	71100 WAGES	.00	375,627.53	.00	375,627.53-
SXX	71150 REGULAR DUTY	.00	367,614.95	.00	367,614.95-
SXX	71170 REGULAR COMPENSATION	.00	367,614.95	.00	367,614.95-
SXX	71172 REGULAR PAY	.00	367,614.95	.00	367,614.95-
SXX	71300 PREMIUM PAY	.00	310.94	.00	310.94-
SXX	71320 OVERTIME	.00	310.94	.00	310.94-
SXX	71324 OT - TIME & ONE-HALF	.00	310.94	.00	310.94-
SXX	71550 OTHER TAXABLE COMP	.00	7,701.64	.00	7,701.64-
SXX	71560 RETROACTIVE PAY	.00	7,701.64	.00	7,701.64-
SXX	71600 BENEFITS	.00	212,585.43	.00	212,585.43-
SXX	71650 LEAVE TAKEN	.00	49,927.56	.00	49,927.56-
SXX	71680 ANNUAL LEAVE	.00	24,294.93	.00	24,294.93-
SXX	71685 PERSONAL LEAVE	.00	7,069.24	.00	7,069.24-
SXX	71690 SICK LEAVE	.00	18,563.39	.00	18,563.39-
SXX	71720 LIQUIDATED LEAVE	.00	1,499.94	.00	1,499.94-
SXX	71750 LEAVE PAY OUT	.00	1,499.94	.00	1,499.94-
SXX	71770 EMPLR FRINGE BENEFIT	.00	158,991.93	.00	158,991.93-
SXX	71790 AK SUPPLEMNTL BENEFT	.00	25,531.26	.00	25,531.26-
SXX	71800 PUBLC EMPL RETIREMNT	.00	61,957.84	.00	61,957.84-
SXX	71820 UNEMPLYMNT INSURANCE	.00	9,262.55	.00	9,262.55-
SXX	71830 GROUP HLTH INSURANCE	.00	51,279.76	.00	51,279.76-
SXX	71840 WORKMANS COMP INSUR	.00	7,530.46	.00	7,530.46-
SXX	71870 TERMINAL LEAVE CHARG	.00	8,430.06	.00	8,430.06-
SXX	71795 MEDICARE TAX	.00	2,166.00	.00	2,166.00-
SXX	71880 OTHER	.00	1,370.94	.00	1,370.94-
SXX	71905 BUSINESS LEAVE BANKS	.00	122.06	.00	122.06-
SXX	71940 GGU BUS LV BANK CONT	.00	122.06	.00	122.06-
SXX	71925 ASEA LEGAL TRUST	.00	1,146.88	.00	1,146.88-
SXX	71950 SUPERVSRS LEGAL TRST	.00	102.00	.00	102.00-
SXX	70200 GROUP CTRL - OTHER	.00	123,740.34	30,098.45	153,838.79-
SXX	70201 GC-OTHER-NONGRANT	.00	123,740.34	30,098.45	153,838.79-
SXX	72000 TRAVEL	.00	36.00	.00	36.00-
SXX	72500 PER DIEM/OTHER COSTS	.00	36.00	.00	36.00-
SXX	72600 CONVENT'NS & MEETS	.00	36.00	.00	36.00-
SXX	72604 OUTSIDE PER DIEM	.00	36.00	.00	36.00-

22614-92 LABORATORY SERVICES
LEVEL: 70 - ALLOCATIONS APPROPRIATION EXPENDITURES BY EXTENDED NEXT LOWER LEVEL
ORIG: 92 FUND: 11100 BDGTING
SPNDING REV REC

	ENTITY NUMBER AND DESCRIPTION	FY 92 AUTH	FY 92 ACTUAL EXP	FY 92 ENCUMB	BALANCE
SXX	73000 OTHER SRVCS & CHARGE	.00	38,354.33	867.19	39,221.52-
SXX	73300 COMMUNICATIONS	.00	8,339.21	161.59	8,500.80-
SXX	73320 TELEPHONE	.00	2,659.92	161.59	2,821.51-
SXX	73321 TOLL COSTS	.00	1,257.97	143.75	1,401.72-
SXX	73322 BASE/LOCAL-FIX COST	.00	1,226.17	.00	1,226.17-
SXX	73380 POSTAGE	.00	5,679.29	.00	5,679.29-
SXX	73381 POSTAGE METER FC	.00	1,931.73	.00	1,931.73-
SXX	73382 BOX RENTAL-FIX COST	.00	417.50	.00	417.50-
SXX	73400 TRANSPORTATION	.00	6,538.03	172.60	6,710.63-
SXX	73460 FRGHT & EXPRESS CHRG	.00	5,010.53	172.60	5,183.13-
SXX	73480 MESSENGER SERVICE	.00	1,527.50	.00	1,527.50-
SXX	73500 ADV PRINT & BIND	.00	6,052.50	.00	6,052.50-
SXX	73501 SUBSCRIPTIONS	.00	2,441.25	.00	2,441.25-
SXX	73562 SUBSCRIPTIONS	.00	513.75	.00	513.75-
SXX	73560 PRINTING & BINDING	.00	3,610.75	.00	3,610.75-
SXX	73561 PRINT & BIND FORMS	.00	622.75	.00	622.75-
SXX	73600 PUBLIC UTILITY SVCS	.00	771.13	.00	771.13-
SXX	73610 NATURAL GAS/PROPANE	.00	771.13	.00	771.13-
SXX	73700 MINR REPAIRS & MAINT	.00	10,648.98	533.00	11,181.98-
SXX	73720 BUILDINGS	.00	13.21	.00	13.21-
SXX	73724 BLDG REPAIRS/MAINTEN	.00	13.21	.00	13.21-
SXX	73780 MACH/EQUIP REPR/MAIN	.00	9,222.77	72.00	9,294.77-
SXX	73701 OFFICE FURN & EQUIP	.00	143.00	.00	143.00-
SXX	73784 DP-FIXED COST	.00	1,091.00	.00	1,091.00-
SXX	73796 PERIPHERALS	.00	1,091.00	.00	1,091.00-
SXX	73787 DP EQUIP REPAIR	.00	105.00	.00	105.00-
SXX	73855 JANITORIAL/CARETAKER	.00	1,413.00	461.00	1,874.00-
SXX	73789 JANITORIAL/CT FC	.00	1,413.00	.00	1,413.00-
SXX	73800 RENTALS/LEASES	.00	4,077.00	.00	4,077.00-
SXX	73840 BUILDINGS	.00	2,079.00	.00	2,079.00-
SXX	73841 RENT/LEASE-FIX COST	.00	2,079.00	.00	2,079.00-
SXX	73860 MACHINERY & EQUIP	.00	1,998.00	.00	1,998.00-
SXX	73866 COPIER-FIXED COST	.00	1,998.00	.00	1,998.00-
SXX	73900 OTHER EXPEND/SVCS	.00	1,927.48	.00	1,927.48-
SXX	73910 LOANS TO INDIV-GEN F	.00	77.98	.00	77.98-
SXX	73911 LAUNDRY	.00	260.50	.00	260.50-
SXX	73913 EMPLOYEE TUITION FEE	.00	1,245.00	.00	1,245.00-
SXX	73928 FOREIGN FEES/TAXES	.00	250.00	.00	250.00-
SXX	73991 INTEREST EXPENSE	.00	94.00	.00	94.00-
SXX	74000 SUPPLIES	.00	81,082.33	29,231.26	110,313.59-
SXX	74200 OFFICE SUPPLIES	.00	1,652.95	.00	1,652.95-
SXX	74220 OFFCE/LIBRARY SUPPLY	.00	1,652.95	.00	1,652.95-
SXX	74221 STATIONERY & SUPPLYS	.00	270.52	.00	270.52-
SXX	74222 EDUCATIONAL/TRAINING	.00	37.60	.00	37.60-

22614-92 LABORATORY SERVICES
LEVEL: 70 - ALLOCATIONS APPROPRIATION EXPENDITURES BY EXTENDED NEXT LOWER LEVEL
ORIG: 92 FUND: 11100 BDGTING
SPNDING REV REC

	ENTITY NUMBER AND DESCRIPTION	FY 92 AUTH	FY 92 ACTUAL EXP	FY 92 ENCUMB	BALANCE
SXX	74225 DUPLICATING SUPPLIES	.00	359.50	.00	359.50-
SXX	74229 OFFICE SUPPLIES	.00	945.33	.00	945.33-
SXX	74400 OPERATING SUPPLIES	.00	79,081.38	29,231.26	108,312.64-
SXX	74520 SCIENTIFIC SUPPLIES	.00	78,676.03	29,231.26	107,907.29-
SXX	74523 LABORATORY SUPPLIES	.00	78,676.03	29,231.26	107,907.29-
SXX	74560 DATA PROC. SUPPLIES	.00	250.00	.00	250.00-
SXX	74562 TAPE SUPPLIES	.00	250.00	.00	250.00-
SXX	74600 OTH OPERATING SUPPLS	.00	155.35	.00	155.35-
SXX	74606 SAFETY SUPPLIES	.00	155.35	.00	155.35-
SXX	74650 REPAIR/MAINTEN SUPPL	.00	348.00	.00	348.00-
SXX	74750 OTH REPAIR/MAINT SUP	.00	348.00	.00	348.00-
SXX	74753 BOTTLED GAS	.00	348.00	.00	348.00-
SXX	75000 CAPITAL OUTLAY	.00	4,267.68	.00	4,267.68-
SXX	75690 MACH/EQUIP SUMMARY	.00	4,267.68	.00	4,267.68-
SXX	75790 COMMUNICATIVE EQUIP	.00	795.00	.00	795.00-
SXX	75799 ELECTRONIC EQUIPMENT	.00	795.00	.00	795.00-
SXX	75830 DATA PROC. EQUIP	.00	697.00	.00	697.00-
SXX	75832 PERIPHERALS	.00	697.00	.00	697.00-
SXX	75870 LABORATORY/SCIENTIFC	.00	2,775.68	.00	2,775.68-
XX	06311505-92 NORTH REGIONAL LABS	.00	863,018.81	1,497.49	864,516.30-
SXX	70000 TOTAL EXPENDITURES	.00	863,018.81	1,497.49	864,516.30-
SXX	70008 OPERATING ACCT TOTAL	.00	863,018.81	1,497.49	864,516.30-
SXX	70100 GROUP CTRL-PER SER	.00	619,125.17	.00	619,125.17-
SXX	71000 PERSONAL SERVICES	.00	619,125.17	.00	619,125.17-
SXX	71100 WAGES	.00	394,508.00	.00	394,508.00-
SXX	71150 REGULAR DUTY	.00	381,485.79	.00	381,485.79-
SXX	71170 REGULAR COMPENSATION	.00	381,485.79	.00	381,485.79-
SXX	71172 REGULAR PAY	.00	381,485.79	.00	381,485.79-
SXX	71300 PREMIUM PAY	.00	4,907.96	.00	4,907.96-
SXX	71320 OVERTIME	.00	2,228.77	.00	2,228.77-
SXX	71324 OT - TIME & ONE-HALF	.00	2,228.77	.00	2,228.77-
SXX	71390 STANDBY PAY	.00	2,679.19	.00	2,679.19-
SXX	71550 OTHER TAXABLE COMP	.00	8,114.25	.00	8,114.25-
SXX	71560 RETROACTIVE PAY	.00	8,114.25	.00	8,114.25-
SXX	71600 BENEFITS	.00	223,017.61	.00	223,017.61-
SXX	71650 LEAVE TAKEN	.00	46,318.57	.00	46,318.57-
SXX	71680 ANNUAL LEAVE	.00	29,326.32	.00	29,326.32-
SXX	71685 PERSONAL LEAVE	.00	6,242.62	.00	6,242.62-
SXX	71690 SICK LEAVE	.00	10,749.63	.00	10,749.63-
SXX	71770 EMPLR FRINGE BENEFIT	.00	173,583.30	.00	173,583.30-
SXX	71790 AK SUPPLEMNTL BENEFI	.00	26,455.87	.00	26,455.87-
SXX	71800 PUBLC EMPL RETIREMNT	.00	68,610.96	.00	68,610.96-
SXX	71820 UNEMPLYMNT INSURANCE	.00	4,404.31	.00	4,404.31-
SXX	71830 GROUP HLTH INSURANCE	.00	57,791.98	.00	57,791.98-

22614-92 LABORATORY SERVICES
LEVEL: 70 - ALLOCATIONS APPROPRIATION EXPENDITURES BY EXTENDED NEXT LOWER LEVEL
ORIG: 92 FUND: 11100 BDGTING
SPNDING REV REC

	ENTITY NUMBER AND DESCRIPTION	FY 92 AUTH	FY 92 ACTUAL EXP	FY 92 ENCUMB	BALANCE
SXX	71840 WORKMANS COMP INSUR	.00	7,641.72	.00	7,641.72
SXX	71870 TERMINAL LEAVE CHARG	.00	8,678.46	.00	8,678.46
SXX	71795 MEDICARE TAX	.00	3,115.74	.00	3,115.74
SXX	71880 OTHER	.00	1,599.56	.00	1,599.56
SXX	71905 BUSINESS LEAVE BANKS	.00	273.56	.00	273.56
SXX	71940 GGU BUS LV BANK CONT	.00	273.56	.00	273.56
SXX	71925 ASEA LEGAL TRUST	.00	1,224.00	.00	1,224.00
SXX	71950 SUPERVSRS LEGAL TRST	.00	102.00	.00	102.00
SXX	70200 GROUP CTRL - OTHER	.00	243,893.64	1,497.49	245,391.13
SXX	70201 GC-OTHER-NONGRANT	.00	243,893.64	1,497.49	245,391.13
SXX	72000 TRAVEL	.00	1,878.69	.00	1,878.69
SXX	72200 TRAVEL TRANSPORTATN	.00	1,085.69	.00	1,085.69
SXX	72240 FIELD TRAVEL	.00	1,085.69	.00	1,085.69
SXX	72250 INSTATE TRANSPORTATN	.00	445.00	.00	445.00
SXX	72251 OUTSIDE TRANSPORTATN	.00	640.69	.00	640.69
SXX	72500 PER DIEM/OTHER COSTS	.00	793.00	.00	793.00
SXX	72540 FIELD TRAVEL	.00	793.00	.00	793.00
SXX	72550 INSTATE PER DIEM	.00	357.00	.00	357.00
SXX	72551 OUTSIDE PER DIEM	.00	436.00	.00	436.00
SXX	73000 OTHER SRVCS & CHARGE	.00	67,775.77	528.13	68,303.90
SXX	73100 PROFESSIONAL SRVCS	.00	516.00	.00	516.00
SXX	73230 MED/DENT/HOSP SVCS	.00	516.00	.00	516.00
SXX	73241 LAB TEST	.00	516.00	.00	516.00
SXX	73300 COMMUNICATIONS	.00	16,288.80	259.08	16,547.88
SXX	73320 TELEPHONE	.00	7,883.11	259.08	8,142.19
SXX	73321 TOLL COSTS	.00	7,883.11	259.08	8,142.19
SXX	73380 POSTAGE	.00	8,405.69	.00	8,405.69
SXX	73381 POSTAGE METER FC	.00	1,665.69	.00	1,665.69
SXX	73382 BOX RENTAL-FIX COST	.00	340.00	.00	340.00
SXX	73400 TRANSPORTATION	.00	13,078.07	21.00	13,099.07
SXX	73460 FRGHT & EXPRESS CHRG	.00	9,145.94	21.00	9,166.94
SXX	73480 MESSENGER SERVICE	.00	3,932.13	.00	3,932.13
SXX	73481 COURIER-FIXED COST	.00	44.63	.00	44.63
SXX	73500 ADV PRINT & BIND	.00	8,581.64	.55	8,582.19
SXX	73501 SUBSCRIPTIONS	.00	3,507.50	.00	3,507.50
SXX	73563 INFO SVCS FC	.00	716.50	.00	716.50
SXX	73560 PRINTING & BINDING	.00	5,074.14	.55	5,074.69
SXX	73561 PRINT & BIND FORMS	.00	4,098.03	.00	4,098.03
SXX	73564 PHOTO PROCESSING	.00	139.70	.00	139.70
SXX	73571 GRAPIC ART SERVICES	.00	86.48	.00	86.48
SXX	73572 COPY CHARGES-VENDOR	.00	581.18	.55	581.73
SXX	73700 MINR REPAIRS & MAINT	.00	18,856.42	247.50	19,103.92
SXX	73720 BUILDINGS	.00	689.76	.00	689.76
SXX	73724 BLDG REPAIRS/MAINTEN	.00	689.76	.00	689.76

22614-92 LABORATORY SERVICES
LEVEL: 70 - ALLOCATIONS APPROPRIATION EXPENDITURES BY EXTENDED NEXT LOWER LEVEL
ORIG: 92 FUND: 11100 BDGTING
SPNDING REV REC

	ENTITY NUMBER AND DESCRIPTION	FY 92 AUTH	FY 92 ACTUAL EXP	FY 92 ENCUMB	BALANCE
SXX	73780 MACH/EQUIP REPR/MAIN	.00	18,166.66	247.50	18,414.16-
SXX	73800 RENTALS/LEASES	.00	6,969.00	.00	6,969.00-
SXX	73860 MACHINERY & EQUIP	.00	3,141.00	.00	3,141.00-
SXX	73866 COPIER-FIXED COST	.00	3,141.00	.00	3,141.00-
SXX	73880 OTHER RENTALS/LEASES	.00	3,828.00	.00	3,828.00-
SXX	73900 OTHER EXPEND/SVCS	.00	3,485.84	.00	3,485.84-
SXX	73911 LAUNDRY	.00	1,021.93	.00	1,021.93-
SXX	73913 EMPLOYEE TUITION FEE	.00	2,399.00	.00	2,399.00-
SXX	73991 INTEREST EXPENSE	.00	64.91	.00	64.91-
SXX	74000 SUPPLIES	.00	174,239.18	969.36	175,208.54-
SXX	74200 OFFICE SUPPLIES	.00	3,393.92	.00	3,393.92-
SXX	74220 OFFCE/LIBRARY SUPPLY	.00	3,393.92	.00	3,393.92-
SXX	74222 EDUCATIONAL/TRAINING	.00	.00	.00	.00
SXX	74226 OFFICE EQUIPMENT	.00	.00	.00	.00
SXX	74229 OFFICE SUPPLIES	.00	3,198.92	.00	3,198.92-
SXX	74230 LIBRARY SUPPLIES	.00	100.00	.00	100.00-
SXX	74232 STATE FORMS COSTS --	.00	95.00	.00	95.00-
SXX	74400 OPERATING SUPPLIES	.00	164,362.79	969.36	165,332.15-
SXX	74440 AGRICULTURAL SUPPL'S	.00	287.40	.00	287.40-
SXX	74520 SCIENTIFIC SUPPLIES	.00	161,268.73	969.36	162,238.09-
SXX	74523 LABORATORY SUPPLIES	.00	161,118.73	969.36	162,088.09-
SXX	74525 PROF/SCIENT SUPL NCE	.00	150.00	.00	150.00-
SXX	74560 DATA PROC. SUPPLIES	.00	2,806.66	.00	2,806.66-
SXX	74563 PRINTER/PAPER	.00	1,594.10	.00	1,594.10-
SXX	74564 TECHNICAL LIBRARY	.00	84.16	.00	84.16-
SXX	74566 SOFTWARE/NON-CAPITAL	.00	354.00	.00	354.00-
SXX	74650 REPAIR/MAINTEN SUPPL	.00	6,482.47	.00	6,482.47-
SXX	74750 OTH REPAIR/MAINT SUP	.00	6,482.47	.00	6,482.47-
SXX	74753 BOTTLED GAS	.00	6,410.00	.00	6,410.00-
XX	06311510-92 LABS ADMIN & SUPPORT	.00	177,198.09	3,257.17	180,455.26-
SXX	70000 TOTAL EXPENDITURES	.00	177,198.09	3,257.17	180,455.26-
SXX	70008 OPERATING ACCT TOTAL	.00	177,198.09	3,257.17	180,455.26-
SXX	70100 GROUP CTRL-PER SER	.00	131,750.24	.00	131,750.24-
SXX	71000 PERSONAL SERVICES	.00	131,750.24	.00	131,750.24-
SXX	71100 WAGES	.00	80,386.31	.00	80,386.31-
SXX	71150 REGULAR DUTY	.00	78,600.87	.00	78,600.87-
SXX	71170 REGULAR COMPENSATION	.00	78,600.87	.00	78,600.87-
SXX	71172 REGULAR PAY	.00	78,600.87	.00	78,600.87-
SXX	71550 OTHER TAXABLE COMP	.00	1,785.44	.00	1,785.44-
SXX	71560 RETROACTIVE PAY	.00	1,785.44	.00	1,785.44-
SXX	71600 BENEFITS	.00	49,705.63	.00	49,705.63-
SXX	71650 LEAVE TAKEN	.00	14,658.50	.00	14,658.50-
SXX	71680 ANNUAL LEAVE	.00	6,953.50	.00	6,953.50-
SXX	71685 PERSONAL LEAVE	.00	5,242.61	.00	5,242.61-

22614-92 LABORATORY SERVICES
LEVEL: 70 - ALLOCATIONS APPROPRIATION EXPENDITURES BY EXTENDED NEXT LOWER LEVEL
ORIG: 92 FUND: 11100 BDGTING
SPNDING REV REC

	ENTITY NUMBER AND DESCRIPTION	FY 92 AUTH	FY 92 ACTUAL EXP	FY 92 ENCUMB	BALANCE
SXX	71690 SICK LEAVE	.00	2,962.39	.00	2,962.39-
SXX	71770 EMPLR FRINGE BENEFIT	.00	34,132.81	.00	34,132.81-
SXX	71790 AK SUPPLEMNTL BENEFT	.00	5,548.53	.00	5,548.53-
SXX	71800 PUBLC EMPL RETIREMNT	.00	14,784.43	.00	14,784.43-
SXX	71820 UNEMPLYMNT INSURANCE	.00	963.03	.00	963.03-
SXX	71830 GROUP HLTH INSURANCE	.00	9,271.44	.00	9,271.44-
SXX	71840 WORKMANS COMP INSUR	.00	1,674.79	.00	1,674.79-
SXX	71870 TERMINAL LEAVE CHARG	.00	1,890.59	.00	1,890.59-
SXX	71795 MEDICARE TAX	.00	914.32	.00	914.32-
SXX	71880 OTHER	.00	1,658.30	.00	1,658.30-
SXX	71925 ASEA LEGAL TRUST	.00	1,556.30	.00	1,556.30-
SXX	71950 SUPERVSRS LEGAL TRST	.00	102.00	.00	102.00-
SXX	70200 GROUP CTRL - OTHER	.00	45,447.85	3,257.17	48,705.02-
SXX	70201 GC-OTHER-NONGRANT	.00	45,447.85	3,257.17	48,705.02-
SXX	72000 TRAVEL	.00	13,712.02	.00	13,712.02-
SXX	72200 TRAVEL TRANSPORTATN	.00	10,104.77	.00	10,104.77-
SXX	72240 FIELD TRAVEL	.00	8,104.77	.00	8,104.77-
SXX	72250 INSTATE TRANSPORTATN	.00	5,649.25	.00	5,649.25-
SXX	72251 OUTSIDE TRANSPORTATN	.00	2,455.52	.00	2,455.52-
SXX	72300 CONVENT'NS & MEETING	.00	2,000.00	.00	2,000.0
SXX	72311 OUTSIDE TRANSPORTATN	.00	2,000.00	.00	2,000.00-
SXX	72500 PER DIEM/OTHER COSTS	.00	3,607.25	.00	3,607.25-
SXX	72540 FIELD TRAVEL	.00	3,607.25	.00	3,607.25-
SXX	72550 INSTATE PER DIEM	.00	1,971.25	.00	1,971.25-
SXX	72551 OUTSIDE PER DIEM	.00	1,636.00	.00	1,636.00-
SXX	73000 OTHER SRVCS & CHARGE	.00	27,943.30	3,257.17	31,200.47-
SXX	73100 PROFESSIONAL SRVCS	.00	4,919.18	880.82	5,800.00-
SXX	73160 MANAGMNT/CONSLT SVCS	.00	4,919.18	880.82	5,800.00-
SXX	73300 COMMUNICATIONS	.00	14,570.35	635.60	15,205.95-
SXX	73320 TELEPHONE	.00	12,629.25	635.60	13,264.85-
SXX	73321 TOLL COSTS	.00	3,025.35	.00	3,025.35-
SXX	73322 BASE/LOCAL-FIX COST	.00	501.33	.00	501.33-
SXX	73323 CENTREX FC	.00	7,738.17	.00	7,738.17-
SXX	73326 NETWORK TOLL COSTS	.00	1,364.40	635.60	2,000.00-
SXX	73370 DATA COMMUNICATIONS	.00	140.74	.00	140.74-
SXX	73371 TELECONFERENCE CHARG	.00	124.84	.00	124.84-
SXX	73372 DIAL UP	.00	15.90	.00	15.90-
SXX	73380 POSTAGE	.00	1,800.36	.00	1,800.36-
SXX	73400 TRANSPORTATION	.00	2,333.50	7.50	2,341.00-
SXX	73460 FRGHT & EXPRESS CHRG	.00	73.00	.00	73.00-
SXX	73480 MESSENGER SERVICE	.00	2,260.50	7.50	2,268.00-
SXX	73481 COURIER-FIXED COST	.00	2,013.00	.00	2,013.00-
SXX	73500 ADV PRINT & BIND	.00	780.84	.00	780.84-
SXX	73501 SUBSCRIPTIONS	.00	722.00	.00	722.00-

22614-92 LABORATORY SERVICES
LEVEL 70 = ALLOCATIONS APPROPRIATION EXPENDITURES BY EXTENDED NEXT LOWER LEVEL
ORIG: 92 FUND: 11100 BDGTING
SPNDING REV REC

	ENTITY NUMBER AND DESCRIPTION	FY 92 AUTH	FY 92 ACTUAL EXP	FY 92 ENCUMB	BALANCE
SXX	73562 SUBSCRIPTIONS	.00	642.00	.00	642.00-
SXX	73560 PRINTING & BINDING	.00	58.84	.00	58.84-
SXX	73600 PUBLIC UTILITY SVCS	.00	2,483.32	143.25	2,626.57-
SXX	73620 ELECTRICITY	.00	2,483.32	143.25	2,626.57-
SXX	73700 MINR REPAIRS & MAINT	.00	1,900.61	.00	1,900.61-
SXX	73780 MACH/EQUIP REPR/MAIN	.00	90.61	.00	90.61-
SXX	73701 OFFICE FURN & EQUIP	.00	90.61	.00	90.61-
SXX	73855 JANITORIAL/CARETAKER	.00	1,810.00	.00	1,810.00-
SXX	73789 JANITORIAL/CT FC	.00	1,810.00	.00	1,810.00-
SXX	73800 RENTALS/LEASES	.00	.00	1,590.00	1,590.00-
SXX	73860 MACHINERY & EQUIP	.00	.00	1,590.00	1,590.00-
SXX	73866 COPIER-FIXED COST	.00	.00	1,590.00	1,590.00-
SXX	73900 OTHER EXPEND/SVCS	.00	955.50	.00	955.50-
SXX	73912 CONFERENCE REGISTRAT	.00	237.50	.00	237.50-
SXX	73913 EMPLOYEE TUITION FEE	.00	175.00	.00	175.00-
SXX	73914 MEMBERSHIP DUES/FEES	.00	543.00	.00	543.00-
SXX	74000 SUPPLIES	.00	2,401.00	.00	2,401.00-
SXX	74200 OFFICE SUPPLIES	.00	1,389.90	.00	1,389.90-
SXX	74220 OFFCE/LIBRARY SUPPLY	.00	1,389.90	.00	1,389.90-
SXX	74221 STATIONERY & SUPPLYS	.00	435.11	.00	435.11-
SXX	74222 EDUCATIONAL/TRAINING	.00	164.00	.00	164.00-
SXX	74225 DUPLICATING SUPPLIES	.00	84.37	.00	84.37-
SXX	74229 OFFICE SUPPLIES	.00	428.37	.00	428.37-
SXX	74230 LIBRARY SUPPLIES	.00	97.95	.00	97.95-
SXX	74232 STATE FORMS COSTS --	.00	95.00	.00	95.00-
SXX	74400 OPERATING SUPPLIES	.00	1,011.10	.00	1,011.10-
SXX	74560 DATA PROC. SUPPLIES	.00	1,011.10	.00	1,011.10-
SXX	74565 MICRO SUPPLIES	.00	1,011.10	.00	1,011.10-
SXX	75000 CAPITAL OUTLAY	.00	1,391.53	.00	1,391.53-
SXX	75690 MACH/EQUIP SUMMARY	.00	1,391.53	.00	1,391.53-
SXX	75830 DATA PROC. EQUIP	.00	1,391.53	.00	1,391.53-
SXX	75832 PERIPHERALS	.00	1,391.53	.00	1,391.53-
XX	06311515-92 RADIOLOGICAL SAFETY	.00	101,732.72	591.10	102,323.82-
SXX	70000 TOTAL EXPENDITURES	.00	101,732.72	591.10	102,323.82-
SXX	70008 OPERATING ACCT TOTAL	.00	101,732.72	591.10	102,323.82-
SXX	70100 GROUP CTRL-PER SER	.00	82,657.80	.00	82,657.80-
SXX	71000 PERSONAL SERVICES	.00	82,657.80	.00	82,657.80-
SXX	71100 WAGES	.00	55,464.46	.00	55,464.46-
SXX	71150 REGULAR DUTY	.00	54,072.00	.00	54,072.00-
SXX	71170 REGULAR COMPENSATION	.00	54,072.00	.00	54,072.00-
SXX	71172 REGULAR PAY	.00	54,072.00	.00	54,072.00-
SXX	71550 OTHER TAXABLE COMP	.00	1,392.46	.00	1,392.46-
SXX	71560 RETROACTIVE PAY	.00	1,392.46	.00	1,392.46-
SXX	71600 BENEFITS	.00	26,705.01	.00	26,705.01

22614-92 LABORATORY SERVICES
LEVEL: 70 - ALLOCATIONS APPROPRIATION EXPENDITURES BY EXTENDED NEXT LOWER LEVEL
ORIG: 92 FUND: 11100 BDGTING
SPNDING REV REC

	ENTITY NUMBER AND DESCRIPTION	FY 92 AUTH	FY 92 ACTUAL EXP	FY 92 ENCUMB	BALANCE
SXX	71650 LEAVE TAKEN	.00	2,694.98	.00	2,694.98-
SXX	71680 ANNUAL LEAVE	.00	1,738.87	.00	1,738.87-
SXX	71690 SICK LEAVE	.00	956.11	.00	956.11-
SXX	71770 EMPLR FRINGE BENEFIT	.00	23,169.73	.00	23,169.73-
SXX	71790 AK SUPPLEMNTL BENEFT	.00	3,569.62	.00	3,569.62-
SXX	71800 PUBLC EMPL RETIREMNT	.00	9,091.70	.00	9,091.70-
SXX	71820 UNEMPLYMNT INSURANCE	.00	579.61	.00	579.61-
SXX	71830 GROUP HLTH INSURANCE	.00	7,827.86	.00	7,827.86-
SXX	71840 WORKMANS COMP INSUR	.00	938.31	.00	938.31-
SXX	71870 TERMINAL LEAVE CHARG	.00	1,162.63	.00	1,162.63-
SXX	71795 MEDICARE TAX	.00	840.30	.00	840.30-
SXX	71880 OTHER	.00	488.33	.00	488.33-
SXX	71905 BUSINESS LEAVE BANKS	.00	316.09	.00	316.09-
SXX	71940 GGU BUS LV BANK CONT	.00	316.09	.00	316.09-
SXX	71925 ASEA LEGAL TRUST	.00	172.24	.00	172.24-
SXX	70200 GROUP CTRL - OTHER	.00	19,074.92	591.10	19,666.02-
SXX	70201 GC-OTHER-NONGRANT	.00	19,074.92	591.10	19,666.02-
SXX	72000 TRAVEL	.00	12,365.18	700.00-	11,665.18-
SXX	72200 TRAVEL TRANSPORTATN	.00	4,231.70	.00	4,231.70-
SXX	72240 FIELD TRAVEL	.00	2,291.21	.00	2,291.21-
SXX	72250 INSTATE TRANSPORTATN	.00	2,167.61	.00	2,167.61-
SXX	72251 OUTSIDE TRANSPORTATN	.00	.00	.00	.00
SXX	72252 W-2 EE MILEAGE REIMB	.00	48.60	.00	48.60-
SXX	72254 CAR RENTAL	.00	75.00	.00	75.00-
SXX	72270 ADMINISTR TRAVEL	.00	155.65	.00	155.65-
SXX	72280 INSTATE TRANSPORTATN	.00	10.65	.00	10.65-
SXX	72284 CAR RENTAL	.00	145.00	.00	145.00-
SXX	72360 LEG RELOC TRANSPORT	.00	501.00	.00	501.00-
SXX	72366 LEG RELOC MILEAGE	.00	501.00	.00	501.00-
SXX	72390 NON-EMPLOYEE TRAVEL	.00	1,283.84	.00	1,283.84-
SXX	72392 IN STATE TRAVEL	.00	171.84	.00	171.84-
SXX	72393 OUTSIDE TRAVEL	.00	1,112.00	.00	1,112.00-
SXX	72500 PER DIEM/OTHER COSTS	.00	2,741.00	700.00-	2,041.00-
SXX	72540 FIELD TRAVEL	.00	2,191.00	700.00-	1,491.00-
SXX	72550 INSTATE PER DIEM	.00	2,191.00	700.00-	1,491.00-
SXX	72551 OUTSIDE PER DIEM	.00	.00	.00	.00
SXX	72690 NON-EMPLOYEE TRAVEL	.00	550.00	.00	550.00-
SXX	72691 PER DIEM	.00	550.00	.00	550.00-
SXX	72700 MOVING/RELOC COSTS	.00	5,392.48	.00	5,392.48-
SXX	72710 EMPLOYEE PYMNTS MVG	.00	2,415.00	.00	2,415.00-
SXX	72712 MOVE TRVL/LDGING EE	.00	1,607.00	.00	1,607.00-
SXX	72713 MOVE MEALS EE	.00	808.00	.00	808.00-
SXX	72720 3RD PARTY PYMNTS MVG	.00	2,977.48	.00	2,977.48-
SXX	72721 MOVE HSHLD GOODS 3RD	.00	2,977.48	.00	2,977.48-

22614-92 LABORATORY SERVICES
LEVEL: 70 = ALLOCATIONS APPROPRIATION EXPENDITURES BY EXTENDED NEXT LOWER LEVEL
ORIG: 92 FUND: 11100 BDGTING
SPNDING REV REC

	ENTITY NUMBER AND DESCRIPTION	FY 92 AUTH	FY 92 ACTUAL EXP	FY 92 ENCUMB	BALANCE
SXX	73000 OTHER SRVCS & CHARGE	.00	5,832.97	1,291.10	7,124.07-
SXX	73100 PROFESSIONAL SRVCS	.00	4,890.30	221.00	5,111.30-
SXX	73160 MANAGMNT/CONSLT SVCS	.00	4,779.00	221.00	5,000.00-
SXX	73270 OTHER PROF SERVICES	.00	111.30	.00	111.30-
SXX	73300 COMMUNICATIONS	.00	3,217.14	1,070.10	4,287.24-
SXX	73320 TELEPHONE	.00	1,601.61	1,070.10	2,671.71-
SXX	73321 TOLL COSTS	.00	361.04	.00	361.04-
SXX	73322 BASE/LOCAL-FIX COST	.00	110.17	.00	110.17-
SXX	73323 CENTREX FC	.00	700.00	.00	700.00-
SXX	73324 INSTALLATION COSTS	.00	85.50	.00	85.50-
SXX	73326 NETWORK TOLL COSTS	.00	279.90	1,070.10	1,350.00-
SXX	73380 POSTAGE	.00	1,615.53	.00	1,615.53-
SXX	73400 TRANSPORTATION	.00	26.15	.00	26.15-
SXX	73460 FRGHT & EXPRESS CHRG	.00	18.65	.00	18.65-
SXX	73480 MESSENGER SERVICE	.00	7.50	.00	7.50-
SXX	73500 ADV PRINT & BIND	.00	1,161.48	.00	1,161.48-
SXX	73501 SUBSCRIPTIONS	.00	305.00	.00	305.00-
SXX	73563 INFO SVCS FC	.00	30.00	.00	30.00-
SXX	73560 PRINTING & BINDING	.00	856.48	.00	856.48
SXX	73568 PHOTO REPRODUCTION	.00	293.50	.00	293.50-
SXX	73571 GRAPIC ART SERVICES	.00	39.50	.00	39.50-
SXX	73572 COPY CHARGES-VENDOR	.00	66.33	.00	66.33-
SXX	73700 MINR REPAIRS & MAINT	.00	307.90	.00	307.90-
SXX	73780 MACH/EQUIP REPR/MAIN	.00	307.90	.00	307.90-
SXX	73701 OFFICE FURN & EQUIP	.00	89.20	.00	89.20-
SXX	73800 RENTALS/LEASES	.00	4,320.00-	.00	4,320.00
SXX	73840 BUILDINGS	.00	4,320.00-	.00	4,320.00
SXX	73841 RENT/LEASE-FIX COST	.00	4,320.00-	.00	4,320.00
SXX	73900 OTHER EXPEND/SVCS	.00	550.00	.00	550.00-
SXX	73912 CONFERENCE REGISTRAT	.00	70.00	.00	70.00-
SXX	73913 EMPLOYEE TUITION FEE	.00	370.00	.00	370.00-
SXX	73914 MEMBERSHIP DUES/FEES	.00	110.00	.00	110.00-
SXX	73991 INTEREST EXPENSE	.00	.00	.00	.00
SXX	74000 SUPPLIES	.00	876.77	.00	876.77
SXX	74200 OFFICE SUPPLIES	.00	862.31	.00	862.31
SXX	74220 OFFCE/LIBRARY SUPPLY	.00	862.31	.00	862.31
SXX	74221 STATIONERY & SUPPLYS	.00	133.15	.00	133.15
SXX	74224 PHOTOGRAPHIC SUPPLYS	.00	121.00	.00	121.00
SXX	74227 OFFICE FURNITURE	.00	300.00	.00	300.00
SXX	74229 OFFICE SUPPLIES	.00	249.59	.00	249.59
SXX	74400 OPERATING SUPPLIES	.00	14.46	.00	14.46
SXX	74520 SCIENTIFIC SUPPLIES	.00	14.46	.00	14.46
SXX	74523 LABORATORY SUPPLIES	.00	14.46	.00	14.46
XX	06311516-92 RADON MONITORING	.00	21,979.50	.00	21,979.50

22614-92 LABORATORY SERVICES
LEVEL: 70 - ALLOCATIONS APPROPRIATION EXPENDITURES BY EXTENDED NEXT LOWER LEVEL
ORIG: 92 FUND: 11100 BDGTING
SPNDING REV REC

	ENTITY NUMBER AND DESCRIPTION	FY 92 AUTH	FY 92 ACTUAL EXP	FY 92 ENCUMB	BALANCE
SXX	70000 TOTAL EXPENDITURES	.00	21,979.50	.00	21,979.50-
SXX	70008 OPERATING ACCT TOTAL	.00	21,979.50	.00	21,979.50-
SXX	70200 GROUP CTRL - OTHER	.00	21,979.50	.00	21,979.50-
SXX	70201 GC-OTHER-NONGRANT	.00	21,979.50	.00	21,979.50-
SXX	72000 TRAVEL	.00	2,839.50	.00	2,839.50-
SXX	72200 TRAVEL TRANSPORTATN	.00	1,897.50	.00	1,897.50-
SXX	72240 FIELD TRAVEL	.00	647.00	.00	647.00-
SXX	72250 INSTATE TRANSPORTATN	.00	433.40	.00	433.40-
SXX	72251 OUTSIDE TRANSPORTATN	.00	37.50	.00	37.50-
SXX	72252 W-2 EE MILEAGE REIMB	.00	3.60	.00	3.60-
SXX	72254 CAR RENTAL	.00	172.50	.00	172.50-
SXX	72270 ADMINISTR TRAVEL	.00	132.50	.00	132.50-
SXX	72284 CAR RENTAL	.00	132.50	.00	132.50-
SXX	72390 NON-EMPLOYEE TRAVEL	.00	1,118.00	.00	1,118.00-
SXX	72393 OUTSIDE TRAVEL	.00	1,118.00	.00	1,118.00-
SXX	72500 PER DIEM/OTHER COSTS	.00	942.00	.00	942.00-
SXX	72540 FIELD TRAVEL	.00	942.00	.00	942.00-
SXX	72550 INSTATE PER DIEM	.00	606.00	.00	606.00-
SXX	72551 OUTSIDE PER DIEM	.00	336.00	.00	336.00-
SXX	73000 OTHER SRVCS & CHARGE	.00	19,140.00	.00	19,140.00-
SXX	73100 PROFESSIONAL SRVCS	.00	19,125.00	.00	19,125.00-
SXX	73270 OTHER PROF SERVICES	.00	19,125.00	.00	19,125.00-
SXX	73900 OTHER EXPEND/SVCS	.00	15.00	.00	15.00-
SXX	73912 CONFERENCE REGISTRAT	.00	15.00	.00	15.00-

*** END OF DATA FOR 22614-92 ***

P201DETR 02/21/92 PERSONAL SERVICES EXPENDITURES DETAIL REPORT PAGE: 1
DEPARTMENT OF HEALTH AND SOCIAL SERVICES SCENARIO 1
COMP: LAB SERVICES BRU: STATE HEALTH SERVICES

PCN	JOB CLASS TITLE	T S	LOC	B U	R&S	MNTH RATE	MOS BDG	PREM PAY	ANN BENES	TOTAL P.S.
061023	CHF PUBLIC HEALTH LAB	F	AWA	SS	23C	5086	12.00	0	22109	85320
061024	CLERK TYPIST III	F	AWA	GG	08F	2053	12.00	0	11887	37402
061056	MICROBIOLOGIST IV	F	EBA	SS	20A	3893	12.00	0	18352	66735
061057	MICROBIOLOGIST III	F	EBA	GG	18J	4135	12.00	0	19158	70549
061058	MICROBIOLOGIST II	F	EBA	GG	16K	3743	12.00	0	17789	64308
061059	MICROBIOLOGIST II	F	EBA	GG	16C	3141	12.00	0	15686	54724
061060	CLERK V	F	EBA	GG	11F	2466	12.00	0	13329	43977
061061	DATA PROC CLERK I	F	EBA	GG	08A	1769	12.00	0	10895	32881
061062	LABORATORY ASSISTANT II	F	EBA	GG	08K	2180	12.00	0	12330	39424
061065	LABORATORY ASSISTANT II	F	AWA	GG	08B	1820	12.00	0	11073	33693
061067	MICROBIOLOGIST II	F	AWA	GG	16D	3258	12.00	0	16095	56587
061165	MICROBIOLOGIST IV	F	JBA	SS	20B	4200	12.00	0	19424	71623
061166	MICROBIOLOGIST III	F	JBA	GG	18A	3512	12.00	0	16982	60630
061167	DATA PROC CLERK I	F	JBA	GG	08C	1952	12.00	0	11534	35794
061205	MICROBIOLOGIST III	F	AWA	GG	18K	4288	12.00	0	19692	72985

MONTHLY RATE IS BASE RATE. OTHER AMOUNTS INCLUDE 3.57000 % COLA IF APPLICABLE
SNA 17 A01PCICS NUM LOCAL.CPY

P201DETR 02/21/92 PERSONAL SERVICES EXPENDITURES DETAIL REPORT PAGE: 2
DEPARTMENT OF HEALTH AND SOCIAL SERVICES SCENARIO 1
COMP: LAB SERVICES BRU: STATE HEALTH SERVICES

PCN	JOB CLASS TITLE	T S	LOC	B U	R&S	MNTH RATE	MOS BDG	PREM PAY	ANN BENES	TOTAL P.S.
061210	LABORATORY ASSISTANT II	F	AWA	GG	08M	2315	12.00	0	12802	41573
061232	MICROBIOLOGIST II	F	AWA	SS	16D	3290	12.00	0	16246	57135
061255	ADMIN ASST I	F	AWA	GG	12F	2639	12.00	0	13933	46732
061282	LABORATORY ASSISTANT II	F	JBA	GG	08B	1893	12.00	0	11328	34855
061316	CLERK TYPIST III	P	AWA	GG	08A	1769	6.00	0	4268	15261
061345	MICROBIOLOGIST I	F	JBA	GG	14A	2655	12.00	0	13989	46986
061376	MICROBIOLOGIST II	F	EBA	GG	16K	3743	12.00	0	17789	64308
061377	LABORATORY ASSISTANT II	F	EBA	GG	08J	2121	12.00	0	12124	38485
061379	MICROBIOLOGIST II	F	EBA	GG	16K	3743	12.00	0	17789	64308
061380	LABORATORY ASSISTANT II	F	JBA	GG	08E	2071	12.00	0	11949	37689
061435	CLERK IV	F	JBA	GG	09F	2267	12.00	0	12634	40809
061436	LABORATORY ASSISTANT II	F	JBA	GG	08D	2013	12.00	0	11747	36765
061437	MICROBIOLOGIST III	F	JBA	GG	18A	3512	12.00	0	16982	60630
061445	DATA PROC CLERK I	F	EBA	GG	08D	1936	12.00	0	11478	35539
061446	DATA PROC CLERK I	F	JBA	GG	08D	2013	12.00	0	11747	36765

MONTHLY RATE IS BASE RATE. OTHER AMOUNTS INCLUDE 3.57000 % COLA IF APPLICABLE
SNA 17 A01PCICS NUM LOCAL.CPY

P201DETR 02/21/92 PERSONAL SERVICES EXPENDITURES DETAIL REPORT PAGE: 3
DEPARTMENT OF HEALTH AND SOCIAL SERVICES SCENARIO 1
COMP: LAB SERVICES BRU: STATE HEALTH SERVICES

PCN	JOB CLASS TITLE	T S	LOC	B U	R&S	MNTH RATE	MOS BDG	PREM PAY	ANN BENES	TOTAL P.S.
061448	MICROBIOLOGIST II	F	JBA	GG	16B	3164	12.00	0	15767	55090
061493	CHEMIST II	F	AWA	GG	16A	2931	12.00	0	14953	51381
061504	RADIOLOGICAL PHYSICIST	F	AWA	GG	20A	3866	12.00	0	18218	66266
061506	MICROBIOLOGIST II	F	EBA	GG	16B	3042	12.00	0	15341	53148
061553	MICROBIOLOGIST II	F	JBA	GG	16F	3639	12.00	0	17425	62652
061554	LABORATORY ASSISTANT II	F	JBA	GG	08C	1952	12.00	0	11534	35794
061556	MICROBIOLOGIST II	F	JBA	GG	16C	3267	12.00	0	16126	56730
061585	MICROBIOLOGIST II	F	JBA	GG	16D	3388	12.00	0	16549	58656
061586	LABORATORY ASSISTANT II	F	JBA	GG	08D	2013	12.00	0	11747	36765
061587	DATA PROC CLERK I	F	JBA	GG	08C	1952	12.00	0	11534	35794

MONTHLY RATE IS BASE RATE. OTHER AMOUNTS INCLUDE 3.57000 % COLA IF APPLICABLE

SNA 17 A01PCICS NUM LOCAL.CPY

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DEPARTMENT OF HEALTH AND SOCIAL SERVICES SCENARIO 1
COMP: LAB SERVICES BRU: STATE HEALTH SERVICES

PCN	JOB CLASS TITLE	T S	LOC	B U	R&S	MNTH RATE	MOS BDG	PREM PAY	ANN BENES	TOTAL P.S.

	PREMIUM PAY	BENEFITS	PERSONAL SERVICES
COLUMN TOTALS:	0	582,334	1,996,748

FULL TIME POSITIONS	39	TOTAL PERSONAL SERVICES	1,996,748
PART TIME & SEASONAL	1	PLUS LUMP SUM PREMIUM PAY	0
NON PERM. POSITIONS	0	SUB-TOTAL	1,996,748
OTHER.....	0	MINUS 4.67008 % VAC. ADJUSTMENT	93,247
TOTAL POSITIONS:	40	PERSONAL SERVICES, LINE 100	1,903,501

MONTHLY RATE IS BASE RATE. OTHER AMOUNTS INCLUDE 3.57000 % COLA IF APPLICABLE

SNA 17 A01PCICS NUM LOCAL.CPY

TEST DATA FOR THE JUNEAU LABORATORY

Test	Bacteriology			Immunology		
**********	FY92	WTU	Total	FY92	WTU	Total
Pertussis	14	11.61	162.6			
Anerobic Bacteriology	8	132	1056			
Diptheria	2	49.1	98.2			
Meningitis	2	25.2	50.4			
Staphlococcus	10	8.2	82			
Syphilis				2553 32	1.0 1.2	2591
Rubella				7321 131	7.0 7.0	6041
Streptococcus Group A	156 75	5.0 10	1530			
Enteric Bacteriology	478	17.93	8568.5			
Gonorrhea	2439	1.93	4695.5			
Reference Bacteriology	98	60.56	5935			
H. Influenzia	3	19.2	57.6			
Parasitology	1329	60.48	80375			
Mycobactology	818	30.41	24872			
Mycology	296	23.35	6911			
Water Bacteriology	97	21.81	2116			
Water Suitability	1	46.00	46.00			

FAIRBANKS LABORATORY

25-Nov-92 STATE VIROLOGY LAB FY92

FY92 WORKLOADS

SYSTEM	CPT CODE	WTU CODE	TEST/PROCEDURE	TESTS	WTU	NUMBER OF TESTS	TOTAL WTU
BAC	87184	BA113000	N.GONO ANTIMIC	BAC	5	8	40
BAC	87181	BA112000	N.GONO BETA LAC	BAC	3	70	210
BAC	87158	BA108000	N.GONO KWIK	BAC	5	15	75
BAC	87088	BA111000	N.GONO MICRO EXAM	BAC	5	113	565
BAC	87088	BA107000	N.GONO OXIDASE	BAC	1	9369	9369
BAC	87070	BA105000	N.GONO PRIM CULTURE	BAC	3	9086	27258
BAC	87081	BA106000	N.GONO SUBCULTURE	BAC	2.5	138	345
BAC	88346	BA110000	N.GONO IFA	IFA	20	35	700
						18834	38562
IMM	86317	IM047000	CHLAMYDIA AB	EIA	10	0	0
IMM	86317	IM047000	CMV IGG AB	EIA	10	55	550
IMM	86317	IM047000	CMV IGM AB	EIA	10	35	350
IMM	86171	IM039000	COMPLIMENT FIXATION	CF	15	133	1995
IMM	86256	IM041000	EBV EARLY AG	IFA	20	0	0
IMM	86256	IM041000	EBV IGG AB	IFA	20	10	200
IMM	86256	IM041000	EBV IGM AB	IFA	20	10	200
IMM	86256	IM041000	EBV NUCLEAR	IFA	20	0	0
IMM	86296	IM047000	HEP A IGG AB	EIA	5	675	3375
IMM	86296	IM047000	HEP A IGM AB	EIA	10	827	8270
IMM	86289	IM047000	HEP BC IGG AB	EIA	5	6637	33185
IMM	86289	IM047000	HEP BC IGM AB	EIA	10	43	430
IMM	86295	IM047000	HEP BE AB	EIA	10	207	2070
IMM	86293	IM047000	HEP BE AG	EIA	10	201	2010
IMM	86291	IM047000	HEP BS AB	EIA	5	2475	12375
IMM	86287	IM047000	HEP BS AG	EIA	5	3832	19160
IMM	86295	IM047000	HEP D AB	EIA	10	32	320
IMM	86382	IM047000	HEPB CONFIRM	EIA	20	29	580
IMM	86312	IM047000	HIV1 AB	EIA	5	13065	65325
IMM	87999	IM047000	HIV1 AG	EIA	10	0	0
IMM	86312	IM047000	HIV1/2 AB	EIA	5	0	0
IMM	86312	IM047000	HIV2 AB	EIA	5	0	0
IMM	86280	VR032000	INFLUENZA A/B	HI	10	588	5880
IMM	86280	IM047000	MUMPS IGG AB	EIA	10	20	200
IMM	86256	IM047000	MYCOPLASMA IGG	EIA	10	0	0
IMM	86256	IM047000	MYCOPLASMA IGM	EIA	10	0	0
IMM	86280	IM047000	RUBELLA IGG AB	MEIA	10	0	0
IMM	86006	IM047000	RUBELLA IGM AB	EIA	10	46	460
IMM	86280	IM047000	RUBEOLA IGG	EIA	10	373	3730
IMM	86280	IM047000	RUBEOLA IGM	EIA	10	114	1140
IMM	86317	IM047000	TOXO IGG AB	EIA	10	31	310
IMM	86317	IM047000	TOXO IGM AB	EIA	10	35	350
IMM	87250	IM047000	VARIC ZOSTER IGG AB	EIA	20	28	560
						627	163025
VIR	86317	IM047000	ADENO 40/41 AG	EIA	10	0	0
VIR	87206	VR030000	CHLAM McCOY TC/READ	TC	27	10	270
VIR	87003	VR011000	CHLAM MOUSE INOC	MI	25	0	0
VIR	87206	VR011000	CHLAM SHELL VIAL	TC	20	161	3220
VIR	87166	IM041000	CHLAMYDIA AG	IFA	20	25	500
VIR	87176	IM041000	CMV AG	IFA	20	45	900
VIR	87206	VR011000	CMV SHELL VIAL	TC	20	49	980
VIR	86280	IM033000	HEMAGGLUTINATION	HI	10	588	5880
VIR	87176	IM041000	HSV1 AG	IFA	20	302	6040
VIR	86317	IM047000	HSV1/2 AB	EIA	10	70	700

VIR	86317	IM047000	HSV1/2 CON AG	EIA	10	439	4390
VIR	87176	IM041000	HSV2 AG	IFA	20	371	7420
VIR	87250	IM041000	INFLUENZA AG	IFA	20	588	11760
VIR	87253	VR033000	INFLUENZA A/B	HAD	6	588	3528
VIR	87253	VR036000	LEM POOL	NT'	20	513	10260
VIR	87253	VR036000	MONOSPECIFIC NT TST	NT	20	582	11640
VIR	87250	IM041000	PARAINFLU I/IV	IFA	20	147	2940
VIR	88346	VR025000	RABIES	IFA	45	108	4860
VIR	87003	VR026000	RABIES MI	MI	24	68	1632
VIR	88036	VR016000	RABIES NECROPSY	AUT	20	108	2160
VIR	86151	IM047000	ROTAVIRUS AG	EIA	10	93	930
VIR	87250	IM041000	RSV AG	IFA	20	109	2180
VIR	88346	IM047000	RSV AG	EIA	10	265	2650
VIR	87250	IM041000	VARIC ZOSTER AG	IFA	20	14	280
VIR	87126	VR035000	VIRUS ISOL.ACID LABLCCS		30	52	1560
VIR	87163	VR010000	VIRUS ISOL.ANML INOCCCS		25	66	1650
VIR	87250	VR029000	VIRUS ISOL.BLND PASSCCS		8	413	3304
VIR	87253	VR033000	VIRUS ISOL.HAD	CCS	6	3802	22812
VIR	87253	VR034000	VIRUS ISOL.HADI	CCS	20	968	19360
VIR	87126	VR029000	VIRUS ISOL.HARV	CCS	3	2904	8712
VIR	87250	VR029000	VIRUS ISOL.INOC	CCS	10	13814	138140
VIR	87250	VR027000	VIRUS ISOL.MAINT	CCS	14	15996	223944
VIR	87163	VR030000	VIRUS ISOL.READ	CCS	10	15996	159960
VIR	87250	VR029000	VIRUS ISOL.REPEATS	CCS	23	172	3956
VIR	87126	VR007000	VIRUS ISOL.SPEC PREPCCS		20	29	580
VIR	87163	VR029000	VIRUS ISOL.SPEC TRT	CCS	7	3999	27993
						63454	697091

ANCHORAGE LABORATORY

DEPARTMENT OF HEALTH & SOCIAL SERVICES
SOUTHCENTRAL REGIONAL LABORATORY

FEE FOR SERVICE - TEST DATA

TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
SYPHILIS RPR QUALITATIVE				12,757	1.4	17,860
SYPHILIS RPR QUANTITATIVE				388.0	2.1	815
SYPHILIS FTA-ABS				365.0	12.0	4,380
SYPHILIS VDRL QUALITATIVE				102.0	6.0	612
BRUCELLOSIS SLIDE AGGLUTINATION				1.0	15.0	15
BRUCELLOSIS TUBE AGGLUTINATION				0.0	20.0	0
TULAREMIA SLIDE AGGLUTINATION				2.0	15.0	30
TULAREMIA TUBE AGGLUTINATION				0.0	20.0	0
RUBELLA RUBAZYME IgG				3,420.0	7.0	23,940
RUBELLA RUBAZYME IgM				10.0	7.0	70
TOTALS FOR IMMUNOLOGY				17,045.0		47,722

TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
DIPHTHERIA MICROSCOPIC EXAM	3.0	5.0	15.0			
DIPHTHERIA PRIMARY CULTURE	3.0	5.0	15.0			
DIPHTHERIA SECONDARY CULTURE	3.0	2.5	7.5			
DIPHTHERIA BIOCHEMICALS	0.0	5.0	0.0			
DIPHTHERIA TOXOGENICITY	0.0	35.0	0.0			
DIPHTHERIA QC/DIRECT SMEAR	0.0	4.0	0.0			

TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
MENINGITIDIS MICROSCOPIC EXAM	8.0	2.2	17.6			
MENINGITIDIS PRIMARY CULTURE	8 0	2.5	20.0			
MENINGITIDIS SECONDARY CULTURE	8.0	2.5	20.0			
MENINGITIDIS BIOCHEMICALS	8.0	3.0	24.0			
MENINGITIDIS SERO GROUPINGS	8.0	5.0	40.0			
MENINGITIDIS BETA LACTAMASE	8.0	2.0	16.0			
MENINGIDITIS OXIDASE TEST	0.0	1.0	0.0			
PERTUSSIS, PARAPERTUSSIS PRIM. CULT.	72.0	2.5	180.0			
PERTUSSIS, PARAPERTUSSIS SEC. CULT.	72.0	2.5	180.0			
PERTUSSIS, PARAPERTUSSIS FA	225.0	10.0	2,250.0			
PERTUSSIS, PARAPERTUSSIS MICRO EXAM	72.0	2.2	158.4			
PERTUSSIS, PARAPERTUSSIS CULT. CONF	2.0	10.0	20.0			
PERTUSSIS, PARAPERTUSSIS FA QC	131.0	5.0	655.0			
PERTUSSIS, PARA.. AGGLUTINATION W/ ANTISERA	2.0	2.5	5.0			
PERTUSSIS, PARAPERTUSSIS QC (2)	2.0	5.0	10.0			
H. INFLUENZAE MICROSCOPIC EXAM	7.0	2.2	15.4			
H. INFLUENZAE CULTURE	7.0	15.0	105.0			
H. INFLUENZAE CATALASE/OXIDASE	0.0	2.0	0.0			
H. INFLUENZAE SERO GROUPING	7.0	13.2	92.4			
H. INFLUENZAE BETA LACTAMASE	7.0	2.0	14.0			
S. PNEUMONIAE MICROSCOPIC EXAM	2.0	5.0	10.0			
S. PNEUMONIAE CULTURE	2.0	10.0	20.0			
S. PNEUMONIAE CATALASE	0.0	2.0	0.0			
S. PNEUMONIAE OPTOCHIN DISK	2.0	3.0	6.0			
S. PNEUMONIAE PENICILLIN DISK	2.0	3.0	6.0			

TEST	BACTERIOLOGY #FY '92	WTU	TOTAL	IMMUNOLOGY #FY '92	WTU	TOTAL
BETA STREPTOCOCCUS CULTURE SCREEN	11.0	5.0	55.0			
BETA STREP PRIMARY CULTURE	14.0	5.0	70.0			
BETA STREP SUB CULTURE	3.0	2.5	7.5			
BETA STREP MICRO EXAM	0.0	2.2	0.0			
BETA STREPTOCOCCUS A-DISC/STREPTEX	3.0	8.0	24.0			
GONORRHEA MICROSCOPIC EXAM	1,328.0	3.0	5,484.0			
GONORRHEA PRIMARY CULTURE	32,594.0	3.0	97,782.0			
GONORRHEA SUBCULTURE	3,218.0	2.5	8,045.0			
GONORRHEA OXIDASE	32,596.0	1.0	32,596.0			
GONORRHEA BIOCHEMICALS	10.0	3.0	30.0			
GONORRHEA BETA LACTAMASE	519.0	2.0	1,038.0			
GONORRHEA DNA PROBE	2,887.0	5.0	14,435.0			
GONORRHEA PENICILLIN DISK	8.0	5.0	40.0			
GONORRHEA ACCUPROBE	541.0	3.0	1,623.0			
CHLAMYDIA SP. DNA PROBE (PACE II)	2,888.0	5.0	14,440.0			
ENTERIC INFECTION: PRI/SEC CULTURE	1,474.0	2.5	3,685.0			
ENTERIC INFECTION SUBCULTURE	991.0	2.5	2,477.5			
ENTERIC INFECTION CAMP MICRO/OXIDASE	6.0	5.0	30.0			
ENTERIC INFECTION BIOCHEMICALS	1,568.0	2.5	3,920.0			
ENT. INF. ANTIGEN PREP FOR SEROTYPING	80.0	8.0	640.0			
ENT. INF. AGGLUTINATION GROUPING	94.0	2.5	235.0			
ENT. INF. SIMPLE SEROTYPING	30.0	12.0	360.0			
ENT. INF. COMPLEX SEROTYPING	50.0	45.0	2,250.0			
ENTERIC INFECTION API	93.0	11.0	1,023.0			

TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
ANAEROBIC BACT. INF. MICRO EXAM	11.0	2.2	24.2			
ANAEROBIC BACT. INF. PRIMARY CULTURE	11.0	2.5	27.5			
ANAEROBIC SUBCULTURE	11.0	2.5	27.5			
ANAEROBIC BACT. INF. API	6.0	10.0	60.0			
ANAEROBIC BACT. INF. DEFINITIVE ID	4.0	50.0	200.0			
AEROBIC BACT. INF. MICROSCOPIC EXAM	192.0	2.2	422.4			
AEROBIC BACT. INF. PRIMARY CULTURE	166.0	2.5	415.0			
AEROBIC BACT. INF. DEFINITIVE CULTURE	156.0	15.0	2,340.0			
AEROBIC BACT. INF. SUB CULTURE	0.0	7.5	0.0			
AEROBIC BACT. INF. COAGULASE	12.0	5.0	60.0			
AEROBIC BACT. INF. SERO GROUPINGS	11.0	11.0	121.0			
AEROBIC BACT. INF. X V STRIPS	1.0	5.0	5.0			
AEROBIC BACT. INF. CATALASE/OXIDASE	173.0	2.0	346.0			
AEROBIC BACT. INF. BIOCHEMICALS	0.0	45.0	0.0			
AEROBIC BACT. INF. BETA LACTAMASE	13.0	3.0	39.0			
PSEUDOMONAS MICROSCOPIC EXAM	2.0	5.0	10.0			
PSEUDOMONAS PRIMARY CULTURE	12.0	2.5	30.0			
PSEUDOMONAS DEFINITIVE	2.0	7.5	15.0			
PSEUDOMONAS CATALSE/OXIDASE	2.0	2.0	4.0			
LEGIONELLA FA STAIN	9.0	10.0	90.0			
LEGIONELLA FA/FORMALIN FIX SLIDES	9.0	1.0	9.0			
LEGIONELLA FA/QC	9.0	5.0	45.0			

TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
T.B. INFECTION DIGESTION CONCENTRATION	6,045.0	10.0	60,450.0			
T.B. INFECTION MICROSCOPIC EXAM	1,108.0	10.0	11,080.0			
T.B. INFECTION PRIMARY CULTURE	6,045.0	5.0	30,225.0			
T.B. INFECTION SUBCULTURE	477.0	5.0	2,385.0			
T.B. INFECTION PRIMARY BIOCHEMICALS	181.0	8.0	1,448.0			
T.B. INFECTION SPECIATION	19.0	10.0	190.0			
T.B. INFECTION SUSCEPTIBILITIES	55.0	8.0	440.0			
Mtb COMPLEX ACCUPROBE	83.0	8.7	722.1			
M AVIUM COMPLEX ACCUPROBE	49.0	8.7	426.3			
SPORE TEST/AUTO CLAVE	67.0	1.0	67.0			
PARASITIC CONCENTRATION	1,807.0	4.0	7,228.0			
PARASITIC MICROSCOPIC EXAM	1,807.0	7.1	12,829.7			
PARASITIC STAIN SMEAR	1,788.0	45.0	80,460.0			
PARASITIC PIN WORM SLIDE	1.0	2.5	2.5			
PARASITIC MACROSCOPIC EXAM	6.0	5.25	31.5			
PLASMODIUM INFECTION MICROSCOPIC	4.0	20.0	80.0			
ARTHROPOD INFECTION MICROSCOPIC	2.0	15.0	30.0			
CRYPTOSPORIDIUM (PARA) FA	12.0	10.0	120.0			
CRYPTOSPORIDIUM FE CONCENTRATION	12.0	4.0	48.0			
CRYPTOSPORIDIUM (2 CONTROLS)	5.0	5.0	25.0			
BLOOD PARA. SLIDE PREP	0.0	5.0	0.0			

TEST	BACTERIOLOGY #FY '92	WIU	TOTAL	IMMUNOLOGY #FY '92	WIU	TOTAL
FOOD QUALITY ANAEROBIC CULTURE	2.0	70.0	140.0			
FOOD QUALITY AEROBIC CULTURE	10.0	29.0	290.0			
FOOD COAGULASE	9.0	2.5	22.5			
FOOD QLTY ENTEROBACTERIACEAE DETERMINATION	4.0	29.0	116.0			
FOOD QLTY STD PLATE COUNT	0.0	20.0	0.0			
FOOD QLTY COLIFORM COUNT	0.0	20.0	0.0			
FOOD QLTY STAPH COUNT	0.0	15.0	0.0			
FOOD QUALITY SPECIMEN PREPARATION	12.0	15.0	180.0			
STAPHYLOCOCCUS SUBCULTURE	0.0	2.5	0.0			
STAPHYLOCCOCUS MICRO EXAM	0.0	2.2	0.0			
API STAPH IDENTIFICATION	0.0	5.0	0.0			
TOTALS/BACTERIOLOGY	102,599.0		407,519.5			

DEPARTMENT OF HEALTH & SOCIAL SERVICES
SOUTHCENTRAL REGIONAL LABORATORY

SUMMARY OF RESULTS

LAB STANDARDS

TEST GROUP	BACTERIOLOGY #FY '92	TOTAL	IMMUNOLOGY #FY '92	TOTAL
	102,599.0	407,519.5	17,045.0	47,721.6

	TOTAL # TESTS	TOTAL WIU'S
TOTAL (BOTH GROUPS)	119,644.0	472,286.1

TABLE IV
COST ALLOCATION OF ADMINISTRATIVE SUPPORT TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS

Office of Chief	Administration	Support	Bacteriology	Immunology	Virology
Personnel					
06-1023	(100%) 89.90	-	-	-	-
06-1255	(100%) 46.80	-	-	-	-
06-1446	(100%) 73.30	-	-	-	-
Travel	10.28	-	-	-	-
Services	23.40	-	-	-	-
Supplies	1.80	-	-	-	-
Equipment	1.04	-	-	-	-
Information & Billing System Lease	300.00	-	-	-	-
Dpt/Div.Ind. Neg.Ind.	160.17	-	-	-	-
Other (CLIA)	20.56	-	-	-	-
		-	-	-	-
Anchorage	20.35	-	-	-	-
Juneau	17.30	-	-	-	-
Fairbanks	24.69	-	-	-	-
TOTAL	789.59	-	-	-	-
ALLOCATED TOTAL	-	-	307.94	116.07	365.58

TABLE V
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
JUNEAU LABORATORY

JUNEAU	Administration	Support	Bacteriology	Immunology	Virology
Personnel					
06-1205	(10%) 7.65	(50%) 38.30	(40%) 30.60	-	-
06-1232	-	(5%) 3.00	(95%) 57.50	-	-
06-1067	-	-	(82%) 43.70	(18%) 9.60	-
06-1210	-	(90%) 47.90	(10%) 5.30	-	-
06-1065	-	(100%) 39.50	-	-	-
06-1024	-	(100%) 35.40	-	-	-
PERSONNEL ACCUMULATION	7.65	164.10	137.10	9.60	-
ALLOCATION	-	-	154.42	9.68	-
PERSONNEL SUBTOTAL	-	-	291.52	19.28	-
Operating					
Travel	(25%) .48	-	(75%) 1.45	-	-
Services	-	(69%) 27.51	(30%) 11.96	(1%) .40	-
Supplies	-	(7%) 2.13	(82%) 24.89	(11%) 3.34	-
Equipment	-	-	(90%) 3.96	(10%) .44	-
Bldg.lease	(10%) 9.21	(30%) 27.62	(54%) 49.71	(6%) 5.52	-

TABLE V
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
JUNEAU LABORATORY

OPERATING SUBTOTAL	-	-	145.85	13.08	-
OPERATING ACCUMULATION	9.69	57.26	91.97	9.7	-
ALLOCATION	-	-	53.88	3.38	-
OPERATING SUBTOTAL	-	-	145.85	13.08	-
PERSONNEL SUBTOTAL	-	-	291.52	19.28	-
REAPPORTION-MENT TOTAL	-	-	437.36	32.36	-

TABLE VI
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
ANCHORAGE LABORATORY

ANCHORAGE	Administration		Support		Bacteriology		Immunology	
Personnel								
06-1056	(15%)	13.25	(65%)	57.40	(15%)	13.25	(5%)	4.42
06-1057	(10%)	7.10	(1%)	.71	(55%)	38.84	(34%)	24.03
06-1058	-		-		(100%)	64.40	-	
06-1059	-		-		(50%)	28.30	(50%)	28.30
06-1376	-		(3%)	1.99	(95%)	63.08	(2%)	1.33
06-1379	-		(2%)	1.29	(98%)	63.11	-	
06-1506	-		-		(100%)	55.70	-	
06-1377	-		(10%)	4.99	(50%)	24.95	-	
06-1062	-		(100%)	45.40	-		-	
06-1060	(100%)	35.10	-		-		-	
06-1061	(100%)	34.70	-		-		-	
06-1445	(100%)	36.70	-		-		-	
#078	-		-		(100%)	52.20	-	
SUBTOTAL		20.35		218.28		403.85		78.04
ALLOCATION	-		-			195.40		22.92

TABLE VI
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
ANCHORAGE LABORATORY

TOTAL	-	-	599.25	100.96
Operating				
Travel	$ 36.00	-	.03	.01
Services	$ 38,354.33	-	34.33	4.03
Supplies	$ 81,082.33	-	72.57	8.51
Equipment	$ 4,267.68	-	3.82	.45
Bldg. Lease	$112,434.00	-	110.63	11.81
Courier Service	$ 22,800.00	-	20.41	2.39
Janitorial	$ 5,652.00	-	5.06	.59
Medical Waste Dis.	$ 10,944.00	-	9.80	1.15
Other	$ 2,604.00	-	2.33	.27
SUBTOTAL (Operating)	-	-	248.97	29.21
SUBTOTAL (Personnel)	-	-	599.25	100.96
REAPPORTION-MENT TOTAL	-	-	848.22	130.17

TABLE VII
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
FAIRBANKS LABORATORY

FAIRBANKS	Admin.		Support		Bact.		Immunology		Virology	
Personnel										
06-1165	(15%)	12.92	(32%)	27.55	(8%)	6.89	(15%)	12.92	(30%)	25.83
06-1166	(1%)	.74	(14%)	10.39		-	(85%)	63.07		-
06-1437	(1%)	.61	(14%)	8.50	(7%)	4.25		-	(78%)	47.35
06-1345		-	(8%)	3.90		-	(90%)	43.83	(2%)	.97
06-1448		-	(13%)	7.50	(10%)	5.77	(7%)	4.04	(70%)	40.39
06-1553		-	(8%)	4.34		-	(90%)	48.87	(2%)	1.09
06-1556		-	(13%)	7.77	(10%)	5.98	(3%)	1.80	(74%)	44.25
06-1585		-	(8%)	4.34		-	(90%)	48.78	(2%)	1.08
06-1282		-	(100%)	45.1		-		-		-
06-1380		-	(100%)	50.0		-		-		-
06-1436	(0.5%)	.24	(99.5%)	47.46		-		-		-
06-1554	(0.5%)	.23	(99.5%)	46.07		-		-		-
06-1586		-	(100%)	46.6		-		-		-
06-1435	(25%)	10.23	(75%)	30.68		-		-		-
06-1167		-	(100%)	39.0		-		-		-
06-1446		-	(100%)	36.7		-		-		-

TABLE VII
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
FAIRBANKS LABORATORY

FAIRBANKS	Admin.	Support	Bact.	Immunology	Virology
06-1587	-	(100%) 36.2	-	-	-
SUBTOTAL	24.5	452.57	22.89	223.31	160.96
PERSONNEL ACCUMULATION	24.5	452.57	22.89	223.31	160.96
ALLOCATION	-	-	19.46	82.82	350.29
SUBTOTAL	-	-	42.35	306.13	511.25
Operating					
Travel	(10.1%) .19	(18%) .34	-	(33.3%) .63	(38.6%) .73
Services	-	(47.3%) 32.06	(1.5%) 1.02	(29.9%) 20.27	(21.3%) 14.44
Supplies	-	(47.3%) 82.42	(1.5%) 2.61	(29.9%) 52.10	(21.3%) 37.11
Bldg. Lease	-	(49.2%) 55.87	(4.2%) 4.77	(20.4%) 23.17	(26.1%) 29.64
Courier	-	(16.1%) .95	(2.6%) .15	(48.5%) 2.86	(32.8%) 1.94
Other	-	(100%) .45	-	-	-
ACCUMULATION	.19	172.09	8.55	99.03	83.86

TABLE VII
COST ALLOCATION BY LABORATORY TO BACTERIOLOGY, IMMUNOLOGY, AND VIROLOGY REVENUE CENTERS
FAIRBANKS LABORATORY

FAIRBANKS	Admin.	Support	Bact.	Immunology	Virology
ALLOCATION	-	-	7.40	31.49	133.19
SUBTOTAL (Operating)	-	-	15.95	130.52	217.06
SUBTOTAL (Personnel)	-	-	42.35	306.13	511.25
REAPPORTION-MENT TOTAL	-	-	58.30	436.65	728.31

ALASKA REGIONAL HOSPITAL
LABORATORY OUTPATIENT FEE SCHEDULE
Revised May 1, 1993

17 Hydroxycorticoids	$59.00
5 HIAA 24 hour Urine	42.00
ABG-Blood Gases (OP)	38.00
Acetaminophen Serum, Quant.	40.00
Acetone	34.00
Acid Phosphatase	39.00
ACT Activated Clotting Time	46.00
Acid Phosphatase Prostatic	25.00
Albumin	15.00
Alcohol Screen-Urine	30.00
Aldolase	34.00
Aldosterone	70.00
Alkaline Phosphatase	15.00
Alpha Fetoprotein	38.00
Alpha 1, antitrypsen	53.00
Amikacin	40.00
Amino Acid urine	52.00
Ammonia Serum Quantitative	30.00
Amniostat	157.00
Amniotic Fluid Spect. Ratio	85.00
Amylase	27.00
Amylase, Urine	35.00
ANA Antinuclear Antibody	28.00
Antibody Screen	37.00
Antibody Thyroglobulin	44.00
Antimitochonrial	66.00
ASO Screen	31.00
Autologous Blood Unit	63.00
Barbituate Serum	110.00
Basic Immune Cellular Panel	225.00
Bence-Jones Protein Urine	26.00
Beta HCG, Serum	32.00
Beta HCG, Serum, Quant.	43.00
Bilirubin, Direct	15.00
Bilirubin, total	21.00
Bleeding Time	43.00
Blood Type ABO & RH	17.00
BUN	15.00

AK REGIONAL HOSPITAL LAB FEE SCHEDULE

C-Reactive Protein	19.00
Calcium, 24 hour Urine	33.00
Calcium Serum	15.00
Carotene	29.00
Catecholamine Plasma	48.00
Catecholamine Urine	48.00
CBC	13.00
CD-4 Helper Inducer	110.00
Cell Count Body Fluids	43.00
Chem-12 Profile	14.00
Chem-24 Profile	20.00
Chem 9 Profile	18.00
Chlamydia	33.00
Cholesterol	5.00
Cholinesterase (Pseudocholinesterase)	63.00
Chromosome Analysis complete	850.00
Chromosome Analysis, Philadelphia	500.00
Clonopin (Clonazapem)	39.00
Clostridium Difficile	65.00
Clotting Time, activated	46.00
CMV, IGG+IGM Antibody	58.00
Cocaine urine screen	20.00
Cold Agglutinins	69.00
Complement C3 Serum	40.00
Complement C4	40.00
Complement-Total, Serum	55.00
Copper, Serum	57.00
Cortisol plasma	40.00
CPK	15.00
CPK Isoenzyme	30.00
Creatinine Clearance	35.00
Creatinine Serum	15.00
Creatinine, Urine	21.00
Cryglobulin	34.00
Crystal Search	29.00
CSC	13.00
Culture, AFB, TB, Mycobacterium	46.00
Culture, Anaeroblic	52.00
Culture, Bacterial Routine	44.00
Culture Beta Strep Throat	24.00
Culture, Blood	83.00
Culture, Ear	114.00
Culture, Eye	108.00
Culture, Fungus	65.00
Culture, GC	28.00
Culture Herpes	48.00
Culture, Nasopharyngeal	76.00
Culture, Miscellaneous	44.00
Culture, Sputum	52.00
Cutlure, Stool	52.00

Culture, Throat	33.00
Culture, Urine	35.00
Culture, Vaginal	54.00
Culture, Viral for CMV	43.00
Culture, Wound	44.00
Cyclosporin	80.00
Cytology, Body Fluids	36.00
Cytology, Breast Smear	35.00
Cytology Hemosiderin-urine	11.00
Cytology, Needle Aspirate	35.00
Cytology, Pap Smear, 1 slide	13.00
Cytology, Pap Seam, 2 slides	20.00
Cytology Synovial fluid	58.00
Cytology, Sputum	40.00
D-Xylose, Urine	150.00
Desipramine Level	53.00
DHEA-S	75.00
Differential, WBC	31.00
Digoxin	52.00
Dilantin	34.00
Disopyramide	45.00
Drawing Fee	7.00
Drug of Abuse Screen	66.00
Drug Profile-Urine qualitative	51.00
Drug screen-mini	33.00
Electrolytes	15.00
Electrophoresis Lipoprotein	76.00
Electrophoresis Protein	40.00
Electrophoresis Urine	47.00
Employment Drug Screen	55.00
Eosinophil Smear	40.00
Eosinophil Total	40.00
ERA/PRA/DNA	152.00
Estradiol Serum	75.00
Estriol RIA	50.00
Estrogen	87.00
Ethosuximide Level Serum/Plasma	36.00
Factor VIII Assay	125.00
Fat Stain Feces	30.00
Ferritin	32.00
FDP	62.00
Fibrinogen	29.00
Folate Acid Erythhrocyte	43.00
Folate Acid Serum	28.00
FSH Serum	45.00
FTA-ABS	28.00

GC Gen Probe	28.00
GGTP-GGT	22.00
Glucose,1 Hour	15.00
Glucose, 2 hour PP	15.00
Glucose Fasting	15.00
Glucose Random	15.00
Glucose Tolerance, 3 hour	78.00
Glucose Tolerance, 5 hour	105.00
Glycosolated Hemoglobin	29.00
Gram Stain Smear	20.00
Growth Homone	75.00
Handling Charge	36.00
Haptoglobin	62.00
HDL Add On	12.00
Heavy Metals, Urine Quant.	182.00
Hepatitis AB IGM	32.00
Hepatitis B Core Antibody	33.00
HEP B Monitor Panel (HEP IV)	61.00
Hepatitis B Surface Antibody	29.00
Hepatitis B Surface Antigen	32.00
Hepatitis B-E Antibody	32.00
Hepatitis B-E Antigen	32.00
Hepatitis Profile	66.00
Hep-B Immune Panel (HEP III)	33.00
Herpes Virus Antibody	64.00
Herpes Culture	48.00
Herpes Direct	33.00
Herpes Virus Antibody	64.00
HIV-Antibody Western Block	115.00
HIV Screen	43.00
HLA-B27	68.00
IBC, Iron Binding Capacity Total	28.00
Imipramine (Tofranil)	83.00
Immunoglobulin, A,G&M	93.00
Immunoglobulin E	40.00
Immunoglobuin M	40.00
Immunoelectrophoresis Serum	75.00
India Ink Prep	33.00
Insulin	36.00
Iron Profile	28.00
Iron Serum	15.00
Kidney Stone Analysis	50.00
KOH Preparation	38.00

Lactic Acid	55.00
Lactose Tolerance (Blood or Breath)	168.50
Lactose TDL 3 hrs.	105.00
LDH Isoenzymes	52.00
LDH	15.00
LE Cell Prep	40.00
Lead serum	31.00
Lead urine, Quant.	58.00
Leukocyte Alk. Phos	43.00
LH Leutinizing Hormone	44.00
Lipase	34.00
Lipid Profile	28.00
Lipoprotein HDL	25.00
Lithium	22.00
Liver Profile	15.00
Lupus Antiocoagulant	110.00
Lupus Monitor Panel	257.00
L/S Ratio	275.00
Magnesium	15.00
Marijuana, urine screen	20.00
Mercury Screen, Urine	33.00
Metabolic screen	36.00
Metanephrines	39.00
Monospot (Heterophile)	29.00
Mumps Titer	48.00
Mycoplasma Antibody	43.00
Nortriptyline	42.00
Nutritional Assessment Profile	15.00
Occult Blood	15.00
Organic acid	250.00
Osmolality	58.00
Osmotic Fragility	145.00
Ova & Parasites, stool	41.00
Oxalate 24 hr, urine	33.00
Parathyroid Hormone C-Terminal	78.00
Paternity Testing Complete	550.00
PCP	95.00
Phenobarbital Quant	36.00
Phlebotomy	40.00
Phosphorous 24 hr. Urine	33.00
Phosphorus, Serum	15.00
Pinworm Prep	28.00
Porphyrins-Urine, Quant.	56.00
Pregnanetriol	84.00
Prenatal Profile II	46.00
Prenatal Profile	27.00

Primidone (Mysoline)	36.00
Profile Body Fluid	53.00
Profile Fertility	240.00
Profile Thyroid, T3, T4, T7	22.00
Progesterone	52.00
Prolactin	62.00
Porphobilinogen, Qual.	39.00
Protein Body Fluid	22.00
Protein Urine	20.00
PSA-Protatic Specific Antigen	72.00
Pseudocholinesterase	63.00
PTT	19.00
PT Prothrombin Time	19.00
Pyruvic Acid Serum	47.00
Quinidine	69.00
RA Factor (Latex Fixation)	39.00
RA W/Dilution (Titer)	65.00
Rast Allergens, Each	17.00
Rast, up to Five	69.00
Renin	50.00
RhoGam Micro	40.00
RhoGam	60.00
RPR	45.00
Rubella Titer	27.00
Salicylate Level	40.00
Screen - Cocaine & Marijuana, Alcohol	33.00
Sed Rate	14.00
Semen Analysis	55.00
Serum Viscosity	31.00
SGOT	15.00
SGPT	15.00
Sickle Cell Prep	16.00
Smear AFB TB Mycobacterium	31.00
Specimen Collection-DAU	20.00
Sperm Count	28.00
Sperm Washing & Prep	100.00
STAT Charge	34.00
Streptozyme	31.00
Sugar Water Test for PNH	63.00

T&B Cell Panel	175.00
T3 RIA	53.00
T3 Uptake	17.00
T4	20.00
Tegretol (Carbamazephine)	38.00
Testosterone	55.00
Theophylline	43.00
Thiocyanate	41.00
Thrombin Time	26.00
TLC Plate	55.00
Torch Titer	80.00
Total Protein, Serum	15.00
Toxoplasmosis Antibody	53.00
Tricyclic Profile	65.00
Triglycerides	15.00
TSH	34.00
Uric Acid Serum	15.00
Urine Acid, Urine	22.00
Urinalysis - Dipstick only	11.00
Urine Citrate 24 hrs.	127.00
Urine Cystine	53.00
Urine Glucose	11.00
Urine Ketones	11.00
Urobilinogen Qual. Urine	33.00
Valium (Diazepam)	79.00
Valproic Acid, Quant	91.00
Vancomycin, Peak	65.00
Vancomycin, Trough	65.00
Virus Adeno	65.00
Vitamin B-12	39.00
VMA	47.00
Wet Mount	21.00
Zinc Level	47.00

ALASKA REGIONAL HOSPITAL
LABORATORY OUTPATIENT FEE SCHEDULE
Revised May 1, 1993

17 Hydroxycorticoids	$59.00
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Alpha Fetoprotein	38.00
Alpha 1, antitrypsen	58.00
Amikacin	40.00
Amino Acid urine	52.00
Ammonia Serum Quantitative	30.00
Amniostat	157.00
Amniotic Fluid Spect. Ratio	85.00
Amylase	27.00
Amylase, Urine	35.00
ANA Antinuclear Antibody	28.00
Antibody Screen	37.00
Antibody Thyroglobulin	44.00
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ASO Screen	31.00
Autologous Blood Unit	63.00
Barbituate Serum	110.00
Basic Immune Cellular Panel	225.00
Bence-Jones Protein Urine	26.00
Beta HCG, Serum	32.00
Beta HCG, Serum, Quant.	43.00
Bilirubin, Direct	15.00
Bilirubin, total	21.00
Bleeding Time	43.00
Blood Type ABO & RH	17.00
BUN	15.00

AK REGIONAL HOSPITAL LAB FEE SCHEDULE

TABLE VIII
TOTAL WORK TIME UNITS BY REVENUE CENTERS; BY LABORATORY

WTU - 92	Bacteriology	Immunology	Virology	*	TOTAL
Fairbanks	(4.3%) 38,562	(18.3%) 163,025	(77.4%) 691,211	* *	892,798
Anchorage	(89.5%) 407,520	(10.5%) 47,722	-	* *	455,242
Juneau	(94.1%) 136,510	(5.9%) 8,632	-	* *	145,142
*********	**********	**********	********	*	********
TOTAL	39% 582, 592	14.7% 219,379	46.3% 691,211	* *	1,493,182

TABLE IX
TOTAL COST ALLOCATION TO REVENUE COST CENTERS

**********	Bacteriology	Immunology	Virology
ADMINISTRATION	307.94	116.08	365.58
JUNEAU	437.36	32.36	-
ANCHORAGE	848.22	130.17	-
FAIRBANKS	58.31	436.62	728.311
TOTAL COST	1661.82	715.23	1093.89
FY 92 WTU	582593	219379	691211
COST/WTU	$2.85	$3.26	$1.58

REFERENCES

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11. 1992 Fee Schedule. Physicians MEDLAB 1992 Fee Schedule. Portland, Oregon. 1992.

PROPOSED FEE SCHEDULE DOCUMENTATION

DIVISION OF PUBLIC HEALTH
OFFICE OF RADIOLOGIC HEALTH
320 W. Willoughby, Suite 101
P.O. Box 110613
Juneau, Alaska 99811-0613
(907) 465-3019

1993

STATE OF ALASKA
DEPARTMENT OF HEALTH
AND
SOCIAL SERVICES

Walter J. Hickel
Governor

Theodore A. Mala, MD, MPH
Commissioner

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AN OVERVIEW OF THE OFFICE OF RADIOLOGIC HEALTH

The mission of the Radiologic Health Program is to reduce the exposure of Alaskans to unnecessary and possibly harmful radioactivity, and to provide expert counsel to state government and the citizenry regarding the health effects of radiation exposures. The services provided by the Office of Radiologic Health staff are:

1. Annual registration of all Radiologic Health equipment.
2. Inspections of all x-ray units according to AS 46.03.020 and AS 46.30.260.
3. Inspections of certified mammography units in accordance with Federal Health Care Finance Administration (HCFA) requirements.
4. Emergency response to any Radiation incident in Alaska.
5. Public information: answer questions regarding radiation and its health effects.
6. Carry out the responsiblities for the State's Radon program.
7. Provide radon testing kits upon request for a fee.
8. Provide information materials to the public.
9. Perform radon surveys.
10. Coordinate regulatory and informational activities between State and Federal agencies: EPA, NRC, FDA.

At the present time there is one Radiologic Health Specialist in the Office of Radiologic Health. The Radiation Health Specialist plans and implements a statewide comprehensive radiation protection program covering ionizing and non-ionizing sources of radiation. Duties include administrative and technical aspects of the program. Major activities include registration and on-site inspection of ionizing radiation sources, consultation relating to quality assurance in the healing arts, administration of a statewide radon public information and home monitoring program and enforcement of the Alaska Radiation Protection Regulations (1978).

AN OVERVIEW OF THE OFFICE OF RADIOLOGIC HEALTH (Cont...)

The major ionizing radiation sources are x-ray machines, radioactive materials and radon. In addition, the Department is the lead agency in responding to emergencies involving radiation sources. Non-ionizing radiation sources include microwave ovens, radiofrequency transmitters, lasers, high voltage transmission lines and ultra-violet lights. Presently, ionizing radiation receives the most attention.

In addition, there is a broad spectrum of other radiation related issues requiring program attention. These include food irradiation, tanning booths, waste disposal, transportation of radioactive materials and radioactive scale resulting from oil and gas production.

COST ANALYSIS FOR FY94 FEES TO REGISTER AND PERIODICALLY INSPECT RADIOLOGICAL EQUIPMENT

ASSUMPTIONS:

1. Costs - (Based on FY93 actuals)
   The actual cost to the State per inspection varies with each site. For example, an inspection performed in Juneau does not cost the State as much as an inspection performed in Anchorage would; however, the cost to the state, overall, is the same. These costs are an average of the cost of all the sites that are visited by the Radiologic Health Specialist.

   a. Travel-Air = **$500.00 avg/trip.** This is an estimated average airfare based on current Alaska Airlines prices.

   b. Time-Physicist = **$44.41/hr.** This is the Physicists hourly wage including fringe benefits of approximately 28%.

   c. Per Diem = **$100.00/day.** Per diem covers the Physicist's living expenses (food & lodging) while away from home.

   d. Clerk-typist = **$20.00/hr.** This is the clerk typist's hourly wage including fringe benefits of approximately 28% received.

   e. Car rental = **$35.00/day.** Assume that the average cost of renting a car will be approximately $35.00 per day. The State contract award price which only covers car rental in Anchorage, Fairbanks and Juneau is $25.00. However car rental prices in other places tend to be much higher. The $35.00 fee is an average of these prices.

   f. Miscellaneous expenses = **$20.00 - $50.00/trip.** Miscellaneous expenses consist of: batteries for the machines used for inspections, gasoline, and parking for the rental car. These costs range from $20.00 - $50.00 per trip.

2. Approximately 140 total inspections are performed per year. One week per month is spent actually performing inspections. Additional time is spent in travel, generating reports, providing consultations, and

ASSUMPTIONS (Cont...)

following up on deficiencies. This amounts to approximately 1.5 - 2.0 wks/month.

When inspections require travel, attempts are made to visit and inspect as many sites and types of equipment as possible. Inspection trips can be of 1, 3 or 5 days duration. In the case examples which follow, costs associated with each of these trips are outlined.

3. Equipment should be inspected according to the following schedule:

Dental Tubes	-	every 3 years
Radiography, etc..	-	every 3 years
Mammography Units	-	every year
Linear Accelerator	-	every 2 years

4. Indirect costs are not included in the fee calculation. Indirect costs consist of: leases, equipment rental, Fax, Phone, electricity, publications and training.

TABLE I

DOCUMENTATION FOR 1993 RADIOLOGIC HEALTH SERVICES FEES

Authority to collect fees for the registration and inspection of radiologic, medical and industrial devices was established by AS 44.49.022 in 1986. Regulation 7 AAC 80.010 established the fee schedule. The proposed regulations (Section VI) increase the fees charged in order to meet current costs.

The following pages provide 1993 cost-based information showing how fee revenues are applied to the cost of running the Radiologic Health inspection program.

The table that follows is a comparison of revenue collected, according to the new fee schedule, to the actual and average costs of various types of inspections.

Page 3 provides a list of the cost and operational elements used to develop the cost examples which follow. It is important to note that the criteria used to inspect dental, medical, mammographic equipment, and linear accelerators are different for each group; so also is the amount of time required for inspection. These differences are reflected in the examples given in Cases I through IV.

INSPECTION	TOTAL COST TO PROVIDERS To Register Equipment	TOTAL COST TO STATE To Inspect Equipment
Dental		
1 day/trip	$ 900.00	$1469.00
3 days/trip	$2700.00	$2557.00
5 days/trip	$4500.00	$4313.00
Average cost per day	$ 900.00	$ 927.00
Radiography, etc..		
1 day/trip	$ 960.00	$1619.00
3 days/trip	$2880.00	$3018.00
5 days/trip	$4800.00	$4557.00
Average cost per day	$ 960.00	$1022.00
Mammography		
2 days	$1500.00	$1557.00
Linear Accelerator		
2-3 days	$1000.00	$1379.00

CASE I
DENTAL TUBES

EXPLANATION:

The new cost for the registration of dental tubes is $50.00. These examples assume that there are 6 tubes in an average dental office, and that 6 tubes are inspected in a day, the fee charged would be $300.00. Further assuming that the frequency of inspections is every three years the provider will have payed $900.00 over a three year period towards the cost of the inspection. (6 tubes x $50.00/tube x 3 years = $900.00).

The Radiologic Health physicist can inspect approximately six dental tubes in one day. The cost to the State for one days worth of inspection is $1469.00. This includes travel expense, inspection time, travel time, per diem, rental car, and time to write up the inspection report. See pages 3 & 4 for the explanation of the costs to the state.

Example 1

1 day inspection (One dental office):

Cost to dentist: 6 tubes at $50.00 / tube x 3 years = **$ 900.00**

Cost to State:	Travel	= $ 500.00
	Inspections	= $ 330.00
	Travel time	= $ 178.00
	Per diem	= $ 100.00
	Rental Car	= $ 35.00
	Writing Report - Physicist	= $ 266.00
	- Clerk	= $ 60.00
		= $1469.00

CASE I
DENTAL TUBES
(Cont...)

Example 2

3 days inspection (Several dental offices):

Total cost to dentists: 6 tubes/day x 3 days x $50.00/tube x 3 years

= $2700.00

Total cost to State:	Travel	= $ 500.00
	Inspection time	= $ 999.00
	Travel time	= $ 178.00
	Per diem	= $ 300.00
	Rental Car	= $ 105.00
	Miscellaneous	= $ 25.00
	Writing Reports - Physicist	= $ 300.00
	- Clerk	= $ 120.00
		= $2557.00

Example 3

5 days inspection (Several dental offices):

Total cost to dentists: 6 tubes/day x 5 days x $50.00/tube x 3 years.

= $4500.00

Total cost to State:	Travel	= $ 500.00
	Inspection time	= $1665.00
	Travel time	= $ 178.00
	Per diem	= $ 540.00
	Rental Car	= $ 175.00
	Miscellaneous	= $ 50.00
	Writing Reports - Physicist	= $ 825.00
	- Clerk	= $ 380.00
		= $4313.00

Note: Example 1 is an inspection of one dental office with 6 tubes. Examples 2 & 3 are three and five day inspections of several dental offices, each with 6 tubes.

CASE II
RADIOGRAPHY, FLUOROSCOPY, PORTABLE X-RAY, CHIROPRACTORS AND VETERINARY INSTALLATIONS

EXPLANATION

The new registration fee per tube is $80.00. Assuming that 4 tubes are inspected in a day, the total fee collected would equal $320.00. Further assuming that the frequency of inspection is every three years the provider will have payed $960.00 over a three year period towards the cost of the inspection.
(4 tubes/day x $80.00/tube x 3 years = $960.00).

The physicist can inspect up to 4 of these tubes per day.The cost to the State for one days worth of inspection is $1619.00. This includes travel expense, inspection time, travel time, per diem, rental car, and time to write up the inspection report. See pages 3 & 4 for the explanation of the cost to the state.

Example 1

1 day inspection (One place of business):

Cost to Dr./Hospital:	4 tubes/day x $80.00/tube x 3 years		**= $ 960.00**
Total Cost to State:	Travel		= $ 500.00
	Inspection time		= $ 333.00
	Travel time		= $ 178.00
	Per diem		= $ 100.00
	Rental car		= $ 35.00
	Miscellaneous		= $ 30.00
	Writing Reports - Physicist		= $ 333.00
		-Clerk	= $ 120.00
			= $1619.00

CASE II
RADIOGRAPHY, FLUOROSCOPY, PORTABLE X-RAY, CHIROPRACTORS AND VETERINARY INSTALLATIONS
(Cont...)

Example 2

3 days inspection (Several places of business):

Cost to Dr./Hospital: 4 tubes/day x 3 days x $80.00/tube x 3 years

= $2880.00

Total Cost to State:	Travel	= $ 500.00
	Inspection time	= $ 999.00
	Travel time	= $ 178.00
	Per diem	= $ 300.00
	Rental car	= $ 115.00
	Miscellaneous	= $ 30.00
	Writing Report - Physicist	= $ 666 00
	- Clerk	= $ 200.00
		= $3018.00

Example 3

5 days inspection (Several places of business):

Cost to Dr./Hospital: 4 tubes/day x 5 days x $80.00/tube x 3 years

= $4800.00

Total Cost to State:	Travel	= $ 500.00
	Inspection time	= $1665.00
	Travel time	= $ 178.00
	Per diem	= $ 540.00
	Rental Car	= $ 175.00
	Miscellaneous	= $ 50.00
	Writing Report - Physicist	= $ 999.00
	- Clerk	= $ 450.00
		= $4557.00

CASE III
MAMMOGRAPHY UNITS

EXPLANATION:

The Radiologic Health physicist can inspect one mammography unit per day. The registration fee per unit is $1500.00. The unit should be inspected once every year.

The cost to the State for one days worth of inspection is $1557.00. This includes travel expenses, inspection time, travel time, per diem, rental car, and time to write up the inspection report. See pages 3 & 4 for the explanation of the cost to the state.

INSPECTION:

Cost to Dr./Hospital: = $1500.00 per year (Annual Inspection)

= $1500.00

Total Cost to State:	Travel	= $ 500.00
	Inspection time	= $ 333.00
	Travel time	= $ 178.00
	Per diem	= $ 200.00
	Rental Car	= $ 70.00
	Miscellaneous	= $ 30.00
	Writing Report - Physicist	= $ 166.00
	- Clerk	= $ 80.00
		= $1557.00

CASE IV
LINEAR ACCELERATORS

EXPLANATION:

The cost to the client per year is $500.00. The equipment should be inspected every two years.

The cost to the State is $1379.00. This includes travel expense, inspection time, per diem, rental car, and time to write up the inspection report. See pages 3 & 4 for the explanation on the cost to the State.

INSPECTION:

Cost to Hospital:	$500.00/year x 2 years		**= $1000.00**
Total Cost to State:	Travel		= $ 500.00
	Inspection time		= $ 333.00
	Per diem		= $ 200.00
	Rental car		= $ 70.00
	Miscellaneous		= $ 30.00
	Writing Report -	Physicist	= $ 166.00
		- Clerk	= $ 80.00
			= $1379.00

TABLE II

COMPARISON OF ALASKA RADIOLOGIC HEALTH FEES TO OTHER STATE FEES

TYPE OF TUBE	ALASKA	MONTANA	CALIFORNIA	FLORIDA	TENNESSEE
Dental	$50.00/tube	$100.00/tube	$70.13/2 years	$31.00/tube	$35.00/tube
Chiropractic	$80.00/tube	$130.00/tube	$212.93/2 years	$145.00/tube	
Medical	$80.00/tube	$130.00/tube	$212.93/2 years	$145.00/tube	$75.00/tube
Mammography	$1500.00/ year	$325.00/year	$212.93/2 years		
Linear Accelerator	$500.00/ year	$220 00/tube	$212.93/2 years	$258.00/tube	$100.00/tube
Veterinary	$80.00/tube	$100.00/tube	$154.13/2 years	$50.00/tube	$75.00/tube
Fluoroscopy	$80.00/tube	$220.00/tube	$212.93/2 years		

CHAPTER 80. FEES FOR DEPARTMENT SERVICES.

Article
1. Public Health Services (7 AAC 80-010 -- 7 AAC 80.090)
2. Family and Youth Services (7 AAC 80.100 -- 7 AAC 80.190)
3. Alcohol Safety Action Program Services (7 AAC 80.200 -- 7 AAC 80.230)
4. General Provisions (7 AAC 80.900 -- 7 AAC 80.990)

Article 1. Public Health Services

Section
10. Reasonable fee
20. Public interest waiver AAC 80.090
30. Fee schedule
40. Applicability to public health grantees and contractors
90. Definitions for 7 AAC 80.010 -- 7 AAC 80.090

7 AAC 80.010(c), (d), (h) and (i) are amended to read:

(c) A full discount of a fee will be allowed to an individual from a family with an annual income at or below that set out in the Department of Health and Human Services' Poverty Income Guidelines for Alaska, 58 Fed. Register 8287 (1993) [51 FED. REGISTER 5,105 (1986)].

(d) No discount of a fee will be allowed to an individual from a family whose annual income exceeds 250 percent of the levels set out in the Department of Health and Human Services' Poverty Income Guidelines for Alaska, 58 Fed. Register 8287 (1993) [51 FED. REGISTER 5,105 (1986)].

(h) In the case of certification or registration services provided and inspections conducted under [7 AAC 30.005 -- 7 AAC 30.080 and]AS 18.60.475(a), the reasonable fee for certification or registration will include an amount to compensate for the cost of inspections. When inspections are not done annually the amount included in the annual fee to compensate for the cost of inspections will be based on an average of cost-per-unit expenditures.

(i) The fees for personal care services, chore services and family planning will be based on monthly family income, relative to the United States Department of Health and Human Services poverty income guidelines for Alaska 58 Fed. Register 8287 (1993). The method for determining the fee schedule is set out in 7 AAC 80.030.
(Eff. 12/6/86, Register 100; am / / , Register)

Authority: AS 18.05.040
AS 44.29.022
AS 44.29.020
AS 47.05.010

Editor's notes -- A copy of the federal guidelines referred to in 7 AAC 80.010(c), (d) and (i) is available from the [OFFICE OF THE FAMILY PLANNING COORDINATOR,]Section of Maternal, Child and Family Health, Division of Public Health, P.O. Box 110612 H-06, Juneau, Alaska 99811-0612 [99811-9976].

7 AAC 80.020 is amended to read:

7 AAC 80.020. PUBLIC INTEREST WAIVER. (a) Notwithstanding 7 AAC 80.010(e) -- 7 AAC 80.010(g) t[T]he department will, in its discretion, waive a fee for a public health service if the commissioner determines that

(1) a public health emergency exists and public health services at no cost to the public are needed to meet the emergency;

(2) the service is necessary for the prevention of a communicable [OR SEXUALLY TRANSMITTED] disease, and charging a fee would seriously deter receipt of services and cause risk to the general public; or

(3) the public health is otherwise best served by waiver of the fee.

(b) No person will be denied public health services because of the person's inability to pay for services at the time treatment is sought. The department will post a sign informing the public of this policy in each location where services are provided. Except as provided in 7 AAC 80.010(d) [7 AAC 80.010(e)] -- (g), the department will discount [WAIVE] a fee for a public health service if a patient is unable to pay the fee at the time treatment is sought and requests that the fee be discounted [WAIVED]. (Eff. 12/6/86, Register 100; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

7 AAC 80.030 is amended to read:

7 AAC 80.030. FEE SCHEDULE. (a) The following fees will be collected for health services provided by the department;

Public Health Laboratory Tests

Disease/Agent	Test	Fee
Adenovirus	Isolation and identification	$ 69.50
Anaerobic Bacteria	Culture and identification	$134.00
Arbovirus	Isolation and identification	$150.00
Arthropods	Identification	$ 42.75
Brucellcsis	Identification	$ 83.00

Brucellosis	Slide agglutination	$ 48.75
Brucellosis	Tube agglutination	$ 65.00
Chlamydia	Isolation and identification	$127.75
Chlamydia	EIA serology	$ 65.00
Chlamydia	DNA probe	$ 16.25
Cytomegalovirus	Isolation and identification	$ 69.50
Cytomegalovirus	EIA serology IgG	$ 32.50
Cytomegalovirus	EIA serology IgM	$ 32.50
Diphtheria	Culture, identification and biotype	$ 49.75
Diphtheria	Toxigenic testing	$ 99.75
Enteric Bacteria	Culture and identification	$ 46.75
Enteric Bacteria	Serotype	$111.00
Enteric Bacteria	Food testing	$125.25
Enterovirus	Isolation and identification	$ 88.25
Epstein-Barr Virus	IFA serology IgG	$ 65.00
Epstein-Barr Virus	IFA serology IgM	$ 65.00
E. coli 0157:h7	Culture and identification	$ 65.00
E. coli 0157:h7	Typing	$ 34.00
Filariasis	Identification	$128.25
Fungus/Yeast	Culture and identification	$ 91.00
Gonorrhea	Microscopic exam	$ 11.25
Gonorrhea	Culture and identification	$ 17.00
Gonorrhea	DNA probe	$ 8.50
Hemolphilis influenza	Culture and identification	$ 55.75
Hepatitis A	EIA serology IgG	$ 32.50
Hepatitis A	EIA serology IgM	$ 32.50
Hepatitis B	Immune status B, IgG	$ 32.50
Hepatitis B	Confirmation	$ 65.00
Hepatitis B	Diagnostic panel	$166.25

Hepatitis Delta	EIA serology	$ 32.50
Herpes Simplex	EIA serology	$ 32.50
Herpes Simplex	Isolation and identification	$ 69.50
Human Immunodeficiency Virus (HIV)	EIA serology	$ 26.00
Human Immunodeficiency Virus (HIV)	Western Blot	$ 45.25
Influenza	HI serology	$ 32.50
Influenza	Isolation and identification	$ 86.50
Legionnaire's Disease	FA test	$ 31.25
Malaria	Microscopic identification	$128.25
Miscellaneous Cultures	Identification and confirmation	$128.25
Meningococcal Meningitis	Culture and identification	$ 59.75
Mumps	EIA serology	$ 32.50
Mumps	Isolation and identification	$ 86.50
Mycobacterium (TB)	Concentrate and smear	$ 42.75
Mycobacterium (TB)	Culture and biochemical	$ 28.50
Mycobacterium (TB)	Drug susceptibility	$ 22.75
Mycobacterium (TB)	DNA probe M.TB	$ 24.75
Mycobacterium (TB)	DNA probe M. avium	$ 24.75
Mycoplasma pneumonia	EIA serology IgG	$ 32.50
Mycoplasma pneumonia	EIA serology IgM	$ 32.50
Parainfluenza virus	Isolation and identification	$ 86.50
Parasites (Intestinal)	Identification	$166.00
Pertussis	Culture, identification and agglutination	$ 39.75
Pertussis	Direct FA	$ 42.75
Pinworm	Identification	$ 7.00

Poliovirus	Isolation and identification	$ 88.25
Rabies virus	Direct FA	$114.00
Respiratory Syncytial Virus (RSV)	EIA serology	$ 32.50
Respiratory Syncytial Virus (RSV)	Isolation and identification	$ 86.50
Rotavirus	EIA	$ 32.50
Rubeola (Measles)	EIA serology IgG	$ 32.50
Rubeola (Measles)	EIA serology IgM	$ 32.50
Rubeola (Measles)	Isolation and identification	$ 79.00
Rubella (German Measles)	EIA serology IgG	$ 32.50
Rubella (German Measles)	EIA serology IgM	$ 32.50
Rubella (German Measles)	Isolation and identification	$ 79.00
Staphylococcus	Identification and confirmation	$ 28.50
Staphylococcus	Food testing	$ 69.50
Streptococcus Group A	Culture, identification and grouping	$ 30.00
Streptococcus pneumonia	Culture and identification	$ 52.25
Syphilis	Serology RPR	$ 4.00
Syphilis	Serology VDRL	$ 19.50
Syphilis	Serology FTA-ABS	$ 39.00
TORCH	EIA serology	$228.00
Toxoplasma	EIA serology IgG	$ 32.50
Toxoplasma	EIA serology IgM	$ 32.50
Tularemia	Tube agglutination	$ 57.00
Tularemia	Slide agglutination	$ 42.75
Varicella Zoster virus	EIA serology	$ 57.00

Varicella Zoster virus	Isolation and identification	$125.25
Water bacteriology non-potable	MPN, total and fecal coliforms	$ 82.00
Water bacteriology drinking water	Culture total and fecal	$ 51.25

OTHER SERVICES [SERVICE]	FEE
Radiologic Health [LAB] SERVICES	
[METABOLIC SCREENING TESTING KIT	$10]
Annual radiological equipment registration and periodic inspection(for dentists)	$50 $20 per x-ray tube
Annual radiological equipment registration and periodic inspection (for others)	$80 $30 per x-ray tube
Radon monitoring	$30 per Alpha Track on charcoal test device [dosimeter]
Mammography registration and annual inspection	$1,500 per mammography tube
Linear Accelerator registration and periodic inspection	$500 per machine
AUDIOLOGY SERVICES [FOR ADULTS]	
Screening	$10
Evaluation/Consultation	
less than 20 minutes up to	$30
more than 20 minutes up to	$50
Hearing Aid - fitting and follow-up (does not include hearing aid)	
1 hearing aid up to	$125
2 hearing aids up to	$150
Auditory Brain Stem Response	
Diagnostic evaluation	$150
Threshold	$200
ADULT HEALTH	
Physical assessment/risk identification	$20
Blood pressure monitoring	$ 3
[HEARING SCREENING/REFERRAL]	
Administration of immunization	

(per visit, including for foreign travel)	$10
Exceptions [(ADDITIONAL FEE]):	
Yellow Fever vaccine	$30 [20]
[HEPTAVAX VACCINE (NON-IHS RECIPIENTS)]	$30
Tuberculin test for employment	$10
WOMEN'S HEALTH	
Cancer screening services	
Physical assessment (including pap smear, breast self examination)	$40 [25]
Pap smear (abnormal) repeat	$20 [10]
Pregnancy services	
pregnancy test	$15 [10]
Prenatal/assess/counsel/refer	$25
[RUBELLA TEST	$10]
Administration of Rh Immune Globulin	$10
FAMILY PLANNING SERVICES	
Initial examination	$90
Annual examination	$75
Problem visit	$40
Brief visit	$20
IUD insertion	$75
Norplant	$650
Depo-Provera	$40
Family planning classes (per series)	$40
[ENROLLMENT (INCLUDES EXAMINATION, METHOD, COUNSELING, PROBLEM VISITS) UP TO	$70]
SEPARATE SERVICES WHEN NOT PART OF ABOVE SERVICES	
Home visit	$30/hr
Specialty clinics (Cardiac, neurodevelopmental and other similar medical clinics)	$150
Brief visit	$10
Urine test	$ 3
Hemoglobin test	$ 3
Drawing blood	$10 [5]
Throat cultures	$ 5
Metabolic screening test	$30 [10]
Personal care services	$18/hr
Chore services	$15/hr

Occupational therapy	$45/hr
Speech therapy	$45/hr
Physical therapy	$45/hr
Nutrition Services (initial visit)	$50/hr
Nutrition Services (follow-up visits)	$35/hr

OTHER	
Researching records (per hour)	$50
[EDUCATIONAL SEMINAR (PLUS TRAVEL COSTS IF MORE THAN $25)]	$100

(b) The department will not collect fees for the following services, free provision of which best serves the public interest:

(1) HIV [HTLV III] pre-test counseling and screening, and post-test counseling; and

(2) an initial patient visit made at the request or requirement of a person other than the patient, or made by the department for the purpose of communicable disease control.

(c) Fees for radiological equipment registrations are due annually [ON JANUARY 1 OF EACH YEAR] or, for new equipment[ACQUIRED AFTER JANUARY 1], within 30 days after acquisition. Fees are billed when due. If the annual fee is not paid within 60 [10] days after the billing is received, the outstanding balance may be referred for collection [DATE DUE, THE FEE WILL BE DOUBLED].

(d) The sliding fee scale for personal care services, chore services and family planning is applied to the fee established in (a) of this section if a recipient has monthly family income above the United States Department of Health and Human Services poverty guidelines for Alaska (58 Fed. Register 8287 (1993)). If the monthly family income is

(1) less than 115 percent of the poverty level there is no fee;

(2) between 115 percent and 130 percent of the poverty level the charge will be ten percent of the established fee;

(3) between 130 percent and 145 percent of the poverty level the charge will be 20 percent of the established fee;

(4) between 145 percent and 160 percent of the poverty level the charge will be 30 percent of the established fee;

(5) between 160 percent and 175 percent of the poverty level the charge will be 40 percent of the established fee;

(6) between 175 percent and 190 percent of the poverty level the charge will be 50 percent of the established fee;

(7) between 190 percent and 205 percent of the poverty level the charge will be 60 percent of the established fee;

(8) between 205 percent and 220 percent of the poverty level the charge will be 70 percent of the established fee;

(9) between 220 percent and 235 percent of the poverty

level the charge will be 80 percent of the established fee;

(10) between 235 percent and 250 percent of the poverty level the charge will be 90 percent of the established fee;

(11) 250 percent or more of the poverty level the charge will be 100 percent of the established fee.

(e) The department will determine a family's monthly adjusted income by

(1) counting all family income, before deductions, for the month ending with the date of service, or application for service, whether earned or unearned, from any source, including the fair market value of in-kind payments, but excluding non-taxable payments made under the Alaska Native Claims Settlement Act. (Eff. 12/6/86, Register 100; am 2/3/88, Register 105; am / / , Register)

Authority: AS 18.05.040
AS 44.29.022
AS 44.29.020
AS 47.05.010

Editor's notes. -- A copy of the general government unit agreement mentioned in 7 AAC 80.030(e) is available from the Section of Maternal, Child and Family Health, Division of Public Health, P.O. Box 110612, Juneau, Alaska 99811-0612.

7 AAC 80.090 is amended to read:

7 AAC 80.090. DEFINITIONS FOR 7 AAC 80.010 -- 7 AAC 80.090. In 7 AAC 80.010 -- 7 AAC 80-090,

(1) "direct costs" means the overall operational costs determined by the department to be necessary to provide public health patients with public health services;

(2) "indirect costs" means the overall administrative costs determined by the department to be necessary to provide public health patients with public health services;

(3) "sexually transmitted disease" includes gonorrhea, syphilis, chlamydia, genital herpes, and other diseases commonly transmitted through sexual contact[, BUT EXCLUDES ACQUIRED IMMUNE DEFICIENCY SYNDROME];

(4) "chore services" means housekeeping and other assistance necessary to maintain a recipient's home in a clean, sanitary, and safe condition for the habitation of the recipient, and which are necessary to prevent institutionalization of the recipient and include

(A) helping the client with planning and organizing household tasks;

(B) routine cleaning, including one-time or intermittent washing of floors, walls, and windows when doing so is essential to achieving or maintaining a clean, sanitary, and safe environment;

(C) personal laundry;
(D) menu planning and food preparation (according to economic and cultural setting);
(E) grocery shopping;
(F) mending clothes;
(G) hauling water;
(H) chopping wood;
(I) hauling fuel;
(J) shovelling snow; and
(K) other, similar chore tasks essential to maintaining the independent functioning of the recipient within his or her home;

(5) "director" means the director of the Division of Public Health;

(6) "family" means the recipient, the recipient's spouse, parents, the recipient's siblings and the recipient's children and grandchildren that live in the same household with
(A) the recipient; or
(B) the custodial parent of the recipient, if the recipient is a dependent minor, with whom the recipient spends most of his or her time; and

(7) "personal care services" are services consistent with the requirements of 7 AAC 43.750 -- 43.975 and include tasks of a nontechnical medical nature that assist a recipient in following a plan of care to improve the recipient's physical health or to prevent or delay deterioration in his or her physical health, and which are necessary to enable the recipient to remain safely at home. (Eff- 12/6/86, Register 100; am / / , Register)

Authority: AS 44.29.022
AS 18.05-040
AS 44.29.020
AS 47.05.010

Article 2. Family and Youth Services

Section
100. Reasonable fee
110. Public interest waiver
120. Formulas for determining fees by service category
[130. FEE SCHEDULE]
[140. REASONABLE FEE FOR HOMEMAKER SERVICES]
190. Definitions for 7 AAC 80.100 -- 7 AAC 80.190

7 AAC 80.100(f) is amended to read:

(f) Fees assessed under 7 AAC 80.100 -- 7 AAC 80.120 [7 AAC 80.130] will be collected by the Department of Revenue, child support enforcement division, through procedures established by formal agreement between the Departments of Revenue, Law, and Health and Social Services. If the agreement between departments does not provide for collection of a type of fee or from a type of

client, that fee will be collected by the Department of Health and Social Services. (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

7 AAC 80.120 is amended to read:

7 AAC 80.120. FORMULAS FOR DETERMINING FEES BY SERVICE CATEGORY. The department will periodically publish a schedule of fees for each category of service provided. The fee for a service will be computed according to the following formulas:

(1) The fee for child foster [HOME] care costs [WILL BE THE AVERAGE FOSTER HOME CARE MONTHLY RATE BY AGE GROUP AS INDICATED IN THE CURRENT FOSTER HOME CARE RATE SCHEDULE, WHICH] is computed annually according to the formula established in 7 AAC 53.030 -- 53.040 [7 AAC 50.720(c)] and published annually before the fiscal year t which they apply.

(2) The fee for residential child care costs will be based on facility category as established in 7 AAC 50.901(e). The fee for each in-state residential child care facility category will be the average monthly rate for all in-state facilities in each category with which the department contracts. The fee for each out-of-state residential child care facility will be the average monthly rate for all out-of-state residential child care facilities with which the department contracts.

[(3) THE FEE FOR PURCHASED CARE COSTS WILL BE THE AVERAGE MONTHLY COST OF ALL PURCHASED CARE SERVICES, DETERMINED AFTER DIVIDING THE CURRENT YEAR BUDGET F)R PURCHASED CARE SERVICES BY THE TOTAL NUMBER OF CLIENTS PROJECTED TO RECEIVE THESE SERVICES.

(4) THE FEE FOR HOMEMAKER SERVICES WILL BE BASED ON MONTHLY FAMILY INCOME, RELATIVE TO THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES POVERTY INCOME GUIDELINES FOR ALASKA (51 FED. REGISTER 5,105 (1986)). THE FEE SCHEDULE FOR HOMEMAKER SERVICES IS SET OUT IN 7 AAC 80.140.] (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register)

Authority: AS 44.29.020
AS 44.29.024
AS 44.29.022
AS 47.05.010

Editor's notes. -- A copy of the child foster care and child residential care rates mentioned in 7 AAC 80.120(1) and (2) are available from the Division of Family and Youth Services, P.O. Box 110630, Juneau, Alaska 99811-0630 [1986 POVERTY INCOME GUIDELINES MENTIONED IN 7 AAC 80.120(4) IS AVAILABLE FROM THE CENTRAL OFFICE OF THE DIVISION OF FAMILY AND YOUTH SERVICES, P.O. BOX H-05,

JUNEAU, ALASKA 99811].

7 AAC 80.130 is repealed.

7 AAC 80.140 is repealed.

7 AAC 80.190 is amended to read:

7 AAC 80.190. DEFINITIONS FOR 7 AAC 80.100 -- 7 AAC 80.190. In 7 AAC 80.100 -- 7 AAC 80.190,

(1) "foster home care costs" means the expenses associated with the care of a foster child set out at 7 AAC 53.030 -- 7 AAC 53.040 [50.720]; and

(2) "residential child care costs" means the expenses associated with the care of children in residential care facilities set out at 7 AAC 50.941(a) -- (m);

[(3) "PURCHASED CARE COSTS" MEANS THE COST TO THE DEPARTMENT FOR SERVICES PURCHASED FOR FAMILIES, INCLUDING INDIVIDUAL AND FAMILY COUNSELING, PSYCHOLOGICAL AND OTHER CLINICAL ASSESSMENT, DAY CARE, MEDICAL AND DENTAL CARE NOT OTHERWISE PROVIDED FOR THE FAMILY UNDER A HEALTH INSURANCE PLAN OR FEDERAL ENTITLEMENT PROGRAM, AND SPECIAL NEEDS AS SET OUT IN 7 AAC 50.760;

(4) "AVAILABLE AND NECESSARY SOCIAL SERVICES" MEANS THAT RESOURCES ARE AVAILABLE TO THE DEPARTMENT TO PROVIDE A SPECIFIC SERVICE AND THAT THE DEPARTMENT HAS ASSESSED THE CLIENT AS HAVING A NEED FOR THE SPECIFIC SERVICE; AND

(5) "HOMEMAKER SERVICES" IS A TEAM SERVICE, FOR ADULTS AND CHILDREN THAT IS DESIGNED TO PREVENT INSTITUTIONALIZATION AND TO PREVENT UNNECESSARY OUT-OF-HOME PLACEMENT]. (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

Article 3. Alcohol Safety Action Program Services

Section	Section
200. Applicability	220. Collection procedure
210. Fee schedule	230. Public interest waiver

Publisher's notes. -- Existing Article 3 (7 AAC 80.900 -- 7 AAC 80.990), as it appears in the Register 107 main pamphlet, was redesignated as Article 4 as of Register 111.

7 AAC 80.210 is amended to read:

7 AAC 80.210. FEE SCHEDULE. The fee for alcohol safety action

program services is $100 [75] for each court case. The department may reduce this fee to $75 as an incentive for early payment. The department will determine the time period for early payment on an individual basis. (Eff. 7/16/89, Register 111; am / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010
AS 47.37.040(14)

Article 4. General Provisions

Section		Section	
900.	Scope of service fees	925.	Professional services
910.	Actual cost	930.	Non-collection of fee
920.	Administrative services fees	940.	Economic feasibility
		990.	Definitions

7 AAC 80 is amended by adding a new section to read:

7 AAC 80.925. PROFESSIONAL SERVICES. The department may charge and collect a fee equal to the hourly cost, up to $300 per day, for individual staff who provide educational or consultive services to agencies or organizations. (Eff. / / , Register)

Authority: AS 44.29.020
AS 44.29.022
AS 47.05.010

NE $160
UT $700 except those distributed to general licensees or those exempt
WA $80/h to Max. $2,400

Shielding Evaluation
LA per room: Diag. $55, Therapeutic $140-$290, Indust. $195
NE $85
ND $150
OH $150/tube

Transport Package Evaluation
CAN $2,500 Appln. + Cost @ $100/h for initial or amendment
NRC $230 Appln. + $230/5y; Amend $230; Insp. full cost (10CFR71 Q.A. Pgm), others full cost
NRC Full cost

Inspection of Radioactive Material
OH $100 for <100 uCi, $160 for <1 mCi, $200 for <100 mCi, else $400
NRC $115/h
WA $80/h to Max. $800 total

Monitoring Services
NE $95/y
WA $80/h, Max. $2,000 total

Inspection of X-ray Facility
CO $50/tube/y for Insp. by RCP, $30/tube/y for non-Dept. inspector
IL $55/tube/5y for Dental or Vet.
IL $55/tube/3y for Podiatrist
IL $80/tube/2y for Medical or Chiropractor
IL $80/tube/y for Hospital, Industry or Academic
OH $60 1st tube + $30/Addnl. tube for Dent.
OH $120 1st tube + $60/Addnl. tube for Pod., Vet., cabinet, non-Med. Acad.
OH $120 1st tube + $60/Addnl. tube other than above, except $120/tube of >250 kVp
VA $380 for Fluor.-Radiog. machine, $65 for dental, $190 for others

Radioisotope Laboratory Design Approval
CAN $280

Agency Approval of Training Courses
NE $50/y for limited medical radiographer training, $350 for other training
ND $100/y
TX $125/firm base fee + $20/y

RCP Service Not Otherwise Specified
CAN $100/h
CO $69/hour for RCP staff work on the 5y Rad. Mat. license (Adjusted rel.Consumer Price Index)
CO $120/hour for RCP staff work on X-Ray licenses.
NRC $115/h

*Reciprocal Recognition of Licenses, Registrations or Credentials - - - - - - -
AZ 100% of applicable fee
GA Applicable renewal fee
FL Same as fee for particular license
IL 20% of application and new license fee for applicable category
IA 85% of license fee
LA Annual fee of applicable category
MS 100% of applicable fee
NE Applicable annual fee
NC Applicable annual fee, only for medical, guage & Indust. radiography
ND $150/y for x-ray machine, Applicable annual fee for Rad. Mat.
OR 100% of appropriate fee
TX Annual fee for applicable category
WA Same as fee for particular license

*PARTICLE ACCELERATORS * * * * * * * * * *

Inspection by RCP Staff
OH $50 for ionizing Rad. machines other than x-ray
Research Accelerators
CAN Applin. $11,100; Oper. Lic. $6,600 + $3,500/y
NJ $125/y
ND $250/3y
TX $190/firm base fee + $65/machine/y
Therapy, neutron beam to 14 MeV
NJ Appl. $325 + $75/mach/y
Particle Accelerators, Medical
CAN Applin. $11,100; Oper. Lic. $4,000 + $3,600/y
FL $258/1st tube + $148/Add. tube/y
ND $150/3y for lineac <10MeV, else $250/3y
TX $190 base fee + $65/machine/y for hospital, $65/machine/y for medical academic
TX $70 base fee + $40/machine/y for medical private practice M.D. or O.D.
Accelerator, Rad. Mat. Producing
IA $500/machine/y
TX $190 base fee + $675/machine/y
Electron Beam Welder
NE $70/mach/y
TX $75 base fee + $15/machine/y
Ion Implantation Device
NE $70/machine
TX $150 base fee + $40/machine/y
Sterilization
IA $80/machine/y
Industrial Accelerator
CAN Applin. $11,100; Oper. Lic. $9,200 + $8,000/y
LA New $290 Renew $290/y
NJ New $100 Renew $100/y
ND $150/3y
TX $150 base fee + $40/machine/y
Accelerator, Linear
MN $80/2y base fee + $80/machine/2y
Accelerators, Nonmedical
AR $80/y
FL $81/1st tube + $48/Addnl. tube/y
KY $75/facility/y
TN $100/MeV initial review + $400/y
TX $190 base fee + $675/machine/y
Particle Accelerator, < 500 keV
NH $45/y (Incl. therapy)
Particle Accelerator, > 500 keV
NH $175/y (Incl. therapy)
Particle Accelerator 10 MeV or above
CA $212.93/2y
Accelerator, Not Otherwise Specified
IA $100/mach/y
KS $78/y
MD $250 Init. Registr. + $250 machine/y + fee to inspector
ME $25/y 1st tube + $15/y/Addnl. tube
MS $350/tube/y
NE $115/machine/y
NV $105/machine/y
NC $225/y for 1st + $50/y/Addnl.
OR $100/y (or Rad. machine other than x-ray)
SC $50/y

*X-RAY * * * * * * * * * * * * * * * *

*Academic
AZ $30/tube/y
AR $30/tube/y
FL $47/1st tube + $23/Addnl. tube/3y
LA $60 Appln. + 100/tube/2y
MD $25 Initial Registr. + 100/y
MN $80/2y base fee + $64/tube/2y
NV $35/machine/y
NC $50/y for 1st tube + $10/y/Addnl. tube
ND $150/machine/3y
ND no fee for non-profit, unremunerated, non-human use, non-Govt. contract, & no distribution of R.M.
TX $190 base fee + $45/machine/y
UT $50/tube/y
WA $160/2y 1st tube + $30/2y/Addnl. tube

*Therapy - - - - - - - - - - - -
Superficial Therapy
CA $154.19/2y for <150 kVp
KY $40/tube/y for <150 kVp
RI $60/facility/y <1 MeV
Teletherapy
CA $212.93/2y for >150 kVp
FL $258/1st tube + $148/Addnl. tube/y
KY $40/tube/y for >150 kVp
LA $140 Appln. + $140/machine/y for kVp < 500
LA $290 Appln. + $290/machine/y for 500 < kVp < 1 MeV
LA $390 Appln. + $390/machine/y for 1000 < kVp < 10,000
LA $575 Appln. + $575/machine/y for kVp > 10,000
NE $70/machine/y
RI $75/facility/y for kVp > 1,000
SC $50/machine/y
TN $150/tube/y

*Diagnostic - - - - - - - - - - - -
Photofluoroscopic
SC $40/machine/y
Chest Photofluorography
CA $212.93/2y
CT Scanners
CA $212.93/2y
NE $70/machine/y
Cephalometer
SC $40/machine/y
FL $145/1st tube + $85/Addnl. tube/y
Fluoroscope
CA $212.93/2y
NE $70/machine/y
ND $150/machine/3y
SC $40/machine/y
Radiograph-Fluoroscope Combined
NE $70/machine/y
ND $200/machine/3y
SC $50/macine/y
Mammography
CA $212.93/2y
ME $150/machine/y (includes Q.A. assistance)
RI $60/facility/y
Mobile Diagnostic
NH $40/y
Industrial Medical
NC $100/y 1st tube + $17.50/y/Addnl. tube
Health Departments
NC $100/y 1st tube + $17.50/y/Addnl. tube
Government
NC $50/y 1st tube + $10.00/y/Addnl. tube
Radiologist
CA $212.93/2y
TN $100/tube/y
Surgery
IA $51/tube/y to Max. $1500/y

Physicians
- AR $40/tube/y
- CA $154.19/2y
- FL $145/1st tube + $85/Addnl. tube/y
- MD $50 Initial Registr. + $100/y
- NV Single machine Facil.: $50/y/single tube machine + $80/y/multiple tube machine
- NV Multiple Mach. Facil.: $90/y/single tube machine + $140/y/multiple tube machine
- NC $70/y 1st tube + $12.50/y/Addnl. tube
- RI $125/facility/y (general purpose Diag. outside of licensed facilities)
- TN $75/tube/y
- TX $70 base fee + $25/machine/y

Osteopathic
- AZ $30/tube/y
- FL $145/1st tube + $85/Addnl. tube/y
- IA $51/tube/y to Max. $1500/y

Chiropractic
- AZ $30/tube/y
- AR $40/tube/y
- CA $212.93/2y
- FL $145/1st tube + $85/Addnl. tube/yl
- IA $51/tube/y to Max. $1500
- MD $50 Initial Registr. + $100/y
- NE $70/machine/y
- NC $70/y 1st tube + $12.50/y/Addnl. tube
- ND $90/machine/3y
- RI $60/facility/y
- TX $70 base fee + $25/machine/y
- UT $50/tube/y
- WA $260/2y 1st tube + $70/2y/Addnl. tube

Podiatry
- AZ $25/tube/y
- AR $30/tube/y
- CA $154.19/2y
- FL $31/1st tube + $11/Addnl. tube/y
- IA $39/tube/y to Max. $1000/y
- MD $50 Initial Registr. + $100/y
- NE $40/machine/y
- NV $35/machine/y
- NC $70/y 1st tube + $12.50/y/Addnl. tube
- ND $75/machine/3y
- RI $30/facility/y
- TX $70 base fee + $25/machine/y
- UT $20/tube/y
- WA $130/2y 1st tube + $25/2y/Addnl. tube

Orthopedist
- CA $212.93/2y
- TN $100/tube/y

Hospital
- AZ $45/tube/y
- AR $150/facility/y
- CA $212.93/2y
- MD $100 Init. Registr. + $100/y for JCAH hospital
- NC $150/y 1st tube + $22.50/y/Addnl. tube
- PA $225/1st tube + $20/y/Addnl. tube
- RI $500/facility/y
- TN $100/tube/y
- TX $190 base fee + $45/machine/y
- UT $100/tube/y
- WA $260/2y 1st tube + $70/2y/Addnl. tube
- WV $225/2y 1st tube + $20/2y/additional tube

Clinic
- CA $212.93/2y
- NC $70/y 1st tube + $12.50/y/Addnl. tube

Medical Diagnostic, Not Otherwise Specified
- AZ $30/tube/y
- IA $51/tube/y to Max. $1500/y
- KS $56/y 1st Mach. + $13/y/Addnl. Mach., Med., Osteop., Chiro.; Max.$150/y
- LA $65 Appln. + $60/machine/y
- MD $50 Initial Registr. + $100/y
- MN $80/2y base fee + $64/tube/2y
- MS $35 Appln. + $35/tube/y
- NE $70/machine/y
- NV Single machine Facil.: $50/y/single tube machine + $80/y/multiple tube machine
- NV Multiple Mach. Facil.: $90/y/single tube machine + $140/y/multiple tube machine

NH $20/y 1st Mach.+ $10/y/Addnl. Mach. (Incl. Fluor., Chiro. at fixed Loc.)
ND $100/machine/3y
RI $60/facility/y (specialized diagnostic radiography, e.g. CT scanners)
TX $70 base fee + $25/machine/y
UT $50/tube/y
WA $260/2y 1st tube + $70/2y/Addnl. tube

Dental
AK $20/tube/y
AZ $25/tube/y
AR $30/tube/y
CA $70.13/2y
FL $31/y for 1st tube + $11/y/Addnl. tube
IA $39/tube/y to Max. $1000/y
KS $36/y for 1st Mach. + $11/y/Addnl. Mach.; Max. $150/y
LA $55 Appln. + $55/machine/y
MA $15/y 1st tube + 5/y/Addnl. tube
MD none
MI $30/y/1st tube + $15/y/Addnl. tube; Amend $10/1st tube + $5/Addnl. tube
MN $80/2y base fee + $40/tube/2y
NE $20/machine/y
NH $20/y for 1st Mach. + $10/y/Addnl. Mach.
NV $30/y for single tube machine, else $50/y
NC $70/y 1st tube + $12.50/y/Addnl. tube
ND $60/machine/3y
PA $55/y for 1st tube + $20/y/Addnl.tube
RI $60/facility/y
SC $20/machine/y
TN $35/y for each of 1st 2 tubes + $25/Addnl.tube
TX $70 base fee + $15/machine/y
UT $15/y 1st tube + $10/Addnl. tube/y
WA $130/2y 1st tube + $25/2y/Addnl. tube
WI $25 Appln. + $20/tube/y
WV $55/2y 1st tube + $20/2y/additional tubes

Veterinarian
AZ $25/tube/y
AR $30/tube/y
CA $154.19/2y
FL $50/1st tube + $34/tube/y
IA $25/tube/y
LA $55 Appln. + $55/machine/y
MD $50 Init. Registr. + fee to inspector
MS $35 Appln. + $35/tube/y
NE $40/machine/y
NH $20/y for 1st Mach. + $10/y/Addnl. Mach.
NV $35/machine/y
NC $70/y 1st tube + $12.50/y/Addnl. tube
ND $60/machine/3y
RI $50/facility/y
TN $75/tube/y
TX $70 base fee + $25/machine/y
UT $20/tube/y
WA $130/2y 1st tube + $25/2y/Addnl. tube

*Industrial - - - - - - - - - - - -
Radiography
AZ $50/tube/y
KS $36/y for 1st Mach. + $11/y/Addnl. Mach.
LA $95 Appln. + $95/machine/y
MS $75 Appln. + $75/tube/y
NC $150/y 1st tube + $22.50/y/Addnl. tube
ND $250/machine/3y
NE $240/machine/y inplant facility
NE $300/machine/y temporary field site
RI $75/facility/y
SC $40/machine/y
TX $925 base fee only for temporary field site
TX $550 base fee only for shielded room or in-plant only

Cabinet/Shielded Room, Nonhuman Use
CA $154.19/2y
NE $70/machine/y
RI $50/facility/y
TN $200/tube/y
TX $75 base fee + $15/y if certified, else $550 base fee only

*X-Ray, Other
Maximum Fee for Facility
AR $120/y for physicians & chiropractors, $90 for other x-ray
KS $150/y for medical or dental x-ray
RI $1000/facility/y
TX $300/y for non-ionizing, $3,000/y for ionizing
Storage of X-Ray Equipment
RI $50/facility/y
Not Otherwise Specified
AK $30/tube/y
CT $75/machine/y
GA $20/facility/year
IA $50/tube/y at least
IL $10/tube/y Registr.
IL $25/tube filing fee for report by a non-agency inspector
KY $40/tube/y
LA $65 Appln. + $65/machine/y
ME $25/y 1st tube + $15/y ea. additional tube, all categories
MI $50/tube on application Amend $10/orig. tube + $5/Addnl. tube
MS $35/tube/y
NJ $100 Appln. + $100/tube/y (all categories)
NC $70/y 1st tube + $12.50/y/Addnl. tube
OR $100/machine/y for all radiation machines
PA $100/y for 1st tube + $20/y/Addnl. tube
RI $60/facility/y
SC $40/tube/y
TN $250/tube/y
VA $15/machine/3y
WA $160/2y 1st tube + $30/2y/Addnl. tube
WV $175/2y 1st tube + $20/2y/additional tubes

*NON-IONIZING RADIATION * * * * * * * * * * *

Laser Light Show
TX $850
Lasers, Not Otherwise Specified
TX $65 base fee + $20/machine/y
Microwave Oven Service Facility
OR $100/y
Radio-Frequency
TX $65 base fee + $20/machine/y
Ultraviolet Tanning Salon, Commercial
IA $15/firm Initial + $35/bed/y to Max. $350
ME $40/facility/y
MS $20/unit Appln. + $20/unit/y
OR $25/device/y
WV $50 for license
Inspection of Non-Ionizing Equipment
OH $60 for 1st + $30/Addnl. item

REFERENCES

1. Summary of the Fees Charged by State Programs. Collected by the Conference of Radiation Control Program Directors, Inc. Office of Executive Director, Frankfort, Kentucky. 1993.

Architecture For Health, Science & Commerce P.C.

ahsc

State of Alaska
Department of Health & Social Services

Public Health Laboratories Assessment
Final Report

May 26, 1993

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The purpose for this study was to evaluate the condition of the existing public health laboratories, considering operations and facility conditions, and to develop a series of recommendations to assist the State in developing strategies for the future of the Laboratory services. The study, which involved a one week tour of the three existing laboratories; Anchorage, Fairbanks, and Juneau, was conducted in close cooperation with representatives of the Department of Health and Social Services (DHSS) and involved meetings with the personnel at each of the laboratories, as well as with a representative from the Centers for Disease Control and Prevention (CDC). In parallel to this study, representatives from the National Institute for Occupational Safety and Health (NIOSH) visited the Anchorage Laboratory. Both CDC and NIOSH will be preparing reports of their findings.

The survey of the existing facilities and the interviews with DHSS, the laboratory staff and CDC were conducted by Doug Gordon of AHSC, Nolan Watson of McLellan & Copenhagen and Dr. Mahedeo Verma, Director of the Public Health Laboratories for the State of Delaware.

In addition to the discussions with current lab staff and the representatives from DHSS, the team reviewed the documents prepared over the last eight years. These reports included analysis by representatives from CDC in 1985, internal DHSS analysis and staff reports from the State Legislature. Some of these reports concentrated on the inadequacies of the Anchorage Laboratory, and the need to replace this facility. Several of the prior studies also concentrated on centralizing the lab services to Anchorage in one facility, which would result in the closing of the Fairbanks and Juneau Laboratories.

The conclusions of this study are in contrast with the previous studies. Serious facility problems are identified at all three of the current laboratories and the recommendation is for further study to be done, prior to reaching any conclusion about the replacement facility(s) which is (are) needed.

Two additional issues, privatization of some or all the Public Health Laboratories services and consolidation with the laboratories of other State agencies were identified as part of this study. The conclusion reached during this study was that both issues require substantially more time and resources to reach any definitive recommendation. Although there may remain some opportunities for privatization, the services currently being provided by the Alaska Public Health Laboratories meet the goals, objectives and directions for the protection of Public Health and are consistent with the majority of the other State Public Health Laboratories.

State and territorial public health laboratories are an essential component of the national public health infrastructure. Many public health programs depend on the high quality data which is produced by public health laboratories. These laboratories clearly operate with a different mission and purpose than do private sector laboratories.

Public health laboratories provide essential services for disease surveillance and prevention as well a recognition of new and reemerging infectious disease agents that threaten the public health and welfare. Public health laboratories play a major role in the investigation of disease outbreaks and efforts to bring them under control.

As new public health problems arise, the demand on public health laboratories increases as occurred with HIV/AIDS, legionella, Lyme disease, sexually transmitted diseases, tuberculosis, drug resistant communicable disease reagents and cholera among others.

In addition to the daily services rendered to support state health and environmental programs, the public health laboratory must maintain expertise and flexibility to investigate disease outbreaks, to conduct special disease surveillance activities, to determine immunity levels for a variety of vaccine preventable diseases, and to provide lab support as part of the State's disaster preparedness plan for response to emergencies.

A brief review of the other State laboratories in Alaska indicated that few have functions that have direct compatibility with the Public Health Laboratories. One facility which was toured by the team, the State Crime Laboratory in Anchorage, has an administrative link to the Public Health Laboratory. The Medical Examiner currently works in the State Crime Laboratory but is administratively a function of DHSS. Despite this linkage, there is minimal commonalty between the operations of the Public Health Laboratory and the Crime Laboratory. However, the integration of more than one lab may have operational and facility cost advantages. These advantages include economies of scale of the basic building systems such as boilers and air conditioning equipment, as well as economics in personnel costs for maintenance staff. In fact, it may be difficult to justify a facility operating engineer for a small freestanding building, while a large multidisciplinary facility can justify a full time engineer. It is important to note that the sophisticated air handling systems required in a laboratory such as the Public Health Laboratory, will need regular monitoring by an experienced operations engineer.

In order to address the issue of consolidation, a thorough analysis of the other laboratory services in the State will be necessary. This study will need to:

- to review in depth the capabilities of each of the three public health laboratories identifying their analyzed usefulness to the public health programs and possible consolidation of specific analytical programs.
- meet with the key personnel from each of the other laboratory services
- visit several laboratories identified by the State to determine any needs to replace or expand these facilities, study their compatibility with the Public Health Lab for the purpose of annexation.
- to study the possibility of a central lab in one location with State to provide consolidated laboratory services.

The need for a more detailed analysis, a strategic plan, of the alternatives for centralization, consolidation and privatization is clear from the material studied to date and the meetings held with the lab staff and DHSS representatives. The public safety and operational efficiency problems in the existing public health labs are documented in this report and provide the background for the need to replace all three of the existing Public Health Labs. The objective of the recommended strategic plan will be to determine where the replacement facilities will be located, their size, the services they will provide, and any recommended consolidation with other services.

The analysis of the existing facilities includes information compiled during interviews with the laboratory personnel and from on-site observation at each of the three laboratories, Anchorage, Fairbanks, and Juneau. The staff interviews were conducted in two fashions. First, the staff was brought together and briefed on the purpose of the site visit, were questioned by the team and they provided valuable information relating to operational concerns or problems observed on a daily basis while working in the labs. Second, during the walk through of the labs, the staff were questioned more specifically by the team on issues relating to the tasks being performed. Although there was some repetition in this interview approach, invariably new issues where identified when the staff was in their regular working environment.

The observations made during the site visits by the team are documented in this section with a tabular summary, reproductions of the floor plans, annotated to show where certain conditions exist and with copies of the photographs taken during the site visits. A video recording was also made of the walk through but has not been attached to this report.

In general, the most prevalent observation of the team was that all three labs are in facilities built an average of at least 25 years ago and are not functioning efficiently as modern laboratories. Only one of the labs, Fairbanks, was built as part of a lab building. The Anchorage lab was built as part of a speculative office building, while the Juneau lab is in a building originally constructed for doctors offices. All three occupy leased space. Although the Fairbanks lab did not have serious ventilation problems observed, both the Anchorage and Juneau labs appeared to have serious ventilation deficiencies which may be jeopardizing the health of the staff and probably the other tenants of the buildings.

As tenants, the labs are dependent on the landlord for increased space needs, remodeling and for the maintenance of the operating systems of the labs. The Anchorage facility had its ventilation system turned off by the landlord, without warning, while repairs were made to the roof. Not only did the staff suffer, but the quality of samples may have been in jeopardy, and valuable equipment could have been damaged from overheating.

The following sub-sections itemize the observations made by the team and the items identified by the staff during the interviews. The lists are separated into three major categories: 1. Safety Issues, 2. Quality Control Issues, and 3. Efficiency Issues. Each list also has a column which categorizes the problem in respect to how the problem could be addressed or at least where the problem is manifested. The categories which have been used are:

General:	Overall construction of the building and arrangement of functions.
Ventilation:	Supply and exhaust systems, and pressurization
Operations:	Can be addressed by functional and equipment changes
Location:	Issues which related to the neighborhood/location of the lab building.

Not all of the categories are used for each of the three labs. In addition, each problem is evaluated whether the problem can be addressed, even temporarily, within the confines of the existing facilities. The last column of the list defines possible solutions as follows:

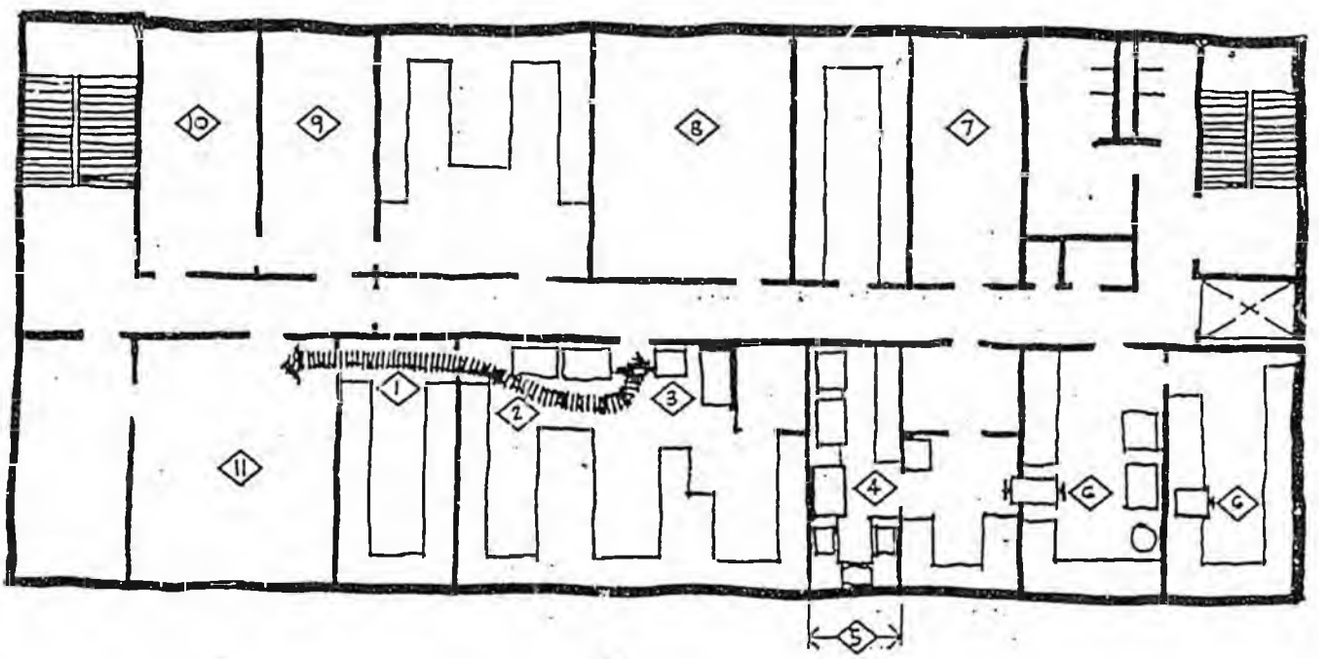
- A - Can be addressed
- B - Can be partially corrected, at high cost and disruption to ongoing operations
- C - Can not be corrected in the existing facilities.

Item No.	Description	Problem Type	Solution Possibility
	Safety Issues		
1.	Improve air flow in TB lab by removing door seals.	Ventilation	A
2.	Seal exhaust grill in TB lab anteroom to help improve pressurization differential with corridor and TB lab.	Ventilation	A
3.	Increase number of air changes in TB lab by increasing air supply while also keeping Biosafety cabinet on continuously.	Ventilation	B
4.	Replace ceiling materials in TB lab, and some other labs, to hard surface materials.	General	A
5.	Introduce TB skin testing procedures, baseline filings, etc.	Operations	A
6.	Upgrade TB spill procedures.	Operations	A
7.	Add door closers and positive latch sets to all lab doors.	General	A
8.	Add more and better signage throughout the lab.	General	A
9.	Provide code required fire rated separations between mechanical equipment, electrical equipment, record storage and chemical storage. Currently most of the mechanical and electrical equipment is in the same rooms as the various lab storage.	General	B
10.	Provide better security control of record and chemical storage.	General	B
11.	Provide ventilation for flammable storage cabinet.	Ventilation	A
12.	Change use of "Toxic" phenol and xylene.	Operations	A
13.	Improve worker security when entering and leaving building.	Location	C

Item No.	Description	Problem Type	Solution Possibility
	Safety Issues - Continued		
14.	Reduce risk of random intrusion into lab, general security, back door not secure, access to roof is possibly jeopardizing exhaust vents and skylight.	Location	C
15.	Provide air balancing for entire lab.	Ventilation	B
16.	Provide improved protocols for dealing with needles and other sharp materials.	Operations	A
17.	Move fume hood fan motor to roof from space above ceiling or in hood assembly, currently duct from fan to roof is under positive pressure and could leak into ceiling space which is a return air plenum.	Ventilation	A
18.	Eliminate return air plenum for all lab areas.	Ventilation	B
19.	Review use of formaldehyde.	Operations	A
20.	Seal gaps in walls between rooms.	General	A
21.	Evaluate and modify as necessary, and possible, the location of air intakes for the first floor and second floor and the exhaust locations from the lab.	Ventilation	B
22.	Evaluate and modify the location of supply registers and return air grills in the labs to provide for proper flow of air and exchange of air in the labs.	Ventilation	B
23.	Evaluate and provide proper seismic restraints.	General	A
24.	Lab is located close to a major fault.	Location	C
25.	Evaluate the use of glass flasks and possible breakage problems in autoclaves.	Operations	A
26.	Provide "Right-to-Know" training for custodians and other repair/maintenance contractors.	Operations	A

Item No.	Description	Problem Type	Solution Possibility
	Safety Issues - Continued		
27.	Work to eliminate owner (landlord) shut downs of air conditioning and other ventilation systems.	Ventilation	A
28.	Improve layout for more effective control of the reception/entry area of the lab.	General	B
29.	Seal leaks in floor of lab and glass wash area.	General	B
30.	Institute inventory/receiving control of storage materials, especially chemicals.	Operations	A
	Quality Control Issues		
31.	Install terminal filters on supply air into labs to reduce dust.	Ventilation	A
32.	Purchase Biosafety cabinet for use in Media Prep. (BSC-IIA)	Operations	A
33.	Improve air conditioning controls to reduce risk of overheating in the labs.	Ventilation	B
	Efficiency Issues		
34.	Consolidate storage for improved control and to free valuable laboratory space.	Operations	B
35.	Consider relocation of the refrigerators and incubators out of the labs and into central location.	Operations	B
36.	Review and try to reduce use of paper and storage of paper in the labs, including some manuals, Needs/Procedures.	Operations	B

Item No.	Description	Problem Type	Solution Possibility
	Efficiency Issues - Continued		
37.	Consolidate and increase central supply storage functions.	General	B
38.	Define discrete workstations in the labs.	Operations	B
39.	Improve access to files which are currently remote from the office.	General	B
40.	Eliminate traffic through labs.	General	A



1. Major circulation through a lab.
2. Impassable route when refrigerators are open.
3. Limited access to hood due to location of refrigerator.
4. Biosafety cabinet directly in front of door, difficult to go in or out of lab if person is working at hood.
5. Width of lab is less than 8'-0", minimum should be 10'-0", recommended is 11'-0"
6. Sterilizers should have hood type vents to control odors and heat.
7. Ventilation is inadequate to control heat of refrigerators and freezers.
8. Store room and incubator room are overcrowded. Not an ideal mix of specimens and supplies.
9. Office is now a file store room. Also the location for fax machine - no room in office.
10. Conference room also serves as break room and staff locker room.
11. Office is crowded for 3 staff, files, copier, specimen accession, and inadequate electric receptacles.

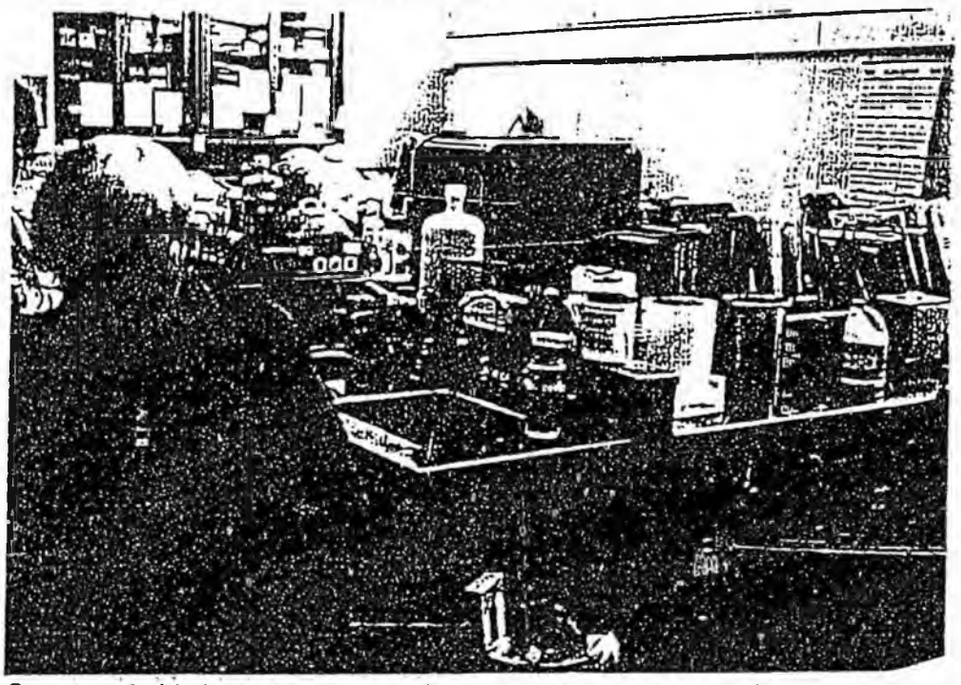


Photo 1 Overcrowded Lab workstations - reference manuals, storage and countertops.

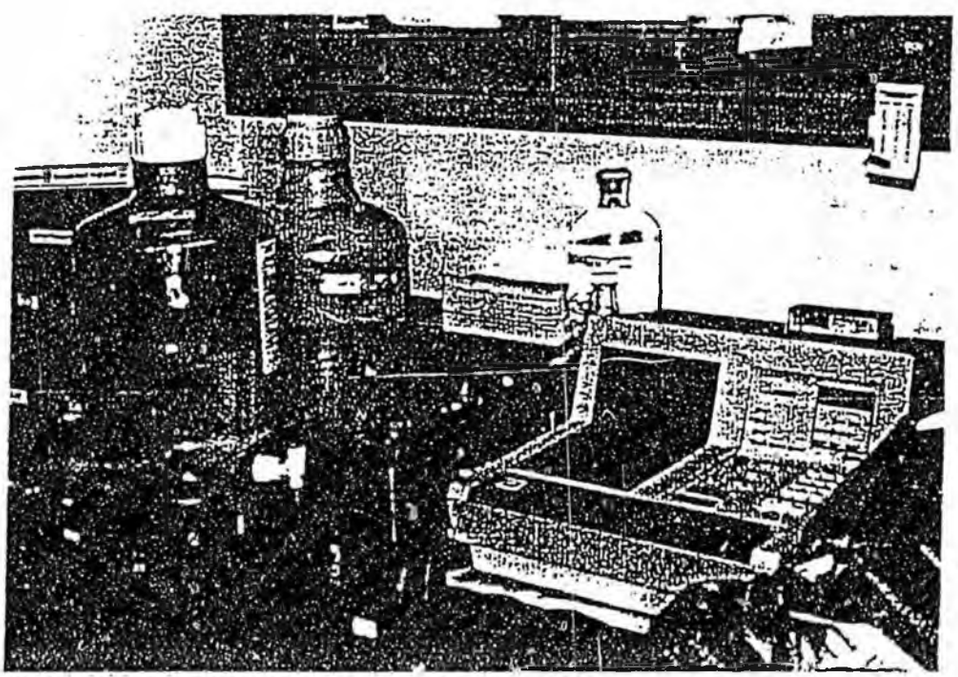


Photo 2 Minimal counter space - no open counter near sink.

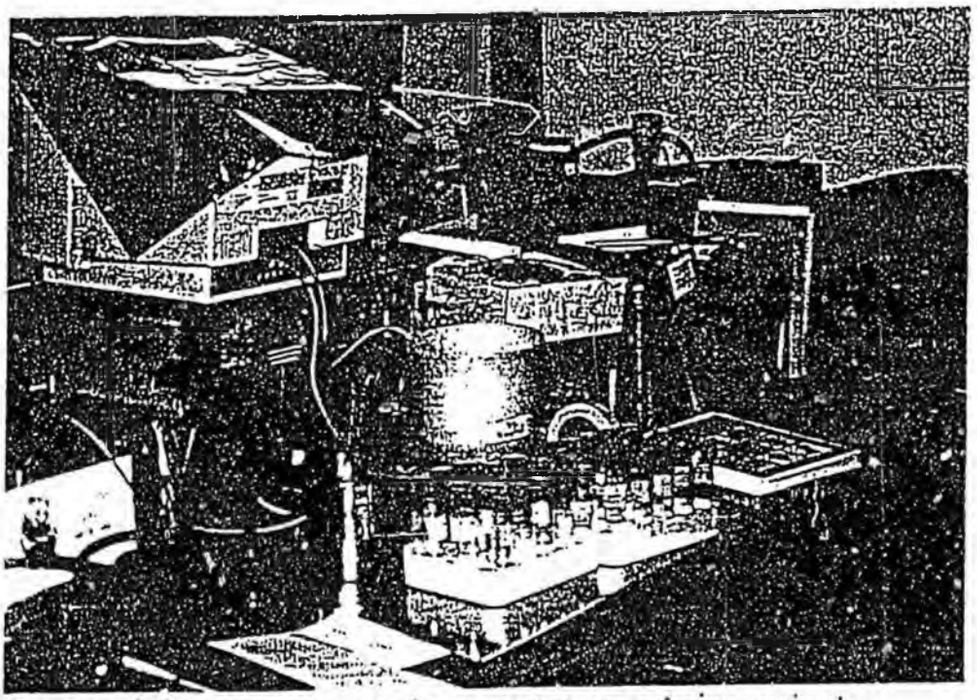


Photo 3 Overcrowded counter space, specimens, computers, reference manuals.

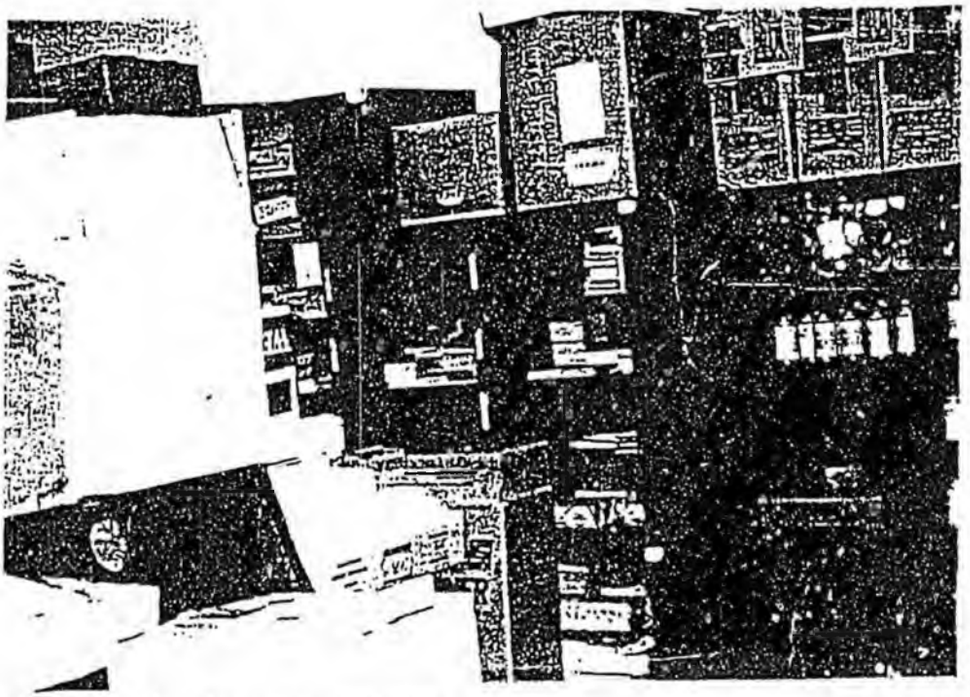


Photo 4 Disorganized and overcrowded storage.

Photo 5 Overcrowded office facilities.

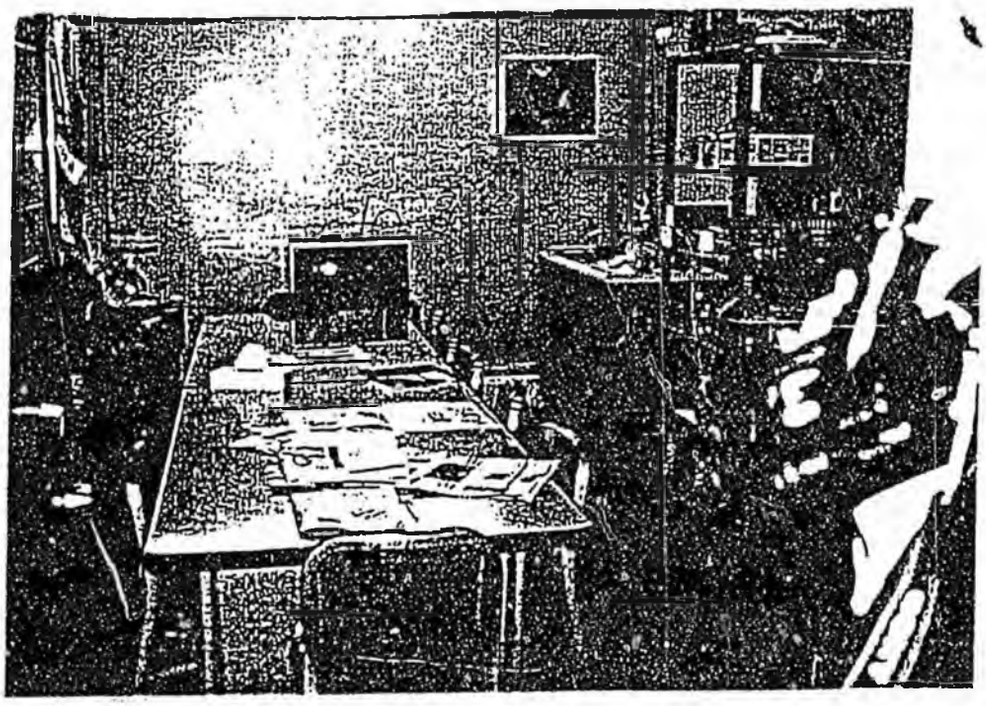


Photo 6 Staff Lounge and Training facilities.

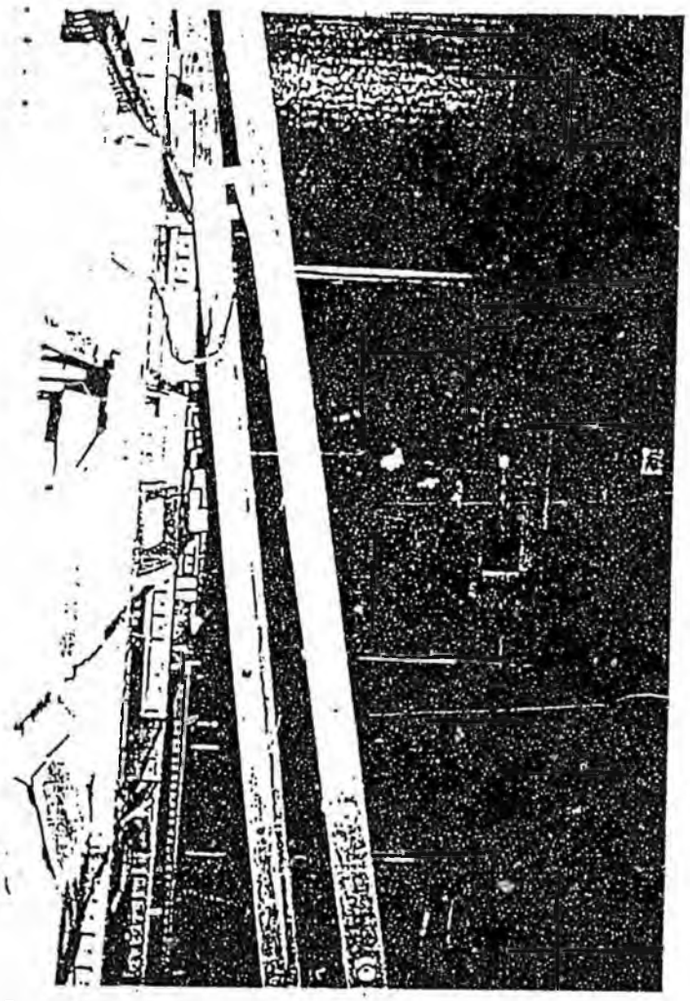
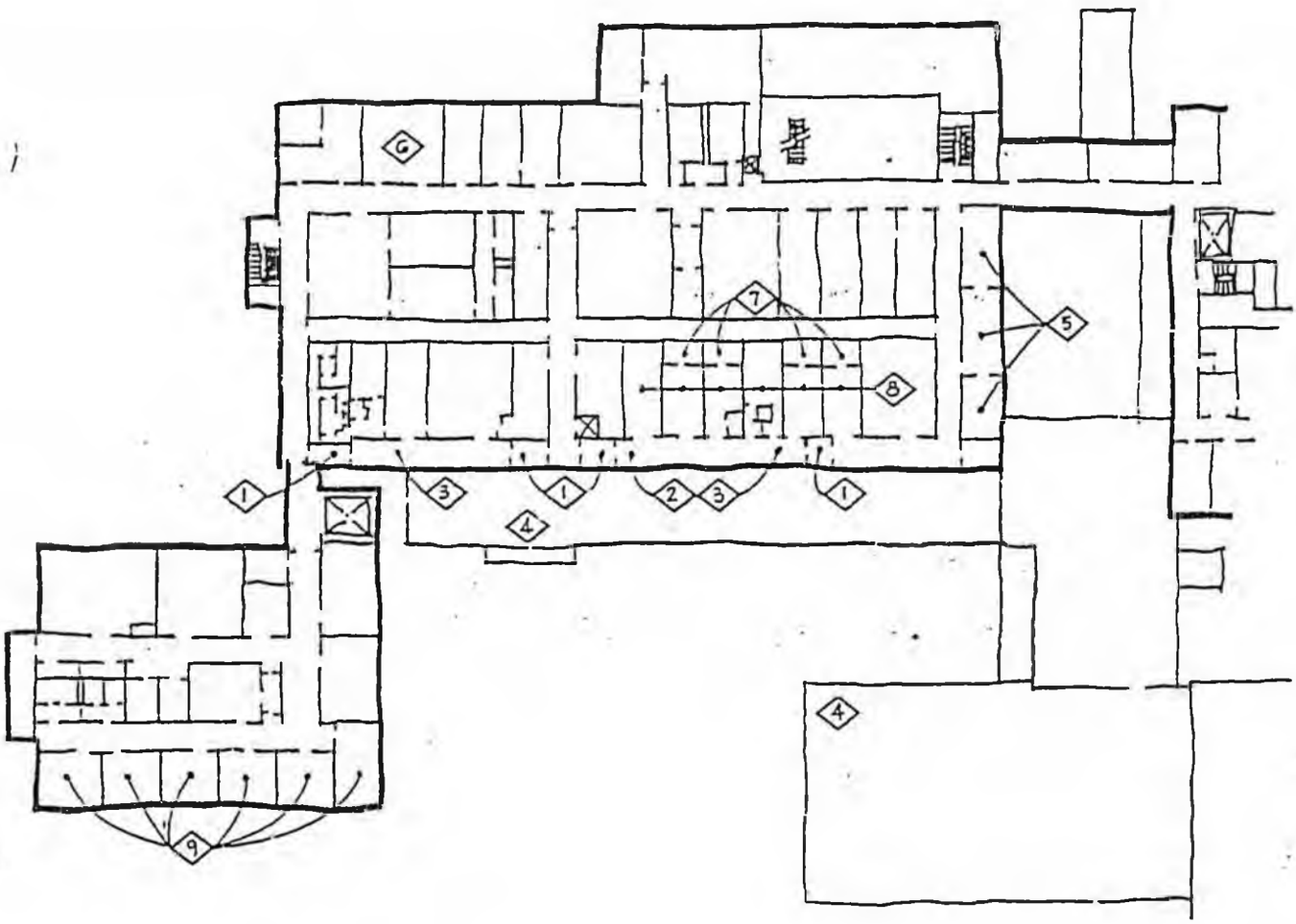


Photo 7 Record storage in same room as air handling equipment.

Item No.	Description	Problem Type	Solution Possibility
	Safety Issues		
1.	Improve/increase space allocation.	General	B
2.	Improve exiting safety/access to stairs, by eliminating equipment and desks from corridors.	General.	B
3.	Mitigate door interlock conditions/exit delay and lab alarms.	General	A
4.	Improve communications to interior/isolated labs (speak back intercoms).	General	A
5.	Correct deluge shower controls to meet current standards.	General	A
6.	Improve specimen receiving/accession protocols.	Operations	A
7.	Improve relationships between labs.	General	B
8.	Improve signage and general access to lab, current third floor location is not ideal.	General	C
	Quality Control Issues		
9.	Improve air conditioning controls and ventilation in certain areas where excessive overheating occurs.	General	B
10.	Institute inventory/receiving controls for materials especially chemicals.	Operations	A
11.	Replace outmoded equipment, new Biosafety cabinets especially in Media Prep (BSL-IIA)	General	A
12.	Provide adequate staff training facilities.	General	B
13.	Evaluate location of air intake to identify and isolate source of odors entering the labs.	Ventilation	B

Item No.	Description	Problem Type	Solution Possibility
	Efficiency Issues		
14.	Consolidate lab functions in one area, eliminating remote storage facilities.	Operations	B
15.	Add additional office space.	General	B
16.	Reduce unnecessary utility/HVAC costs, excessive isolation/containment.	General	B
17.	Consolidate storage, especially storage in remote locations and in the break room.	General	B



1. Air lock entries compromise exiting and staff movement, and are not necessary.
2. Storage and desks in corridor compromise exiting.
3. Solar heat gain makes corridor extremely hot and raises temperature in adjoining labs.
4. Storage for the lab is in remote locations on another floor.
5. Offices are too small and do not control access to labs or provide clear location for specimen accession.
6. Staff break room also serves as a storage room for refrigerators.
7. Small interior labs are isolated from general labs and have no communication to the outside. They are an inefficient use of space.
8. Narrow labs are inefficient to work in and can be unsafe due to narrow work area resulting in bumping which can result in spills.
9. Animal quarters are remote from general lab areas resulting in staff inefficiencies.

Photo 8 Tight Laboratory Conditions - Person in foreground doing paperwork with person (with mask) in background working with virology specimens.

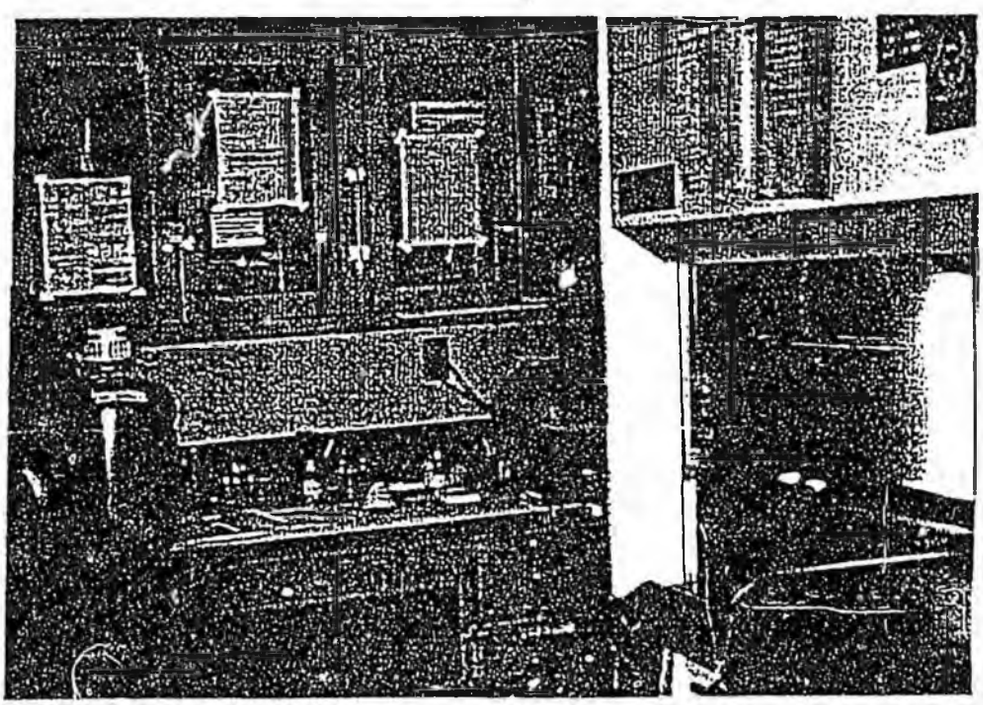
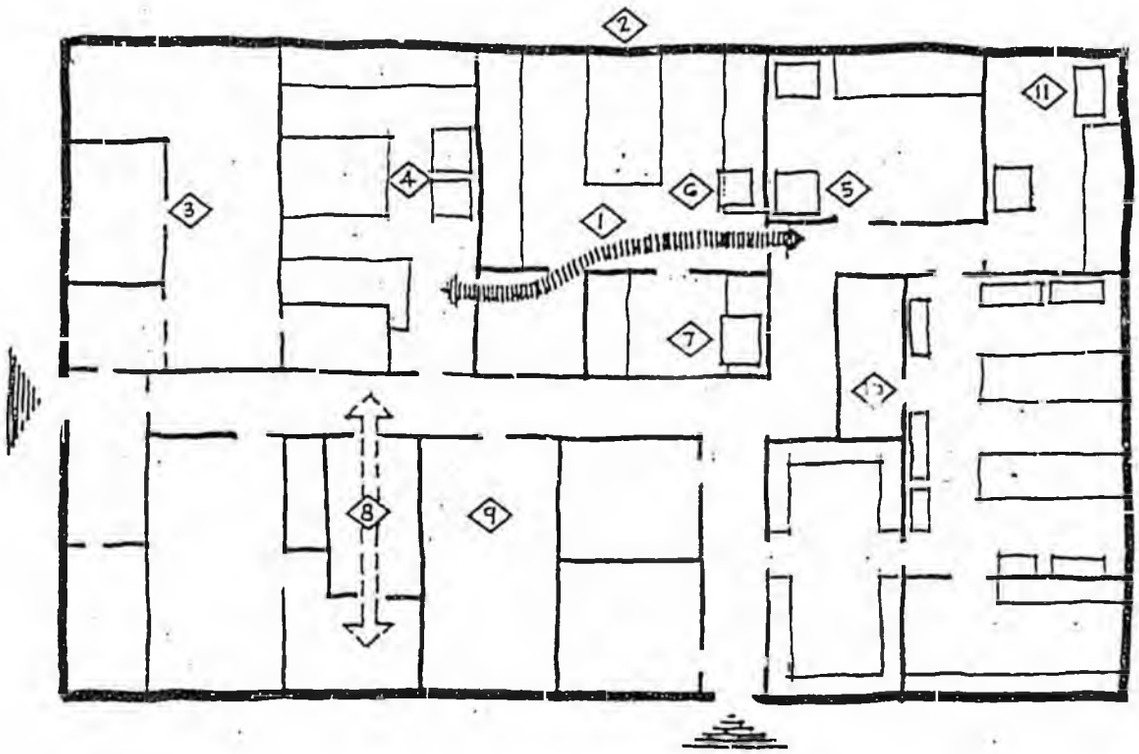


Photo 9 Tight Laboratory condition - Biosafety cabinet work space overlapping with lab bench.

Photo 10 Narrow Laboratory - congested traffic patterns, numerous doors.

Item No.	Description	Problem Type	Solution Possibility
	Safety Issues		
1.	Replace outmoded equipment: • Autoclave • Class IIB Biosafety Cabinet in TB • Chemical Fume Hood in G.C. • Class IIA Biosafety Cabinet in Media Prep	General	A
2.	Replace/install independent HVAC system with ducted returns and capacity for proper pressurization/balancing.	Ventilation	B
3.	Close operable windows.	General	A
4.	Provide sinks with foot pedals for hands free operation.	General	A
5.	Provide seismic restraints.	General	A
6.	Provide vent for flammable storage cabinet.	Ventilation	A
7.	Provide vent for Bacteck equipment.	Ventilation	A
8.	Establish/construct work flow patterns and controls (eliminating circulation through labs).	General	A
9.	Provide door closers on all lab doors.	General	A
10.	Remove non-lab personnel/public from building.	General	B
11.	Correct deluge shower controls to meet current standard.	General	A
	Quality Control Issues		
12.	Replace outmoded equipment. • Autoclave • Class IIB Biosafety Cabinet in TB • Chemical Fume Hood in G.C. • Class IIA Biosafety Cabinet in Media Prep	General	A

Item No.	Description	Problem Type	Solution Possibility
13.	Provide adequate staff training facilities	General	B
14.	Provide more storage.	General	B
15.	Improve lab communications, telephone and/or intercom system.	General	A



1. Circulation through Labs.
2. Operable windows in all labs.
3. Non-lab tenant space. Compromised air conditioning conditions.
4. Impassable route when refrigerator doors are open.
5. Sterilizer should be replaced.
6. Bacteck should have dedicated exhaust.
7. Biosafety cabinet is old and inadequate for TB use.
8. Cramped office facility is also a route to the lab.
9. Break room also serves as a conference room and a locker room.
10. Inadequate amount of storage, and located off a lab.
11. Media Prep work in old and inadequate equipment.

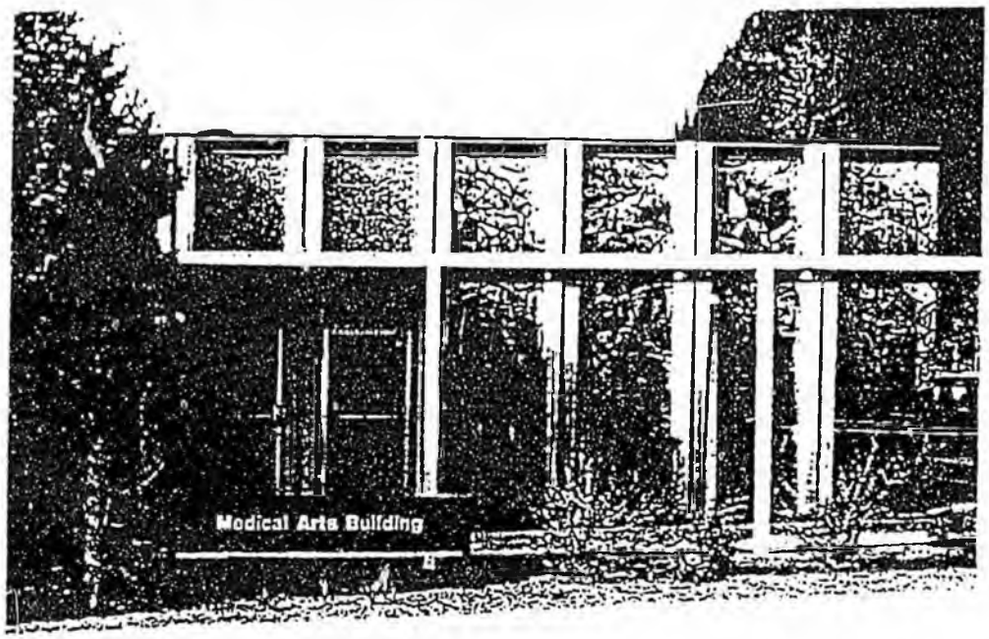


Photo 11 Misleading signage outside lab. Name of lab does appear on door.

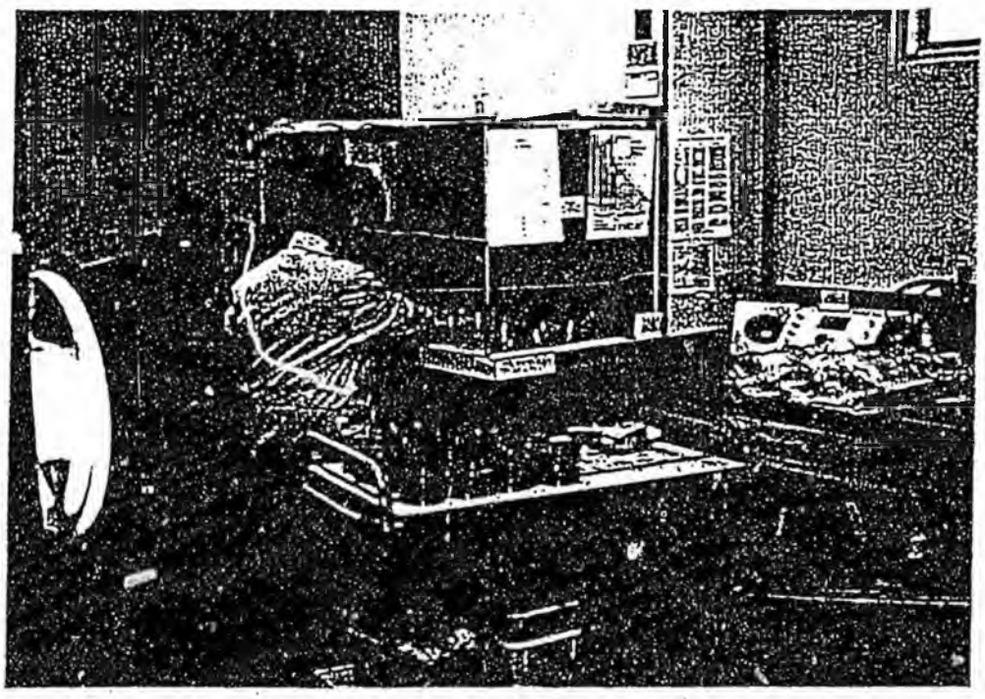


Photo 12 Old and improper equipment in use in Media Prep.

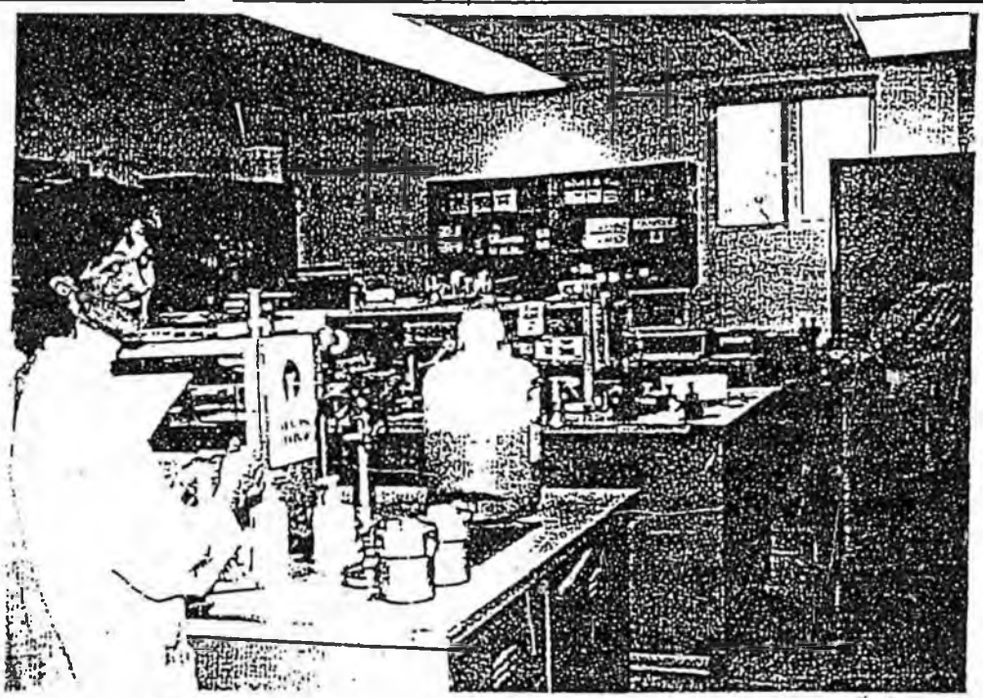


Photo 13 Operable windows in Lab. .

Refrigerator door open blocks circulation.

Photo 14 Old and improper equipment in TB Laboratory .

The immediate conclusion reached by the team, as a result of the site visits and the lab staff interviews, is that all three labs should be replaced. While it is feasible to address some of the facilities problems and some of the operational problems with temporary "bandaid" solutions, the major facilities problems require significant construction which is not practical in the current rented buildings.

In this section, the recommendations for mitigating the critical problems are summarized. The recommendations have been separated into three sections, short term, mid term and long term. Briefly, the short term recommendations involve the temporary changes to facilities and operations to achieve partial mitigation of the safety and efficiency problems noted in Section 2. The mid term recommendation is to implement a thorough strategic planning exercise to determine the best solution for the replacement of the existing laboratories. The long term recommendation is to replace the laboratories in one or more new facilities. The number of replacement facilities, the location and whether or not the Public Health Labs are consolidated with other State laboratories will be issues addressed in the strategic plan.

The time frame for the short term, mid term and long term recommendations are as follows:

- Short Term: Implement immediately to reduce or eliminate safety and quality control problems.
- Mid Term: The strategic plan should be completed within one year.
- Long Term: The replacement facilities should be occupied in five years.

Short Term Recommendations

Safety issues comprised the bulk of the problems identified in the Assessment and listed in Section 2. While the Anchorage lab, long recognized for its shortage of space and 30 year old facility, has critical safety issues relating to the air conditioning/ventilation systems, including the TB lab, it became clear during the assessment that both Juneau and Fairbanks have serious safety problems as well.

Perhaps the mot pressing issue which was identified as requiring immediate mitigation is the TB lab in Juneau. The lab in Juneau does not have an air conditioning system that is compliant with current standards for safe laboratory operations. In addition to the safety problems inherent with the air conditioning system, the TB work is being carried out in a biological safety cabinet that is quite old, possibly 20 years, and not of the class recommended for TB work. The recommendation for the Juneau TB lab is to:

- Consolidate all TB work in Anchorage, eliminating the TB lab in Juneau. In order to balance the work load at the two facilities, other testing should be shifted to Juneau from Anchorage. The staff will evaluate the testing which is performed in both facilities and determine the most logical candidate(s) for shifting from Anchorage to Juneau. This will require some alterations in the TB area in Anchorage, which will be described below.

The other short term recommendations are as follows:

Anchorage

- Renovate the TB area, combining the two lab rooms and using the currently unused vestibule as it was originally intended. The renovations should include the changes identified in Item 1-4 and 11 in Section 2.

- Perform the alterations listed in Section 2 which relate to general construction , i.e.: closing gaps in walls between labs and layout changes in some of the labs, and relate to ventilation systems, i.e.: air balancing, added filtration, fume hood fan location. (Items 5-8, 13, 15, 16, 18-21 and 26-28)

- Purchase the recommended equipment and provide the amounts of filtration consistent with current laboratory operations standards, and where feasible, provide the thermostatic and pressurization controls identified in the Safety and Quality Control Lists. (Item 30-32)

- Where feasible, renovate the existing storage and office areas to provide improved inventory controls, supervision of the labs and traffic control. (Item 36, 38 and 39)

Fairbanks

- Negotiate with the University for more space contiguous with the current labs to allow for needed consolidation of storage and lab space and decompression of the overcrowded laboratories. (Item 1, 2, 14, 15 and 17)

- Where feasible, renovate labs to reduce the number of interlocking doors, including the airlock entry vestibules to the lab clusters. (Item 3 and 7)

Fairbanks - Continued

- Purchase recommended equipment. (Item 11)
- Where feasible, renovate or modernize the general construction and ventilation system items, i.e.: intercom system, signage, A/C and ventilation controls, air intake filtration and excessive isolation/containment. (Item 4, 5, 8, 9, 13 and 16)

Juneau

- Where feasible, renovate the lab to improve the general construction i.e.: sealing the operable windows, seismic restraints, redirecting certain traffic patterns, providing door closers, telephone/intercom system. (Item 3, 4, 5, 8, 9, 11 and 15)
- Where feasible and cost effective, replace air conditioning system with a multizone system capable of achieving proper differential pressurization. (Item 2)
- Provide recommended ventilation for the equipment in the labs. (Item 6 and 7)
- Negotiate with the Hospital to have the other users in the lab building relocated, at least until the air conditioning system is replaced, but preferably permanently to provide for needed additional space. (Item 10, 13 and 14)
- Purchase recommended equipment. Note that the listed Biosafety cabinet for the TB lab and the additional ventilation for the Bacteck will not be necessary if the general recommendation to move all TB testing to Anchorage is implemented.

The recommendations do not include the reiteration of the operational problems nor do they include recommendations for addressing problems for which there did not appear to be short term mitigation opportunities.

The mid term recommendation is to have a strategic plan developed for the Public Health Labs. As noted in the Introduction of this report, the strategic plan should have three major focuses:

1. Establishing the programmatic and location requirements for the replacement and possible centralization of the Public Health Labs;

2. Review and make finite recommendations on the privatization of any of the current lab services; and

3. Review and make finite recommendations on the consolidation of the Public Health Lab with any of the labs operated by other State agencies.

The scope of work for the strategic plan will require, in general terms:

Centralization:

- Review of past, current and projected operating activities for the public health labs, both on a per lab basis, and on a summary basis for all three labs.

- Analysis of possible sites for replacement. Each site will be analyzed for utility availability, site constraints, i.e.: wetlands or other unbuildable land, topography, access to major roads and airports, amount of land, ability of site to support further expansion, whether adjacent land may be available, adjacency to other facilities which have been identified as compatible with the Public Health Labs; adjacency to facilities which may be incompatible; if the identified site is an existing building the analysis should identify floor loading capacities, floor to floor heights, current utilities available, current air conditioning systems, and other criteria necessary to establish a preferred site(s).

- Meeting with the lab directors, supervisors and other key staff from each lab to review current functions and activities to help to establish preferred work flows and functional adjacencies within the lab as a whole and within the lab services.

- Develop a functional and space program based on the projected activity volumes and current or modified operational information. The program should identify preferred relationships, the criteria used to establish various lab areas and a list of all the lab functions with net usable areas and number of spaces defined and summarized identifying total net and projected gross square footages. The programs should be developed for each lab division, Anchorage, Fairbanks and Juneau, for each lab section as well as administrative, educational and support areas. The programs should further identify areas that may be reduced should there be one centralized replacement lab, or two replacement labs, with the base program including the three independent labs. The projected building area for the mechanical support systems, i.e.: boilers, chillers, air handlers, emergency generators, etc., should be identified and area savings from centralization should be listed.

Centralization - Continued:

- Based on the projected building areas and recommended support systems budget estimates should be prepared for each of the three scenarios; single replacement lab, two replacement labs or three replacement labs. A common site for all budgets is recommended as a baseline for the budget estimates, with multiplier factors assigned to the other sites. (For example: if Anchorage was chosen as the baseline cost X, a replacement facility in Fairbanks would be budgeted as X x Y while a Juneau site would be X x Z, where Y might be 1.1 and Z might be 0.9.)

- A solution recommendation should be prepared which identifies the preferred site(s) and the estimated budget for the replacement facilities.

Privatization:

- In parallel to the review of the operating data and the site analysis, prior to the preparation of the functional space programs, the opportunities for privatization should be evaluated. Existing private labs in Alaska should be surveyed and labs in the lower 48 States should be studied to determine if any of the services currently performed by the Public Health Labs could be privatized to these other labs. The criteria to be used to evaluate the private labs and the services that could be privatized should include: cost of service in State lab versus cost in private lab, turn around time for results in the State lab versus private lab ability of private labs to identify potential health risks and initiate epidemiological work, etc.

- Upon completion of the evaluation of the privatization alternatives, prepare a report that identifies the services if any that can be privatized and the private laboratories which can perform the service.

Consolidation:

- Meetings should be held with the lab directors and departmental administrators responsible for the other State laboratories in Alaska. The purpose of the meetings will be to establish if there are opportunities for consolidation with any of the other State laboratories, whether in the single centralized Public Health Lab scenario or in the two or three replacement facility scenarios. As the result of these discussions will impact on the evaluation of the alternative sites, they should take place in parallel with the review of the operations and the privatization analysis.

- If certain labs are identified for possible consolidation, meet with the lab directors and key staff from the labs to determine preferred sites, availability of adjacent property, excess capacity in current facilities, any need to replace existing facilities, etc. Where appropriate, the existing labs should be the site of the meetings so that the strategic planning team can evaluate each facility.

- A report should be prepared identifying the laboratories which are candidates for possible consolidation. The report should include projections for the probable area and budget impact of the consolidation.

The conclusion of the strategic plan should include a recommendation for the replacement of the public health laboratories into one or more sites establishing the projected area of the facilities, the budget for the project and the locations. The conclusion should identify whether there should be consolidation with any other State laboratories, whether initially or phased over multiple years. The conclusions about consolidation may indicate recommendations to transfer certain testing services from one State lab to another State lab, i.e.: environmental testing of substances such as asbestos and lead might be consolidated into a new centralized Public Health Lab. The conclusion should further identify if any of the current services provided by the public health laboratories should be shifted to the private sector.

The long term recommendation is to implement the replacement of the three public health laboratories based on the conclusions of the strategic plan

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Alaska State Legislature

Legislative Research Agency

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January 3, 1993

MEMORANDUM

TO: Senator Curt Menard

FROM: Linda J. Snow
Legislative Analyst

RE: **Consolidation of Alaska Public Health Laboratories**
Research Request 92.047

You asked for information about the costs and benefits of consolidating Alaska's public health laboratories and of contracting public health laboratory services to private labs.

We begin this report by identifying laboratory facilities located in Alaska. We then review the functions and structures of state government-operated public health, environmental health, and forensic science laboratories, including operating cost estimates and summaries of personnel and equipment.[1] Next, we review two previous studies and other documents which address consolidation of Alaska's state-operated labs. We then present information about laboratory consolidation in several other states. Finally, we briefly discuss the pros and cons of laboratory consolidation in Alaska. Although a thorough cost-benefit analysis of a consolidation of state labs is beyond the agency's scope at this time, we feel this report will provide important background information on which a cost-benefit analysis may be based.

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[1]In this section of the report, we examine three Department of Health and Social Services Public Health Service (PHS) labs (Juneau, Anchorage and Fairbanks), two Department of Environmental Conservation (DEC) labs (Douglas and Palmer) and the Department of Public Safety's Crime Detection (forensics) lab (Anchorage).

EXISTING LABORATORIES IN ALASKA

Attachment A contains a summary table of many of Alaska's state-operated laboratories, followed by detailed information about the six major state-operated labs.[2] In this section, we briefly discuss the functions and structure of the three public health labs, two environmental health labs and the crime detection (forensics) lab. We then discuss other laboratories in Alaska, including those operated by agencies of the U.S. government. This inventory may not be complete, however, the major labs are accounted for.

Public Health Laboratories

The Alaska Department of Health and Social Services. Public Health Service (PHS) operates laboratories in Juneau, Anchorage and Fairbanks. Although PHS has laboratories in three locations, they are not branch or regional labs. According to Dr. Katherine Kelley, chief of the Laboratory Section of the PHS, the laboratory in Fairbanks specializes in statewide virology testing, for which there is no duplication in the state. The labs in Juneau and Anchorage perform similar functions, mainly bacteriology testing. Anchorage performs some tests which Juneau does not, and vice versa. Together the labs employ 36 people, and annual operating costs are nearly $2 million.

The Department of Health and Social Services also houses a small radiology laboratory in Juneau which has two full-time positions and an annual operating budget of about $85,000. This is not a laboratory facility, but does perform field sampling. The radiological laboratory is not included in the summary in Attachment A.

Environmental Health and Quality Laboratories

The Department of Environmental Conservation (DEC) operates an environmental health laboratory in Palmer and an environmental quality laboratory in Juneau. The labs together employ 17 people and require about $1,277,300 in operating funds annually. The environmental health lab tests meat, seafood and dairy products, as well as drinking water. The Palmer facility also includes a veterinary function which performs animal health testing. The environmental quality lab in Juneau tests for metals, petroleum products, radiation, and

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[2]Detailed information is included for the Juneau, Anchorage and Fairbanks PHS laboratories, the Palmer and Juneau DEC environmental health and quality laboratories, and the Anchorage forensics laboratory.

other man-made contaminants in the air, water and soil by means of chemical and radiochemical analysis.

Scientific Crime Detection Laboratory

The Alaska Department of Public Safety operates the forensics laboratory in Anchorage. This laboratory performs scientific examination of evidence in criminal investigations. It also provides alcohol and drug testing for the state and has an autopsy support section. The facility is the only forensics lab in the state; it employs 27 people; and it has an annual operating budget of about $2,097,600.

Other State-Operated Laboratories

The Alaska Department of Labor, Occupational Health and Safety Section is responsible for the analysis of industrial hygiene samples. Currently, no lab in the state can analyze these samples. Thus, the Department of Labor contracts the work out to the Northwest Health Services lab in Richland, Washington. The contract amounts to about $8,000 per year.

The Alaska Department of Natural Resources (DNR) has several lab facilities in the state. The plant materials lab in Palmer performs applied agricultural experiments, tests commercial seed for germination and purity, and works with potato disease. The lab employs 16 people and has an annual operating budget of about $556,000. The Fairbanks water quality lab operated by DNR analyzes water for inorganic content. This lab has some functional overlap with DEC laboratories. It employs one person with an annual operating budget of about $70,000 (not counting lease costs). This lab shares facilities and equipment with the University of Alaska-Fairbanks, which keeps costs low. The DNR contracts out of state (abou. $40,000 in FY 91) fc geochemical analysis on rock and water samples. The amount of the contract varies from year to year. The amount needed for FY 91 was particularly high due to analysis related to land selections. The DNR also operates a small history and archeology lab in Anchorage. The main function of this laboratory is cleaning, categorizing and storing artifacts. The laboratory staff performs some analysis, and some contract work such as that for Department of Public Safety (forensic reconstruction) and for agencies involved with the Exxon Valdez oil spill. This lab also contracts other labs to do radiocarbon dating work. The lab does not employ any full-time staff, and has an annual operating budget of about $22,348.

The Alaska Department of Commerce and Economic Development, Weights and Measures Section operates a metrology lab in Anchorage which tests and certifies weights and measures for government and industry in Alaska. The lab also tests radar and tuning forks

for other state agencies. This lab employs one person, and has an annual operating budget of about $98,400.

The Alaska Department of Transportation and Public Facilities, Materials Section has three regional materials laboratories in the state (Anchorage, Fairbanks and Juneau). The Anchorage regional lab also provides a statewide function. These labs test highway construction materials and soils. Most of their funding (about 90 percent) comes from the Federal Highway Administration, and passes through the state capital budget. The three labs employ about 15 full-time equivalent staff members, with a composite annual operating budget of about $925,000.

The Alaska Department of Fish and Game (ADF&G) operates 12 laboratories in the state. Some regional labs share their services across divisions of the department. The Division of Fisheries Rehabilitation, Enhancement and Development (FRED) supports five labs: a tagging lab in Douglas; a limnology lab in Anchorage; a genetics lab in Anchorage; and pathology labs in Anchorage and Juneau. Together these labs employ 19 people, with an annual operating budget of about $1,211,400. The Division of Commercial Fisheries operates a genetics lab in Anchorage which employs 2 people and operates on about $120,800 per year. This lab shares facilities and equipment with the FRED Division genetics lab. The Commercial Fisheries Division is developing a new lab to conduct research on the aging of bottomfish and Southeast Alaska salmon through examination of earbones (otoliths). The funding for this lab is part of the mitigation funds from the U.S.-Canada Salmon Treaty. The lab employs 2 people, and has a FY 92 operating budget of $126,000. It does not yet have any funding for FY 93. The Division of Wildlife Conservation has a small laboratory in Anchorage. No significant work is performed at the lab currently. In the past the lab performed analysis on teeth, blood, fat, stomach contents and reproductive tracts on many types of animals. The lab employs no full-time staff, and the operating budget for FY 91 was about $17,500. The Sport Fisheries and Commercial Fisheries Divisions share small regional laboratories in Anchorage, Fairbanks and Juneau. Personal at these labs weigh and measure fish, and sample fish scales and stomach contents. The lab lacks full-time personnel and has no assigned budget.

Other Laboratories in Alaska

The University of Alaska has many laboratory facilities. Dr. Katherine Kelley of the Alaska Public Health Service has estimated that at least 400 rooms are fitted with laboratory ventilation equipment. Most of the labs perform research, or training and teaching functions. Very few of these labs perform analytical services.

The federal government in Alaska has several laboratory facilities. The Indian Health Service has several clinical labs, which are usually associated with hospitals. The National Oceanic and Atmospheric Association supports laboratories associated with the National Weather Service and the National Marine Fisheries Service. The Centers for Disease Control with the U.S. Department of Health and Human Services has a laboratory in Anchorage. The U.S. Geological Survey and the U.S. Forest Service also have laboratories in the state. The Environmental Protection Agency and the Food and Drug Administration both have regional labs in Seattle that serve Alaska. The military in Alaska may have some research labs, and there are likely small clinical labs on all military installations.

Private laboratories in Alaska include engineering labs (there are many in Anchorage), petroleum labs and private medical labs (mostly hospital-based). There are also several drawing stations for large private laboratories which are based out-of-state.

PREVIOUS STUDIES REGARDING ALASKA STATE LABORATORY CONSOLIDATION

In this section, we examine several studies and papers which address the issue of consolidating Alaska's state-operated laboratories. Copies of the reports are included in Attachment B. We begin with a review of an August 1985 study by the Centers for Disease Control (CDC) with the U.S. Department of Health and Human Services. We then look at a December 1985 consolidation study by Doctor W. J. Hausler, Jr., contracted by the Alaska Division of Public Health. Next, we discuss a February 1991 briefing document to the new commissioner of the Alaska Department of Health and Social Services from the chief of the PHS Section of Laboratories, and an October 1991 FY 93 budget request for a central laboratory feasibility study and planning design, which attempts to quantify cost savings of consolidating all state-operated PHS labs. Next is a brief review of a September 1991 draft staff report from the Division of Public Health regarding the options for public health laboratory services. We have also included a May 1990 article by the CDC staff about privatization of laboratory services.

Centers for Disease Control Laboratory Consolidation Study

In 1985, the Alaska PHS asked CDC to assist in the planning of a lab facility in Anchorage which would integrate all state environmental health and chemistry activities into the Anchorage PHS lab. As the study progressed, it was decided that the consolidation should include the functions of the Juneau and Fairbanks PHS labs also. The study team interviewed a wide variety of lab service users in Alaska and asked the users to project their laboratory services uses five years into the future (to 1990). Once this data was collected,

the study team assigned "time factors" to laboratory procedures in order to calculate expected work loads and needs for staff, facilities and equipment. Where it was not practical to assign time factors, public health lab management developed personnel and equipment needs estimates.

The study showed an increase in staffing needs of at least 43 percent by 1990 for a consolidated lab with both public health and environmental health and chemistry functions.[3] The cost of a new building in Anchorage to house all regional labs with the foregoing functions was estimated at $6,641,250 in 1985 dollars (about $13 million in 1990 dollars). This study did not compare the costs of consolidation with the costs of maintaining the current system.

Dr. Hausler's Consolidation Study

In late 1985, PHS contracted with Dr. W. J. Hausler, Jr. to examine the state's public health lab capacity needs. Dr. Hausler performed his study by interviewing managers of selected state- and federally operated labs. The interviewees almost unanimously recommended consolidation of labs without prompting. The respondents stated that there was little interaction, cooperation or communication between laboratories in the state. In this study, five laboratories were considered for consolidation. They were the three regional PHS labs and the two labs managed by DEC. The study stated that no state lab was currently able to supply adequate services for the Department of Labor's occupational health section, and so, this section contracts out of state for laboratory services. Dr. Hausler mentioned that due to budget constraints and staff cutbacks, the matching between equipment and staff was inefficient. This study did not address the monetary costs or benefits of laboratory consolidation.

Dr. Hausler made several recommendations. He advised against establishing an environmental health testing program within the PHS laboratory system. He recommended that the three regional PHS labs and the two DEC labs be consolidated into one, at once or in stages, and the lab be located in Anchorage. The head of this consolidated laboratory should be elevated to the level of department head to be neutral and independent of the various departments which use the lab facility. An interagency council should be appointed to facilitate coordination and cooperation between agencies with labs or using lab facilities. The consolidated lab should be totally integrated, not just separate labs in the same building

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[3]A 43 percent increase in staff positions for the proposed consolidated lab would have resulted in approximately 54 full-time equivalent positions in 1990. In 1991, the separate labs proposed for consolidation actually employed 53 full-time staff members.

with shared administration and overhead. Also, any fiscal savings from the consolidation should stay with the laboratories to ensure adequate staffing (there had been recent staff cuts when this report was written).

Public Health Laboratories Section Briefing Document

In January 1991, the laboratory section of PHS wrote a briefing paper for the new commissioner of the Department of Health and Social Services, Dr. Theodore Mala. The document contains a brief history of the PHS labs. It then mentions the two foregoing consolidation reports and states that there is much support in the state for consolidation. however, there are financial and political barriers. The 1991 cost of a new facility to house the three regional PHS labs and the two DEC labs would be about $13 million. Health care providers and legislators may perceive a loss of service when a lab is moved from their locality. Laboratory management may perceive a loss of control of their laboratory functions with consolidation.

The briefing paper goes on to say the existing PHS lab facilities are inadequate. Current laboratories are located in leased facilities, and the buildings are in poor repair and present many potential safety hazards. The document mentions new federal standards for state public health labs which Alaska may not be able to meet under current conditions. Although the application of these standards has been delayed, it is imminent.[4]

The briefing paper recommends that the commissioner of the Department of Health and Social Services take the following steps regarding state PHS laboratories. The first step is to define the composition of a possible consolidated laboratory. Second, create a task force of members from the major parties which would be affected by the proposed consolidation. Third, update the 1985 CDC user survey to further forecast user needs into the future. Fourth, develop a public relations project to deal with politicians and health care providers who oppose consolidation. And fifth, get legislative support for a capital project to build a new laboratory facility.

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[4]According to Dr. Katherine Kelley, chief of the Section of Laboratories for PHS, federal regulations stemming from the Clinical Laboratory Improvement Act of 1988 require that each lab which tests human samples must be certified by the federal government. Certification is expected to take place in 1992.

Fiscal Year 93 Draft Capital Budget Request

In late 1991, a budget request was drafted for a FY 93 central laboratory feasibility study and planning design. This draft budget request states that because of technical improvements in preservation, shipping and analysis of laboratory samples, there is no need for three regional PHS laboratories in Alaska. This statement is followed by a brief analysis of cost savings (both operating and capital costs) of a consolidation of the three regional PHS labs. The report states that 4 of 37 current staff positions would be eliminated, and $485,000 per year in operating costs (about 22 percent of the total annual operating costs of $2,226,900) would be saved with consolidation. About $350,000 per year in capital and lease costs would be saved as well. However, this budget request does not analyze the costs of building a new facility and moving the separate labs into it.

Staff Report - Options for the Public Health Laboratory Services

In September of 1991, a discussion draft of a staff report on options for PHS labs was written by Dr. Dean Tirador of PHS. This report addresses the quality and direction of public health laboratory services in Alaska. Much of the report concerns meeting internal policies and goals, as well as CDC's Year 2000 Health Objectives for the Nation. This report expresses support for the consolidation of state public health labs.

The report also discusses contracting public health lab services to private laboratories. The major obstacle to determining the cost of contracting services to the private sector was the reluctance of private labs to quote prices for services unless a contract was under negotiation. Although staff members of the Division of Public Health support the idea of contracting services and believe that nearly all state services could be contracted out, they are concerned that only high volume, automated testing services will be available from the private sector. They also express concern that certain requirements for reporting positive test results will not be enforceable with private laboratories located out of the state. Regulations require that state labs report certain positive test results for epidemiologic surveillance purposes. Out-of-state labs are less likely to report results of a test to the state unless the state pays for the test. Thus, results of tests paid for by private practitioners may go unreported.

CONSOLIDATION EXPERIENCE IN OTHER STATES

In our research we were directed to several states which had successfully consolidated laboratory systems. We also contacted two states which have not consolidated their labs. We interviewed laboratory directors in Florida, Hawaii, Kansas, Mew Mexico, Rhode Island and Virginia, for their experiences and opinions regarding consolidation of state laboratories.

Florida and Hawaii have not consolidated state labs. Kansas, New Mexico, Rhode Island and Virginia have consolidated state lab functions by varying degrees. We also spoke with the Executive Director of the Association of State and Territorial Public Health Laboratory Directors (ASTPHLD) about public health laboratory structure in various states. Attachment C contains ASTPHLD's FY 89 *Consolidated Annual Report on State and Territorial Public Health Laboratories*, which contains details about functions and work volume of state and territorial public health labs.

Florida

We spoke to Charles Hartwig, Sc.D., chief of the Office of Laboratory Services in the Florida Department of Health and Rehabilitative Services. He stated that although the Florida state government has considered consolidating laboratory functions, no action has been taken to do so. Dr. Hartwig believes that savings in administration and overhead occur when labs with similar functions are consolidated, but when functions are mixed, the savings are minimal. Dr. Hartwig stated that the same instrument cannot be used to test mud one day, water the next day and blood the next.

The Florida Health Department is considering a consolidation of their branch and central public health labs. Dr. Hartwig believes that 8 of 28 branch lab staff positions will be eliminated by this consolidation. However, the state is facing political opposition to the consolidation as some community leaders and health care providers worry that their communities will face decreased quality of service once the branch labs are gone.

Hawaii

According to Dr. Vernon Miyamoto, interim chief of Hawaii's State Laboratory Division, that state has recently built a new crime lab and a new lab for the medical examiner, and is designing a new lab for the Hawaii Health Department. The state considered some consolidation of lab functions, but decided against it. Legislation passed last year in Hawaii requires the development of a Department of Environmental Protection, and separation of existing environmental health functions from the Department of Health, where they now reside. A state task force is currently deciding how this separation will take place, and it is not yet known if certain functions of the Department of Health lab will be moved, or if that lab will do contract work for the new department. Currently, the Hawaii Department of Agriculture tests foods before harvest (for such things as residual pesticides) and the Department of Health tests foods after harvest, as well as drinking water for purity. The state contracts with private laboratories to perform hazardous waste testing.

Dr. Miyamoto advocates branch laboratories (Hawaii has state labs on each of the four major islands). He reported that the state had performed an experiment to examine closing branch labs by shipping routine samples for testing to Oahu. Many samples were lost in the mail and the return of test results took much longer than usual. Dr. Miyamoto gave the following example of the importance of branch laboratories. During a recent weekend rain storm on the island of Kauai, extensive flooding caused concern about the quality of the drinking water supply. The only microbiologist assigned to the Kauai laboratory was on Oahu for the weekend and no one was available to test the drinking water. The Hawaii Department of Health had to fly a microbiologist from Oahu to Kauai during the storm to test the water.

Kansas

According to Dr. Roger Carlson, Director of the Kansas Health and Environmental Laboratory, Kansas consolidated health and environmental labs in 1974. Currently the consolidated lab operates with a staff of 74 at a cost of $2,884,087 annually (not counting administration). They produce 951,291 test results a year at an average cost of $3.03 per test. Dr. Carlson believes his lab is one of the most efficient and productive in the country. The state is considering further laboratory consolidation. Kansas currently spends about $6 million per year for the operation of this lab and an agricultural and forensics lab. If the agricultural and forensics labs are combined with the health and environmental lab, Dr. Carlson believes the state could save about $500,000 per year. Dr. Carlson believes that political battles over control of a consolidated lab are a major concern for any state considering such a consolidation. Attachment D contains information about the structure of the Kansas Health and Environmental Laboratory.

New Mexico

According to Dr. Loris Hughes, director of New Mexico Scientific Laboratory Division, New Mexico consolidated its environmental health, public health and forensic lab functions in 1975. Within the last five years, the state has also incorporated veterinary diagnostic pathology into their consolidated laboratory program. The state's crime and environmental labs are separate, but both of those facilities perform research as well as diagnostic testing.

Dr. Hughes is pleased with the workings of the New Mexico consolidated lab. He feels that although the management is more complex, the state gets more for its money. The facility requires one lab building instead of three. The labs can share equipment and staff among lab functions, and therefore require less equipment. The consolidated laboratory capability is stronger, and allows activities which separated labs could not support. For example, the lab can perform alcohol and drug surveys on all patients, or on selected samples such as

pregnant mothers. This would not be possible without a consolidated lab system. According to Dr. Hughes, since consolidation, the professional stature of the New Mexico lab has improved, and he can recruit higher quality personnel. Prior to consolidation, the health lab had 1 doctor. Now the consolidated lab employs 13 or 14 doctors.

Most of New Mexico's lab facilities are centralized in Albuquerque, but the lack of branch labs has not been a concern of the outlying areas. Dr. Hughes stated that "many masters" of the laboratory has presented a problem, and that public relations and cooperation are important aspects of making a consolidated laboratory work.

Rhode Island

According to Dr. Raymond Lundgren, Jr., associate director of the Rhode Island Division of Laboratories, Rhode Island consolidated its public health labs in 1978. The main lab facility was no longer adequate and as they planned for a new facility, they allowed for expansion to house a consolidated lab. The CDC had previously performed a study of the facilities in the state and had recommended consolidation. The consolidation was patterned after the examples in Virginia and New Mexico. Rhode Island's consolidated lab currently performs all environmental testing except asbestos, house toxicology and medical examiner functions, and has absorbed the racing lab, which tests the urine of racing dogs for drugs. These lab functions are not completely integrated, but reside in the same building with common administration, wash rooms, and other areas.

Dr. Lundgren stated that the lab has realized a cost savings and can handle an increased work load without increasing staff. Personnel is a very large expense in the laboratory facility. With consolidation, the lab has the increased ability to cross train personnel, and thus, the staff has little idle time. Dr. Lundgren expressed concern about territory battles for control of laboratory functions which generally accompany consolidation. Attachment E contains some information about the structure of Rhode Island's consolidated lab system.

Virginia

Virginia was the first state to consolidate lab functions, and has become a model for consolidation in other states. In 1972, after some organizational juggling, all lab functions were consolidated except the highway materials testing laboratory. According to Dr. Al Tiedemann, director of the Virginia Division of Consolidated Laboratory Services, the consolidated lab includes labs dealing with environment, health, agriculture, drugs and alcohol, motor fuels and forensics. Forensics is a separate division, but it shares the same laboratory. Attachment F contains information from Virginia including a brief history of the

evolution of the consolidation, consultants reports, key sections of laws governing the labs and the consolidation, and an organizational chart.

In a cover letter to the information included in Attachment F, Dr. Tiedemann lists some advantages of lab consolidation as improved availability of services; specialized equipment available to all functions; opportunities for professional development and advancement of staff; only one administration to deal with for all services; and economies of scale of equipment, staff and facilities.

PROS AND CONS OF CONSOLIDATION IN ALASKA

This section considers the different types of consolidation as they apply to Alaska state labs. It examines the major obstacles to a change of this type, and the benefits which may accrue from consolidation.

Types of Consolidation

Consolidation of state-operated laboratories may be done in several ways. All laboratories within a specific state agency may be consolidated (e.g., all Alaska Department of Fish and Game labs). Laboratories which are located in different agencies but which have similar or overlapping functions may be consolidated (e.g., the water quality labs housed in the Departments of Fish and Game, Natural Resources and Environmental Conservation). Laboratories may be consolidated by region (e.g., all state-operated labs located in Anchorage), or all state labs may be consolidated into one, regardless of management, location or function.

When considering any type of consolidation, decisions must be made about whether to fully integrate laboratory functions and equipment, or whether to simply house the labs in the same facility. Although overhead and administrative cost savings may be realized in both cases, a totally integrated lab will realize greater cost savings through more efficient use of personnel and equipment.

Although state-operated laboratories are located in several areas of the state, very few can be considered regional labs in the sense that they service only a specific area of the state. New techniques in preserving, transporting and storing samples have reduced the need to locate labs in several areas of the state. Thus for the major labs, and most smaller labs as well, moving the location of the labs or consolidating labs with similar functions would have very little effect on statewide service availability.

Obstacles to Consolidation

The major obstacles to laboratory consolidation in Alaska are similar to those of lab consolidation anywhere. If the consolidation crosses interagency boundaries, interagency political considerations will come into play. Questions to be answered may include: who will manage the consolidated laboratory; how will work priorities be established between agencies; how will funding be provided; and how will interagency cooperation and communication be established? Regional consolidation within agencies will likely have similar concerns, but on a smaller scale.

Municipal governments may express concern about laboratory consolidation if it involves the closure of local lab facilities. The local government may perceive either a loss of service or decreased quality of service to the community, as well as an economic hardship resulting from the loss of jobs, tax income, facility lease income, or other income. Area health care providers may protest a perceived loss of service or decreased quality of service to a community. Also, rivalry between communities attempting to attract a consolidated lab facility may be a concern.

Another major obstacle to laboratory consolidation is financing of the consolidated facility. The major state laboratories in Alaska currently reside in leased buildings. Will the state build a facility, or will it continue to lease? The CDC consolidation study discussed previously suggests that a new facility in Anchorage to house the five major laboratories would cost about $13 million to build. Will the state government and the legislature support a capital project of this magnitude? If the state leases, rather than builds, a facility, there may still be substantial moving costs with consolidation.

A major drawback to regional consolidation of laboratories is a reduced ability to respond to regional emergencies. However, if the emergency involves the testing of drinking water, many private labs around the state are certified for that testing.

Benefits of Consolidation

Cost savings from combined administrative and housekeeping functions, as well as from more efficient use of staff and equipment, is a major benefit of laboratory consolidation. The foregoing Department of Health and Social Services draft FY 93 capital budget request shows that consolidation of the three PHS labs would save about 22 percent of current operating costs. Estimated FY 91 operating costs for the three PHS labs, the two DEC labs and the forensics lab is $5,298,914. Twenty-two percent savings on that figure would amount to about $1,165,761.

Centralized management may also be a benefit of consolidation, especially to laboratory service users. Integration of functions from different agencies will necessarily open communication and cooperation between those agencies. A consolidated lab may have greater stature, and greater training and promotion opportunities, and thus attract higher quality personnel.

It may be most efficient to combine laboratories and locate them near the largest population and transportation center in the state. However, thought should be given to locating state laboratory facilities near nonstate laboratories which may share functions or facilities. For example, the DNR water quality labora ory is located in a University of Alaska facility on the Fairbanks campus, and works closely with the University of Alaska. Some smaller labs within the state may have identical functions in different parts of the state; however, there may be reasons why these regional labs cannot be feasibly consolidated. Each circumstance should be considered individually.

We hope this information is helpful to you. If you need further assistance, please feel free to call this office.

Attachments

LJS:dld:csh

Review of State–Operated Laboratories

DEPARTMENT/ LABORATORY	AUTHORIZING STATUTES/REGS	LOCATION	MAIN FUNCTIONS	CONTRACT* IN	CONTRACT* OUT	NO. OF EMPL.	EST. FY91 OPERATING BUDGET
HEALTH & SOCIAL SERVICES Public Health Labs	AS 44.29.020; AS 18.05.01; AS 18.05.030 – 040; AS 18.15.120 – 180; 7 AAC 27.005 – 080; 7 AAC 27.350.	Juneau (1)	General and reference bacteriology; gonococcal culture and identification; mycobacteriology; mucology; parasitology; cholera testing; water bacteriology; syphilis serology; rubella serology; vaccine distribution. (Contact: Dr. Katherine Kelley, 586–3586.)	X	X	8	$471,664
		Anchorage	General and reference bacteriology; gonococcal culture and identification mycobacteriology; tuberculosis susceptibility and genetic probes; mycology; parasitology; cholera testing; food outbreak bacteriology; syphilis serology; syphilis fluorescent antibody testing (statewide function); rubella serology; limited chlamydia testing via probes; training (statewide function). (Contact: Dr. Katherine Kelley, 586–3586.)	X	X	12	$652,947
		Fairbanks	Gonococcal culture; viral culture and diagnosis: enteric central nervous system and respiratory; WHO influenza monitoring; viral serology: respiratory, prenatal assessment, enteric, examthem; rabies testing; HIV and other retrovirus testing; hepititis A, B and other; rabies: lay vaccinator training. (Contact: Dr. Katherine Kelley, 586–3586.)	X	X	16	$799,403
ENVIRONMENTAL CONSERVATION (DEC) Environmental Health Lab	9 CFR 301–387; 18 AAC 32; FDA–CFR Title 21; 18 AAC 32.005; AS 03.05.020; 18 AAC 34.200; 18 AAC 34; Title 18, Chapter 80; AS 03.05.070; AS 03.05.080; AS 03.45.050.	Palmer	Chemistry: meat inspection, seafood inspection, and animal health. Microbiology: dairy, drinking water, seafood and animal health. (Contact: Richard Barrett, 745–3236.)		X	8	$390,800

Review of State–Operated Laboratories

DEPARTMENT/ LABORATORY	AUTHORIZING STATUTES/REGS	LOCATION	MAIN FUNCTIONS	CONTRACT* IN	CONTRACT* OUT	NO. OF EMPL.	EST. FY91 OPERATING BUDGET
DEC Environmental Quality Lab	AS 46.03; EPA Safe Drinking Water Act	Juneau	Perform analytical chemistry upon water, wastewater, air, soil, sludge and other samples. Test for cadmium, chromium, zinc, copper, iron, mercury, bensene, ethylbenzene, xylenes, DDT, PCBs, fuel oil, diesel, PNAs and PHAs. Radiochemical analysis for gross alpha radiation and man–caused contaminants in drinking water. Certifies labs in Alaska to perform drinking water testing; and provides training and assistance to other labs. (Contact: Rolly Grabbe, 364–2155.)	X	X	9	$886,500
PUBLIC SAFETY Scientific Crime Detection Lab	13 AAC 63.010 – 900	Anchorage	Examination of evidence in criminal investigations. The latent fingerprint section includes photography, composite artistry, and facial reconstrution. The criminalalistics section includes firearm/toolmark, trace evidence, serology, fish/wildlife, arson and footwear/ tiretrack examinations. Also included with this laboratory are a controlled substance/toxicology section, statewide breath alcohol section, and autopsy support section. (Contact: George Taft, 269–5740.)		X	27	$2,097,600 (FY 92)
LABOR Occupational Health and Safety	None	Out of State	Analysis of industrial hygene samples (e.g., asbestos and lead). (Contact: Richard Arab, 465–4855.)		X	Contract	$8,000
NATURAL RESOURCES (DNR) Plant Materials Center	None	Palmer	Applied agricultural experiments; testing of commercial seed for germination and purity; potato disease lab. (Contact: Stoney Wright, 745–4469.)	X	X	16	$556,000
DNR Water Quality Lab	AS 41.08 AS 46.15	Fairbanks	Analyze water for inorganic content. Collect data on the quantity and quality of Alaska's water for scientific documentation. DEC contracts with this lab often. They share a facility and equipment with the University of Alaska at Fairbanks. (Contact: Bill Long, 696–0070.)	X	X	1	$70,000**

Review of State–Operated Laboratories

DEPARTMENT/ LABORATORY	AUTHORIZING STATUTES/REGS	LOCATION	MAIN FUNCTIONS	CONTRACT* IN	CONTRACT* OUT	NO. OF EMPL.	EST. FY91 OPERATING BUDGET
DNR Geochemical Analysis	None	Out of State	Geochemical analysis on rock and water samples. (Amount of contract varies from year to year. This year is high because of land selections.) (Contact: Paula Verosta, 474–7147.)		X	Contract	$40,000
DNR History & Archeology Lab	AS 41.35	Anchorage	Cleaning, cataloging and storing artifacts and other archaeological finds. Prepare slides of residual materials (fibers, etc.). Do some forensic reconstruction for the Department of Public Safety, and some Exxon Valdez oil spill work was done here. Contract radiocarbon dating, etc., to other labs for a average of about $2,000 per year. (Contact: Bob Shaw, 762–2169.)	X	X	0	$22,348
COMMERCE & ECONOMIC DEVELOPMENT Weights and Measures – Metrology Lab	AS 45.75.010 – 120	Anchorage	Test and certify weights and measures for Alaska govemment and industry from 1 milligram to 1,000 lbs. Tests radar and tuning forks for the Alaska State Troopers. (Contact: Jennifer Breslin, 345–7750.)	X		1	$98,400
TRANSPORTATION & PUBLIC FACILITIES Materials Lab	Mandated by Federal Highways Administration	Anchorage, Fairbanks & Juneau	Testing of highway construction materials and soils. These labs operate mostly on federal funds which are passed through the state capital budget. The Anchorage regional lab also serves a statewide function. (Contact: Ken Lowny, 338–2121.)	X	X	15	$925,000
FISH & GAME (ADF&G) Fisheries Rehabilitation, Enhancement & Development (FRED) Coded–wire Tag Lab	AS 16.05.050	Douglas	Extract coded–wire tags from samples of fish taken to determine the origin of the fish (usually hatchery fish, but sometimes wild stock). (Contact: Jeff Koenings, 465–4160.)			5	$320,900

Review of State–Operated Laboratories

DEPARTMENT/ LABORATORY	AUTHORIZING STATUTES/REGS	LOCATION	MAIN FUNCTIONS	CONTRACT* IN	CONTRACT* OUT	NO. OF EMPL.	EST. FY91 OPERATING BUDGET
ADF&G – FRED Limnology Lab	AS 16.05.050	Anchorage	Tests waters of lakes and watersheds for inorganic contents and planktons to determine if the habitat will support fish. Do contract work for the U.S. Geological Survey and Forest Service. (Contact: Jeff Koenings, 465–4160.)	X		3	$231,200
ADF&G – FRED Genetics Labs	AS 16.05.251; 5 AAC 41.020; 5 AAC 41.050; 5 AAC 41.070 – 080; AS 16.40.110 – 150.	Anchorage	Performs electrophoretic starch gel analysis to determine the genetic makeup of fish stocks. Determines the origin of fish via "genetic fingerprints." This lab shares facilities and equipment with the Commercial Fisheries Genetics Lab. (Contact: Jeff Koenings, 465–4160.)			1	$118,000
ADF&G – FRED Pathology Lab	AS 16.05.251; 5 AAC 41.020; 5 AAC 41.050; 5 AAC 41.070 – 080; AS 16.40.110 – 150.	Anchorage & Juneau	Analyze fish blood and tissue samples, and water samples for fish disease (usually for hatchery fish, but also for wild stock). Test for INH Virus, Enteric Red Mouth Disease, Bacterial Kidney Disease, Bitter Crab Disease and others. (Contact: Jeff Koenings, 465–4160.)			7	$541,300
ADF&G – Commercial Fisheries Genetics Lab	None	Anchorage	Collects and analyzes genetic stock identification data on chinook and chum salmon; king, tanner and snow crabs; and marine fishes under state management jurisdiction. Processes fish and shellfish samples using state–of–the–art isozyme and DNA analysis. This lab shares facilities and equipment with the FRED genetics lab. (Contact: Gordon Kruse, 465–4210.)	X		2	$120,800
ADF&G – Commercial Fisheries Aging Lab	U.S./Canada Treaty	Douglas	Conduct research on the aging of fish through examination of fish earbones (otoliths). Processing earbones of Southeast Alaska salmon to determine origin (hatcheries). (Contact: Pete Hagan, 465–4250.)			2	$126,000 (FY 92)

Review of State-Operated Laboratories

DEPARTMENT/ LABORATORY	AUTHORIZING STATUTES/REGS	LOCATION	MAIN FUNCTIONS	CONTRACT* IN	CONTRACT* OUT	NO. OF EMPL.	EST. FY91 OPERATING BUDGET
ADF&G – Wildlife Conservation	None	Anchorage	This lab is currently used very little. In the past it has been used for tooth processing to determine the age of bears and other animals. Metabolic work, fat determination, and blood and stomach analysis on other animals including marine mammals has been done in the past. Reproductive tract analysis is performed on caribou and moose. (Contact: Enid Goodwin, 267-2253.)		X	0	$17,500
ADF&G – Sport Fish/Com Fish Shared Labs		Anchorage, Fairbanks & Juneau	Small regional one-room labs are used to weigh and measure fish, take fish scales and sometimes measure stomache contents. These labs are small, sporadically used, and shared between divisions. They have no full-time staff. (Contact: Rocky Holmes, 465-4180.)			0	N/A

*Marks in these columns indicate whether the laboratory facility brings work into the lab under contract, or sends work out to other labs on contract.

**Does not include facility lease.

Note: The staffing and funding figures are only estimates. Staffing is in full-time equivalents. This is not necessarily a comprehensive list of state-operated laboratories.

Prepared by the Legislative Research Agency, January 1992 (92.047).

Smile Designers
James Mushovic, D.M.D.
Family Dentistry

August 27, 1993

To: Cynthia Toohey
Re: Rate Increase X-Ray

Dear Cynthia:

It has come to my attention that there are proposed fee increases for x-ray tube heads. You should not consider approval of this regulatory change.

I have to protest vigorously to this plan. On site inspections is out of line. It is unnecessary and costly. The plan does not safeguard the welfare of the general public anymore than obvious alternatives. If the State of Alaska insists on creating (or continuing with) a position for an itinerant specialist to do work that can be taken care of by less costly private technicians-there is something seriously wrong with the powers of deductive reasoning of our hired state employees and our elected officials. To conceive of and consider approval of such a plan is absurd.

One obvious alternative is to completely move the radiological inspectors office out of Juneau. Make the job considerably less itinerant in nature (and considerably more responsive to the needs of the public). Then automate the entire process as much as possible and lower fees.

We do not need to inflate health care costs. We do not need the burden of funding unnecessary salaried positions. We do not need to handi-cap the next generation with the resultant payment for another expensive retirement plan.

What we need is cost containment from responsible government that will act only with just cause. Consider the consequences of this plan; and vote against the proposal.

Sincerely Yours

James Mushovic DMD

James Mushovic,D.M.D.

2600 Denali, Suite 500 Denal. Towers South Anchorage, Alaska 99503 (907) 277-3871

THOMAS G. HIPSHER, D.D.S.

Thursday, August 26, 1993

Cynthia Toohey, CoChairman
House Health and Social Services Committee
Division of Public Health
PO Box 110612
Juneau, Alaska 99811-0612

Re: X-ray tube head fee increase

Dear Ms. Toohey:

I was notified of an impending fee increase for our x-ray tube heads from the current annual rate of $20 per tube to $50 per tube, a 250% increase. We were also informed that the increase is primarily to allow the inspector to travel from Juneau to dental offices throughout the state to that he/she can check the safety of x-ray installations.

As far as I am aware, the incidence of x-ray over exposure in the State of Alaska is so insignificant as to be non-existent. If their is a documented history of over exposure, then those concerns need to be addressed. However, if there is no history of over exposure, particularly in the dental environment, then there is no basis for an inspector to travel to individual offices to check the safety of our installations. As long as each office is using approved equipment that was installed by a professional x-ray equipment installer, the monitoring of tube head exposure can easily be accomplished in the same manner as previous programs allowed.

Each doctor and dentist in the State of Alaska is a professional and, with rare exception, each complies with the current laws concerning the use of x-ray equipment in their offices. If the state feels it necessary to conduct intermittent inspections of x-ray equipment, such inspections could easily be completed in the course of routine maintenance of our dental equipment by trained dental supply company technicians and certificates issued verifying compliance with current regulations.

I would appreciate this letter being read as my personal testimony with regards to this matter and hope the committee has the insight and fortitude not to impose this fee increase on the already expensive health care market.

Sincerely,

Thomas G. Hipsher, DDS

cc: Alaska State Dental Society

DIMOND CENTER TOWER 800 EAST DIMOND BOULEVARD, SUITE 3-415 ANCHORAGE, ALASKA 99515
TELEPHONE (907) 349-5585

ERIC G. PAULSON, DDS
Oral & Maxillofacial Surgery

August 26, 1993

Cynthia Toohey, Co Chairman
House Health and Social Services Committee
Division of Public Health
P.O. Box 110612
Juneau, AK 99811-0612

Re: proposed x-ray head fee increase

Dear Ms. Toohey:

I am writing to ask you to not support the proposal to increase the x-ray head fee from $20.00 to $50.00. This becomes excessive with multiple x-ray heads in the office.

Thank you for your consideration.

Sincerely,

Eric G. Paulson, DDS

9000 Glacier Highway ■ Juneau, Alaska 99801 ■ (907) 789-5008

THOMAS G. HIPSHER, D.D.S.

Thursday, August 26, 1993

Cynthia Toohey, CoChairman
House Health and Social Services Committee
Division of Public Health
PO Box 110612
Juneau, Alaska 99811-0612

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Sincerely,

Thomas G. Hipsher, DDS

cc: Alaska State Dental Society

DIMOND CENTER TOWER 800 EAST DIMOND BOULEVARD, SUITE 3-415 ANCHORAGE, ALASKA 99515
TELEPHONE (907) 349-5585

Revd P. Focale D. Hansen

Give analysis to Dr. Hansen
Talk minutes

Cynthia Toohey, Co Chairman
House Health and Social Services Committee
Div. of Pub. Health
350 Main St., Rm. 517
P. O. Box 110612
Juneau, AK 99811-0612

29 August 1993

Dear Ms. Toohey:

I recently was informed of a tentative 250% increase in the registration fee for x-ray heads. This is an unfair "tax" upon the dental community. It is said that the money is needed for an inspector to travel to my office from Juneau. It is more cost effective to measure radiation output with dosimeter cards which can be sent in for processing. If a unit is defective, the office can be notified and the local equipment repair personnel can take care of the problem. Another solution is to simply allow the dental supply company repair personnel to both monitor and correct any x-ray units.

We are in an era when cost containment in the health care field is on everyone's mind. This 250% increase in dentistry's "radiation tax" will have to be passed on to the consumer, along with all the other increases in the cost of doing business. There seems to be a trend in contemporary government in America where elected officials feel that everything that is owned by American citizens is fair game for them to take. It is just a matter of making a law that will make it legal. Next we will probably hear that the State of Alaska wants to make the x-ray tax *"retroactive"* to the birth date of Mdm. Curie.

Sincerely,

Dr. Joe Griffo

Joe Griffo, D.M.D.
Dentistry for Adults and Children • 3401 Denali Street, Suite 102 • Anchorage, AK 99503 • (907) 561-1317

Glenn A. Bilodeau, DDS
8301 Briarwood, SU 201
Anchorage, AK 99518

August 31, 1993

Cynthia Toohey, Co-Chairman
House Health and Social Services Committee
Division of Public Health
350 Main Street, Rm 517
P.O. Box 110612
Juneau, AK 99811-0612

Ms. Cynthia Toohey,

The proposed x-ray head fee increase is ludicrous.

An increase of 250% that would pay for an individual to travel from Juneau to South Central, Western & Northern Alaska (where most dental offices are located) is preposterous. Dental supply technicians can do measurements and adjustments on radiological equipment and have their results mailed to Juneau.

I refuse to pay the government to "taxi" an individual to my office when a local businessman can perform the same function on equipment that he likely installed and maintains. I can't even imagine the problem of having the government technician disturb my staff and patients due to his extremely limited availability. My dental supply technician is always at my disposal.

Again, a proposition of such inane proportions should be voted down with vigor by any rational, thinking individual.

Respectfully,

Glenn A. Bilodeau, DDS

Cynthia Toohey, Co Chairman
House Health and Social Services Comm.
Division of Public Health
350 Main Street, Room 517
P.O. Box 110612
Juneau, AK 99811-0612

31 August, 1993

I have read with incredulity the state's proposed tax increase on X-ray tube heads within dental offices. Ostensibly, the proposed 250% increase would offset travel expenditures for the inspector who would travel to and from dental offices throughout Alaska evaluating the equipment. I have serious questions about the need to designate a state employee to conduct inspections that could more easily and less expensively be performed locally and within the private sector.

By my accounting there are some 330 practicing dentists in the state who will be impacted by this proposed legislation. If each of these practitioners has only 2 or 3 x-ray heads in their offices, the increase in revenues generated by this proposal amounts to $10,000 or more annually. Assuming the 'contribution' of physicians, veterinarians, and chiropractors, the number goes up significantly. Where do you imagine the money to pay for this increase will derive? Surely you recognize that it will be passed on to the consumer?

The vast majority of private medical practitioners are found in and around the State's major metropolitan centers; Anchorage, Fairbanks, and Juneau. Why not designate an on site inspector for these areas and eliminate the need to travel?

The inspecting process is a simple one and does not require a high degree of expertise. Why not delegate this duty to the more efficient and cost effective private sector much as IMS inspections are done on automobiles?

Frankly, I question the wisdom of even having this tier in an already abdominous bureaucracy? I know of no offices where inspections of X-ray equipment have ever been conducted. My suggestion would be that you be content with the $20 you presently receive for doing nothing.

Increases of the type you are proposing only serve to enrage the practitioners who are tired of interminable governmental micromanagement. Further, such increases aggravate the consumer who ultimately must foot the bill.

Sincerely,

William Marchant

William Marchant, DDS
3401 Denali St. #102
Anchorage, Alaska
99503

CRAIG S. KAUFFMAN, D.D.S.
STEVEN T. SWAGER, D.M.D.

425 G Street, Suite 730
Anchorage, Alaska 99501
Office (907) 277-6724

August 26, 1993

Cynthia Toohey, Co Chairman
House Health and Social Services Committee
Division of Public Health
350 Main Street, Room 517
PO Box 110612
Juneau, AK 99811-0612

RE: X-RAY HEAD FEE INCREASE

Dear Ms. Toohey:

This increase is way out of line with the growing sentiment in our nation to contain health care costs. A small increase may be in line, but a 250% increase is outrageous on the part of the State of Alaska.

Sincerely,

Steven T. Swager, DMD

RICHARD S. PAULI, D.D.S.
3500 LATOUCHE, SUITE 210
ANCHORAGE, ALASKA 99508-4295
(907) 563-3046

[illegible]

Cynthia Toohey
House Health & Social Services Committee

Dear Cynthia:

Please oppose the 250% increase in X-ray head registration fee.

Thank you

Richard S Pauli

DR. ROBERT R. H. SUTHERLIN, INC.
Orthodontics Exclusively

August 26, 1993

Ms. Cynthia Toohey, Co Chairman
House Health and Social Services Committee

Dear Ms. Toohey:

I will be unable to appear at the August 31st committee work session, but I would offer my protest to the proposed x-ray head fee increase for the same reasons as Dentistry does as stated below.

How does dentistry feel? Against the proposal for the following reasons:

1. **The increases are primarily for the inspector to travel from Juneau to dental offices throughout the state. This is CRAZY when most of the dental offices are in the South Central, Western, and Northern part of the state.**

2. **From $20 to $50 is a 250% increase. This is NOT cost containment on the part of the State of Alaska - especially when cost containment is one of the most publicized parts of health care reform**

3. **Conceivably, the radiation tests that are performed by the Radiological Physicist could be done on a pre-prepared card, and MAILED to the Juneau Radiological Health Office. If a problem is detected, the adjustment can easily be made by a dental supply company technician.**

4. **Dental supply company service technicians CAN DO the regulated routine tests. Proof of compliance can be verified to the State of Alaska much like proof of continuing education taken is verified to the State Division of Occupationa Licensing.**

Sincerely,

Robert R.H. Sutherlin

4141 B Street, Suite 401
Anchorage, AK 99503
(907) 562-6262

American Association of Orthodontists

DR. ROBERT R. H. SUTHERLIN, INC.
Orthodontics Exclusively

August 26, 1993

Mr. Con Bunde, Co Chairman
House Health and Social Services Committee

Dear Mr. Bunde:

I will be unable to appear at the August 31st committee work session, but I would offer my protest to the proposed x-ray head fee increase for the same reasons as Dentistry does as stated below.

How does dentistry feel? Against the proposal for the following reasons:

1. **The increases are primarily for the inspector to travel from Juneau to dental offices throughout the state. This is CRAZY when most of the dental offices are in the South Central, Western, and Northern part of the state.**

2. **From $20 to $50 is a 250% increase. This is NOT cost containment on the part of the State of Alaska - especially when cost containment is one of the most publicized parts of health care reform.**

3. **Conceivably, the radiation tests that are performed by the Radiological Physicist could be done on a pre-prepared card, and MAILED to the Juneau Radiological Health Office. If a problem is detected, the adjustment can easily be made by a dental supply company technician.**

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Sincerely,

Robert R H Sutherlin DDS

4141 B Street, Suite 401
Anchorage, AK 99503
(907) 562-6262

American Association of Orthodontists

DR. SCOTT HEBERTSON, D.D.S.
FAMILY DENTISTRY

SOUTH ANCHORAGE DENTAL CLINIC
9170 JEWEL LAKE ROAD, SUITE 201
ANCHORAGE, ALASKA 99502
PHONE 248-7275

8/26/93

Dear Cynthia,

I am completely against the 250% increase in fee for X-ray tubes.

I concur with the position that local suppliers can provide the information. Please allow the private sector to efficiently take care of the problem. Do not allow the increase in taxes provide a more expensive and wasteful solution.

Please feel free to call me.

Thank you,

Scott Hebertson

Richard J. Burger, M.D.
2009 Cowles St.
Fairbanks, AK 99701
907-452-6610

31 Aug 1993

State of Alaska
Health, Education and Social Services Committee
Juneau, AK 99801

Att: Marveen Coggins

To Whom It May Concern:

I am writing to express some concerns about the proposed fees for state laboratory services.

I am a physician specializing in infectious diseases in the Fairbanks area and in the past 14 years of practice, I have regularly utilized the state laboratory services.

My major concern with the proposed fees is that this will discourage community surveillance for community epidemics of various infectious disease. For example, we physicians currently obtain virus cultures very frequently on ill patients. In doing so, we often identify viral epidemics earlier than we would do otherwise. This frequently allows us to reassure patients and to avoid using empiric antibiotics because we can be confident of the viral cause of the symptoms.

In the hospital setting, the identification of unusual bacteria helps us identify clusters of infections that we use in our infection control program.

I believe the State of Alaska has a responsibility to its citizens to provide community surveillance of unusual infections and epidemic outbreaks. Charging a fee will greatly impair this community service.

It would be my opinion that if the State is to begin charging fees then it would be wiser and more cost effective to simply discontinue the state lab serivces altogether. If we are going to have to pay for these services, we can simply send them to referral labs that already exist more easily than sending them to the state. Without the incentive of free community surveillance, I would predict that physician use of the state labs will gradually decline to the point that it will not be cost effective to operate the labs.

I would be happy to discuss my opinions in more detail with anyone who is interested. If you have any questions, please do not hesitate to contact me.

Sincerely,

Richard J. Burger, M.D.

31 August 1993

GOOD MORNING REP. TOOHEY

I TESTIFY AT THE REQUEST OF THE PRESIDENT AND THE EXECUTIVE SECRETARY OF THE ALASKA DENTAL SOCIETY. I ALSO HAVE RECEIVED INSTRUCTIONS AND INFORMATION FROM DRS. BILL GUY OF KODIAK AND RALPH FERIANI OF ANCHORAGE AND THE AMERICAN DENTAL ASSOCIATION.

WE ARE SPEAKING IN OPPOSITION TO ANY INCREASE IN FEES RELATED TO GOVERNMENT TESTING OF DENTAL X-RAY UNITS.

I AM NOT A RECOGNIZED RADIATION SPECIALIST BUT I HAVE A QUARTER OF A CENTURY OF EXPERIENCE USING DENTAL X-RAY EQUIPMENT AND I HAVE TAUGHT THE SUBJECT AT THE COLLEGE OF THE REDWOODS IN EUREKA CALIFORNIA. THE OBJECTIVE OF THAT COURSE WAS TO ENABLE THE STUDENTS TO PASS THE STATE OF CALIFORNIA EXAMINATION FOR DENTAL X-RAY TECHNICIANS.

WHEN THE MATTER OF STATE TESTING OF DENTAL X-RAY UNITS WAS FIRST PROPOSED THERE WAS LITTLE OPPOSITION BY ALASKAN DENTISTS. THE POSSIBILITY OF PROVIDING A BETTER SERVICE TO DENTAL PATIENTS SEEMED TO MOST OF THE DENTISTS OF ALASKA TO BE SUFFICIENT CAUSE TO COOPERATE. THE COST OF $20 PER X-RAY HEAD WAS THOUGHT TO BE REASONABLE. I PERSONALLY WAS OPPOSED. BASED ON MY EXPERIENCE I REASONED THAT THE AMOUNT OF PATIENT EXPOSURE TO DENTAL X-RAYS IS DIRECTLY NOTED ON THE PROPERLY PROCESSED EXPOSED FILM. THE PATIENTS ARE SHIELDED. THE TUBES ARE COLLIMATED AND THE FILM IS ULTRAFAST. THE OPERATORS ARE TRAINED TO ISOLATE THEMSELVES FROM THE AREA OF EXPOSURE AND RADIATION MONITORING BADGES ARE ADVISED. THE INSPECTION PROGRAM CAME ABOUT BECAUSE THE FEDERAL GOVERNMENT SOUGHT PROTECTION FOR PATIENTS AND OPERATORS WITH REGARD TO STRAY RADIATION AND RADIATION LEAKAGE FROM ALL RADIATION DEVICES. TO THOSE WHO SUPPORTED THE ORIGINAL PROPOSAL I WOULD SAY THAT IT NOW APPEARS THE CAMEL'S HEAD WAS LET INTO THE TENT WITH NO GOOD RESULT. I KNOW THAT THE INSPECTION PROCEDURES HAVE FOUND CAUSE FOR MAKING ADJUSTMENTS TO DENTAL X-RAY UNITS. I DO NOT KNOW THAT THOSE ADJUSTMENTS HAVE BEEN NECESSARY FOR THE SAFETY OF DENTAL PATIENTS OR DENTAL WORKERS. IN MY OFFICE THERE WERE TWO X-RAY HEADS WITH ONE CONTROL UNIT. THE EMISSION FROM THE TWO HEADS WAS NOT IDENTICAL AND IT WAS NECESSARY TO CHANGE THE SETTING ON THE TIMER WHEN CHANGING THE OPERATION FROM HEAD ONE TO HEAD TWO. THE INSPECTION REPORT CITED THAT AS A MALFUNCTION AND THE INSPECTOR ADDED FILTRATION TO EQUALIZE THE OUTPUT SO THE TIMING COULD BE THE SAME FOR BOTH HEADS. IT WAS CONVENIENT BUT UNNECESSARY. DRS. FERIANI AND WYNN RECENTLY HAD SIMILAR EXPERIENCES WITH DISRUPTION OF OFFICE ROUTINE AS AN ADDED CAUSE OF COMPLAINT.

THE BOTTOM LINE IS THAT THE DISCREPANCIES NOTED BY THE STATE INSPECTOR AS RESULT OF INSPECTIONS TO DATE SHOULD BE CLOSELY CONSIDERED BY AN INDEPENDENT AUTHORITY ON THE MATTER OF DENTAL X-RAYS. COMPLAINTS RELATED TO HUMAN SAFETY ARE SIGNIFICANT AND JUSTIFY INSPECTION. IF THAT IS FOUND TO BE THE CASE THEN A PERIODIC SCHEDULED EVALUATION OF ALL DENTAL X-RAY UNITS IN THE STATE SHOULD BE INSTITUTED AND IT SHOULD BE DESIGNED TO BE LESS MAN-POWER INTENSIVE.

THE EXPERIENCE OF THE DENTISTS WHO HAVE SPOKEN TO ME ON THIS MATTER IS THAT RADIATION LEAKAGE HAS NOT BEEN FOUND AND THAT FAULTS CITED HAVE BEEN OF NO CLINICAL SIGNIFICANCE. IT SEEMS THAT DENTAL X-RAY UNITS HAVE BEEN LUMPED IN WITH MEDICAL UNITS WITHOUT REGARD TO THE DIFFERENCES BETWEEN THE TWO. IF THAT IS THE CASE THEN IN THE INTEREST OF CONTROLLING HEALTH CARE COSTS IT WOULD BE WISE TO REFUSE THE PROPOSED INCREASE IN FEES TO THE DENTAL PATIENT, TO NOT EXPAND THE TESTING PROGRAM AND TO RE-EVALUATE THE PROGRAM WITH THE POSSIBILITY OF MODIFYING OR DISCONTINUING IT.

AGAIN, OUR REQUEST IS THAT THERE BE NO FEE INCREASE, THAT THE EXISTING PROGRAM BE SCIENTIFICALLY JUSTIFIED AND THAT FUTURE TESTING, IF ANY, BE DONE ON A SCHEDULED, LESS MAN-POWER INTENSIVE BASIS.

THANK YOU.

George M Shrader D.D.S.

SEP 20 1993

MICHAEL F. FULLER, D.D.S.
EAGLE CENTER FAMILY DENTISTRY
10928 EAGLE RIVER ROAD, SUITE 240
EAGLE RIVER, ALASKA 99577
(907) 694-8234
24 August 1993

Cynthia Toohey
Co-Chair House Health and Social
Services Committee
Division of Public Health
350 Main Street, Room 517
P.O. Box 110612
Juneau, Alaska 99811-0612

Ms. Toohey:

I am writing to protest the proposed increase in the fee for registration of my radiologic equipment. Please realize that this registration is mostly just that: a registration. Any proposed regulated inspection of equipment should only be done via the postal system using calibrated test films. Only major discrepancies need attention, and then only by a dental equipment technician. All other requirements can be met via the mail.

Please note this proposed increase (from $20 to $50) is a 250% jump. This is just the kind of cost escalation that contributes greatly to higher health expenses.

Please consider this and other comments heavily when your legislative committee meets to finalize your position on this matter. This increase in health care expense will not improve availability nor quality of care.

Yours for better health,

Michael F. Fuller, D D S

MFF:PAC

DR. SCOTT HEBERTSON, D.D.S.
FAMILY DENTISTRY

SOUTH ANCHORAGE DENTAL CLINIC
9170 JEWEL LAKE ROAD, SUITE 201
ANCHORAGE, ALASKA 99502
PHONE 248-7275

Dear Cynthia, 8/26/93

I am completely against the 2500 increase in fee for X-ray tubes.

I concur with the portion that local suppliers can provide the information, Please allow the private sector to efficiently take care of the problem. Do not allow the increase in taxes provide a more expensive and wasteful solution.

Please feel free to call me.

I thank you,

Scott Hebertson

Telephone: (907) 561-0816 State Lic. #03186GR DEA #AG 1127530

A. J. GRUBBA, D.D.S.

4200 S. Lake Otis Parkway Anchorage, Alaska 99508

Name_____ Date_____

Address_____

℞

Dear Sir,

In my office the fee at $501 time would cost $3000. for the next 10 yrs - This money would be better spent purchasing a new machine,

Label

Refill · 0 · 1 · 2 · 3 · 4 · PRN _____ D.D.S.

A.J. Grubba

8-30-93

Dear Cynthia

Hello from Kodiak.

Please do not allow the X-Ray head fee increase to go up more than a 50% increase ($30-)

It would be nice if the Radiation tests could be completed by mail

Thank you,

Dennis

DENNIS L. SMEDLEY, D.D.S.
411 REZANOF DR. E. #1-A
KODIAK, AK 99615

Redoubt Dental Clinic

J. LEE CULBERTSON, D.D.S.
605 MARINE AVENUE
KENAI, ALASKA 99611
TELEPHONE (907) 283-9400

8-25-93

Ms Cynthia Tooley, Co-Chairman
House Health & Social Services Committee

Dear Ms Tooley:

I am writing to express my opposition to an increase in the xray head fee charged by the state to health care providers to $50 each.

If there was a problem needing money related to xray changes to the public I would favor the proposal. As it is, however, it is another instance of government thinking up solutions for problems that dont exist or are far better unattended or solved another way, for example:

Move the xray inspectors to Anchorage so to reduce travel costs. "Travel for what?" I'd say! I've had no problem with xray control or maintenance in 10 years of practice nor has any dentist I know. I get absolutely no service now for the "tax" I pay now for the xray heads. There's no service, no problem (that c-r professional will handle anyway) so why have need another Juneau State employee traveling to provide no service to our business or the public??

Save the state alot of money by eliminating the whole xray "tax" program. It is unneeded!

Dr Lee Culbertson

Rep. Toohey.

FRANK P. PAULS, DR.P.H.
3431 COTTONWOOD STREET,
ANCHORAGE AK 99508

AUGUST 13, 1993

Theodore A. Mala, M.D., M.P.H.
Commissioner
Department of Health and Social Services
P.O. Box 110601
Juneau, AK 99811-0601

Re: Proposed Fee Schedule
Division of Public Health
Section of Laboratories

Dear Commissioner Mala:

The Proposed Fee Schedule for Public Health Laboratory Services has just come to my attention and before a final decision is made, I wish to submit to you my comments. These are founded on my long experience in public health, since 1938, in Alaska and other parts of the world and in community services.

The fee for laboratory services question has been a perennial topic in recent years, especially when budgetary restrictions are being considered. The fee topic came up many times while I was Chief of the Section of Laboratories and Acting Director for the Division of Public Health. It is a tempting topic to pursue and has led many budget directors to consider the question, especially if the primary concern is dollar savings at any cost. Fortunately the topic was dropped when it was shown that the mission of the department to protect the public health would be jeopardized and a fee schedule would not be cost effective.

The major mission of public health is prevention, early intervention and control of communicable diseases. Early detection of communicable diseases is essential if adequate intervention and control measures are to be taken and epidemics prevented. The Section of Laboratories, through its regional laboratories, has provided the special public health microbiology services for the early detection and confirmation of communicable diseases to the medical community as well as local, state and federal agencies in Alaska. For many years, the territorial and later the state laboratories were the only ones providing this service. There was no charge. The doctor received a report that assisted in the treatment of the patient. The major beneficiary was the state as the laboratory reports served as early warnings of communicable disease cases and immediate contact investigations and control measures could be undertaken. The data from the laboratory reports provided other sections

(Epidemiology, Tb Control, MCH and Public Health Nursing) of the Division of Public Health with demographic information on populations at risk. This is still true today.

In the earlier discussions of fee schedule plans we had to point out that if fees were charged, that there would be a drop in the specimen load as physicians would either not submit specimens or seek the lowest cost laboratory service provider. In such instances the state would lose the early warning services and demographic information provided by the state laboratory and early control and intervention measures would be difficult. Therefore, after many more examples of the value of early intervention and the demographic data in the control of communicable diseases, the topic of laboratory fees was dropped.

In reviewing the proposed fee schedule it appears that the fees will increase the health care costs for patients even if paid for by Medicare, Medicaid, health insurance plans or private parties. This is especially true in cases where the routine is to submit two or more specimens such as in tuberculosis, enteric infections and others. The fees for a routine series of 3 sputum specimens for Tb would be $213.75 plus additional fees for drug susceptibility tests. In the early diagnosis of enteric infections a series of three specimens are submitted and the fee charge would be $140.25. With the emphasis at both the the federal and state level on the containment of escalating health care costs and decrying rising fee schedules, is it proper for the state to propose a fee schedule that will be a new addition to health care costs for the patient? Even if the cost is paid by a carrier, it is an added cost for health care and becomes part of the rising costs. Is this the direction that the state wishes to go in health care reform and cost containment?

The cost effectiveness of fees for laboratory service must be carefully examined as not all laboratories are the same and areas of service differ. The state public health laboratories provide special public health microbiology services to the physicians and the community. The medical/clinical laboratories and commercial laboratories provide a broad range of clinical laboratory services that are directly related to individual patient care. Some of these laboratories are capable of providing infectious disease microbiology services. If state fees exceed those charged by other laboratories there will be a shift away from the state laboratories and a reduction in the anticipated revenue. The other aspect is the cost of the collection of the fees. There will be the need for a billing and collection unit and related costs will again decrease any anticipated gains in revenue. Finally there is no hope for 100% or even 75% collection of billed costs. Thus the anticipated revenue would not be realized, added costs would

be incurred and there would be the loss of vital information needed for the prevention and control of communicable diseases.

The above arguments and observations have been stated many times in the past and are valid now. I hope that you will give serious consideration to my statements and will allow the Section of Laboratories to provide the needed services to the people and communities of Alaska without fees for service. Shouldn't Alaska and the Department of Health and Social Service be leaders in health care reform and reduction in health care costs instead of being responsible for increasing health care costs?

If you wish, I will be glad to be of any service to the department in exploring alternatives.

Sincerely

Frank P. Pauls

Frank P. Pauls, Dr. P.H.

cc: K. Kelley, Div. P.H.
R. Tanaka. SCRL
D. Ritter - NRL
Rep. C. Toohey. Anch. ✓

FILE COPY

AUG 27 1993

SOUTH PENINSULA HOSPITAL

4300 BARTLETT • HOMER, ALASKA 99603 • (907) 235-8101

August 10, 1993

Dr. Peter Nakamura, Director
Division of Public Health
Dept. of Health & Social Services
P.O. Box 110610
Juneau, Alaska 99811-0610

Re: Proposed Radiological Licensing Fees

Dear Dr. Nakamura:

I am aware that the costs involved with the inspection of radiological machinery in the State of Alaska are on the rise. I also understand the necessity and appropriateness of inspections, but in this day of rising medical costs it seems detrimental to the patrons of a hospital, medical clinic or physician's office to have regulations enacted which are so costly to enforce.

The new fee schedule for dental and radiography tubes at $80 each every three years seems quite reasonable. The mammography fee of $1500 per year is out of line and could very well make the cost of the exam go beyond what many families can afford to pay for a mammographic exam. The problem is multiplied in small rural hospitals, where the volume cannot make up for the added cost. With the steady rise of breast cancer in the nation, I would think the State and Federal government would not mandate legislation that could very well deter a woman from attaining the radiographic testing that may save her life.

I hope my stated views, which are also the hospital administrator's, will prove useful to you and the department. If you need more information, please freel free to contact me.

Sincerely,

Carol Sexton

Carol Sexton, R.T., Director
Radiology Department

CS:db

cc: Ron Pavellas, Administrator, South Peninsula Hospital
Harlan Knudson, Exec. Director, ASHNHA

AUG 27 1993

SOUTH PENINSULA HOSPITAL

4300 BARTLETT • HOMER, ALASKA 99603 • (907) 235-8101

August 25, 1993

Representative Gail Phillips
126 W. Pioneer Avenue, Suite 3
Homer, Alaska 99603

Dear Ms. Phillips:

Our mammography technologist, Judy Hanson, spoke with you recently about the proposed licensing fee schedule for mammography x-ray tubes. I am enclosing a copy of the proposed fees, a memo sent out by Harlan Knudson of the Alaska State Hospital Association, and the letter I wrote to Dr. Nakamura from the Department of Health and Social Services, stating my views on the proposed fees.

I have discussed the proposed fees with Ron Pavellas, South Peninsula Hospital Administrator. We hope you will look into this matter and assist us in our efforts to keep mammography tube licensing fees within reasonable limits.

I am sending a copy of this letter and the letter I sent to Dr. Nakamura to Representative Cynthia Toohey and Representative Con Bunde, Co-Chairs of the Alaska State Legislative Committee on Health, Education and Social Services.

Please feel free to contact me with any questions you may have.

Sincerely,

Carolyn Sexton

Carolyn Sexton, Manager
Radiology Department

CS:js

cc: Representative Cynthia Toohey (w/enclosure)
Representative Con Bunde (w/enclosure)
Ron Pavellas, Administrator, South Peninsula Hospital

DR. ROBERT R. H. SUTHERLIN, INC.
Orthodontics Exclusively

August 26, 1993

Ms. Cynthia Toohey, Co Chairman
House Health and Social Services Committee

Dear Ms. Toohey:

I will be unable to appear at the August 31st committee work session, but I would offer my protest to the proposed x-ray head fee increase for the same reasons as Dentistry does as stated below.

How does dentistry feel? Against the proposal for the following reasons:

1. The increases are primarily for the inspector to travel from Juneau to dental offices throughout the state. This is CRAZY when most of the dental offices are in the South Central, Western, and Northern part of the state.

2. From $20 to $50 is a 250% increase. This is NOT cost containment on the part of the State of Alaska - especially when cost containment is one of the most publicized parts of health care reform.

3. Conceivably, the radiation tests that are performed by the Radiological Physicist could be done on a pre-prepared card, and MAILED to the Juneau Radiological Health Office. If a problem is detected, the adjustment can easily be made by a dental supply company technician.

4. Dental supply company service technicians CAN DO the regulated routine tests. Proof of compliance can be verified to the State of Alaska much like proof of continuing education taken is verified to the State Division of Occupational Licensing.

Sincerely,

Robert R H Sutherlin

4141 B Street, Suite 401
Anchorage, AK 99503
(907) 562-6262

American Association of Orthodontists

ExpressFax™

Date: 08-26-93

From: Michael J. Stoltz D.M.D.
Fax 456-1307 ▪ Voice

To: Fax 1,258,8171

Re:

Attn: Cynthia Toohey, Co Chaiman
House Health and Social Servvices Committee

Dear Ms. Toohey: This note is to inform you that I am against the proposed x-ray head fee increase.

I don't believe that an inspector from Juneau, AK should have to travel to interior, south central, western, and the northern part of the state.

I do not believe that a 250% increase in the current fee is cost containment. The state of Alaska should practice fee containment if the medical/dental community is expected to do so.

Radiation tests can be done on a pre-prepared card and mailed to the Juneau office for review. If there is then a problem, a dental supply comp. representative could adjust the equipment.

Very truly yours,
Michael J. Stoltz, DMD

Michael J. Stoltz D.M.D.

Kenneth J. Mears, D.D.S., M.S.D.

THE MEDICAL PARK
2211 E. NO. LIGHTS BLVD., SUITE 203
ANCHORAGE, ALASKA 99504

TEL.: 277-0502

SEP 13 1993

Chairman Cynthia Toohey
P.O. Box 110612
Juneau, Ak 99811-0612

Dear Representative Toohey,

I am also opposed to the ridiculous Clinton-type X-ray head 250% increase. We now take panoramic X-rays for $35.00 while some offices charge up to $80.00. If Juneau puts it to us on this I'll need to bring my fees in line with everyone else at our patients expense.

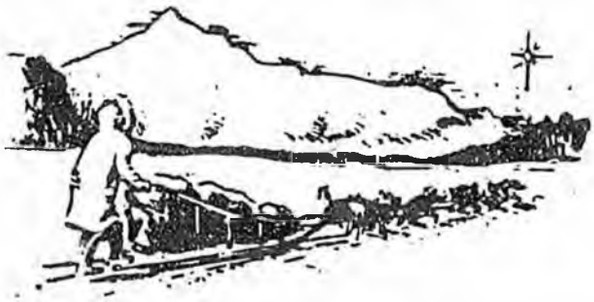
As the oil flow ebbs something has to be done to cut government spending! We still have a huge Dept. of Revenues waited since the late 70's for more income taxes. Maybe everything needs to gear down. Soon we'll even have soverign tribes that won't pay state oil taxes but will demand benefits.

At any rate, this tax will hurt the working public and should not fly.

Sincerely

Ken Mears

Dr. Ken Mears, DDS,MSD



Turnagain Dental Office
Guy M. Ingrim, D.M.D.
1842 W. Northern Lights Blvd.
Anchorage, Alaska 99517
Telephone: 272-6122

September 3, 1993 SEP 13 1993

Cynthia Toohey
Division of Public Health
350 Main Street, Room 517
P O Box 110612
Juneau, Ak 99811-0612

Dear Ms. Toohey:

I am writing to you to appeal to your sense of fiscal responsibility in a time of spiraling health care costs. A two hundred fifty percent increase in the x-ray head inspection fee would eventually be passed on to the public. Dental offices have, in the last few years, been subjected to many O.S.H.A. regulations that have already driven up the cost of quality care per patient visit. Raising the fee when other viable options could be enacted is not the most cost effective use of government funds. These options include; pre-prepared cards analyzed by the radiation Physicist in Juneau after exposure in the Dentist office; dental supply company Technicians doing the test; relocating the office from Juneau to Anchorage where a majority of the offices could be reached by road.

The Dental community has, as a profession, kept the cost of treatment consistant with the inflation rate over the last two decades unlike the medical field. Please research these alternatives and help keep the cost of Dentistry reasonable.

Thank you for your consideration.

Sincerely,

Guy Ingrim DMD

Dr. Guy M. Ingrim, D.M.D.

GMI/dp

Nile P. Ersland, D.D.S.
Family Dentistry
2525 Gambell Street, Suite 304
Anchorage, Alaska 99503
907/276-1621

SEP 13 1993

August 27, 1993

Cynthia Toohey, Co Chairman
House Health and Social Services Committee
Division of Public Health
350 Main Street, Room 517
P. O. Box 110612
Juneau, AK 99811-0612

Dear Ms. Toohey,

I am writing in reference to the proposed increase in x-ray head fees.

I wholeheartedly agree with the Alaska Dental Society's opinion of this increase.

The negative feeling towards the tax stems from the lack of value received from the Radiological Health Office.

Most services can be obtained locally with good results at less cost.

Sincerely,

Nile P. Ersland DDS

Nile P. Ersland, D.D.S.

NPE/pa

Sec. 44.27.043. Terms of office. The term of office of each membe is three years. All vacancies are to be filled for the balance of th unexpired term in the same manner as original appointments. (E.C No. 44, § 4 (1980); am § 32 ch 168 SLA 1990)

Effect of amendments. — The 1990 amendment, effective June 22, 1990, deleted a provision at the end of the first sentence pertaining to terms of member first appointed.

Chapter 29. Department of Health and Social Services.

Article
1. Organization (§§ 44.29.022, 44.29.024)
2. Advisory Board on Alcoholism and Drug Abuse (§§ 44.29.100 — 44.29.140)
3. Alcoholism and Drug Abuse Revolving Loan Fund (§§ 44.29.210 — 44.29.230)

Article 1. Organization.

Section
22. Fees for department servic s
24. Fees for services of contractors or grantees

Sec. 44.29.022. Fees for department services. (a) The commissioner of health and social services may establish by regulation a schedule of reasonable fees for services provided by the Department o. Health and Social Services under AS 44.29.020(1) — (8), AS 47.10, AS 47.30.655 — 47.30.910, and AS 47.80.100 — 47.80.170. The fee established for a service may not exceed the actual cost of providing the service. The commissioner may define or establish the "actual cost o providing a service" by regulation. The Department of Health and Social Services shall charge and collect the fees established under this subsection. The department may waive collection of a fee upon a finding that collection is not economically feasible or in the public interest.

(b) The commissioner of health and social services may establish by regulation and the department may charge reasonable fees for department publications and research data to cover the cost of reproduction. printing, mailing, and distribution.

(c) *[Repealed, § 28 ch 90 SLA 1991.]*

(d) [See effective date note] A regulation that establishes a fee for services under AS 44.29.020(a)(7) that ar part of the integrated comprehensive mental health program under AS 47.30 may be adopted under this section after consultation with the Alaska Mental Health Trust Authority. (§ 69 ch 138 SLA 1986; am § 16 ch 66 SLA 1991; am § 28 ch 90 SLA 1991)

Effect of amendments. — The first 1991 amendment added subsection (d).
The second 1991 amendment, effective July 3, 1991, repealed subsection (c).
Effective date of 1991 amendment. — Under § 58, ch. 66, SLA 1991, the 1991 amendment to (d) of this section takes effect upon entry of a final order dismissi Weiss v. State of Alaska, 4FA-82-22 Civ. and the expiration of any time f appeal.

Sec. 44.29.024. Fees for services of contractors or grantees. (a) The commissioner of health and social services may establish b regulation a schedule of reasonable fees for services provided by contractor or grantee of the Department of Health and Social Service under AS 18 or AS 47. The fee established for a service may not excee the actual cost of providing the service. The commissioner may defin or establish the "actual cost of providing a service" by regulatior

(b) The Department of Health and Social Services may require th recipient of a grant or a contractor under a grant to charge the fee established under (a) of this section for services provided by the recip ent or contractor and to use the fees collected for the program provic ing the services.

(c) [See effective date note] A regulation that establishes a schec ule of reasonable fees for services provided by a contractor or grante that are part of the integrated comprehensive mental health prograr established under AS 47.30 may be adopted under this section afte consultation with the Alaska Mental Health Trust Authority. (§ 69 c 138 SLA 1986; am § 17 ch 66 SLA 1991)

Effect of amendments. — The 1991 amendment added subsection (c).
Effective date of 1991 amendment. — Under § 58, ch. 66, SLA 1991, the 1991 amendment to (c) of this section takes effect upon entry of a final order dismissir Weiss v. State of Alaska, 4FA-82-22 Civ. and the expiration of any time f appeal.

Article 2. Advisory Board on Alcoholism and Drug Abuse.

Section
100. Advisory board on alcoholism and drug abuse
110. Composition
115. Qualifications of board members
120. Term of office
130. Compensation, per diem, and ex penses
135. Officers and staff
140. Duties

Sec. 44.29.100. [See effective date note] Advisory board on al coholism and drug abuse. There is established in the Department o Health and Social Services an advisory board on alcoholism and dru abuse. (§ 1 ch 198 SLA 1972; am E.O. No. 71, § 2 (1988); am § 18 c 66 SLA 1991)

ALASKA STATUTES 44.29.022-4 "FEES FOR DEPARTMENT SERVICES"

NS

STATE OF ALASKA

*073 0932-1

WALTER J. HICKEL, GOVERNOR

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

THEODORE A. MALA, COMMISSIONER

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030

RECEIVED
AUG 4 1993
BUDGET REVIEW

MEMORANDUM

DATE: August 4, 1993

TO: Cheryl Frasca, Director
Division of Budget Review
Office of Management & Budget

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

SUBJECT: FY93 Type 1 and 2 RP: Move General Funds, GF/Program Receipts and Interagency Receipts between various components of the State Health Services BRU and Move Authorization between Lines within the Components.
RP 0630457

The Department of Health & Social Services requests permission to move General Funds and GF/Program Receipt and Interagency Receipt authority among the components of the State Health Services BRU and to move authorization between line items within the various components as shown on the attached worksheet.

Why are the funds available or needed the components/line items?

Nursing - <$223.4> General Fund, $41.0 GF/Program Receipts & $5.0 Interagency Receipts

The Nursing Component has a total surplus funding available in the Personal Services Line 100, of <$413.0>, as result of difficulty in recruiting and retaining experienced public health nurses, especially in the rural areas. The supply and demand for public health nurses has become such, that Alaska is no longer competitive in salaries making the hardships of living in the rural areas of Alaska less attractive. There is also <$5.0> excess authorization in Travel Line 200 as the managers restricted travel in anticipation of increase in leasing costs. This component needs additional funding in Contractual Line 300, $28.0, to offset the increase in new leases which were negotiated throughout the year using the nursing standards established for health centers; Supply Line, $16.0, to offset the inflation factor that raised the cost of necessary supplies; and Equipment Line, $196.6, for the replacement of obsolete computer equipment for the Resource Patient Management System which is not manufactured nor supported by the Alaska Area Native Health Service which had originally supplied the state with the equipment.

06-P38LH

DR. MALA MEMO RE: TRANSFER OF FUNDS

The Nursing Component has excess General Funds, <$223.4>. In the FY93 budget, the program receipt authority in the Nursing Component was reduced as a result of the transfer of the Home Health Services program. In developing the FY93 program receipt revenue projections for the Nursing Component was underestimated by $17.0. In addition, the component received a grant from the Aetna Foundation as an enhancement to the federal Immunization Action Plan grant, requiring an additional $24.0 in program receipts.

In addition, interagency receipts from the Division of Medical Assistance for Medicaid for the EPSDT program was also under estimated by $5.0 requiring transfer of additional I/A authority for this component.

Women, Infants and Children (WIC) - <$115.0> General Funds

In FY93, the WIC component maximized federal funds and program receipts, allowing <$115.0> in General Funds to be utilized to offset revenue shortfalls in other components. This component has excess authorization <$27.0> in the Personal Services Line 100 as a result of staff vacancies and PCN 06-1597 being re-classed from an Analyst/Programmer III to an Analyst/Programmer IV in FY93, which required less premium time funding. The component also has excess authority in the Supply Line 400, <$88.0> as the component has sufficient federal and GF/PR receipts to purchase all needed food packets in FY93.

Maternal, Child & Family Health (MCH) - $86.0 General Funds and $7.0 Interagency Receipts

As a result of a personnel grievance arbitration arising from staff reductions in FY92, the MCH component is required to increase the Personal Services Line 100 by $44.4 in GF and additional raise the Line 100 by $7.0 in interagency authority to fully claim reimbursement for services to medicaid clients. This component also has an overexpenditure in Contractual Line 300 - $19.2, Supply Line 400 - $15.6, and Grants Line 700 - $12.9 as a result of a revenue shortfall in GF/Program Receipts requiring a transfer of GF from other components in order to offset this shortfall.

This component has excess authorization in Equipment Line 500, as the anticipated replacement for equipment did not materialize.

Laboratory Services (Labs) - $324.5 General Funds, <$196.7> GF/Program Receipts and <$27.0> Interagency Receipts

In FY93 the Section of Public Health Laboratories was budgeted to implement a fee-for-service system January 1, 1993, for all laboratory testing. These fees were to replace General Funds reduced to achieved the departmental target ceiling. In addition, it was also to receive fees from Medicaid interagency receipts for

services and to implement blood lead testing in Early Periodic Screening, Diagnostic, and Treatment program for Medicaid eligible children. As a result of a series of programmatic delays, both the Blood Lead Testing and fee-for-service was not implemented in FY93. A net effect is the Labs component has a severe revenue shortfall in GF/Program Receipts of <$196.7> and <$27.0> in interagency receipts.

The component was budgeted at maximum V&T for FY93 with limited turnover in personnel. This resulted in a $105.0 shortfall in Personal Services Line 100. Extra travel costs of $7.5 were incurred as a result of evaluating various states billing systems to find the most suitable computer system for implementing the fee-for-service system and of successfully attempting to secure funding for the Agency for Toxic Substances Disease and Registry Cooperative Consultation Grant. The section also incurred increased space cost of $18.0 in the Contractual Line 300 for the Radiological Health Unit and from the Municipality of Anchorage implementing more rigid regulations for the disposal of medical waste. In anticipation of the overexpenditure in Lines 100 through 300, the Section of Laboratories implemented ultra conservative measures in use of Supplies Line 400. By implementing these measures, the section was able to save <$29.7> for movement into those lines.

Public Health Administrative Services - $143.5 General Funds

Except for one professional level staff member leaving the director's office in June, 1993, the only turnover experienced by this component was in two clerical positions, the divisional secretary and the Clerk-Typist III for the Primary Care Unit. The component needs an additional $50.0 GF in Personal Services Line 100 authorization in order to meet payroll. An additional $65.0 GF is needed in Contractual Line 300 for departmental contract services for a Health Reform Lobbyist in Washington, D.C. and for a contract for divisional service and organizational review.

Replacement of software and hardware resulted in an overexpenditure of Supply Line 400, $10.0 GF, and Equipment Line 500, $1.3 GF.

The department is cosponsoring a Public Health Policy Conference to formalize the state's Public Health Policy and has awarded a grant, Line 700, in the amount of $25.0 GF to review public health services in Alaska.

By taking advantage of reduced rates, the component was able to contain its travel costs, making <$7.8> available for transfer to other lines.

Epidemiology - $64.0 General Funds, <$10.0> GF/Program Receipts & <$125.0> Interagency Receipts

The Epidemiology component was budgeted for three RSA's: Division of Medical Assistance for Medicaid Refinancing, $165.2; Department of Education for AIDS educational material, $25.0; and Department of Corrections for X-ray services, $25.0. The RSA's for DOE and DOC never materialized as DOE decided to purchase their material directly and the X-ray technician was eliminated. The component will be able to earn less than half of the interagency receipts for medicaid refinancing. The component is not able to receive all of its budgeted program receipts due to the small number of autopsies which met the criteria for remaining the aorta for a study in Atherosclerosis during this fiscal year.

An additional $2.0 is needed in Personal Services Line 100 to offset the costs associated with the implementation of the new Health Specialist series, $0.4 in Travel Line 200 due to the outbreak of Hepatitis A in the rural areas, $13.0 in the Contractual Line 300 for the purchasing of X-ray services as the X-ray Technician was not on staff for the year and $11.0 in the Equipment Line 500 for the implementation during FY93 of a Local Area Network system in the Frontier Building.

Epidemiology has extra authorization in Supply Line 400, <$97.4> due to the receipt of additional federal direct assistance for immunization.

EMS Training & Licensing - $3.3 General Funds & $16.0 GF/Program Receipts

EMS Training & Licensing is requesting $22.0 in Personal Services Line 100 due to the limited turnover in personnel; $4.0 in Travel Line 200 for grant site overview; and $6.3 in Supply Line 400 and $10.0 in Equipment Line 500 for the purchase of computers and related software to support the trauma registry. The laptop compucers and related software will allow data entry into the trauma register from the field.

The component has extra authorization in Contractual Line 300, <$23.0>, as activities which had previously been identified as contractual were executed through a Grant to a Region.

For the past two fiscal years, EMS Training & Licensing has generated additional program receipts, $16.0, without raising the fees for certification.

Bureau of Vital Statistics - $149.7 GF/Program Receipts & <$55.5> Interagency Receipts

The Bureau of Vital Statistics, historically, has generated and used more program receipts than budgeted. In FY94 this deficit has been adjusted to reflect this generation. The increase in the additional program receipts, $149.7, has been generated by the

increase in research and vital records information for individuals and corporations. To aid in this research, the component has needed to increase the Contractual Line 300, $94.2, to contract for software development for the Electronic Birth Certificate system. Because of the revenue shortfalls in other components within this BRU, the department would like to utilize all the GF/program receipts in order to be able to transfer General Funds between components in order to meet these deficits.

In FY93, BVS provided less than budgeted medicaid research and analysis services. This resulted in a revenue shortfall of <$55.5> of interagency receipts. This shortfall will be offset by the increase of earned program receipts.

Health Services/Medicaid - $195.5 Interagency Receipts

Health Services/Medicaid contracted with the Municipality of Anchorage for a Healthy Child and Healthy Baby project under the Medicaid program requiring additional authorization in the Contractual Line 300 of $280.0. The authorization for the BRU is within the authority of the RSA, #0630205, with the Division of Medical Assistance. This transfer will correct the authorization to accurately reflect the use of these funds. This component has excess authorization in: Personal Services Line 100, <$35.0>, as the V&T was minimum and the actuals exceeded the projected V&T; Travel Line 200, <$14.0>, by taking advantage of reduced rates for staff travel; and Supply Line 400, <$21.0>, and Equipment Line, <$14.5>, as the need for replacement for supplies and equipment were less than anticipated for the year.

Post Mortem Examinations - $40.4 General Funds

The Post Mortem Examination program's appropriated budget for FY93 was $696.0 with a supplemental request of $200.0. The department is requesting that an additional $0.4 be transferred into this component's Travel Line 200 and $40.0 into Contractual Line 300. The funding is needed in the travel line to offset expenditures used to plan for the implementation of a State Medical Examiner system which becomes effective September 1, 1993. The additional $40.0 is needed in the contractual line as the number of autopsies escalated in FY93. For the past several years, the number of autopsies has hovered around 800 per year. As of July 28, 1993, the number of autopsies has increased to 827. It is estimated that the component will need an additional $40.0 to pay for any outstanding bills for FY93.

Home Health Services - <$323.3> General Funds

The Home Health Services has <$323.3> in General Funds available for transfer to offset the revenue shortfalls in other components due to: delays in hiring of personnel in the Personal Services Line

100, <$45.0>; delays in implementing contracts from non-responsiveness of contractors in the Contractual Line 300, <$263.3>; and fewer trips to oversee the contracts in the Travel Line 200, <$15.0>, which is the direct result of the delay in implementing the contracts.

Impact of not authorizing this transaction.

I respectfully request your assistance in expediting this Revised Program Request realizing that the request is late. It was necessary to perform time studies in three components as a requirement for Medicaid Refinancing which was initiated in FY93. The results of the time studies were not available for final reconciliation until June 30, 1993.

With the time study results now available, the department will be able to adjust for the differences early in FY94 by Revised Program and in FY95 during the budget process. If this request is not granted the department will be unable to balance and meet its FY93 obligations.

Thank you for your assistance.

(7)

Revised Program No. 0630457
Date August 4, 1993
Page No. 7

Danith Watts
Budget Analyst
Division of Budget Review
Office of Management and Budget

Approved this 4 day of August, 1993.

for Cheryl Frasca, Director
Divison of Budget Review
Office of Management and Budget

M. JUSTIN MOORE, D.M.D., M.S.

ORTHODONTIST

P.O. BOX 1730
112 BINKLEY STREET
SOLDOTNA, ALASKA 99669
TELEPHONE (907) 262-9425

SEP 23 1993

Dear Cynthia Tobey

I am totally opposed to the proposed 250% increase in any increase in registering an x-ray take home this is exactly the kind of government bureaucratic waste that is causing our fees to increase - I see no need for this action Neither the dental profession or the public is served by the increase - keep it at $20 per take or less.

Sincerely

M. Justin Moore DMD MS

T. S. REDMOND, D.D.S.

SEP 23 1993

September 09, 1993

Con Bunde
Cynthia Toohey:Co-Chairperson
House Health & Social Services Committee
Division of Public Health
350 Main Street Rm. #517
P.O. Box 110612
Juneau, Alaska 99811-0612

Dear Ms. Toohey:

I'm writing in regards to the proposed fee increase for state monitoring of ionized sources (X-ray Heads).

I'm strongly against this increase as it appears primarily designed to subsidize the costs of an inspector to travel state-wide to perform inspections-this in light of the fact that the most x-ray units are in South Central, Western and Northern Alaska.

An increase from $20.00 to $50.00 per "head" is a 250% increase! This does not conform in any way to current trends and pressure for cost containment.

There exist much more convenient and less costly options to perform this regulatory monitoring such as:prepared cards/mailers. If a problem is detected, adjustments/ repairs can be easily and more cost effectively made by dental equipment technicians-who are qualified. Proof of compliance can be verified just as proof of continuing education is performed by Division of Occupational Licensing.

Sincerely,

T. S. Redmond DDS

T. S. Redmond, D.D.S.

cc:Martha Reinbold
Exec. Director Ak.Dental Soceity
3400 Spenard Road, Suite 10
anchorage, Alaska 99503

3606 RHONE CIRCLE ANCHORAGE, ALASKA 99504 TELEPHONE 562-2408

TSR:pm

Michale L. Boothe, D.D.S.

Sept. 17, 1993

Cynthia Toohey
Co-Chair HSS
Division of Public Health
POBox 110612
Juneau, AK 99811-0612

re: Dental X-Ray
Tax Increase

The fee increase from $20 to $50 per dental X-Ray head is simply not justified. If you look at the State's proposal carefully you will see that the entire cost is allocated to TRAVEL. If the State's inspector was employed in Anchorage, the entire justification for the fee increase evaporates. The railbelt allows road access to the vast majority of the practitioners.

Cost containment is a big part of the coming "health care reform". This fee increase is not cost containment. IF a technician can be justified, THEN this person can be based WHERE THE PEOPLE ARE.

In the past, radiological surveys were conducted by mailing in a card that was exposed by the practitioner themself. Our office also monitors radiation exposure through individual dosimeters. This protects the patients and staff from excess exposure and it protects me lagally.

In summary, this fee increase is a "make work" justification by the State Radiation office. It is not needed.

121 WEST FIREWEED, SUITE 200 ANCHORAGE, ALASKA 99503 TELEPHONE (907) 276-5522

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES

STATE CAPITOL, JUNEAU 99801
(907) 465-3759

MEMORANDUM.

TO: Members, House Health, Education & Social Services Committee

FROM: Representative Toohey

RE: additional written testimony

DATE: September 30, 1993

Attached are photocopies of two more letters I have received regarding the proposed Division of Public Health radiological inspection fees. The originals have been added to the permanent library file. I will send you copies of any additional comments I receive.

The roster of Committee Members present on the first page of the draft minutes you were sent is inaccurate. The correct list of members present has been substituted, and a copy of the first page of the minutes is attached. Please replace the uncorrected version which lists all members as present.

Please call my office at 258-8195 with any further revisions to the minutes, or if you have any additional concerns about the fee-increasing regulations.

HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE
WORK SESSION
August 31, 1993
9.00 am

DRAFT

MEMBERS PRESENT

Rep. Cynthia Toohey, Co-Chair
Rep. Pete Kott
Rep. Bettye Davis
Rep. Irene Nicholia (teleconf.)
Rep. Tom Brice (teleconf.)

MEMBERS ABSENT
Rep. Con Bunde, Co-chairman
Rep. Gary Davis, Vice-chairman
Rep. Al Vezey
Rep. Harley Olberg

OTHER LEGISLATORS PRESENT

Sen. Johnny Ellis
Sen. Dave Donley
Sen. Suzanne Little (teleconf.)
Rep. Joe Sitton (teleconf.)
Rep. Jim Nordlund

COMMITTEE CALENDAR

*Work Session: Proposed Regulations on State Lab Fees

(* First public hearing.)

WITNESS REGISTER

DR. PETER NAKAMURA, Director
Division of Public Health
Department of Health & Social Services
P.O. Box 110610
Juneau, AK 99811-0610
907 465 3090
Position statement: explained and defended fees

DR. KATHERINE KELLEY, Chief
Section of Laboratories
Division of Public Health
Department of Health & Social Services
3256 Hospital Drive
Juneau, AK 99801
907 586 3586

DRAFT

Position statement: presented detailed history of how regulations were adopted, what sort of comments were received, how fees work

REP. JOE SITTON
Alaska State Legislature
Dimond Courthouse, Room 609
Juneau, AK 99801
907 465 2327
Position statement: questioned fees and their public health impact

CHARLES F. TEDFORD, Radiological Physicist
Division of Public Health
Department of Health & Social Services
320 West Willoughby Street, Suite 101
Juneau, AK 99811
907 465 3019
Position statement: explained tube fees, defended inspection system

MARGARET ERICKSON
Seward General Hospital
P.O Box 265
Seward, AK 99664
907 224 3845
Position statement: expressed concern with tube fees, advocated moving radiological inspector's office to Anchorage

TONI LEE, Lab Supervisor
Family Medical Center
HC 60, Box 3140
Delta Junction, AK 99737
907 895 5100
Position statement: expressed concern with lab fees, their effect on patient participation in public health process

SHELIA NORDALE
Central Peninsula General Hospital
P.O. Box 866
Soldotna, AK 99669
907 262 4404
Position statement: concerned about effect of fees on hospital operations and collection of public health data

JOAN BENNET SCHRADER
Coalition of Labor Women
Mount Redoubt Chapter
P.O. Box 1587
Kenai, AK 99611

T. S. REDMOND, D.D.S.

SEP 23 1993

September 09, 1993

Con Bunde
Cynthia Toohey:Co-Chairperson
House Health & Social Services Committee
Division of Public Health
350 Main Street Rm. #517
P.O. Box 110612
Juneau, Alaska 99811-0612

Dear Ms. Toohey:

I'm writing in regards to the proposed fee increase for state monitoring of ionized sources (X-ray Heads).

I'm strongly against this increase as it appears primarily designed to subsidize the costs of an inspector to travel state-wide to perform inspections-this in light of the fact that the most x-ray units are in South Central, Western and Northern Alaska.

An increase from $20.00 to $50.00 per "head" is a 250% increase! This does not conform in any way to current trends and pressure for cost containment.

There exist much more convenient and less costly options to perform this regulatory monitoring such as:prepared cards/mailers. If a problem is detected, adjustments/ repairs can be easily and more cost effectively made by dental equipment technicians-who are qualified. Proof of compliance can be verified just as proof of continuing education is performed by Division of Occupational Licensing.

Sincerely,

T. S. Redmond DDS

T. S. Redmond, D.D.S.

cc:Martha Reinbold
Exec. Director Ak.Dental Soceity
3400 Spenard Road, Suite 10
anchorage, Alaska 99503

3606 RHONE CIRCLE ANCHORAGE, ALASKA 99504 TELEPHONE 562-2408

TSR:pm

M. JUSTIN MOORE, D.M.D., M.S.

ORTHODONTIST

P.O. BOX 1730
112 BINKLEY STREET
SOLDOTNA, ALASKA 99669
TELEPHONE (907) 262-9425

SEP 23 1993

Dear Cynthia Tooley

I am strictly opposed to the proposed 250% increase or any increase in registering our x-ray tube heads. This is exactly the kind of government bureaucratic waste that is causing our fees to increase. I see no need for this action. Neither the dental profession or the public is served by the increase - keep it at $20 per tube or less.

Sincerely

M. Justin Moore DMD, MS