

SB

189

**SENATE COMMITTEE REPORT
FIRST COMMITTEE OF REFERRAL**

gmt

DATE: 4/7/93

FURTHER: HES
FINANCE

Date of 5-Day Notice: 4/15/93
(in accordance with Uniform Rule 23)

DATE TURNED INTO OFFICE: 4-20-93

CRA Committee considered SB 189

"An Act relating to community health aide grants."

and recommends:

replace with _____ CS _____ ()

- same title
- new title
- technical title change (HB only)

attaches amendment(s)

adopts _____ Letter of Intent

further referral to the _____

do pass

do not pass

no recommendation

individual recommendations

FISCAL NOTE INFORMATION

Department	Date	Zero	Fiscal
DHSS	4/14/93	0	

Department	Date	Zero	Fiscal

Appropriation No Fiscal Note

Governor's Bill with Previous Fiscal Notes (enter information above)

DO PASS:

OTHER RECOMMENDATIONS:

[Handwritten signatures: Robert A. ...]
[Handwritten signature: Lloyd A. ...]
[Handwritten signature: Chris ...]

Roll E. Kelly Do Pass
Chair: Signature and Recommendation

POSITION PAPER

SENATE BILL NO. 189

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

BACKGROUND

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

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

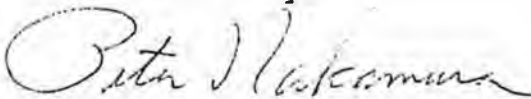
DISCUSSION

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

POSITION

The Department supports enactment of SB 189. It would not be fair to restrict funding only to organizations which provided service in 1984 and to ignore developments and changes in the patterns of service provision in rural areas since that time. It is the department's understanding that current grantees also support SB 189.

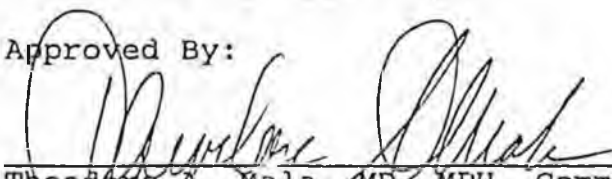
Recommended By:



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

4/14/93
Date

Approved By:



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

4/14/93
Date

FISCAL NOTE

STATE OF ALASKA
1993 LEGISLATIVE SESSION

BILL NO. SB 189

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

Expenditures/Revenues:

(Thousands of Dollars)

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

CAPITAL						
---------	--	--	--	--	--	--

REVENUE FUND SOURCE						
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FUNDING:

(Thousands of Dollars)

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

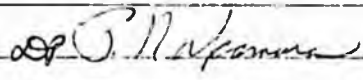
POSITIONS:

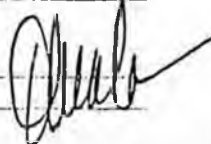

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY93) impact: None

ANALYSIS: (Attach a separate page if necessary)

AS 18.28.010 (d) caps the total funding level for the grant program. The impact of SB 189 allows the department to award grants to new agencies without increasing or decreasing the total amount of funds in the component.

Prepared by: Peter M. Nakamura, MD, MPH  Phone: (907) 465-3090
 Division: Division of Public Health Date: 4/13/93

Approved by Commissioner: Theodore A. Mala, MD, MPH  Date: 4/14/93
 Agency:  Department of Health & Social Services

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ANALYSIS (cont.):

ASSISTANCE TO COMMUNITY HEALTH AIDE PROGRAMS
FORMULA FUNDING AS 18.28.010

Grantees	Full Formula	Full Formula	FY94 Gov	FY94 Gov
	Funding Level W/O SB 189	Funding Level With SB 189	Budget W/O SB 189	Budget With SB 189
Aleutian Pribilof Island Assn.	\$78,000	\$54,000	\$70,080	\$46,699
Bristol Bay Area Health Corp.	\$326,000	\$326,000	\$292,900	\$281,921
Copper River Native Assn.	\$78,000	\$78,000	\$70,080	\$67,453
Kodiak Area Native Assn.	\$86,000	\$86,000	\$77,200	\$74,372
North Pacific Rim	\$62,000	\$62,000	\$55,700	\$53,617
North Slope Borough	\$126,000	\$126,000	\$113,200	\$108,963
St. George	\$8,000	\$8,000	\$7,200	\$6,918
Yakutat	\$8,000	\$8,000	\$7,200	\$6,918
Eastern Aleutian Tribes	\$0	\$54,000	\$0	\$46,699
Total	\$772,000	\$802,000	\$693,560	\$693,560

Formula funding for the community health aide grants is determined by AS 18.28.010 based upon the number of health aides recognized by the department on July 1, 1984. To be eligible to receive state funding, an agency must also have been providing health aide services under contract to the Alaska Area Native Health Services on July 1, 1984. The statute allows the department to distribute available funds on a pro rata basis to eligible organizations. The available funding for this program has been reduced to 90% of full formula level as a result of state wide budget reductions. SB 189 will amend the statute to allow new contractors to become eligible for funding. The available funding will continue to be distributed pro rata to all eligible organizations. The impact of this bill will be a redistribution of funds resulting in a reduction to 87% of full formula for each agency in this component in FY94.

Those organizations funded through the designated Budget Request Units (Tanana Chiefs Conference, Yukon Kuskokwim Health Corporation, Norton Sound Health Corporation, Maniilaq Association, and Southeast Alaska Regional Health Corporation) will not be impacted by SB 189.

APR 19 1993

SENATOR GEORGE JACKO

STATE CAPITOL, ROOM 125 JUNEAU, ALASKA 99801-1182 (907) 465-4942 FAX: (907) 465-2997

COMMITTEE CHAIRMANSHIPS

Rules, Chair
Finance, Vice-Chair
Finance Subcommittees
DC&RA, Chair
DM&VA, Chair
Revenue, Chair

COMMITTEE MEMBERSHIPS

Judiciary
Legislative Council
Finance Subcommittees
Public Safety
Fish & Game
University

MEMORANDUM

TO: Senator *Randy* Phillips, Chair
Senate Community & Regional Affairs Committee

FROM: Senator *George* Jacko, Chair
Senate Rules Committee

DATE: April 15, 1993

SUBJECT: Scheduling Request -- SB 189
Community Health Aide Grants

=====

Please consider scheduling SB 189 for a hearing in the Senate Community and Regional Affairs Committee at your earliest possible convenience.

SB 189 was introduced by the Senate HESS Committee at my request to make a technical amendment to AS 18.28. This statute authorizes the Community Health Aide Grants program which is administered by the Department of Health & Social Services. This program, enacted into statute in 1984, is a critical component of the rural health care system in Alaska. It provides grant funds for training and supervision of community health aides who are generally the only health care providers in rural villages. These health aides also serve non-Native rural residents who have no other access to primary and emergency health care.

The health aide program is almost entirely funded by federal dollars. The amount of state general fund dollars is controlled by the budget process and, as indicated by the zero fiscal note, not affected by this bill.

When the Community Health Aide program was established in 1984, eligibility for grants was limited to the health care organizations providing services at the time, and the grant award amounts were tied to the number of health aides then in the system.

One of the organizations funded for health aides in 1984 was the Aleutian/Pribilof Islands Association. In 1992, some of the villages in that service area decided to form a new, more geographically compact, organization. The new organization, Eastern Aleutian Tribes, serves the remote villages of Akutan, Sand Point, King Cove, and Nelson Lagoon. It has assumed responsibility for the federally supported health aide program but cannot access state health aide grant funds because it did not exist in 1984. SB 189 would correct this problem.

Under SB 189, new providers, including Eastern Aleutian Tribes, would be eligible to receive state health aide grants. The grant amounts awarded would still be controlled by the number of health aides providing services in 1984 and all other program requirements would remain the same.

The grantees, who are all members of the Alaska Native Health Board, understand that because a new grantee has been added to the program, each grantee will receive a slightly smaller grant than in the past. All parties consider this a necessary solution to a difficult problem. Future new health care providers would also be eligible for grants on the same basis.

Your assistance in achieving prompt legislative action would be very much appreciated. Please let me know if you have questions about this bill.

GJ/Is

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individual recommendations

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(HB only)

FISCAL NOTE INFORMATION

Department	Date	Zero	Fiscal
DHESS	4/14/93	φ	

Department	Date	Zero	Fiscal

Appropriation No Fiscal Note

Governor's Bill with Previous Fiscal Notes (enter information above)

DO PASS:

OTHER RECOMMENDATIONS:

David A. Bluman

Chris Taylor

Roll E. Kelly Do Pass

Chair: Signature and Recommendation

APR 15 1993

Alaska State Legislature

Senator Steve Rieger, Chair
Senator Bert Sharp, Vice Chair
Senator Loren Leman
Senator Mike Miller
Senator Jim Duncan
Senator Johnny Ellis
Senator Judith Salo



State Capitol
Room 516
Juneau, Alaska 99801
(907) 465-3762

Senate Committee on Health, Education and Social Services

MEMORANDUM

April 14, 1993

TO: Senator Randy Phillips, Chair
Senate Community and Regional Affairs

FROM: Senator Steve Rieger, Chair *SR*
Senate Health, Education, and Social Services Committee

RE: Hearing request for SB 189 "An Act relating to community health aide grants."

I respectfully request an early hearing for SB 189 which is in the Senate Community and Regional Affairs Committee.

Senate Bill 189 is a Senate HESS bill which was introduced at the request of the Alaska Native Health Board. Under the existing statute, grants can only be given to organizations who employed health aides on July 1, 1984. This legislation allows grants to be made to successor organizations which have taken over the provisions of the community health aide services. The Department of Health and Social Services has provided a position paper in support of this legislation and a zero fiscal note. I have attached a packet of information for CRA committee members.

If you have questions on this legislation, please contact me or Betty Hargrave on my staff. Thank you.

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

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

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

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

Chapter 28. State Assistance for Community Health Aide Programs.

<p>Section 10. Community health aide grants 20. Qualifications 30. Community health aide grant account</p>	<p>Section 40. Liability limitation 50. Regulations 100. Definitions</p>
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Cross references. — For duty of health aides to report certain injuries, see AS 08.64.369.

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

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

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

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

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

(3) alternate community health aides.

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

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

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

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

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

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

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

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

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

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

Sec. 18.28.100. Definitions. In this chapter

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

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

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

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

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

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

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

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

Chapter 31. Asbestos.

Article

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

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

Article 1. Asbestos Health Hazard Abatement Program.

Section

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

Section

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

Community Health Aide Program

Winnie Reeve
Academic Coordinator, Community Health Aide Program

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

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

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

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

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

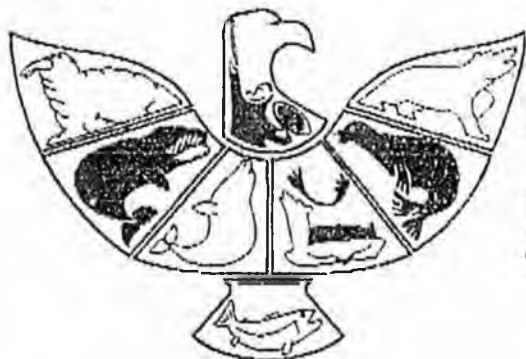
The Community Health Aide Program is a collaborative program with the College of Rural Alaska of the University of Alaska Fairbanks. It is a multi-agency program including the Alaska Area Native Health Service, the Alaska Department of Health and Human Services, the five CHAP Training Centers, 11 Native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

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

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

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

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



Alaska Native Health Board

1345 Rudakof Circle, Suite 206
Anchorage, Alaska 99508

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

April 15, 1993

The Honorable Steve Reiger
Alaska State Legislature
State Capitol, Rm. 516
Juneau, Alaska 99801-1182

Re: SB 189 "Community Health Aide Grants Program"

Dear Senator Reiger:

On behalf of the membership of the Alaska Native Health Board (ANHB), I would like to thank the Health, Education, and Social Services Committee for introducing SB 189, which amends AS 18.28. The Alaska Native regional health corporations, which make up the membership of ANHB, are the backbone of health care in rural Alaska. They are primarily supported by federal funds through the Indian Health Services.

The Community Health Aid Program is a critical component of the mostly federally funded rural health care system in Alaska. The enclosed one page description of the program describes it very well, although it fails to note that the Health Aides also serve non-Native rural residents who would otherwise not have access to primary and emergency health care when they live in rural and remote villages in the state.

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

Steve Reiger
Page 2
April 15, 1993

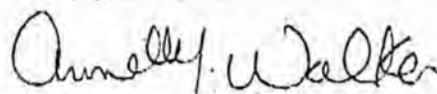
Senate Bill 189 remedies this problem, without in any other way changing the program. The number of health aides upon which the grant amounts are awarded are still limited to the number providing services in 1984 and all other requirements of the program remain in place. The grants in any given year are restricted by the level of appropriation. That does not change in the bill. As a result there is NO fiscal impact from the bill. All the grantees understand that each grantee may receive a slightly smaller grant that they have in previous years because a new grantee is added to the program, but they understand that this is the equitable thing to do.

The Department of Health and Social Services has worked closely with us in developing this bill. They support it as a necessary solution to an otherwise difficult situation. They have submitted a "zero" fiscal note.

We realize that it is already late in the session, but the success of this legislation is very important to us. We thank you for any help you can give us in seeing that this bill gets to the Senate Community and Regional Affairs Committee as soon as possible.

Sincerely,

ALASKA NATIVE HEALTH BOARD



Anne M. Walker
Executive Director

Enclosure