

ALASKA

NATIVE

HEALTH

BOARD



STATE LEGISLATIVE PRIORITIES

FISCAL YEAR 1998



Alaska Native Health Board

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February 18, 1997

Dear Legislator:

This publication provides information concerning the statewide legislative priorities identified by the Alaska Native Health Board for the 1997 session of the Alaska State Legislature.

The Alaska Native Health Board appreciates this opportunity to communicate these issues of great importance to the Alaska Native community. As an elected representative in the State legislature, you are in a position to accomplish a great deal for the residents of our state, including Alaska's over 100,000 indigenous people.

We have worked diligently to develop partnerships between the Alaska Native health agencies and the State's Departments of Health and Social Services and Environmental Conservation to improve coordination of services and realize financial efficiencies where possible. We would like to work with you to further investigate the issues presented here and develop plans for continued improvements in state health policy and services.

For further information on any material included in this publication please contact our Executive Director, Anne M. Walker.

Sincerely,

Lincoln Bean, Sr
Chairman

ALUTIAK ASSOCIATION
Bristol Bay Area Health Consortium
Chugachmi
Copper River Native Association
Eastern Aleutians
Ketchikan Area Native Association
Marine Association

Metlaxla Bowdoin Community
Ukiah Tribal Consortium
Native Village of Pitme
Native Village of Tyonek
Nipishik Traditional Council
North Star Borough

North Star Health Corporation
Seldovia Village Tribe
Southcentral Foundation
Southeast Alaska Regional Health Consortium
Tanana Chiefs Conference
Yukon-Kuskokwim Health Corporation
Valdez Native Tribe

Alaska Native Health Board
FY1998 State Legislative Priorities

ALASKA NATIVE HEALTH BOARD'S VISION FOR THE YEAR 2002

LISTING OF ANHB BOARD OF DIRECTORS

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III. TITLE 47 REIMBURSEMENT FOR HEALTH
CARE FACILITIES

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LABORATORY IN ANCHORAGE

Alaska Native Health Board

Vision for 2002

The Alaska Native Health Board is committed to the following vision as part of its 10-year Strategic Plan (1992-2002):

- A Native health system of high quality is the preferred provider for Alaska Native people.*
- Needed statewide (Area Office) services are provided by/through a Native organization.*
- The new Alaska Native Medical Center, operated under a "638" contract, is the pride of Native people.*
- Tribal consultation directs the operation of the Indian Health Service.*
- The Alaska Native health system has sufficient Native health administrators and professionals to provide the highest level of care for our people.*
- Continuous quality improvement characterizes the Alaska Native health care delivery system.*
- Native health care is provided through an interagency and interdisciplinary approach.*
- Patients actively participate in their care, including prevention efforts.*
- Health promotion/disease prevention takes a leading role in health services, communities, and the education system.*
- To be sober and drug free is a Native cultural value.*
- Suicide and injury-related deaths are significantly reduced.*
- Each region has Native-operated child protection services.*
- Cities and villages have the ability to support elderly, disabled, mentally ill, and terminally ill patients.*
- Full coverage for vision, dental, and hearing care and AIDS treatment is provided with government funding.*
- Village residents are served by well-equipped health clinics.*
- Every health clinic has piped water and sewer service.*
- Every Native village has facilities for safe water and sewage disposal.*
- Alaska Native tribes are fully recognized and provide their own health services.*
- The federal trust responsibility to provide health care to all Alaska Natives is preserved.*
- Alaska Native Health Board is a model of unity in the Native community.*



ALASKA NATIVE HEALTH BOARD
MEMBERS OF THE BOARD OF DIRECTORS
FEBRUARY, 1997

NAME	REPRESENTING
Lincoln Bean Sr.	Southeast Alaska Regional Health Consortium
Larry Ivanoff	Norton Sound Health Corporation
Andrew Jimmie	Tanana Chiefs Conference
Esther Ronne	Chugachmiut
Eileen Ewan	Copper River Native Association
Lee Stephan	Native Village of Eklutna
H. Sally Smith	Bristol Bay Area Health Corporation
Cheryl Edenshaw	Maniilaq Association
Margaret Roberts	Kodiak Area Native Association
Mike Zacharof	Aleutian/Pribilof Islands Association
Glen Gardner	Eastern Aleutian Tribes
Rachel Askren	Metlakatla Indian Community
Lotha Wolf	Mt. Sanford Tribal Consortium
Sharon Culhane	Ninilchik Traditional Council
Jane Thompson	North Slope Borough
Crystal Collier	Seldovia Village Tribe
Sophia Chase	Southcentral Foundation
Lisa Bismarck	Native Village of Tyonek
Tweet Parker	Valdez Native Tribe
Paul Manumik	Yukon-Kuskokwim Health Corporation

I. VILLAGE WATER AND SANITATION

A. Rural village water and sanitation facilities construction

The Alaska Native Health Board has consistently considered safe drinking water and adequate sanitation to be one its highest working priorities. Sustained commitments from both federal and state sources are necessary to eliminate public health problems resulting from poor sanitation conditions in rural Alaska villages. The Indian Health Service estimates the total cost of constructing piped water and sewer services in all rural Alaska communities at nearly \$1 billion.

The Alaska Native Health Board has worked aggressively with the federal government to increase appropriations for rural Alaska water and sanitation through the Indian Health Service, the Environmental Protection Agency, the Department of Agriculture, and the Department of Housing and Urban Development.

Previous legislatures have demonstrated their commitment to providing state contributions through appropriations for community water and sanitation facility construction: FY1993-\$24 million, FY1994-\$26.5 million, FY1995-\$21.7 million, FY1996-\$21.5 million, FY1997-\$19.3 million. The Alaska Native Health Board acknowledges these contributions.

Over the past year, the Alaska Native Health Board and our Rural Alaska Sanitation Coalition have participated in the deliberations of the Governors Council on Rural Sanitation.

The Alaska Native Health Board urges the Alaska State Legislature to adopt the recommendation of the Governors Council on Rural Sanitation, and appropriate \$25 million to the ADEC Village Safe Water program for rural water and sanitation project construction in the FY1998 capital budget

B. Rural water and sanitation facility operations and maintenance

Lack of operations and maintenance resources for proper management of sanitation facilities in rural Alaska is a critical issue that must be addressed. Enhancement of operations and maintenance capacity is essential to prevent public health risks due to improper operation and to protect the investment of millions of dollars in facilities construction and rehabilitation.

The Alaska Native Health Board strongly urges the Alaska State Legislature to appropriate sufficient funds in the FY1998 operating budget to:

- the Department of Environmental Conservation for the support of twelve Remote Maintenance Worker positions***
- the Department of Community and Regional Affairs to increase the number of Rural Utility Business Advisors (RUBA) to seven***
- DCRA for the development of utility management materials and for development of "plain English" water quality regulations***

While these state-offered operation and maintenance support services listed above are important, these programs are primarily designed and delivered from outside the rural communities. This year the State of Alaska has a unique opportunity to develop a successful direct operation and maintenance support program based on needs identified by communities themselves. The solutions to meet these needs originate in and are unique to each community. Such a program will provide for operator and utility management financial support, preventive maintenance services, community planning capacity, and public education to meet these needs.

The Environmental Protection Agency awarded the Alaska Native Health Board \$500,000 for a FY1996 project to provide operations and maintenance support to nine rural Alaska communities on a demonstration basis. Over 100 rural communities responded to our preliminary survey of interest in participating in this project, which requires a substantial matching contribution by the local community. The Environmental Protection Agency has committed \$1,000,000 for continuation of this project in FY1997, which will allow support for approximately 17 additional communities beginning this summer.

The EPA and the Alaska Native Health Board have engaged the University of Alaska's Institute for Social and Economic Research (ISER) to conduct a comprehensive evaluation of this initiative over a multi-year basis to determine its cost-benefit.

B. Water and sanitation facility operations and maintenance (continued):

The Environmental Protection Agency has made the award of \$500,000 for continuation of this program for FY1998 contingent upon approval of a State of Alaska matching contribution of \$500,000.

The Alaska Native Health Board urges the legislature to approve the recommendation of the Governors Council on Rural Sanitation, and provide a \$500,000 match in the FY1998 capital budget to support the ANHB Operation & Maintenance Support Demonstration Project.

C. Water and sanitation services for all village health clinics

The Alaska Native Health Board's vision is that by the year 2002 every village health clinic in rural Alaska will have piped water and sewage disposal. The State of Alaska has shared this commitment and, in FY1993 and FY1994, appropriated \$500,000 each year for the hookup of village clinics to community sanitation systems. No funds were appropriated in the FY1995 and FY1996 capital budget.

\$325,000 was appropriated in the FY1997 capital budget. These funds have been obligated through a project agreement with the Indian Health Service to fund clinic hookups in Manakotak, South Naknek, Koyukuk, Healy Lake, Rampart, Venetie, and Newtok. Some of these will be connected in the summer of 1997; others are in the planning/design stage.

However, at least twenty-five more village clinics remain without current or planned sanitation services, requiring community health providers to work in substandard sanitary conditions. The average cost of hookups is approximately \$50,000 per community for a total unmet need of approximately \$1.2 million.

Specific communities identified as requiring sanitation services for their community health clinics, for which no current funding is identified, are:

Akiachak	Akhiok
Arctic Village	Atmauluak
Beaver	Birch Creek
Brevig Mission	Chefornak
Circle	Eagle Village
Kipnuk	Kongiganek
Lime Village	Lower Kalskag
Manley Hot Springs	Napaskiak
Nulato	Pitkas Point
Platinum	Port Heiden
Portage Creek	Tuluksak
Tuntutuliak	Upper Kalskag

The Alaska Native Health Board urges the Alaska State Legislature to appropriate a minimum of \$325,000 in the FY1998 capital budget to the Alaska Department of Environmental Conservation to ensure that additional village health clinics are connected to water and sanitation systems.

II. TAX TOBACCO FOR HEALTHIER ALASKANS

The Alaska Native Health Board was among the first advocates to present proposals for major tobacco tax increases in Alaska during the 1996 legislative session. We have been encouraged that this legislature is seriously considering a range of bills to accomplish this early in the session. There remain several important reasons for this legislature to approve a tobacco tax increase this year.

Tobacco is a major cause of death and illness in Alaska:

The recent publication of the Department of Health and Social Services "Saving Lives and Raising Revenue: The Case for Major Tobacco tax Increases in Alaska" states that *Alaska has one of the highest smoking prevalence rates in the United States*, and that tobacco kills more Alaskans than AIDS, aircraft crashes, alcohol, falls, fires, firearms, and motor vehicle crashes *combined*. Almost 20% of all deaths in Alaska between 1992 and 1994 were due to smoking. A disproportionately high percentage of these deaths are Alaska Native people.

Tobacco use by Alaskan youth is a serious concern:

A January 21, 1997 Bulletin of the Alaska Division of Public Health presents sobering statistics regarding "Tobacco Use by Alaska Youth." It reveals that 21% of all Alaska high school students are frequent smokers, and nearly 44% of Alaska Native high school students are frequent smokers. Of all the children who join the ranks of smokers each year, we can expect that one in three will eventually die from it. Half of those will die in middle age.

Tobacco use costs Alaska:

The Alaska Department of Health and Social Services estimates that tobacco use costs the Alaska economy over \$96 million each year in direct medical care costs. Meanwhile the Alaska cigarette tax of 29 cents per pack is below the national average. The proposed tax increase on cigarettes and other tobacco products will generate over \$40 million per year.

Increasing tobacco taxes reduces tobacco use:

Research shows that "few measures exhibit the speed and magnitude of impact achieved by increasing taxation on tobacco products" (National Cancer Institute). The cigarette tax increase recommended (to \$1.29 per pack) is expected to reduce youth smoking by almost one-third. This amounts to thousands of lives saved over time, especially if the increase is indexed for inflation.

II. Tax Tobacco for Healthier Alaskans (continued):

The arguments raised by the tobacco industry that the tax increase will result in the smuggling of tobacco products should be dismissed as a "smoke-screen." There are numerous demographic, geographic, and political factors that would prevent any substantial rise in illegal sales.

The cost of smuggling tobacco products from Washington is prohibitive, given the transportation costs and the already-high tobacco tax imposed in that state. The Department of Defense has demonstrated its willingness to limit the amount of tobacco sales on military bases in other states that have raised taxes.

The Alaska Native Health Board rejects the argument being offered that tribal governments will undermine this legislation through the establishment of tax-free smoke-shops (tribal tax-exempt sales can only be made to their own tribal members anyway). The majority of Alaska Natives, along with the majority of Alaskans, support the proposed tax increases and are concerned about the increasing rates of cancer and other diseases caused by tobacco.

We are also concerned about efforts to 'water down' this initiative by reducing the amount of the tax increase below the amounts originally proposed. It is important to make a significant change in policy, one that will have a real effect on tobacco use especially among young people.

The Alaska Native Health Board joins with the American Cancer Society, the American Heart Association, and the American Lung Association in encouraging this Alaska State Legislature to approve the tobacco excise tax increases of at least \$1.00 per pack on cigarettes and to 100% of the wholesale price on other tobacco products.

III. TITLE 47 REIMBURSEMENT FOR HEALTH CARE FACILITIES

Alaska Native health organizations that operate hospitals and health centers throughout rural Alaska have been inappropriately bearing a heavy financial burden for services provided to intoxicated persons.

Title 47 of Alaska State Statutes provides financial support to local governments for public safety services provided to intoxicated and incapacitated individuals. Under certain circumstances such individuals are referred to local health care facilities for medical screening prior to being released, returned to police custody, or transferred to treatment facilities.

Even though local protocols may be developed to limit the number of such referrals, as many as one-third of the individuals entering the public safety system in some areas are screened by medical professionals at a significant cost in terms of time and resources.

The problem faced by the Alaska Native Health Board's member organizations throughout rural Alaska is that their hospitals and health centers are not reimbursed for these services. Very few of these individuals have Medicaid coverage or other private insurance. Local city governments have disclaimed responsibility for payment for these services, and have made provisions in some locations to release those in custody at the hospital door and then re-arrest upon discharge to avoid liability.

Kunakanak Hospital in Dillingham estimates that the uncompensated care provided for such individuals is valued at least \$100,000 per year. Other hospitals are reporting similar losses.

It is our understanding that this problem is significant for other hospitals outside of the Alaska Native health care system as well. The Alaska State Hospitals and Nursing Homes Association has raised this as a legislative concern as well, recommending that state law concerning municipal taxation of alcoholic beverages be revised to generate a revenue stream.

The Alaska Native Health Board urges the Alaska State Legislature to recognize the financial hardship being faced by small rural hospitals due to the demands of medical screening for intoxicated persons, to work with the Department of Health and Social Services and local governments to develop a strategy to address these concerns, and to ensure that sufficient financial support is provided to meet governmental obligations to provide these services.

IV. SUPPORT REPLACEMENT OF THE STATE PUBLIC HEALTH LABORATORY

The Alaska Native Health Board recognizes the essential services provided to the health care facilities operated by our member health organizations throughout Alaska by the Alaska State Public Health Laboratories in Juneau, Fairbanks, and Anchorage. These laboratories provide a full range of disease control, environmental monitoring, preventive health care, and research services.

The facilities that are currently housing these laboratory facilities in all three locations are rapidly becoming inadequate to maintain these services. Without adequate facilities our public health laboratories cannot meet standards of economic and administrative efficiency, maintain the types and volumes of tests required, and maintain the confidence of our medical providers and health care consumers.

The Department of Health and Social Services has proposed the construction of a new \$20 million public health laboratory in Anchorage, which will include the Medical Examiners Laboratory and consolidate the functions of the Juneau and Anchorage laboratories.

The Alaska Native Health Board urges the Alaska State Legislature to approve legislation this session to initiate the construction of a replacement facility for the Alaska Public Health Laboratory in Anchorage.