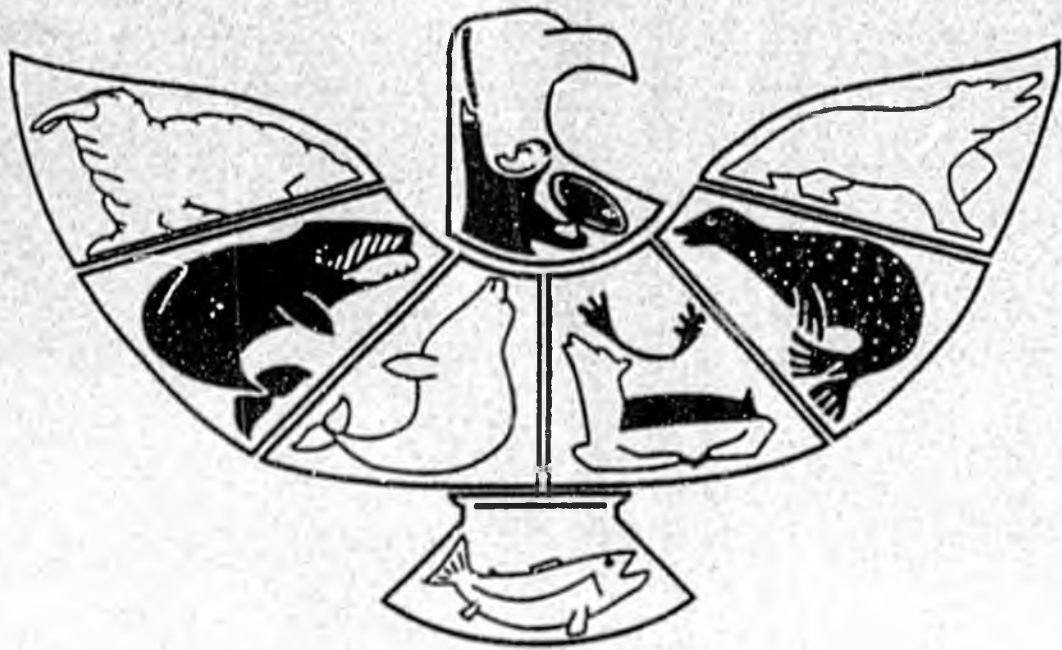


ALASKA

NATIVE

HEALTH

NAKAMURA



STATE LEGISLATIVE PRIORITIES

FISCAL YEAR 1999



Alaska Native Health Board

4201 Tudor Centre Dr., Suite 105
Anchorage, Alaska 99508

Phone: (907) 562-6006
FAX: (907) 563-2001

February 1, 1998

Dear Legislator:

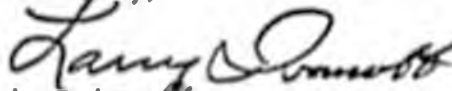
This publication provides information concerning the statewide legislative priorities identified by the Alaska Native Health Board for the 1998 session of the Alaska State Legislature.

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 President and Chief Executive Officer.

Sincerely,


Larry Ivanoff
Chairman

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BOSTON BAY AREA HEALTH CORPORATION
CHUGACHMUT
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NORTH STAR TRIBAL HEALTH CENTER
NORTH STAR DISTRICT

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TANANA CHIEFS CONFERENCE
YUKON-ALASKA NATIVE HEALTH CORPORATION
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Alaska Native Health Board
FY1999 State Legislative Priorities

- I. Implementation of the Rural Sanitation 2005 Action Plan

- II. Enhancing Health and Social Services for Children and Youth

- III. Substance abuse services and regulation

I. IMPLEMENTATION OF THE RURAL SANITATION 2005 ACTION PLAN

Remedying the significant problems of inadequate water supply and sanitation services in rural Alaskan villages has been the highest legislative priority of the Alaska Native Health Board since the early 1990's, and remains such in 1998.

We acknowledge that the overall federal and state resources allocated to address these problems have gradually increased over the past few years, and appreciate the commitment made by the Alaska State Legislature to maintain these resources in light of the deficit-reduction requirements it faces.

ANHB has also been actively involved with the development of the Rural Sanitation 2005 Action Plan initiated at the direction of Governor Tony Knowles. Our President/CEO has served as a member of the Governor's Council on Rural Sanitation. Our subsidiary organization, the Rural Alaska Sanitation Coalition, has also been represented on the Council. ANHB have been active participants in the committee and hearing processes.

We believe that the Rural Sanitation 2005 Action Plan presents the most current and most comprehensive strategies for addressing the water supply and sanitation crisis in rural Alaska; it has been developed with extensive community and agency participation and contributions over a two-year period.

Now that the planning process has been completed it is time for implementation of the key strategies that are recommended in the Action Plan. ANHB recommends full consideration and endorsement by the Alaska State Legislature of the Rural Sanitation 2005 Action Plan, and requests that the Legislature offer a serious and long-term commitment to its implementation.

There are several key recommendations made in the Action Plan that we would like to emphasize for priority consideration by the Alaska State Legislature:

A. *Remote Maintenance Worker program support:*

It is essential that this program, operated by the Alaska Department of Environmental Conservation, be sustained at its current level of funding, supporting thirteen RWW positions in Alaska.

B. *Rural Utility Business Advisor program support:*

Legislative support for incremental increases in this DCRA program will ensure that local communities are provided sufficient technical assistance to maintain the operation of systems constructed with state capital funding.

I. Rural Sanitation 2005 Action Plan Implementation (continued)

C. *Rural community utility financial subsidies:*

The operations and maintenance of rural community water and sanitation support are critically dependent on maintenance of current levels of support from the Power Cost Equalization program, the Revenue Sharing program, and Safe Communities (Municipal Assistance) programs.

D. *Village Safe Water project construction financing:*

ANHB concurs with the Action Plan's recommendation that State of Alaska capital budget contributions of a minimum of \$25 million per year be sustained for FY1999; such appropriations will provide a matching contribution for an equivalent award of federal funds for project construction.

E. *State General Obligation bonds for construction financing:*

ANHB concurs with the Action Plan's recommendation that the Alaska State Legislature authorize a ballot proposition for the issuance of \$150 million of State General Obligation bonds for the installation, replacement, and repair of rural sanitation facilities. This approach would stabilize long-term State financing for these projects and enhance the success of long-term federal financing commitments as well.

The Alaska Native Health Board is confident that a legislative commitment to work cooperatively with the Governor on implementation of this Action Plan will achieve significant improvements in addressing the serious deficiencies we currently are experiencing in water supply and sanitation services in our rural villages.

II. ENHANCING HEALTH AND SOCIAL SERVICES FOR ALASKA'S CHILDREN AND YOUTH

The Alaska Native Health Board has carefully reviewed Governor Knowles proposal "Smart Start for Alaska's Families", which would allocate over \$30 million from the recently-approved increase in the federal match for Medicaid for the enhancement of children's medical services, preventive health care services, and child protection services in Alaska.

ANHB concurs with the Governor that these are the highest priority uses of these funds, and calls for the Legislature not only to adopt the Governor's plan but to enhance it through an additional \$8 million investment in prevention and protective services.

The *Children's Health Services* component of the initiative (\$7.2 million) would allow an additional 11,000 children and 800 pregnant women who are now uninsured to benefit annually from Medicaid eligibility. It should be noted that 41 other states exceed Alaska's current coverage for pregnant women and children.

This approach is particularly beneficial with respect to eligible Alaska Native pregnant women and children because, for those who use the Indian Health Service or tribal health providers for care, the State will be reimbursed at a 100% matching rate from the Health Care Financing Administration.

The allocation for *Preventive Health Services* component of the initiative (\$10.6 million) is a more long-term investment in public health services that have been significantly under-funded over the past decade. The Alaska Native Health Board and our member organizations have been actively participating in the State's Public Health Improvement Process, and recognize that many of the public health system's deficiencies are addressed through these proposals.

Over 50% of this allocation will be invested in day care assistance, welfare-to-work child care, and Head Start services. ANHB firmly believes that these investments will increase the number of Alaska Native families that will be able to transition from public assistance to employment. The increasing emphasis being placed on health curriculum in the Head Start programs will benefit the health status of both young children and their parents.

We strongly endorse the \$200,000 proposed investment in village-based mental health and substance abuse programs, and the proposed \$650,000 increment for tobacco use reduction activities. It is appropriate to reinvest smokeless tobacco tax revenues in tobacco education and prevention.

II. Enhancing Health and Social Services for Alaska's Children and Youth (Continued)

ANHB's member organizations are committed to be active partners in the Governor's childhood immunization initiative, and will provide substantial in-kind matching contributions, especially in the rural communities, to raise our childhood immunization levels up from our current ranking of 48th among the United States.

It is essential to expand the home visiting/healthy families program to more Alaskan communities, especially the rural cities and villages where the child abuse and neglect situations have been clearly and sadly documented. We believe that the proposed \$2 million investment will have long-term payoffs in reducing other state costs for child protection services and remedial treatment.

The final component of this initiative is *Child Protection* (\$14.5 million) is key to addressing the problems that have been well-documented by the administration over the past several months. The Alaska Native community is particularly concerned about this issue given the disproportionate rates of child abuse, foster care, juvenile corrections, and related public safety problems experienced both in our larger cities and our villages.

Specific programs with this component that we are requesting Legislative support for include the \$600,000 allocation for residential services for women and children, the \$1.8 million allocation for foster care-related services, the \$2 million allocation for youth corrections and treatment facilities, and the \$428,000 allocation for child abuse response specifically for village communities.

ANHB encourages the State to take significant new steps to develop partnerships with our regional Native non-profit organizations, as well as with individual tribal governments, to extend these services further into the Native community, and to redesign these services in new and more effective ways. It is essential that the State continue to recognize and be responsive to compliance with the Indian Child Welfare Act, and to support tribal governments in our efforts to make this federal legislation work in our communities.

All of these initiatives require no new State general fund obligations. It is imperative that the Legislature use the opportunity offered by the increased federal support for Medicaid to make these long-term investments in the health and welfare of our children.

III. SUBSTANCE ABUSE SERVICES AND REGULATION

This section addresses ANHB's concerns and recommendations with respect to several pending bills relating to substance abuse in Alaska as well as to the financing of substance abuse treatment services.

A. Substance Abuse Counselor licensing:

HB 192 was introduced in the last session to address the licensure of substance abuse counselors in Alaska. The Alaska Native Health Board, and its associated Association of Rural and Alaska Native Drug and Alcohol Programs (ARANDAP) have carefully reviewed the proposed legislation.

It is our collective recommendation that this bill should not be enacted into law in 1998 because of concerns about the potential inadvertent impacts on many Alaska Native health care programs and their affiliated providers.

Alaska Native health care service agencies are deeply committed to providing professional substance abuse counseling services and ensuring that our staff meet standards of training and quality. However we feel that additional time is required for review of this legislation and the consideration of alternative approaches, including revision of this legislation from a practice bill to a title bill. We request that the Alaska State Legislature defer action on this bill during this session, and plan for consideration of the issue again during the 1999 session.

ANHB and ARANDAP members are committed to undertaking a careful and deliberate review of the issues relating to this legislation over the next 10 months and bringing a recommendation to the Legislature next session.

B. Supporting HB58: Alcohol Safety Action Program for minor offenders

The Alaska Native Health Board has reviewed HB58, which would extend the availability of the Alcohol Safety Action Program beyond its current services for adult offenders to include minors. We believe that this would have beneficial impact, and encourage the Alaska State Legislature to approve this legislation this session.

C. Supporting SCR14: Requiring non-discrimination by insurance companies regarding mental health and substance abuse services

The Alaska Native Health Board has reviewed SCR14, which would require health insurance companies to treat mental health and substance abuse services in the same manner as all other medical conditions. We believe that this legislation will rectify a discriminatory practice that has limited the access of such services to many Alaskans, and urge the Alaska State Legislature to enact this legislation this session.

III. Substance Abuse Services and Regulation (continued)

D. *Financial support for inhalant abuse prevention and treatment services*

Inhalant abuse is not a new phenomenon in Alaska, but the accelerating rate of inhalant abuse is causing serious concern among Alaska Native leaders and health providers throughout the state.

The 1995 Alaska Youth Risk Behavior Survey reported that nearly 20% of all middle-school students surveyed had used inhalants. Because this survey was not conducted in schools with less than 25 high school students, over ½ of the (mostly small rural) schools in Alaska did not participate. In Alaska inhalants are used most frequently by children and early adolescents.

A 1995 survey at an adult Alaska Native alcohol treatment program revealed that 50% of the clients had used an inhalant of some type in the previous year.

The sale or use of vaporous (inhalant) products for the purpose of having 'mind-altering experiences' is not controlled by State or Federal law, and there are over 1400 such products currently available.

Since product regulation is not feasible, prevention efforts are critical. In FY1998 the State is spending approximately \$100,000 for prevention messages through contracts with media outlets and a health promotion organization. It is essential that this effort be maintained if not increased in FY1999.

Prevention investments are prudent given that a 19-year old Alaskan who has chronically abused inhalants, and caused significant brain, nerve, and other organ damage, will have lifetime medical care and rehabilitation requirements at a cost estimate of \$1,400,000.

In Alaska there are no treatment services which have been designed specifically for persons who have chosen an inhalant as the primary substance of abuse. Existing substance abuse treatment centers are not equipped to provide the medical (neuro-physiological) assessments required nor offer the types of programs required for young persons who are organically impaired. Alaskans requiring treatment have been referred to the "Our Home" facility in North Dakota.

Last year the Alaska Mental Health Trust Authority committed to provide financial support to develop one Alaskan residential facility to provide specialized inhalant abuse treatment. The Alaska Native Health Board urges the Alaska State Legislature to work cooperatively with the Authority to develop a plan for establishing this new health service program at the earliest possible time.

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