

HB

260

PHONE CALL

FOR Jessie Collins DATE 2/18 TIME _____ A.M. P.M.

M _____

OF _____ PHONED _____

PHONE FAX MOBILE HB 267 RETURNED YOUR CALL _____

MESSAGE Just starting to get the kids to school. She needs the program PLEASE CALL _____

WILL CALL AGAIN _____

CAME TO SEE YOU _____

WANTS TO SEE YOU _____

PHONE CALL

FOR Leslie DATE 2/18 TIME 1:40 A.M. P.M.

M Ruth Sanwick Petersberg

OF _____ PHONED _____

PHONE FAX MOBILE _____ RETURNED YOUR CALL _____

MESSAGE Oppose HB 260 PLEASE CALL _____

WILL CALL AGAIN _____

CAME TO SEE YOU _____

WANTS TO SEE YOU _____

SIGNED She wants her voice Office AD1154

PHONE CALL

FOR Dulcie Nelson DATE 2/17 TIME _____ A.M. P.M.

M _____

OF 262-3546 PHONED _____

PHONE FAX MOBILE _____ RETURNED YOUR CALL _____

MESSAGE Off Site PLEASE CALL _____

WILL CALL AGAIN _____

CAME TO SEE YOU _____

WANTS TO SEE YOU _____

SIGNED Said Rep Smalley - told her to contact out of office.

PHONE CALL

FOR Fred DATE 2/18 TIME 10 A.M. P.M.

M Jane Fine

OF _____ PHONED _____

PHONE FAX MOBILE _____ RETURNED YOUR CALL _____

MESSAGE HB 260 - 37yr Single mom w/ planned program on bed rest - 28 weeks Has Insur / DCC Supplements She will fly up / evaluate Hotel rooms all covered w/ DCC PLEASE CALL _____

WILL CALL AGAIN _____

CAME TO SEE YOU _____

WANTS TO SEE YOU _____

SIGNED _____ Office AD1154

PHONE CALL

FOR Jessie Collins DATE 2/18 TIME 11 AM

M _____

OF AK 10K PHONED _____

PHONE FAX MOBILE _____ RETURNED YOUR CALL _____

MESSAGE has applied - not receiving yet PLEASE CALL _____

WILL CALL AGAIN _____

CAME TO SEE YOU _____

WANTS TO SEE YOU _____

SIGNED Wants DCC to stay Office AD1154

Subject: HB 260

Date: Thu, 10 Feb 2000 13:05:27 -0900

From: Paula McMeen <reach@ptialaska.net>

To: Representative_Fred_Dyson@legis.state.ak.us, representative_John_Cogill@legis.state.ak.us

I am writing to testify to oppose this bill. I work with families who have children with disabilities who have recently enrolled in DenaliKid Care. They are able to afford the various therapy and medical treatments that are needed for thier children. So many children who are in real need of PT, OT, Speech Therapy, Audiology, medical exams, etc had very limited access to this care. If you provide the care early in a child's life the disability can be reduced or eliminated making it more possible for lifelong success. We care for our elderly in this state--why is there not the compassion and importance in caring for our children and thier families. You and I both have health insurance--would either of us be able to afford this level of care if we did not have access to medical insurance?

Heather Gallatin-Baker
Program Manager
Health Access Program Initiative
1217 E. 10th Ave.
Anchorage, AK 99501

If Alaska's children are supposed to be our most valuable renewable asset, why do we place them in jeopardy time and time again? The proposed change to the Denali Kid Care program will be punishing the children of parents who can't afford health coverage or who don't have health coverage through their employers or, have such a large deductible that they can not meet it. The state government spends a lot of time asking the citizens to trust them to have their best interest at heart, but how can people trust the government when the government wants to punish people for working.

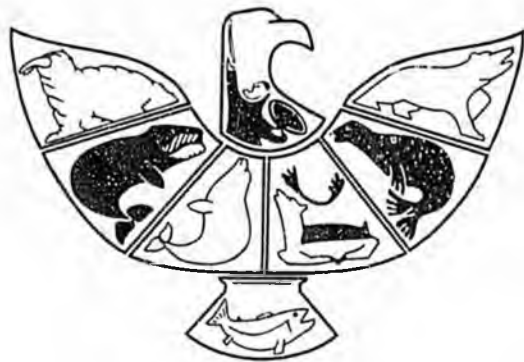
With Denali Kid Care, parents had one less stressor in their lives. Parents knew that they could take their children in to have earaches looked at, to have regular dental exams, to have eyes examined and to have a whole host of other health problems addressed. If you lower the income guidelines to 100% or even 133% of the federal poverty level there is no incentive for people to have routine preventative care visits for either children or pregnant women. Working parents who are barely making ends meet are the people that are going to be affected. It is easy to say that there are low-cost health center's that the parents can go to, but the reality is that these center's are already filled to capacity, the parents have formed trusting relationships with their doctors, and employer sponsored health coverage is at an all time low.

Being politicians I am sure that you are concerned with the bottom line, which is the cost. One cost that I would like you to keep in mind is, that one bad outcome of a birth can cost the state upwards of 1 million dollars per child. In covering pregnant women you can be circumventing that staggering price tag.

Government is not the only entity concerned with healthcare. The Anchorage Access to Health Care Coalition is equally concerned with making sure that everyone has access to affordable health coverage. If you lower the income levels then you are taking away one more tool that the coalition can use to see that everyone, including children, can receive adequate health care. The tools that have been used in the past such as the PCII program have been done away with, putting even greater stress on community programs and low-cost health centers. These programs and centers' can't afford to keep providing the services that the government keeps cutting.

Please remember that Denali KidCare ultimately protects those that need it most, Alaska's children. Please do not pass HB 260. My program has no vested interest in Denali KidCare. We do not sign up participants nor do we provide services, but our program does note that there has been a significant drop in the number of children who are going to the emergency room to receive primary care.

I understand that the Privatization Subcommittee on Health & Social Services recommended using a loan program, but that will still have the same affect as lowering the income guidelines. People are less likely to use the loan program because it will still place an undue burden on people's financial situations. Having people pay their bills is a wonderful ideal but reality would fall far, far short of its mark if you do pass HB 260 or even if you convert the money to a loan program.



Alaska Native Health Board

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

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

January 26, 2000

FEB 07 2000

Representative Fred Dyson
House of Representatives
Alaska State Legislature
State Capitol
Juneau, Alaska 99801-1182

Dear Representative Dyson:

I am writing on behalf of the Alaska Native Health Board and several of the organizations we advocate for, concerning HB 260, which if adopted, will in effect, eliminate the Denali KidCare Program.

I strongly urge that the Legislature reject HB 260 as it will adversely affect many children and pregnant women currently under this program. Further, Alaska would then stand as the only state without a State Child Health Insurance Program. Adopting HB 260 would be grossly unfair to those currently covered under the program.

Alaskan children and pregnant women need this program as it makes it possible for them to obtain health insurance, which would, otherwise, be impossible. In addition, it is a program for the low-income "working poor", and meets the basic need for Alaska parents to be able to provide health care for their children while working at a low paying job without benefits. Denali KidCare makes it possible for families to get off welfare and they can still provide for their children's health care needs. Welfare reform in Alaska is working successfully to keep people off welfare and cash assistance and keeping people off welfare means more money for support services needed by working families such as health insurance for children.

As an advocate for Alaska Native Health issues, this proposed cut will affect the Alaska Natives enrolled in this program and will deprive them of healthcare which they otherwise would receive if enrolled in the Denali KidCare Program. Specifically, over 30% currently enrolled in the Denali Kidcare Program are Alaska Native women and children.

In addition, prenatal care is the single most cost-effective health care expenditure, ensuring the best birth outcome for the baby. It is in effect, the best method for assuring a health start for Alaskan children.

I strongly urge that the Legislature not adopt HB260 for the reasons stated above.

Sincerely,

Cynthia J. Navarrette
CEO

ALEUTIAN/PRIIBILOF ISLANDS ASSOCIATION
ARCTIC SLOPE NATIVE ASSOCIATION
BRISTOL BAY AREA HEALTH CORPORATION
CHUGACHMIUT
COPPER RIVER NATIVE ASSOCIATION
EASTERN ALEUTIAN TRIBES
KETCHIKAN INDIAN COMMUNITY
VALDEZ NATIVE TRIBE

MANILAQ ASSOCIATION
METLAKATLA INDIAN COMMUNITY
MT. SANFORD TRIBAL CONSORTIUM
NATIVE VILLAGE OF EKLUTNA
NATIVE VILLAGE OF TYONEK
NINILCHIK TRADITIONAL COUNCIL
KODIAK AREA NATIVE ASSOCIATION

NORTON SOUND HEALTH CORPORATION
SELDOVIA VILLAGE TRIBE
SOUTHCENTRAL FOUNDATION
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM
TANANA CHIEFS CONFERENCE
YUKON-KUSKOKWIM HEALTH CORPORATION
NORTH SLOPE BOROUGH

FEB 10 2000

It's very disturbing to me that the state legislatures in Juneau are proposing a bill, HB 260, to eliminate the existing health insurance program for thousands of children in Alaska. Many families who work hard and make a decent living just cannot afford basic health insurance for their children. Many of us must pay a \$2000 deductible per family member for basic health insurance which sometimes does not include vision, emergency rooms, or dental services.

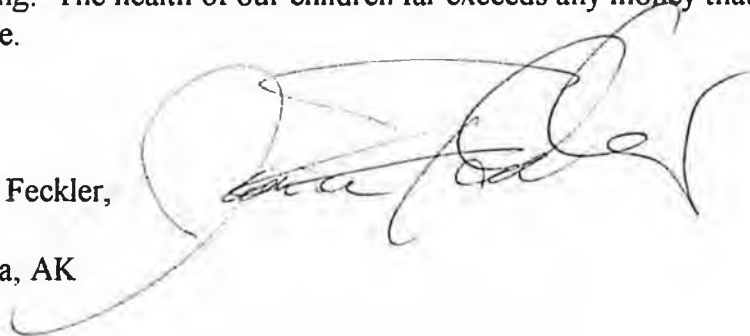
Rep. Coghill, who is proposing the bill, is willing to eliminate the Denali Kidcare Program to save a buck or two in return preventing our children from becoming healthy. Why take away such a program that benefits our children and keeps them healthy in life? Aren't our children worth it?

According to a recent survey, in 1996, Alaska finished behind only Idaho and Utah as the worst state in the nation when it came to the number of childhood immunizations. By eliminating the Denali Kidcare Program, this will not only mean that more children will become unhealthy and more parents will have stay home, but Alaska will be one of the only state in the country without a Health Insurance Program. We need to let Governor Tony Knowles and our state legislatures know that our children worth it. We must stop HB 260 from ever seeing the light of day.

By eradicating Denali Kidcare, we are not allowing our children to grow into healthy adults. We, as parents, must do all that is possible to allow our children to live prosper without any worries of costs or money and to provide them the basic health coverage that they so desperately deserve. We must not punish the children just because the families are working. The health of our children far exceeds any money that the government is willing to save.

Janice Feckler,

Wasilla, AK

A handwritten signature in cursive script, appearing to read 'Janice Feckler', written in black ink over a light background.

Subject: HB 260

Date: Thu, 10 Feb 2000 14:43:52 -0900 (AKST)

From: reach@ptialaska.net

To: Representative Fred Dyson <Representative_Fred_Dyson@legis.state.ak.us>

I oppose HB 260. Denali Kid Care has provided children who have disabilities or delays in development access to needed therapy and health care services. As the director of the REACH Infant Learning Program, I have seen families struggle over the years to get these needed medical services for thier children. Treatment early is effective in reducing or eliminating developmental problems. I work with many single parents who do not have adequate medical coverage. We insure our elderly, why not continue to insure our children. It is an investment in the future. Denali Kid Care has been one the best programs I have seen for children--please do not turn change this program.

Testimony to the House HESS Committee
Hearing on HB 260
February 8, 2000
From Beverly Churchill

I am here on behalf of scores of families currently being served by Denali KidCare. I work at the Anchorage Neighborhood Health Center with the DKC Outreach Program. Our program has assisted close to a thousand women and children in applying for Denali Kidcare. The parents are not here because most of them are working or caring for their children. Many of them are not articulate or experienced in public speaking. But most of them are voting citizens, and hard-working people. They work at our airports assuring their smooth operations. They work at hotels, supporting our tourism industry. They work at gas stations, schools, restaurants—they are the bread and butter of our economy right now. But every one of them I have talked to has been extremely grateful for Denali KidCare. It has allowed them to take their children for medical care when they needed to be seen. It has enabled parents to take their children to the dentist and eye doctor. It assures that women get good prenatal care. So I want to speak for these families, and give them your gratitude in supporting their efforts to work and care for their children.

I would like to add my two cents worth as well. The Denali KidCare Program is one of the best state-operated programs I have ever seen. It is truly user-friendly and efficient. Our state is one of the last in the country to buy into this expansion of Medicaid. Yet, we have a top record of getting eligible children enrolled. I have watched as our support to women at risk for poor birth outcomes has been eroded away. Our health programs have been regressive in this respect. Denali KidCare has replaced two other state programs that were assisting pregnant women: Prenatal Care II and Pregnant Women's Medicaid. With DKC's demise, we are left in far worse shape than when we started in this respect. I worked in the Perinatal Program at our health center for five years. I saw the number of women who still came to us late in care because they didn't know there was help out there.

Cutting Denali KidCare will result in the loss of millions of dollars in federal funds for health care that we desperately need with the state's current economy. Welfare reform has been successful in getting people to work—but it has not adequately provided for a way to continue health care for these families and countless others who have not found jobs with insurance. Denali KidCare is a beautifully designed program. If cuts need to be made, let us look at ways, but don't throw the proverbial baby out with the bath water. Thank you for your attention.

Public Testimony
HB260
Jennifer DuFord

I urge you to vote down HB260. Do not place the burden of balancing the state's budget on the shoulders of our children. Denali KidCare is a highly efficient and effective program. The federal government pays for over 70% of the program. The remainder of the program can be funded by the federal government's increased Medicaid reimbursement to the state, by the lower welfare rolls, and by the tobacco settlement. Of the \$25 million per year that the state is receiving from the tobacco settlement, only \$1.4 is designated for tobacco awareness/cessation programs. The entire amount should be used for health programs--as this was the reason the state received the money in the first place.

While my husband and I have always worked, and have never been on public assistance, we have lived without health insurance. One of the times we were without insurance was when we started our own company. We couldn't afford medical insurance for ourselves, much less our 10 employees. It was a very scary situation. Each time one of our kids got sick, we wondered how much the doctor's bill would cut into our tight budget. We gave up our business in part because of the lack of medical insurance. Therefore, I believe eliminating Denali KidCare will hurt economic development.

The elimination of Denali KidCare will also hurt welfare reform. A person who now sits home and receives a variety of state-supported benefits will have no incentive to go to work. A single-parent in this situation may have to spend \$800 per month on child-care, and \$800 per month on family health insurance. What's the benefit of working?

Statistics from the Alaska Department of Health & Social Services show that: providing adequate health care, along with other measures, reduces child abuse and neglect; uninsured children are 6 times more likely to go without needed medical care; children without health insurance are 5 times more likely to use the hospital emergency room as a regular source of care—resulting in no preventive care; and, children without insurance are 4 times more likely to have necessary care delayed—often turning what would have been a simple health problem, into a serious one. The legislature would be shortsighted in eliminating Denali KidCare. The choice is either to pay up-front in hope, or at the end in despair.

If some tweaking of the program is necessary--for example, reducing the mental health benefits or increasing the co-pay for families on the higher end of the income scale--then do that. Don't eliminate the program.

Fairview Center/OCP
1217 East 10th Ave.
Anchorage, AK 99501
(907) 257-4600 phone
(907) 257-4654 fax



Family Practice Center/OCP
3546 LaTouche Street
Anchorage, AK 99508
(907) 562-9229 phone
(907) 562-1603 fax

February 8, 2000

The alteration in qualifying income for DKC will result in a denial of prenatal care for many women.

It has been well documented through many studies that a lack of prenatal care, or late entry into care, results in a higher incidence of complications including premature birth. This entails enormous costs in terms of prolonged stays in intensive care nurseries.

Please, vote against this bill, and continue to provide health access to pregnant women and their children, Alaskas most important asset.

Gillian Trotter RN

Perinatal Case Manager

Heather Gallatin-Baker
Program Manager
Health Access Program Initiative
1217 E. 10th Ave.
Anchorage, AK 99501

If Alaska's children are supposed to be our most valuable renewable asset, why do we place them in jeopardy time and time again? The proposed change to the Denali Kid Care program will be punishing the children of parents who can't afford health coverage or who don't have health coverage through their employers or, have such a large deductible that they can not meet it. The state government spends a lot of time asking the citizens to trust them to have their best interest at heart, but how can people trust the government when the government wants to punish people for working.

With Denali Kid Care, parents had one less stressor in their lives. Parents knew that they could take their children in to have earaches looked at, to have regular dental exams, to have eyes examined and to have a whole host of other health problems addressed. If you lower the income guidelines to 100% or even 133% of the federal poverty level there is no incentive for people to have routine preventative care visits for either children or pregnant women. Working parents who are barely making ends meet are the people that are going to be affected. It is easy to say that there are low-cost health centers that the parents can go to, but the reality is that these centers are already filled to capacity, the parents have formed trusting relationships with their doctors, and employer sponsored health coverage is at an all time low.

Being politicians I am sure that you are concerned with the bottom line, which is the cost. One cost that I would like you to keep in mind is, that one bad outcome of a birth can cost the state upwards of 1 million dollars per child. In covering pregnant women you can be circumventing that staggering price tag.

Government is not the only entity concerned with healthcare. The Anchorage Access to Health Care Coalition is equally concerned with making sure that everyone has access to affordable health coverage. If you lower the income levels then you are taking away one more tool that the coalition can use to see that everyone, including children, can receive adequate health care. The tools that have been used in the past such as the PCII program have been done away with, putting even greater stress on community programs and low-cost health centers. These programs and centers can't afford to keep providing the services that the government keeps cutting.

Please remember that Denali KidCare ultimately protects those that need it most, Alaska's children. Please do not pass HB 260. My program has no vested interest in Denali KidCare. We do not sign up participants nor do we provide services, but our program does note that there has been a significant drop in the number of children who are going to the emergency room to receive primary care.

I understand that the Privatization Subcommittee on Health & Social Services recommended using a loan program, but that will still have the same affect as lowering the income guidelines. People are less likely to use the loan program because it will still place an undue burden on people's financial situations. Having people pay their bills is a wonderful ideal but reality would fall far, far short of its mark if you do pass HB 260 or even if you convert the money to a loan program.

Subject: HB 260 - Elimination of Denali Kid Care

Date: Wed, 9 Feb 2000 11:45:48 -0900

From: "Amanda Adams" <asadams@ptialaska.net>

To: <Representative_Fred_Dyson@legis.state.ak.us>,
<Representative_John_Coghill@legis.state.ak.us>,
<Representative_Joe_Green@legis.state.ak.us>,
<Representative_Carl_Morgan@legis.state.ak.us>,
<representative_jim_whitaker@legis.state.ak.us>,
<Representative_Tom_Brice@legis.state.ak.us>,
<representative_allen_lemplin@legis.state.ak.us>

Dear Representative,

I am writing to express my strong opposition to the proposed House Bill 260, which proposes to eliminate the Denali Kid Care program. I live in a rural community whose need for the continuance of this program is desperate. Many families in this community rely on the Denali Kid Care program to provide their children with very needed services. The elimination of the program would, in effect, deprive these families of a healthy lifestyle. I hope that you will very seriously consider this action and its potential negative affects.

All of America has decided that providing health care to children and pregnant women is a vital need. It is important to America and important to Alaskans. Should you pass this bill, Alaska will become the only state without a state child insurance program. In a time of terrible budget constraints, it is understandable the great stresses you must endure in trying to deal with budget issues. However, cutting Denali Kid Care is not the answer to this problem.

As you are well aware, much of Alaska's employment stems from Commercial fishing and related industries. Denali Kid Care helps those families whose main income does not provide insurance or benefits - such as fishing. This is so needed.

The legislature worked so diligently on implementing this program. It is vital to Alaskans. It is a great program!! Please don't deprive your constituents of a solution to very real needs. You have it in you power to ensure healthy lives for a great number of Alaskan children. Please use that power very wisely - vote no to House Bill 260.

Thank you for your time.
Sincerely, Amanda Adams

Board Member, Sound Alternatives-Mental Health Clinic, Cordova

Subject: HB 260

Date: Tue, 8 Feb 2000 18:24:52 -0900

From: "Jeri Lanier" <fcsajeri@mosquitonet.com>

Organization: Family Centered Services of Alaska

To: "Allen Kemplen" <Representative_Allen_Kemplen@legis.state.ak.us>,
 "Carl Morgan" <Representative_Carl_Morgan@legis.state.ak.us>,
 "Fred Dyson" <Representative_Fred_Dyson@legis.state.ak.us>,
 "Jim Whitaker" <Representative_Jim_Whitaker@legis.state.ak.us>,
 "Joe Green" <Representative_Joe_Green@legis.state.ak.us>,
 "John Coghill" <Representative_John_Coghill@legis.state.ak.us>,
 "Tom Brice" <Representative_Tom_Brice@legis.state.ak.us>

Dear Representative Dyson and HESS committee Representatives,

I participated in the hearing today (2/8/00) and have a few additional comments to make on this subject. I was told, Rep. Dyson, that you were not in the room when I directed a few comments to you so I will repeat those. You were quoted in our local newspaper as being concerned with the number of children (and the dollars being spent) that are receiving Mental Health services. I just want to say that this is a very positive point in Denali Kid Care's existence. It means that more needs are being identified at earlier ages and that the children are receiving help when it is most cost effective and behaviors & symptoms are most successfully treated. Many parents who at least access physical health services without insurance cannot even begin to seek mental health services due to cost prohibition. Even when you can find an agency that works on a sliding fee scale, it is still too high a price to justify the family going without food, electric, fuel or whatever else they may have to give up to pay. Yet when early intervention is used, it has a very high treatment success rate.

Rep. Coghill speaks of being worried about parental responsibility. How responsible is a parent that is so steeped in medical bills and counseling bills that the family has no place to live? There is a major difference between enabling system abuse and providing cost efficient, necessary treatment to children. If the system were being asked to extend the same services to adults, I could maybe see your point. Although enough services have already been cut in adult medicaid that we as a State should be ashamed of ourselves. But, Denali Kid Care is only funding children. I was in the LIO office early enough to hear the one gentleman speaking of a State run Health Insurance Cooperative. If that was already in place then we wouldn't even have to have this conversation, because we could then put the responsibility back into the hands of the family. However until there is an option, Denali Kid Care should not be considered socialized medicine, but society's preference to raising healthy children and infants (include Pregnant women) instead of the run-away health care costs associated with unpaid bills that continue to stack up and increase costs.

My family is no longer eligible for Denali Kid Care or any other state relief, I have only one child living at home and I pay to have her on my company insurance. if she were to suffer a catastrophic illness or need mental health care like my older two children did, then I am afraid of what would become of us. Yet I do not begrudge some of the slight security of a healthy child to any one of less income than myself. You each have the benefit of the State Health Care plan. I don't begrudge you your better benefits that I can afford. Do your constituents deserve to be penalized for doing the best they can for now? Please consider carefully before advancing this bill any further.

Thank You
 Jeri B. Lanier
 Natural Support Specialist/Parent Advocate
 Family Centered Services of Alaska, Inc.
 620 5th Avenue, Fairbanks, AK 99701-4512
 Phone: 907-474-0890 Fax: 907-451-8945
 E-mail: fcsajeri@mosquitonet.com

Subject: Denali KidCare coverage

Date: Wed, 9 Feb 2000 15:58:33 -0900

From: "Tundra Womens Coalition" <twcpeace@alaska.com>

To: <Representative_Fred_Dyson@legis.state.ak.us>,
<Representative_John_Coghill@legis.state.ak.us>,
<Representative_Joe_Green@legis.state.ak.us>,
<Representative_Carl_Morgan@legis.state.ak.us>,
<Representative_Jim_Whitaker@legis.state.ak.us>,
<Representative_Tom_Brice@legis.state.ak.us>,
<Representative_Allen_Kemplin@legis.state.ak.us>

I am in support of Denali KidCare coverage to help working families who work in low paying jobs with no health benefits. Denali KidCare helps families who move off welfare because they can still receive health coverage for their children. Coverage for pregnant woman provides a child with a healthier start. It is well proven that the health of a child in utero is essential to a healthy start in life. Low income women will avoid health care until later in the pregnancy, when complications or other problems can be detected early on and corrected. Spending a few dollars early in a child's life for better health is much better spent prevention than spending more later when complications arise and one's health deteriorates.

As the mother of two young children with different types of health problems, and many trips to the doctor, I was fortunate to prevent later problems by having their illnesses diagnosed. I could have lost two children unnecessarily if I did not have health care.

I have heard of the loss of a child simply because the mother did not get the child to the doctor early enough in the lower 48. Alaska, as the last frontier, should not have children that deal with health complications just because they don't have insurance. Living in Alaska is tough enough without having legislators who think about spending money now to avoid higher costs later.

Thank you very much. Sometimes it is easiest to let go of programs that affect those who will not vote for us. Our conscience must tell us otherwise.

Sincerely,

Agnes Phillips
Executive Director
Tundra Women's Coalition

STATE OF ALASKA

TONY KNOWLES, GOVERNOR

DEPARTMENT OF HEALTH & SOCIAL SERVICES

MEDICAL CARE ADVISORY COMMITTEE

P.O. BOX 110660
JUNEAU, ALASKA 99811-0660
PHONE: (907) 465-3355
FAX: (907) 465-2204

February 7, 2000

FEB 09 2000

The Honorable Fred Dyson
Alaska State Legislature
Capitol Room 104
Juneau, AK 99801

Dear Representative Dyson,

On behalf of the Medical Care Advisory Committee, I would like to express the committee's concern regarding House Bill 260. Required by federal law, the Alaska Medical Care Advisory Committee is responsible for advising the State's Medicaid agency on policy and program changes to the Medicaid program. The committee members include health care consumers and providers from across the state of Alaska.

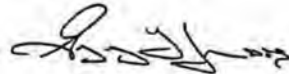
The Medical Care Advisory Committee has had the opportunity to provide input to the Department of Health and Social Services on the Denali KidCare program throughout its development. At a recent committee meeting, we heard from consumers and providers about their experiences with the Denali KidCare program. From our review, we learned that the program has been overwhelmingly successful in reaching needy families and has contributed immensely to the stability of these families. We also learned that parents were able to stay employed even if their children got ill because their children had health care coverage through the Denali KidCare program. These families feel empowered that they can both maintain employment and provide the right care for their children.

From the beginning, the Medical Care Advisory Committee supported the development of Denali KidCare program for a number of reasons. Numerous studies have documented that the percentage of children without health insurance has grown rapidly in recent years. Contributing significantly to the declining trend in health insurance is the decline in employer financial support for health care coverage for their employee's dependents. Families who meet the income eligibility guidelines for Denali KidCare often do not have the option of an employer financed health insurance plan for their dependents, and even if they do, they can not afford to pay their share of the health care premiums, deductibles, and copayments. The Medical Care Advisory Committee knows that children without health care coverage are six times more likely to go without needed medical care, five times more likely to use the hospital emergency room as a regular source of care, and four times more likely to have necessary care delayed. It is important to a child's development that they receive appropriate medical care. If a child develops a chronic

health problem, studies have shown that it can affect that child's health and well being for decades to come and children, especially young children, should receive annual doctor visits to monitor their growth and development. Children without health care coverage are also more likely to be missing some of their immunizations.

For these reasons, the Medical Care Advisory Committee strongly supports the Denali KidCare program and urges the Legislature to maintain the program in its current form.

Sincerely,



Greg Johnson, DDS
Chair

Medical Care Advisory Committee members:

David Alexander, MD, Anchorage
Chris Ashenbrenner, Juneau
Sam "Lavada" Bush, Fairbanks
Patricia Conners-Allen, Juneau
Kathy Dillard, Kodiak
Gary Givens, R.Ph., Anchorage
Patty Hong, RN, Girdwood

Greg Johnson, DDS, Fairbanks
Bob Labbe, Juneau
Frances Martin, Ketchikan
Marilyn Mories, Palmer
Dennis Murray, Soldotna
Peter Nakamura, MD, Juneau

cc: All members, Alaska State Legislature
Governor Tony Knowles
Commissioner Karen Perdue



Alaska State Legislature

Please enter into the record my testimony to the (H) HESS
committee name

committee on HR 260, dated 2-8-2000
bill/subject

I believe the Devil KidCare program is one that needs to stay in effect. It is a very necessary program that helps many children in our state.

I have a niece that needed heart surgery and we looked several places for assistance. When DKC went into effect, it was a God-send. There's no way my sister could have afforded \$40,000 for this surgery no matter how much she cares for her child.

I am a student, graduating in May. I will be attaining employment that will support my family and get off welfare. I do have four children and three of them have medical issues that require ongoing care. I know that no job will be able to pay me enough to keep up with those issues.

I also believe that if the Government is willing to pay for medical coverage for all natives, it should also pay for all other Americans. We all live here and should have the same coverage. Children need medical coverage to be taken care of. It's important to keep DKC available so our children will be protected.

Signed: _____

Gene A. Feller
Testifier

Representing (Optional)

801 Airport Hts # 245
Address

274-4309

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House Health Education & Social Services
 committee name
 committee on HB 260, dated Feb 8, 2000
 bill/subject

I request that the attached letter from the ~~AK~~ Medical Care Advisory Committee be made part of the record of this today's committee hearing.

Signed: Patricia Hong
 Testifier
AK Medical Care Advisory Committee
 Representing (Optional)
PO BOX 321 Gudwood AK 99587
 Address
(907) 783-2675
 Phone No.

Health Access Program Initiative
1217 E 10th Avenue
Anchorage, AK 99501

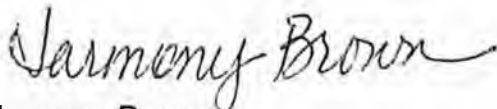
February 9, 2000

House Committee on Health, Education and Social Services

Dear Committee Members,

My name is Harmony Brown, I am the Program Coordinator for the Health Access Program Initiative at the Anchorage Neighborhood Health Center and I do not support HB 260. I have been fortunate enough in my life to have been raised by parents who had insurance and could afford healthcare. I also have been very privileged to work for companies, both large and small, who provided me with health insurance benefits after I got married. I understand that Representative John Coghill is trying to move Alaskan residents away from dependency on state and government funds. Lowering the income guidelines for the Denali KidCare program is not the best way to accomplish this. The Denali KidCare program will, in itself, achieve this over time by improving education. Healthier children have a better opportunity to receive education. Educated children will grow to be more responsible, successful adults. Responsible, successful, educated adults are more likely to get a higher paying job that includes health benefits. Educated children are less likely to become teenage parents, they are less likely to become criminals, and they will less likely need to depend on government programs. Therefore, moving away from dependency on local, state and government programs as Representative Coghill desires.

Sincerely,



Harmony Brown
Program Coordinator
Health Access Program Initiative

PHONE CALL

FOR	DATE	TIME	A.M. P.M.
M	Wendy Parsons		
OF	337-2843		
PHONE	<input type="checkbox"/> FAX <input checked="" type="checkbox"/> MOBILE		PHONED RETURNED YOUR CALL
MESSAGE	AREA CODE	NUMBER	EXTENSION
	Oppose HB 260		
			PLEASE CALL
			WILL CALL AGAIN
			CAME TO SEE YOU
			WANTS TO SEE YOU
SIGNED	Office DEPOT Item OD1154		

PHONE CALL

FOR	DATE	TIME	A.M. P.M.
M	Dina		
OF	694-4821		
PHONE	<input type="checkbox"/> FAX <input checked="" type="checkbox"/> MOBILE		PHONED RETURNED YOUR CALL
MESSAGE	AREA CODE	NUMBER	EXTENSION
	# Donali Kid Care		
	is a good support		
	to families		
			PLEASE CALL
			WILL CALL AGAIN
			CAME TO SEE YOU
			WANTS TO SEE YOU
SIGNED	Office DEPOT Item OD1154		

PHONE CALL

FOR	DATE	TIME	A.M. P.M.
M	Jason Conrad		
OF	696-0494		
PHONE	<input type="checkbox"/> FAX <input checked="" type="checkbox"/> MOBILE		PHONED RETURNED YOUR CALL
MESSAGE	AREA CODE	NUMBER	EXTENSION
	Oppose HB 260		
	- has child w/ special needs		
			PLEASE CALL
			WILL CALL AGAIN
			CAME TO SEE YOU
			WANTS TO SEE YOU
SIGNED	Office DEPOT Item OD1154		



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House Hess
Committee Name
Committee on Denali Kid Care Dated 2-8-00
Bill / Subject

On behalf of the City of Anaktuvuk we oppose Bill 260. Denali Kid Care is very helpful. Eliminating this program would be a detriment to our people. Thank you for considering our testimony.

SIGNED:

Steve Wells Steve Wells
Testifier

CITY OF ANAKTUVUK PASS City Clerk
Representing

Box 21030 907 661-3612
Address / Phone Number

Post-It™ brand fax transmittal memo 7671		# of pages 1	
To	STEVE WELLS	From	FAIRBANKS LIO
Co.	CITY ANAT. ASS	Co.	
Dept.		Phone #	
Fax #	661-3613	Fax #	456-3346



WILLIAM RANSOM WOOD
PRESIDENT (EMERITUS), UNIVERSITY OF ALASKA



February 10, 2000

HESS Committee Members
Alaska State Legislature
State Capitol
Juneau, Alaska 99801-1182

Dear HESS Committee Members,

House Bill 297 and Senate Bill 195 relating to the Certificate of Need (CON) program are bad for community hospitals around the state and I urge you to oppose them.

For over 30 years, the Greater Fairbanks Community Hospital Foundation has endeavored to provide the best medical care at the lowest cost possible. I was the President of the Foundation when we began that effort and remain a member of the Foundation today. It remains a fine example of what a community can do when it put its mind to it. Personally, I do not know of any other community that has taken care of its health care needs as well as Fairbanks.

As you know, Alaska is a rural state with rugged terrain and vast distances separating its people and medical systems. To fracture those systems and divert patient volumes necessary to support hospital services will only hurt hospitals and will likely raise costs to the patients and community. Many traditional services such as emergency care, general medical, mental health, etc. are not financially viable and are in part supported by outpatient services such as lab, radiology, surgery and pharmacy. Is it in the public interest to allow these competitors to "cherry pick" services?

Please do not rush to pass legislation that will damage a delicately balanced health care system. Before any such action as lifting "Certificate of Need" requirements shouldn't lawmakers take time to reason together with the public interests directly involved? I urge you to oppose these bills.

Sincerely,

Wm R. Wood

William R. Wood

cc:

Interior Legislative Delegation
Commissioner Karen Perdue
Governor Tony Knowles



FEB 10 2000
FEB 10

February 7, 2000

Representative Fred Dyson
Capitol Building
Room 104
Juneau, AK 99801-1182

Dear Representative Dyson:

Please accept this resolution unanimously passed by the Valley Hospital Association Operating Board of Directors urging the State of Alaska Legislature to leave the existing Certificate of Need Laws of the State of Alaska unchanged.

Representing a fully accredited, freestanding community hospital, I urge you to consider this matter carefully. Healthy competition and business growth are critical to the health care market. Today's health care institutions must be efficient, lean, and practical to remain fiscally viable. At the same time, our citizens expect their community hospitals to represent the best interests of the community and to be responsible stewards of the community's resources. With this CON process in place, Alaska guarantees our citizens that health care providers will be both profitable *and* accountable.

In light of national healthcare trends, board members and administrators of Valley Hospital Association are specifically concerned that for-profit ventures will choose to serve only those with the means to pay and will leave all charity, Medicare, and Medicaid patients to our existing delivery system. If this happens, many of the mission-oriented programs designed to meet the needs of our specific community will be eliminated.

I would welcome an opportunity to discuss this with you personally. Please call me at (907) 373-3575. Thank you for your consideration of this important matter to our citizens and to our community hospital.

Sincerely,

A handwritten signature in cursive script that reads "Kristan Cole".

Kristan Cole
President
Operating Board of Directors

RESOLUTION

Whereas, the State of Alaska established the Certificate of Need in 1973 to control unneeded health expenditures and to minimize undue duplication and fragmentation;

Whereas, based on January 1999 data from the American Health Planning Association, 75% of all states require some form of Certificate of Need review to ensure accountability and responsible stewardship of community resources;

Whereas, the Certificate of Need review has the ability to facilitate the development of a responsible marketplace in which the desired benefits of competition and real value in health care are realized;

Whereas, the Certificate of Need considers cost, quality, capacity, convenience and access issues at the community level in order to balance competing needs and the community's priorities;

Whereas, the Certificate of Need process holds health care institutions more accountable for their responsible stewardship of the public's resources;

Whereas, the Board of Directors of Valley Hospital Association, Inc. recognizes its joint responsibilities of clinical and financial stewardship to the Mat-Su Valley;

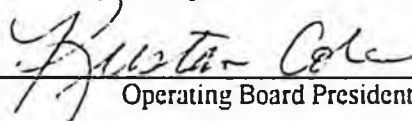
Whereas, the Valley Hospital Association, Inc. Board of Directors recognizes that expensive health planning decisions in a relatively small community must always be made for the greatest good;

Whereas, altering, amending, or doing away with the present Certificate of Need procedure would likely undermine the financial viability of Valley Hospital, which strives to represent the best interests of our community by relying on profitable services to support other mission-driven health programs;

Therefore be it resolved that the majority of the Valley Hospital Association, Inc. Operating Board of Directors calls upon the Alaska Legislature to leave the existing Certificate of Need Laws of the State of Alaska unchanged. In particular, the Valley Hospital Association, Inc. Operating Board of Directors advises the Alaska Legislature to maintain the \$1,000,000 Certificate of Need threshold currently recommended by the State of Alaska.

Be it resolved that the majority of the Valley Hospital Association, Inc. Operating Board of Directors calls upon all health care providers to join in supporting these efforts to encourage continued healthy discussions of health policy planning in the Mat-Su Valley, keeping in mind that all policy decisions should be made for the community's greatest good.

Valley Hospital Association, Inc.


Operating Board President

ATTEST:



ALASKA STATE HOUSE OF REPRESENTATIVES

Interim Address:
119 N. Cushman, Suite 211
Fairbanks, AK 99701
(907)-456-5081
Fax# (907)-456-8245



Session Contact:
(907)-465-3719
FAX# (907)-465-3258
State Capitol
Room 416

REPRESENTATIVE JOHN COGHILL

HB 260 DENALI KID CARE QUALIFICATIONS SPONSOR STATEMENT

The federal government has slowly been imposing guidelines to provide more and more public assistance to more and more people, many of whom are not living in poverty. Working Alaskans are now not only being asked to provide medical care for the poor, they are being asked to provide medical care for Alaskans living at 250% of the poverty level.

This legislation serves two purposes. First, it brings the definition of poverty back to the basic assumption that a family is poor if they do not have the resources to provide for essential needs such as food, clothing and shelter.. Second, it tells the federal government that we disapprove of its move to instill socialized medicine as status quo in this country, even if it means sending federal dollars back to Washington.

Why in a state where unemployment is 4.7% are we providing medical assistance to 105,000 Alaskans. The simple truth is that we are broadening the definition of poor. The federal government already allows Alaska to define 100% of poverty level at 125%, but in passing HB 375, the legislature redefined poverty at 250% by expended medical assistance to families "whose household income does not exceed 200 percent of the federal poverty level..."

The Privatization Subcommittee on Health & Social Services recommended that the medical assistance program be converted into a loan program for people who are physically able to support themselves and their family, but have medical needs and do not have the immediate resources to pay for that need. This could enable the State of Alaska to turn back federal dollars with unfunded mandates attached. This would eliminate such requirements placed on doctors as the stipulation that they can not charge less to any patient than what a Medicaid patient pays. The elimination of that requirement would enable doctors to perform medical services to certain patients at no cost. The department responded that any attempt to convert to a loan program would jeopardize \$332 million in federal Medicaid funds annually and "put health coverage at risk for 105,000 Alaskans."

Wall Street Journal
November 2, 1999

Defining Poverty Up
by
W. Michael Cox and Richard Alm

America could soon get a lot poorer.

The Census Bureau is experimenting with a new formula that would raise the poverty threshold for a family of four to \$19,500 from \$16,660. Through a simple change of definition, one that has nothing to do with economic realities, 12 million Americans might become "poor" overnight.

It's true that existing measures of poverty are riddled with flaws. But the problem isn't that they underestimate poverty; it's that they overestimate it. When we're trying to determine well being, the proper yardstick is consumption, not income. They aren't the same thing--especially among the poor. The poverty rate tells us how many Americans earn low incomes, not what they're able to buy.

Households in the bottom fifth of the income distribution consume well beyond their earnings. In 1997 an average low-income household made \$7,086 year before taxes. Consumption--what the poor spent, not what they earned--totaled \$14,670.

How can poor families consume more than they earn? Many supplement their income through welfare, Food Stamps, unemployment benefits, Medicare, Medicaid, school lunches, rent subsidies and other programs, all of which the statistics leave uncounted. And the poverty statistics ignore wealth, which can be more important than current income. Workers temporarily laid off don't get paychecks, but they often have savings to fall back on. Although many retirees earn low incomes, their houses, cars and furnishings are paid for, and they've got nest eggs. In 1993, 302,000 families with incomes of less than \$20,000 lived in homes worth more than \$300,000.

When you're really poor, everything you see is something you can't have. But over the years, the poor have gained access to more goods. Government statistics show that poor households own many of the consumer goods usually associated with middle class life in the United States.

The percentage of poor households with washing machines rose to 72% in 1996 from 58% in 1984. Ownership of dryers went to 50% from 36%. Two-thirds of poor families had microwave ovens in 1996, up from one in eight a decade ago. Ninety-seven percent of poor households have color televisions, and three-fourths have videocassette recorders. Almost three-quarters of poor families own at least one car.

By the standard of day-to-day living--the standard that really matters--the poor have gotten much richer. Indeed, poor households in the 1990s are in many ways better off than average families in the early 1970s. Two-thirds of poor households had air-conditioners in 1997, compared with less than a third of all households in 1971. And it wasn't a welfare program that made it possible; it was the free market, which has introduced innovative new products and brought the prices down.

Spending patterns help explain how the poor can afford more of the trappings of middle-class life yet still not escape the poverty statistics. Among households below the poverty line, outlays for food, clothing and shelter were 37% of consumption in 1995, compared with 52% two decades earlier, 57% in 1950 and 75% in 1920. Thus poor households have considerably more discretionary income than they once did.

One reason is that the government has already been raising the poverty threshold too quickly. For more than three decades the government has been adjusting the poverty line every year for inflation. The Boskin Commission concluded in 1996 that the consumer price index overstates the actual rise in the cost of living by a percentage point a year. What's more, the overall CPI has risen 40% faster than the cost of groceries since 1965.

The crux of the debate over the proposed new statistics is the purpose of measuring poverty. As originally conceived, the poverty statistics were meant to be diagnostic. They emerged in the mid-1960s as a benchmark for President Johnson's "war on poverty." What we wanted to know then--what we should still want to know today—is whether we're reducing the number of families struggling to obtain the basic necessities of life.

The answer is yes. A recent Heritage Foundation study examines the incidence of the bedrock problems of poverty--malnutrition, crowded housing and lack of access to medical care. It concludes that 8.7 million Americans, or just 3.7% of the population, make up the nation's "hardship population"--the truly poor.

In 1993, University of Texas economist Daniel Slesnick recalculated the poverty rate based on spending rather than income. To remove the vagaries of inflation, he established the poverty threshold at three times the cost of a nutritionally adequate diet for all members of a household. Mr. Slesnick's results show that the proportion of poor in the U.S., measured by consumption, has fallen steadily, from 31% in 1949 to 13% in 1965 to 2% at the end of the 1980s.

It's not hard to discern the political agenda of those who want to conjure up another 12 million poor people. Having more poor families enlarges the constituency for programs that dole out money to the poor. But if it's simply a matter of deciding which families are eligible for government programs, then the issue really comes down to how much we're willing to sacrifice to the insatiable god of equality.

FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. HB 260

Revision Date/Time (Note if correction): _____ Dept. Affected: Health and Social Services
 Title: Relating to coverage of women and children BRU: Medical Assistance
under medical assistance program Component: Medicaid Services
 Sponsor: Coghill COMPONENT SERIAL NO. 2077
 Requestor: H HESS See also (SN#): _____

Expenditures/Revenues: (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	(10,047.5)	(17,594.9)	(19,008.1)	(19,008.1)	(19,008.1)	(19,008.1)
MISCELLANEOUS						
TOTAL OPERATING	(10,047.5)	(17,594.9)	(19,008.1)	(19,008.1)	(19,008.1)	(19,008.1)

CAPITAL EXPENDITURES						
CHANGES IN REVENUES ()						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	(7,326.3)	(12,841.7)	(13,665.3)	(13,665.3)	(13,665.3)	(13,665.3)
1003 GF Match	(2,721.2)	(4,753.2)	(5,342.8)	(5,342.8)	(5,342.8)	(5,342.8)
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
TOTAL	(10,047.5)	(17,594.9)	(19,008.1)	(19,008.1)	(19,008.1)	(19,008.1)

Estimate of any current year (FY2000) cost: \$0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

This bill would eliminate the expansion of Medicaid coverage to pregnant women and children with family incomes up to 200 percent of the federal poverty level that started March 1, 1999. The proposed effective date for the legislation is July 1, 2000. Regulations will be needed in order to discontinue Medicaid coverage, however, since pregnant women are guaranteed eligibility through two months past partum and children are granted eligibility for six months, those already eligible when the regulations go into effect will remain eligible for the appropriate period. There is also a delay of claims processed from the date of service that impacts the financial outcome of elimination of services; this claims delay will result in 95 percent completion of claims processing for children in August of 2001 and in December of 2001 for pregnant women. This fiscal note assumes regulations to eliminate the coverage expansion go into effect October 1, 2000.

7/28/11/3/19

Prepared by: Nancy Weller *NW* *BS* Phone: 465-3355
 Division: Division of Medical Assistance Date/Time: 1/13/00 2:53 PM
 Approved by Commissioner: Karen Perdue, Commissioner Date: 1/21/00
 Agency: Department of Health & Social Services

PREPARER TO PROVIDE ALL DISTRIBUTION COPIES TO GOVERNOR'S LEGISLATIVE OFFICE
 For further distribution information, call the Governor's Legislative Office

ANALYSIS (cont.):

The basis for the fiscal note analysis is the following assumptions:

<u>GROUP</u>	<u>NUMBER</u>	<u>TOTAL FUNDS</u>	<u>GF</u>	<u>MATCH RATE</u>
PG women	780	\$5,963,043	\$2,017,894	33.8%
Children	6696	\$13,045,037	\$3,324,918	24.25%

ANNUAL COST: PGwomen - \$7,644.93 CHILDREN - \$1,948.18
 MONTHLY COST: PGwomen - \$637.08 CHILDREN - \$162.35

This fiscal note assumes that beginning October 1, 2000, 780 pregnant women and 6696 children would be newly denied Medicaid coverage. The cost experience for the Medicaid Program for these groups is indicated above in annualized and monthly average expenditures. The match rate is the effective general fund match rate for these groups factoring in the 100 percent federal funding for Alaskan Natives who receive services in tribal health facilities. This fiscal note assumes that the eligible pregnant women and children applied for coverage equally over the months of the year and that claims for health care services are submitted equally over the six months following the date of service.

<u>FY01 PROJECTED EXPENDITURES</u>	<u>SAVINGS</u>	<u>GF</u>	<u>FFP</u>
PG WOMEN	\$2,981.5	(\$2,981.5)	(\$1,973.8)
CHILDREN	\$5,979.0	(\$7,066.0)	(\$5,352.5)

The projected expenditures for pregnant women and children for FY01 are based on the eligibility segments for those groups who remain on Medicaid after October 1, 2000. Due to the guaranteed six month eligibility period for children, children will drop off Medicaid coverage monthly through February of 2001, and the six month filing period for claims for their services will extend through August of 2001. Pregnant women are required to receive coverage through two months following the termination of the pregnancy; therefore, the last group of pregnant women will not lose coverage until the end of June of 2001. Claims for pregnant women coverage should be largely completed by the end of December of 2001.

<u>FY02 PROJECTED EXPENDITURES</u>	<u>SAVINGS</u>	<u>GF</u>	<u>FFP</u>
PG WOMEN	\$896.6	(\$5,093.4)	(\$3,371.8)
CHILDREN	\$543.5	(\$12,501.5)	(\$9,469.9)

The expenditures for pregnant women and children in FY02 are due to the delay in claims processing until six months following the dates of service. Claims will continue to be processed for children through August of 2001 and through December of 2001 for pregnant women.



- Priority Alert
- Information & Background
- Action Required *Legislative Alert*

Call: _____ *Fax 5 Pages*

Write letters to: _____

Must be completed by: _____

Public opinion message (call your local Legislative Information Office)

MHA IN ALASKA • 4045 Lake Otis Parkway, Suite 209 • Anchorage, Alaska 99508-5221
 TEL 907-563-0880 • FAX 907-563-0881 • TOLL-FREE 800-478-0880

Priority Alert - Action Required

HB 260 - Medical Assistance Bill

Eliminates DenaliKid Care

January 25, 2000

HB260 is a bill that will eliminate the Denali KidCare Program!

There will be a hearing in House HESS, Thursday, January 27 at 3:00 p.m. This hearing will be teleconferenced through the Legislative Information Offices in Anchorage, Fairbanks, Juneau and Sitka. Additional sites must be requested by the representatives on House HESS committee.

The attached information sheets were provided by Diane DiSanto and will certainly help in forming arguments to simply drop this bill.

Your calls, letters, POM's, and personal testimony will make a difference! Please do not hesitate to contact me should you require any further information!

Jan McGillivary, Coordinator

Denali KidCare is a program that went into effect March 1, 1999 to provide health care insurance primarily to uninsured children in working and non-working families and to pregnant women. Funded mainly with federal dollars, this program expanded Medicaid income levels to assure that more Alaskan children receive a healthy start in life.

Denali KidCare takes advantage of enhanced federal funding under the State Child Health Insurance Program (S-CHIP) adopted by Congress in 1997 to provide health care insurance for uninsured children in America. Over 10.5 million children are uninsured in this country, and the number is increasing as employer coverage of dependents becomes less common.

HB 260, if adopted by the Legislature, will eliminate the Denali KidCare program.

Alaska would be the only state or territory without a State Child Health Insurance Program.

WHY COVER HEALTH INSURANCE FOR CHILDREN?

- Health care insurance coverage for children is cheap - \$472 per year, per child in state funds.
- With Denali KidCare, 72 cents of every dollar spent is federal funds; only 28 cents comes from state general funds.
- Services for children enrolled in Denali KidCare who also are eligible for Tribal or Indian Health Service are paid for with 100% federal funds.
- Health care insurance is vital to the wellbeing of Alaska's children.
- Children with health care coverage are more likely to receive well-baby/well-child care, adequate immunizations, and have health care problems discovered early.
- Denali KidCare helps working families who work in jobs with no benefits to provide health care for their children.
- The state used part of the \$30 million savings from the Medicaid federal match rate change to expand coverage for children and pregnant women.
- Program elimination will result in a huge loss of federal funds for health care.

WHY COVER HEALTH INSURANCE FOR PREGNANT WOMEN?

- Prenatal care is the single most cost-effective health care expenditure.
- Prenatal care ensures the best birth outcome for the baby.
- Prenatal care is the best method of assuring a healthy start for Alaskan children.

1. Helping the working poor—

Denali KidCare offers health care coverage for children in families that make too much to be on Medicaid—but not enough to buy health insurance

1. It is a program for the low-income “working poor”—and meets the basic need for Alaska parents to be able to provide health care for their children while working at a low paying job with no benefits.
2. Denali KidCare provides health insurance coverage for children and teens through age 18 and for pregnant women.
3. To be eligible, the family must meet income and other eligibility guidelines.
4. It is primarily for individuals without health insurance whose income is 200% or below the Federal Poverty Level (FPL) Guidelines.
5. If the family income is quite low, 150% Federal Poverty Level or below, children with other health insurance may be eligible.
6. Children, teens and pregnant women covered by Indian Health Service may also be eligible if they meet income and other eligibility guidelines.

II. Changing Alaska economy—

More retail, low paying jobs—a Walmart instead of an ARCO economy— means more parents are unable to provide health insurance coverage for their children.

1. "According to data published by the U.S. Department of Commerce, Alaska is the only state with real (inflation-adjusted) Gross State Product (GSP) lower in 1997 than it was in 1982."
2. "Alaska has gone from having the highest per capita personal income in the country to a position below the national average."
3. "At the current rate of decline, Alaska's per capita personal income will fall into the lowest 25 percent within 10 years."
4. "Declining real GSP in the face of rising population and labor force means that Alaska has endured a sustained 15 year period of net aggregate disinvestment."
5. "Real wages and real household income have continued to fall."

(Quoted from the *Anchorage Daily News*, "Economic downturn threatens Alaska,, by David Reaume, October 24, 1999.)

III. Assisting families going from welfare to work—

Denali KidCare makes it possible for families to get off welfare because with Denali KidCare, they can still provide for their children's health care needs.

1. State welfare rolls are down to the lowest level in almost a decade. (*Juneau Empire*, November 24, 1999)
 - In April 1994, there were 13,161 Alaskans on temporary assistance cash payments. As of October 1999, that number was down to 7,718 and more than half of these people are working part-time or training for work.
 - From July 1997 to July 1999, more than 4000 Alaska families left welfare for jobs, dropping the welfare caseload to its lowest level since 1991.
 - Of the roughly 7,700 Alaskans currently receiving temporary assistance, more than half are working part-time jobs or participating in job training or education programs.
 - In cash payments alone, the state is projected to have spent some \$47 million less from 1997 through 2000."
 - Declining welfare rolls have allowed the state to replace state funding for some programs with federal money.
2. "In the past three years, we have moved thousands from welfare to meaningful jobs, cut the welfare caseload by a third, and saved the state millions of dollars in the process." (Governor Knowles, press release dated November 24, 1999.)
3. Welfare reform in Alaska is working successfully to keep people off welfare and cash assistance.
4. Keeping people off welfare takes money to support services needed by working families—such as health insurance for their children.

(Quoted from the *Juneau Empire*, "Welfare rolls drop by third, by Svend Holst, November 24, 1999 and related press release from governor Knowles.0)

www.state.ak.us

Welcome to the State of Alaska Online



Enter Name to Find:

 Advanced Search - Netscape Directory Server
 To update or add a new listing click here!

Lookup found one person. Click on their address to send an Email message.
Use horizontal scroll bar at bottom of window to see department, job title, and location.

Disanto, Diane M. (907) 269-7800 diane_disanto@health.state.ak.us

Last updated:
Jan 25 23:00

-
- [Government](#)
 - [Legislature](#)
 - [Business](#)
 - [Jobs](#)
 - [Services](#)
 - [Alaska WebMart](#)
-
- [In the News](#)
 - [Communities](#)
 - [Hot Topics](#)
 - [Alaska Facts](#)
 - [Year 2000](#)
 - [State Homepage](#)

[In the News](#) | [Alaska WebMart](#) | [Jobs](#) | [Governor](#) | [Department](#) | [Year2000](#) | [PFD Status](#)



© State of Alaska
Contact:
webmaster@state.ak.us

Jeff Brand, M.D., P.C.

2841 DeBarr Rd., Ste. B2
Anchorage, AK 99508

Pediatrics & Adolescent
Medicine

Phone: 907-264-1457
Fax: 907-264-1008

Fax Cover Sheet

To the attention of: Mr FRED DYSON, ATTN WES	
Fax: 465-4587	Phone:
Date: 1/26/00	Number of pages:
Sent by: Dr JEFF BRAND, PRESIDENT ALASKA CHAPTER AAP	

Comments: IN REGARDS TO HB260 I WOULD LIKE TO ADDRESS SEVERAL POINTS

- ① PRIOR TO DENALI KID CARE MEDICAID WAS TRIGGERED AT 130% OF THE POVERTY LINE, THIS CUT WOULD FURTHER EROD COVERAGE.
- ② FOR 2.8 MILLION OF STATE MONEY, WE GET 5.4 MILLION OF FEDERAL MONEY
- ③ DENALI KID CARE COVERS WORKING PEOPLE WHO DONT HAVE INSURANCE BUT MAKE TOO MUCH FOR MEDICAID
- ④ WITH MORE & MORE JOBS BRING IN THE SERVICE SECTOR, WE HAVE LOWER WAGE JOBS & THUS LESS ABLE TO AFFORD INS.
- ⑤ INSURANCE COMPANIES DONT LIKE TO SELL INDIVIDUAL INSURANCE & ITS EXPENSIVE

Confidential Notice: This message is intended only for the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you.

Confidential Medical Record Chart

(Please print in ink. Give complete information on each line.)

PATIENT'S NAME		DATE OF BIRTH:	
DATE SEEN	DOCTOR	MEDICAL HISTORY	PAGE NO.
(6)		MANY COMPANIES PROVIDE INSURANCE FOR THE EMPLOYER BUT TO ADD FAMILY MEMBERS IS EXPENSIVE	
(7)		I FEEL THAT IF OUR AIM IS TO GET PEOPLE BACK TO WORK, PROVIDING A SAFETY NET OF HEALTH INSURANCE FOR THEIR CHILDREN IS THE BEST USE OF MONEY FOR INSURANCE → THESE PEOPLE ARE NOT ON WELFARE	
(8)		SOME EXAMPLES FROM OUR OFFICE a) PARENT WORKS AT WALMART, K-MART, KFC, BURGER KING OR SELF-EMPLOYED b) I PAY \$5000/YR FOR INSURANCE FOR A FAMILY OF 4, HIGH DEDUCTIBLE NO ROUTINE CARE NO OFFICE CARE; (c) FOR A FAMILY OF 4 AT 200% OF FPL (40,000/4) → THIS INS. WOULD COST 15% OF THEIR GROSS INCOME	
		POINTED BY MYSELF BECAUSE MY HANDWRITING IS POOR. I WOULD APPRECIATE A CHANCE TO TALK WITH YOU IN PERSON	

Jeff Brand
 Jeff Brand

memorandum

DATE: 27 January
TO: HESS Committee Members
FROM: Michael G. Bricker MS, ICADC, CPC - Program Director
Kristine A. Bricker LCSW, NCAC-II - Clinical Director
Kuskokwim Native Association Community Counseling Center
RE: House Bill 260

Honorable Gentlemen:

This memo invites you to question your conscience regarding HB 260. It is my understanding that the Bill would effectively eliminate the Denali KidCare Program. We have not read the Bill, nor do we presume to be conversant with all its ramifications. But several points invite due reflection:

- ❖ Historical experience in other States suggests that this type of supplemental aid is cost-effective, and the reported cost in Alaska of \$472/child/year seems reasonable...
- ❖ Particularly considering the well-documented costs of NOT providing such services. Preventing a *single FAS birth* requiring life-long State supports (...considering not just Federal dollars for SSDI but the costs of Special Education, incarceration, multi-generational FAS/FAE etc...) in the hundreds of thousands *per child* may put this in perspective.
- ❖ If we are already among the 8 bottom states in our Educational Achievement scores, and the Legislature has mandated a controversial Academic Benchmark Test, how do we suppose HB 260 would *enhance* our children's ability to learn? It seems more likely to achieve the opposite.
- ❖ Think of a child with a diagnosed learning disability (for example, Attention Deficit Disorder) who is unable to access the healthcare system for appropriate medication. If she or he is ineligible for Alaska Native benefits and otherwise uninsured, how can the school system respond to the child's *legally mandated* special needs? (By the way, a month's supply of Ritalin costs roughly the equivalent of 3 hours wages for a Special Education Aide...pretty cheap!)
- ❖ How can we take care of the needs of the people of Alaska (our perhaps naïve concept of what Legislators and taxpayers are supposed to be doing...) without caring for ALL of our children?
- ❖ We understand the need to balance the State budget, hopefully without doing politically unpopular things (like income tax). But is THIS really the best way to do it? It is perhaps cynical to suggest that, since kids don't vote...oh, but the Legislature would NEVER think that way. Would you?

HL Menken once said: "For every complex problem, there is a simple answer...and it is WRONG!" Please forgive us for having more questions than answers. We appreciate your time and due consideration.

Fred -

Dr. Mark Stauffer called to voice opposition to HB 260. He is a child and adolscent psychiatrist. He was working in Alaska both before and after Denali Kid Care. Under the program he sees many kids getting the treatment they need instead of being 'bandaided' together. Now many get residential or hospitalization treatment that they need. He feels it will also help the school violence problem. He is an Eagle River resident.

561-0044

PEDIATRIC CONSULTANTS OF ALASKA, INC.

1200 Airport Heights, Suite 230, Anchorage, Alaska 99508

(907) 276-5517

26 Jan 2000

RE: HB 260

Comment - kill it

If HB 260 passes, the state of Alaska will spend more because:

- ① many single parents presently working at jobs without health insurance will quit and go back on welfare;
- ② without early recognition and treatment of illness, more kids wind up in hospital or use ER, which is very expensive;
- ③ many studies prove every dollar spent on prevention saves many fold on expenditures

Clinton B. Lillibridge, MD, FAAP

Subject: Oppose HB 260

Date: Wed, 26 Jan 2000 08:03:31 -0900

From: "Theresa and David Newell" <newell@alaska.net>

To: <Representative_Fred_Dyson@legis.state.ak.us>

Dear Representative Dyson:

My wife and I wanted to let you know that we are very opposed to HB 260. Denali KidCare assists Alaska's most vulnerable citizens, and we hope that you will continue to support this important insurance program. Please OPPOSE HB 260.

Thank you.

David P. Newell and Theresa L. Newell
7050 Serenity Circle
Anchorage, AK 99502-1848
907-243-9229

Subject: HB 260

Date: Wed, 26 Jan 2000 11:51:54 -0900

From: Kathy Monday <kmonday@lifequest.org>

To: "representative_Joe_Coghill@legis.state.ak.us" <representative_Joe_Coghill@legis.state.ak.us>
"representative_Fred_Dyson@legis.state.ak.us" <Representative_Fred_Dyson@legis.state.ak.us>
"representative_Joe_Green@legis.atate.ak.us" <representative_Joe_Green@legis.atate.ak.us>,
"representative_Carl_Morgan@legis.state.ak.us" <Representative_Carl_Morgan@legis.state.ak.us>
"representative_Jim_Whitaker@legis.state.ak.us" <Representative_Jim_Whitaker@legis.state.ak.us>
"representative_Jim_Whitaker@legis.state.ak.us" <Representative_Jim_Whitaker@legis.state.ak.us>
"representative_Tom_Brice@legis.state.ak.us" <Representative_Tom_Brice@legis.state.ak.us>,
"representative_Allen_Kemplin@legis.state.ak.us" <representative_Allen_Kemplin@legis.state.ak.us>

Dear sir:

I would like to take this opportunity to voice my opinion on House Bill 260. How can one justify the shutting down of this program? I am not a welfare mother, nor do my husband and I sit around and not work.

We came here six years ago to start our own business. We could not afford insurance then, and we cannot now. Without Denali Kidcare, our daughter would lack basic medical care such as dental check ups and even the ingrown toe nail problem she had a month or so ago.

Please reconsider this program. We are hard working people trying to make a living and provide for our family. However, when an employer does not provide insurance coverage (both of our employers don't) then we are stuck. (We are no longer in business for ourselves)

I just had surgery in October for a tumor in my face. Because we made only \$124.00 too much in the month of October of last year, I am supposed to pay the entire \$10,000. bill. I just don't see how anyone is supposed to have decent health care anymore.

Please vote in favor of KEEPING Denali Kidcare, the health of many children depend on it.

Thank you for listening to a discouraged mother and employee.

Sincerely,

Kathy Monday
kmonday@mtaonline.net

Subject: House Bill 260

Date: Wed, 26 Jan 2000 13:46:32 -0900

From: Michael New & Diane Rossmiller <drossmil@ptialaska.net>

To: Representative_Fred_Dyson@legis.state.ak.us, Representative_Joe_Green@legis.state.ak.us,
Representative_Allen_Kempen@legis.state.ak.us,
Representative_Tom_Brice@legis.state.ak.us, Representative_John_Coghill@legis.state.ak.us,
Representative_Carl_Morgan@legis.state.ak.us,
Representative_Jim_Whitaker@legis.state.ak.us

Dear Chairman Dyson,

My name is Diane Rossmiller. My husband and I have three children, all of whom are participants in the Denali KidCare health insurance program. We enrolled in the program in April 1999, when I was pregnant with our third child, so I also received Denali KidCare pregnant woman coverage for a brief time.

We have lived in Juneau for five and a half years, and are co-owners of the Juneau Veterinary Hospital. My husband is a veterinarian, and I work part-time at the hospital as a business office manager. Our business is too small to qualify for group health insurance, and we cannot afford to purchase our own individual health insurance. Minimal family health insurance coverage with very high deductibles, no maternity coverage, no well-baby care, no dental care, no eye care, and only catastrophic care costs between \$800-\$1200 per month. We simply cannot afford this. Denali KidCare is our safety net for our children.

We feel the Denali KidCare program is vitally important because it provides an essential service to children and expectant mothers in the state of Alaska. As participants in the program, we feel very strongly that it would be a mistake to decrease the income eligibility for Denali KidCare from 200% to 100% of the federal poverty level. People who are at 100% of the poverty level have other programs for which they are eligible. The beauty of the Denali KidCare program is that it reaches working families whose children are uninsured. We are middle-class, self-employed people who, like many others working class families, do not earn enough to purchase our own health insurance, do not have access to group health insurance plans through our workplaces, and yet have incomes which exceed the eligibility requirements for Medicaid or other state or federally funded programs.

When I received pregnant woman coverage, I was able to see my midwife for regular prenatal care to insure the well-being of my unborn child. Many studies have shown the savings in health care costs which are realized when mothers receive

Subject: HB260**Date:** Thu, 27 Jan 2000 07:25:47 -0900**From:** Dianne Register <dregister@lifequest.org>

To: "representative_john_coghill@legis.state.ak.us" <Representative_John_Coghill@legis.state.ak.us>
 "representative_fred_dyson@legis.state.ak.us" <Representative_Fred_Dyson@legis.state.ak.us>
 "representative_joe_green@legis.state.ak.us" <Representative_Joe_Green@legis.state.ak.us>,
 "representative_carl_morgan@legis.state.ak.us" <Representative_Carl_Morgan@legis.state.ak.us>
 "representative_jim_whitaker@legis.state.ak.us" <Representative_Jim_Whitaker@legis.state.ak.us>
 "representative_tom_brice@legis.state.ak.us" <Representative_Tom_Brice@legis.state.ak.us>,
 "representative_allen_kemplin@legis.state.ak.us" <representative_allen_kemplin@legis.state.ak.us>

Dear Representatives Coghill, Dyson:Green, Morgan, Whitaker, Brice, and Kemplin:

I am against HB 260, which would effectively eliminate the Denali KidCare Program by rolling back program eligibility to 100% of the federal poverty guidelines. As a single mom who works full-time to support my children (with little help from their father, who is in jail for the sexual abuse of four of our daughters), I depend on Denali KidCare to provide my children with medical services and with mental health services. I, like many other single moms I know, work hard to support my children by myself. The only other State program I use is Energy Assistance. However, I just cannot afford the cost of medical care and the counseling my children need. They would end up going without vital care should Denali KidCare not be available. And if I, a single mom with post-secondary education and training and a reasonably good, full-time job, cannot afford health care for my children, how much more does the single parent without much education need this help for her children, especially if she is coming off Welfare and trying to do all she can to support her family.

My children, like all other children, deserve a good start in life. Health insurance is vital to the wellbeing of all of Alaska's children. If children have a healthy start in life, beginning with prenatal care for the pregnant mother and continuing with medical and mental health care during childhood, they will not only become better citizens who contribute to our society in the future, but it is also more cost-effective for the State to provide preventive care before the problems (medical or mental health) become larger and more expensive as children move into their teenage and/or adult years. The cost is only \$472 per year, per child, in State funds, as 72 cents of every dollar spent on Denali KidCare is from federal funds. Eliminating this program would cause Alaska to lose huge amounts of federal dollars. The State of Alaska cannot afford to lose these federal funds to promote the health of our children.

Please do not pass HB 260. Alaska's children deserve better than this.

Dianne Register
 951 E. Creekside #2
 Wasilla, AK 99654
 (907) 376-2693 (home)
 (907) 352-3204 (work)

good prenatal care.

It is certainly in the best interest of the state to continue to provide pregnant women with this coverage to help ensure that they and their babies have safe births and healthy beginnings.

We urge you not to amend the income requirements for participation in Denali KidCare.

This program benefits everyone, not just our own children. Denali KidCare also gives us tremendous peace of mind, knowing that if our children become seriously ill or injured, they will have health insurance coverage through this program. Please do not amend the Alaskan Statutes and deny us meaningful health insurance for our children. The money that is currently spent on insuring Alaskan children is money well spent.

Thank You,
Diane Rossmiller
8844 N. Douglas Hwy.
Juneau, AK 99901
tel. (907) 463-3761

Subject: Denali KidCare

Date: Wed, 26 Jan 2000 22:46:12 -0900

From: Evangeline Beth Hoffman <psebh@UAA.ALASKA.EDU>

To: Representative_Fred_Dyson@legis.state.ak.us, Representative_John_Coghill@legis.state.ak.us, Representative_Joe_Green@legis.state.ak.us, Representative_Carl_Morgan@legis.state.ak.us, Representative_Jim_Whitaker@legis.state.ak.us, Representative_Tom_Brice@legis.state.ak.us, representative_allen_keplin@legis.state.ak.us

Dear Members of HESS:

I hope that you will either reconsider or kill HB260. I believe that you will do many families a great injustice by eliminating Denali KidCare. This health care insurance is vital to the well-being of Alaska's children. If this bill passes, Alaska would be the only state or territory in the country without a State Child Insurance Program. Denali KidCare coverage for children is cost effective - only \$472. per year, per child, in state funds. Eliminating the program would result in a huge loss of federal funds for healthcare-72 cents of every dollar spent on Denali Kidcare is federal funds. We can spend that much money on Alaska children rather than the thousands of dollars for corporate welfare, this would only be fair to our children. Denali KidCare helps working families, such as mine, who work in jobs with no benefits to provide health care for their children. Denali KidCare also helps families who are moving off welfare because they can still provide for their children's health care needs. This coverage for pregnant women is also important to ensure a healthy start for Alaska children. PLEASE DO NOT ELIMINATE HEALTH CARE FOR ALASKA CHILDREN.

Subject:

Date: Wed, 26 Jan 2000 17:21:16 -0500 (EST)

From: Phyllis Kiehl <pkiehl@pol.net>

To: Representative_Fred_Dyson@legis.state.ak.us

As a pediatrician, I am well aware of the positive impact of the Denali KidCare program. I strongly urge you not to pass HB 260.

I have parents in my practice who have refrained both from getting regular well child checks for their children (important for disease prevention and for good health maintenance), and from seeking care when the children are ill, because of financial constraints. Many have been able to come in and get check-ups in the past year since Denali KidCare Insurance became available. Health maintenance visits address healthy lifestyles, prevention of disease-causing conditions; they provide behavioral counseling which can not only benefit some children in fostering emotional healthy growth and self-esteem, but in some cases prevent the perpetuation of behaviors that may otherwise readily lead to child abuse, injury both physical and emotional, and the costs of such behaviors on society (on the part of parents and of the children who grow up to continue unhealthy interactions).

Despite the absurd commentary published in the Anchorage Daily News by former Anchorage mayor (and insurance agent) Tom Fink, many families today just cannot afford to purchase health insurance. And the fact that almost 1/3 of my pediatric practice is made up of patients for whom Medicaid (as Denali Kidcare or the original program) is the primary payer indicates that those numbers are high.

Please continue to fund, and perhaps increase the funding for, Denali KidCare. It is an investment that is more than matched by federal funds, giving us an opportunity to expend little to gain such a great deal in the health of our future.

Thank you for your consideration of these comments.

Phyllis Kiehl, M.D.

Subject: HB 260**Date:** Tue, 25 Jan 2000 12:02:47 -0900**From:** "Jeri Lanier" <fcsajeri@mosquitonet.com>**To:** "Tom Brice" <Representative_Tom_Brice@legis.state.ak.us>,
"Pete Kelly" <Senator_Pete_Kelly@legis.state.ak.us>,
"Mike Miller" <Senator_Mike_Miller@legis.state.ak.us>,
"John Davies" <Representative_John_Davies@legis.state.ak.us>,
"John Coghill" <Representative_John_Coghill@legis.state.ak.us>,
"Jeannette James" <Representative_Jeannette_James@legis.state.ak.us>,
"Jim Whitaker" <Representative_Jim_Whitaker@legis.state.ak.us>,
"Gene Therriault" <Representative_Gene_Therriault@legis.state.ak.us>,
"Gary Wilken" <Senator_Gary_Wilken@legis.state.ak.us>**CC:** "Fred Dyson" <Representative_Fred_Dyson@legis.state.ak.us>

Dear Senators and Representatives,

I am disappointed to hear that there has been a bill proposed that would affect Denali Kid Care. HB 260 would significantly reduce the number of children eligible for health care in Alaska. When we are finally making great progress in getting families off of welfare and back into productive lives and jobs, this bill comes along that would effectively reduce the number of families that could afford to go back to work.

Just 3 years ago, I was a single parent raising 3 kids on a minimum wage job. I made house payments, kept up with food, utilities and necessities. There was no extra for any luxuries such as doctors bills. I had 2 special needs children. I made \$13.00 a month too much to be eligible for medicaid. I had the choice of being honest and hardworking and making it on my own, or showing my kids the easy way out. I could have reduced the number of hours I worked or lied about a couple of hours a week to receive medicaid. My daughter's psychiatric needs were such that it would take over 1/2 my take home pay weekly on a sliding fee scale. So she did without. Sadly she still needs care, when if she had been able to receive the help she needed then, she would have been much more likely to be a successful adult.

It is a proven fact that if children can receive the help they need at the first opportunity, whether medical or mental health, chances are that it will be much less costly in the long run. Mental Health services are proving to be the focus of many of the Denali Kid Care dollars, but all that tells us is that parents can finally get the help their childrer need earlier, when it is more cost effective, or finally getting help at all. Many providers will not take private insurance because of the short falls in mental health care parity. The fees on sliding fee scale are definitely a prohibitive factor for a family that is barely making it on lower paying jobs.

Please, consider the ramifications of more expensive, longer term treatment if people loose what has proven to be a very successful program. Let's not be short sighted when it come to the health and well being of children.

Thank you
Jeri Lanier

Subject: DO NOT ADOPT HB260

Date: Wed, 26 Jan 2000 16:17:25 -0800

From: "MD Christenson" <dr.pinky@hotmail.com>

Organization: HotBot Mail (<http://mail.hotbot.com:80>)

To: Representative_Fred_Dyson@legis.state.ak.us,
Representative_John_Coghill@legis.state.ak.us,
Representative_Joe_Green@legis.state.ak.us,
Representative_Carl_Morgan@legis.state.ak.us,
Representative_Jim_Whitaker@legis.state.ak.us,
Representative_Tom_Brice@legis.state.ak.us,
representative_allen_kemplin@legis.state.ak.us

It is important to maintain the Denali KidCare program.

Normal costs for a hospital birth are high enough, not to mention unexpected complications, which can result in unforeseen medical expenses.

For families without high paying jobs, or health insurance, these costs can be crippling.

The Denali KidCare program is effective in its 3 to 1 leveraging of Federal funds, and prenatal care is the single most cost-effective health care expenditure.

In all good conscience, how could you cut a successful, effective and needed program?

Michael Christenson
Juneau, Alaska
907.789.2096

HotBot - Search smarter.
<http://www.hotbot.com>

Subject: HB 260

Date: Wed, 26 Jan 2000 15:32:59 -0900

From: "Phillips, Tammy" <tphillips@alternativesmentalhlth.org>

To: "representative_Fred_dyson@legis.state.ak.us" <Representative_Fred_Dyson@legis.state.ak.us>

I am overwhelmed at the thought of the legislature eliminating the Denali Kid Care Program that is primarily funded by the Federal Government. The Child Health Insurance Program was adopted by Congress to provide health care insurance for uninsured children in America. The other 49 states and territories have adapted this plan and receive Federal monies to support the program.

In Alaska the health care insurance coverage for children is only \$472 per year/per child in state funds. This is very low in comparison to the individual insurance coverage offered by most employers. I work for a non-profit agency and it would cost me \$275 each month to cover one child under my insurance. A McDonald's working parent would not be able to cover this cost and provide housing and food much less maintaining a vehicle if that is the case, entertainment, medical expenses, home repair and upkeep. Please remember as you sit in your legislative sessions that the decisions you make impact people on a personal basis. A family is eligible for ATAP for five years during an entire lifetime. I agree that welfare is not meant to be a lifetime crutch. Denali Kid Care assists families that are in the transition from public assistance to the "working world". The experience I have from listening to families and economic concerns is that families are more willing to go back to work if there are other basic services to assist in the process. An example is the single female raising young children and does not receive child support or other assistance from the father. If this mother is only educated enough to work for minimum wage, what is the incentive? She will have to pay for child care and medical/dental if she is off public assistance but her paycheck does not provide her with any discretionary income for the basic needs of the child. Denali Kid Care fills this hole in assistance and helps to ensure the children of Alaska are provided their basic needs.

I urge you to vote in such a way that Denali Kid Care continues to be funded through the State of Alaska. The Federal government wants this program and I think it would be detrimental to state funding if the State decided to cancel this program.

Sincerely,

Tammy Phillips, BSW
Care Coordinator Supervisor
Alternatives Community Mental Health Center

Subject: HB260

Date: Wed, 26 Jan 2000 21:40:36 EST

From: DiveNome@aol.com

To: Representative_Fred_Dyson@legis.state.ak.us

Dear Representative Dyson:

I want to express my opposition to HB260, which would change the eligibility guidelines for Denali KidCare. As one who works with and provides an array of services to low income children, youth and families, I know that it is very difficult for many Alaskans to provide the needed health insurance for their children. As the Chair of the Alaska Food Coalition, we have seen that, while welfare reform has encouraged many people to successfully find work, these families turn to food banks for additional assistance, and parents are still not able to provide for some of the other basic needs, such as child care and insurance, without programs such as Denali KidCare and the Child Care Assistance Program.

With 72% of the funding for Denali KidCare provided by the federal government, and the cost to the state being only \$472 per year per child, this seems like a program which can effectively meet some of the needs of the most vulnerable Alaska children at a very low cost. This is a small amount to pay for the health of our children and to give babies of pregnant teens a healthy start in life.

Please do not reduce the state budget by taking away basic services designed to improve the health of Alaska's most needy people.

Sincerely,

Douglas McCoy
Executive Director
Nome Community Center, Inc.
PO Box 98
Nome, AK 99762

Yes, please.

"Disanto, Diane" wrote:

Hi, I wasn't at Building Bridges, however I do have some information about Denali Kid Care, would you like me to send it to you?

-----Original Message-----

From: Rynnieva Moss [SMTP:Rynnieva_Moss@legis.state.ak.us]

Sent: Wednesday, January 26, 2000 11:54 AM

To: diane_disanto@health.state.ak.us

Subject: Information wanted

Representative Coghill would like the information you supplied to
Jan
McGillivray at Building Bridges.

Our fax number is 907-465-3258.

Thank you.

Rynnieva Moss
Legislative Aide for Rep. Coghill

Southcentral Foundation

February 22, 2000

Honorable Fred Dyson, Chairman
House Health Education and Social Services
Alaska State Legislature
Juneau, Alaska 99801-1182

RE: OPPOSITION TO HB 260

Dear Representative Dyson:

The Southcentral Foundation is a non-profit health care organization of Cook Inlet Region, Inc., which provides a wide range of health care and related services to Alaska Natives and American Indians in Anchorage and the surrounding areas.

We are writing to express our opposition to HB 260, which would callously eliminate access to essential health care services for approximately 30 percent of Alaska Native children. The bill proposes to lower eligibility from 200 percent of poverty to 100 percent of poverty. The federal government funds Medicaid health coverage for the Alaska Native populations. C.H.I.P. (Children's Health Insurance Program) provides access to health care coverage to children of families that are employed but unable to afford insurance. According to the Alaska Department of Labor, Alaska Native children (0-19 years of age) make up 45 percent of the total Alaska Native population.

Based on data from the Indian Health Service, Alaska Native health status is one of the worst in the United States. The Alaska Native sudden infant death syndrome (SIDS) rate is 2.5 times (306.6) the U.S. All Races (120.3) rate. The postneonatal mortality rate for Alaska Natives (6.9) is twice as high as for the U.S. All Races (3.1).

The ability of the Alaska health care system to adequately treat this at-risk population relies on Medicaid funding. The Indian Health Service funding we utilize can only meet a portion of the health care needs of the Native community. The Denali KidCare Program offers a financially responsible avenue to address our health conditions and improve health status. Please consider the extremely adverse consequences to our at-risk children should this bill become law. We must speak for them; they are our future.

Sincerely,

SOUTHCENTRAL FOUNDATION


Katherine Gottlieb, MBA
President/CEO

4501 Diplomacy Drive, Suite 200 • Anchorage, Alaska 99508
(907) 265-4900 • Fax (907) 265-5925





Alaska State Legislature

Please enter into the record my testimony to the HHESS committee name

Committee on HB 260, dated 2/16/00
bill # / subject

I have a great interest in the livelihood of Denali Kidcare and feel it is a very important program. I have 4 children who benefit from this program. Two of these children have severe emotional handicaps. Without the help of DKC, we would not be able to get them the services we need to help them. We also would not be able to provide regular health coverage for any of them. DKC has helped our family receive medical care at very crucial times and it was the only way we could have done it. Taking this program away would hurt so many Alaskan families. Please don't let Alaska be the only state without a state child insurance program. Our children's health's well being is too important.

Signed: Rhonda Crawford
Testifier

Representing (optional)

P.O. Box 1524 Kenai 99141
Address

283-0960 Home 262-1331 work
Phone number

Written Testimony in opposition of HB 260**By Debra L. Shuey**

Have you ever tried to provide an income for a family of four and only are able to earn \$20,000.00 per year? That is what the poverty level is for Alaska. What do you each of you earn in a year? Could you provide quality health care for your children at \$20,000.00 per year?

Medical costs are at an all time high. What is a more important use of Federal money than to assure that our children will receive medical coverage not only for illness, but also for preventable service. For every dollar you spend, \$0.72 comes from Federal money and only \$0.28 cents comes from state general fund. Families that have health care coverage will receive well-baby/well-child care, adequate immunizations, and have health care problems discovered early which mean less medical costs in the long term.

Prenatal care is the single most cost-effective health care expenditure. Through education and medical visits, children are assured a healthier start.

Unemployment may be down, but what is the income level for those that are employed. Many people are not employed and are just not counted any more. There have been lower paying jobs available such as Wal-Mart that does employ people, but how does that income compare with ARCO?

Developing a loan program for families that are working and incur medical expenses is not an answer. When medical treatment is needed, it is usually costly and you can never make enough to pay your house payment, yet alone a loan. If a child has a developmental disability or a terminal illness, that loan would be so great and each time you pay it, the memories flood back. Sometimes in life, families are dealt difficulties that are overwhelming and they had no choice. What is wrong with helping these families that are trying as hard as they can and have a rough time?

Before you ever consider cutting this medical insurance for pregnant women and children, think of the families in your own community that it will effect. Put a name and a face to that dollar amount. Are you willing to be a part of a child not receiving medical care and possibly dying? Or what about a child having complications from a disease that they could have had an immunization, like chicken pox, but the parents couldn't afford the shot. Or what about the child that can't eat because their teeth are so rotten. Think about the child that is failing in school and the reason is poor eyesight.

By shutting off medical care to all of these families you are also limiting the changes that can occur through contact with medical professionals. Education is a big part of medical care. When pregnant women are at a doctor's office they are learning and communicating and hopefully seeing alternatives to what is happening in their lives. Medical care is more than a shot or a pill.



Alaska State Legislature

Please enter into the record my testimony to the House Health, Education, ^{Social} Services committee name

committee on HB 260, dated 2/15/00
bill/subject

I feel that cutting dental kid care benefits from the 200% policy level to 133% level would be completely unfair to the working families that have no access to acceptable health care insurance for their children.

The ones that would suffer would be the children and I feel this is an outrage. These working families are tax payers and deserve access to health insurance for their children. If this program suffers this cut it will force many people with severely ill children to quit their jobs and become dependent not only on Medicaid but on food stamps, job placement, etc.

Health care needs to be accessed from a preventative standpoint as opposed to waiting until the child is so ill they need extensive medical treatment.

Signed: Leslie Underwood Leslie Underwood
Testifier

St. Joe Community Hospital
Representing (Optional)

209 W. MOORE AVE. SITKA, ALASKA 99835
Address

907 747 3241
Phone No.



STATE OF ALASKA

LEGISLATIVE AFFAIRS AGENCY

DIVISION OF PUBLIC SERVICES

DATE: 2/14/00

Please accept the enclosed original(s) of written testimony for the HHS teleconference hearing that was scheduled on 2/15/00.

A copy of this testimony was transmitted to your committee via fax on 2/14/00.

Thank you,

LEGISLATIVE AFFAIRS AGENCY
Sitka Legislative Office
210 Lake Street
Sitka, Alaska 99835
747-6276



STATE OF ALASKA
LEGISLATIVE AFFAIRS AGENCY
DIVISION OF PUBLIC SERVICES

DATE: 2/15/00

Please accept the enclosed original(s) of written testimony
for the HHS teleconference hearing that was
scheduled on 2/15/00.

A copy of this testimony was transmitted to your committee via
fax on 2/15/00.

Thank you,

LEGISLATIVE AFFAIRS AGENCY
Sitka Legislative Office
210 Lake Street
Sitka, Alaska 99835
747-6276

- HB-260 MEDICAL ASSISTANCE PROGRAM COVERAGE

- HOUSE HEALTH, ED, SOC. SERV. 02/15/00 TUES. 3pm

My name is Sandie Gilbert, Patient Access Manager and Denali Kid Care Coordinator for SouthEast Alaska Regional Health Consortium.

I am submitting my testimony against HB 260.

When Denali Kid Care began in March 1999, SEARHC expanded upon the State's efforts in enrollment. We saw an opportunity for native children and pregnant women who fit in this expanded health insurance program to remove any financial barriers from accessing a health care delivery system; especially in hard to reach or rural areas.

SEARHC has quickly completed a comparative analysis of Medicaid patients seen at our Mt. Edgecumbe Hospital facility. We compared March through September 1998 data to similar months in 1999. Pediatric ambulatory visits rose from 393 in 1998 to 2,223 visits in 1999.

The impact was tremendous. Denali Kid Care offers services that SEARHC does not provide. For example, DKC offers travel & lodging for patients who need to be seen by a specialist, dentist, hearing exams, Outpatient Mental Health counseling. It allows pregnant women to come from the villages to the hospital more frequently for prenatal care and counseling to insure a healthy child. It gives women the option to be seen at a hospital where more services are provided than at a village health clinic. Denali Kid Care provides coverage for a new mother up to six weeks after birth in case of complications or request for sterilization. This means for those non native women carrying a native child; aftercare is not an issue. And these newborns can be covered from birth: well baby checks, school physicals, immunizations until he/she reaches the age of 19.

SEARHC beneficiaries enrolled under this program costs the State of Alaska NOTHING! The Federal government matches this funding at the 100% rate for additional Native people covered by Denali Kid Care and served at tribal facilities. As you are aware, one of the benefits for the State to develop its CHIP program was the federal match money and is at very little cost to the State's budget.

SEARHC uses these medicaid funds to help supplement our Indian Health Service compact funds to expand and improve our current health care services. We are not fully funded by the Indian Health Service for our health care delivery system.

We are shocked and surprised of the about-face by legislators for recommending change to such a vital program for our children! It makes good fiscal sense to continue Denali Kid Care and to ensure healthy Alaskan children and pregnant women.

Thank you for your time to allow me to express our concerns.

Sandie Gilbert
Patient Access Manager / Denali Kid Care Coordinator
907-966-8396

Subject: Fw: H B 260 , Testimony

Date: Mon, 21 Feb 2000 07:02:17 -0900

From: "Jeri Lanier" <fcsajeri@mosquitonet.com>

Organization: Family Centered Services of Alaska

To: "Allen Kemplen" <Representative_Allen_Kemplen@legis.state.ak.us> ,

"Carl Morgan" <Representative_Carl_Morgan@legis.state.ak.us> ,

"Fred Dyson" <Representative_Fred_Dyson@legis.state.ak.us> ,

"Jim Whitaker" <Representative_Jim_Whitaker@legis.state.ak.us> ,

"Joe Green" <Representative_Joe_Green@legis.state.ak.us> ,

"John Coghill" <Representative_John_Coghill@legis.state.ak.us> ,

"Tom Brice" <Representative_Tom_Brice@legis.state.ak.us>

----- Original Message -----

From: wildwest <wildwest@mosquitonet.com>

To: <fcsajeri@mosquitonet.com>

Sent: Sunday, February 20, 2000 6:28 AM

Subject: H B 260 , Testimony

> My name is Tracy Pols, I have lived in North Pole AK since 1973. Both of
> my children were born here. I have worked steady since the age of 14 ,
> 17 of those years with the same employer. I have never been on welfare!
> Not one of my jobs has ever offered medical Ins. In 1993 my son was
> diagnosed with severe frontal lobe brain damage. My son takes these
> medications daily so he can function, DEPAKOTE 750 MG, ZYPREXA 10 MG,
> CYLERT 75 MG, TRAZODONE 200 MG, CLONODINE .3 MG , these medications have
> to be monitored closely, which means regular Dr. visits and lab work to
> check possible side effects such as liver damage.
> My son cannot function in a mainstream environment. He is in a special
> Ed classroom and has to have consistent high structure, and constant
> supervision . Three years ago I was unable to continue working, It was
> impossible to work and take care of him also. It is very hard for anyone
> else to take care of him, mostly they lacked the training. also, almost
> three years ago their father died. I have been able to support the
> house hold on SSI Death Benefit we receive monthly (you can not receive
> SSI Disability and have a Death Benefit or Trade one for the other.)
> Last summer my 7 1/2 year old daughter was brutally sexually assaulted
> by a neighbor hood boy . He was charged with 2nd degree sexual assault
> which tells you how severe the attack was. Due to the Trauma she was
> admitted to Charter North Hospital in Anchorage and Diagnosed with
> severe PTSD, (post traumatic stress disorder) She required long term
> residential treatment .She went to SunHealth Youth Treatment facility in
> Seattle WA . She was there two months and her treatment was just
> basically getting started when they went bankrupt. My daughter is back
> in Charter North Hospital awaiting a vacancy in Virginia to start her
> treatment all over again. My daughter will need extensive after care
> when her treatment in Virginia is completed, Weekly therapy and
> medication monitoring. She will be placed in a special ed. classroom
> when she returns to school due to her PTSD. Recovery will be long term.
> Her present medication to help her emotional state is LITHABID 300 mg,
> PAXCIL 10 mg, RESPERIDOL .1 mg . and she has been on a combination of
> four other medications for depression and anxiety in 5 months . Its
> trial and error until they find a combination that is beneficial. The
> medications my children are on is \$ 639.57 a month this would not be a
> problem except the good Lord requires us to eat. We have been on Denali
> Kid Care since day one. I Filled out and sent the application the same
> day they were available. It was truly a God send to my family. To Know
> that they could receive the medical attention they need instead of doing
> without , which is encompresibe, But how do you help your children
> when your finances aren't enough to cover costs.This was before my

Subject: HB 260

Date: Sat, 19 Feb 2000 16:25:39 -0900

From: "Ruth Mandsager" <mandsagr@alaska.net>

To: "Fred Dyson" <Representative_Fred_Dyson@legis.state.ak.us>

Dear Representative Fred Dyson,

I am writing this letter to ask that you oppose HB 260. I am very concerned that this bill could gather momentum in the legislature. This bill is, in my opinion, a very bad idea.

Denali KidCare is one of the best developments in our state in quite awhile. I am both the Administrator of the Alaska Native Medical Center and a pediatrician. Let me relate a story from yesterday.

I saw a child in my pediatric clinic yesterday with asthma. His Mom had been using a nebulizer from a relative. This is a relatively inexpensive device that delivers asthma medicines directly to the child's lungs. She had used this for the preceding three nights and the child had quickly stopped coughing and wheezing and went back to sleep.

She asked me whether Denali KidCare would pay for this nebulizer. I said "yes"! I filled out a prescription and gave her a form that showed all of the places in Anchorage where she could buy a nebulizer. This purchase (with a cost of about \$100) will enable this family to treat this child's asthma attacks at home and will prevent both clinic visits and emergency room visits.

This mother then went on to tell me that she and her husband are employed and could not afford medical insurance. Denali KidCare has provided them medical insurance coverage for their children.

This story is, for me, the reason that Denali KidCare is such a wonderful program. Thank you for your support.

Sincerely,

Richard Mandsager, MD
Pediatrician

Subject: HB260 Denali Kid Care

Date: Mon, 21 Feb 2000 09:14:46 -0000

From: "pat kouris" <pbkouris@alaskalife.net>

To: <Representative_Fred_Dyson@legis.state.ak.us>

CC: <Representative_Joe_Green@legis.state.ak.us>,
<Representative_Carl_Morgan@legis.state.ak.us>,
<representative_jjim_whitaker@legis.state.ak.us>,
<Representative_John_Coghill@legis.state.ak.us>

Dear Representative,

PLEASE - it is absolutely imperative that Denali Kid Care continue at its present level of 200% because:

- (1) it is a very cost effective method of providing health coverage to Alaska's children, with the Federal government's large contribution. Longtime Alaskans for 42 years, my 66 y/o brother and his wife are raising their 9 y/o granddaughter. They join many Alaskan grandparents who have accepted this responsibility. How can they pay for insurance for a child on a fixed income, or afford to pay for even routine doctor visits and medication?
- (2) Keep Alaska truly the "Great State of Alaska" and not the ONLY state without health coverage for all its children.
- (3) Hundreds of Alaska's working families are struggling to make ends meet. \$40,000/year earnings for a family of four is NOT middle class in Alaska, particularly when you must pay in full for insurance coverage. Even having insurance coverage does not bring peace of mind, as who knows if your Plan will truly cover a child's particular health problem. For example, many insurance companies are decreasing their coverage for mental health care to 50%. No family ever thinks the devastation of a biological brain disorder will ever happen to them. Like all major illness, it strikes when you least expect it, and working families cannot possibly save enough money to cover the expenses incurred, I know from experience! If Alaska's children do not receive the help they need- when they need it, they suffer, their whole family suffers, YOUR community suffers, and we ALL will certainly pay at a later date. Must families give up their children to State custody to get them help????? Many children with brain disorders are going untreated today due to stigma, don't let lack of health care coverage add to THAT tragedy. I thank you for voting FOR Alaska's children, our future, and AGAINST HB 260.

Patricia Kouris
4102 Taft Drive, Apt 1
Anchorage, Alaska
1-907-245-5152

Subject: HB260

Date: Fri, 18 Feb 2000 09:19:02 -0900

From: Kathy Monday <kmonday@lifequest.org>

To: "representative_fred_dyson@legis.state.ak.us" <Representative_Fred_Dyson@legis.state.ak.us>
"representative_john_coghill@legis.state.ak.us" <Representative_John_Coghill@legis.state.ak.us>
"representative_joe_green@legis.state.ak.us" <Representative_Joe_Green@legis.state.ak.us>,
"representative_carl_morgan@legis.state.ak.us" <Representative_Carl_Morgan@legis.state.ak.us>
"representative_jim_whitaker@legis.state.ak.us" <Representative_Jim_Whitaker@legis.state.ak.us>

Dear Representatives:

Please let me take this opportunity to represent myself, Joe Public. We need Denali Kidcare!!!!

My husband and I both work, however, neither employer has insurance available to us. Without Denali Kidcare, my child would suffer through illnesses, accidents etc with no medical care.

PLEASE vote this bill down!! Many of Alaska's children depend on this program!!!

Thank you for your time and attention to this matter.

Kathy Monday
Palmer-Wasilla

Subject: Fwd: HB 260

Date: Fri, 18 Feb 2000 17:17:57 -0800

From: "MD Christenson" <dr.pinky@hotmail.com>

Organization: HotBot Mail (<http://mail.hotbot.com:80>)

To: Representative_Fred_Dyson@legis.state.ak.us,
Representative_John_Coghill@legis.state.ak.us,
Representative_Joe_Green@legis.state.ak.us,
Representative_Carl_Morgan@legis.state.ak.us,
Representative_Jim_Whitaker@legis.state.ak.us,
Representative_Tom_Brice@legis.state.ak.us,
Representative_Allen_Kemplen@legis.state.ak.us

Disregard, momentarily, that it is morally reprehensible to attempt to balance the budget on those most helpless and in need. Infants do not get to choose what income bracket into which they are born. All children deserve to be safe and healthy. Also ignore the fact prenatal care is the single most cost-effective health care expenditure.

This ill conceived action fails to make long-term fiscal sense. Reducing the income eligibility from 200% to 133% of the federal poverty guidelines will save \$2M in State matching funds • but at what cost?

Alaska will lose over \$5M in Federal funds for healthcare for Alaskan children in FY01, and \$7M in FY02. Denali Kid Care is very effective in leveraging federal funds.

What about long-terms costs to the State? There are both economic and social impacts to be considered.

Ensuring children and pregnant women who qualify get the health coverage they need can be linked to gains in emotional or cognitive development and improvements in the educational process and outcomes for the child. This would logically lead to increasing the child's later earnings and economic self-sufficiency. Studies also indicate that it may also reduce the government's spending on welfare, education and criminal justice.

Improvements in health-related indicators such as maternal reproductive health and maternal substance abuse can also be expected. A recent study links a single drinking binge by a pregnant woman during synaptogenesis to learning disabilities, memory loss and other brain disorders. These maladies may largely be ameliorated with appropriate prevention and treatment services.

I urge you to disregard this short-sighted and misguided measure.

Michael Christenson
Dr.Pinky@hotmail.com
Juneau, Alaska
907.789.2096

HotBot - Search smarter.
<http://www.hotbot.com>

LEAGUE OF WOMEN VOTERS OF ANCHORAGE
P.O. Box 101345
Anchorage, Alaska 99510-1345

(907) 274-8477

February 18, 2000

Representative Fred Dyson, Chair
House Health, Education and Social Services Committee
State Capitol
Juneau, AK

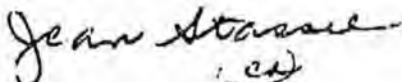
Dear Representative Dyson:

The start-up of the Denali KidCare Program in 1999 was a significant milestone in the protection of Alaska's most valuable resource - our children. By cutting back eligibility to 100% of federal guidelines, HB 260 is leaving the children of mothers trying to get off welfare without health care. These mothers have little choice but to stay on welfare to have health care for their children.

The next population of children who will be put at risk are children of families working in jobs that provide no health benefits. Alaska provides quality education to its children. It must not turn away from providing its children with health care.

This program is largely federally funded, and Alaska would lose about \$5,000,000 in federal funds should HB 260 pass. It is a poor choice to cut the Denali KidCare back to save a little money in the short term; it will cost Alaska much more in the long term.

Sincerely yours,



Jean Stassel, President
League of Women Voters of Anchorage

CATHOLIC SOCIAL SERVICES

225 Cordova Street
Anchorage, Alaska 99501
(907) 277-2554 phone • (907) 272-7370 fax • css@sinbad.net email

February 18, 2000

To: HESS Committee
Chair, HESS Committee – Fred Dyson

From: Karleen Jackson
Executive Director
Catholic Social Services

Sub: Denali Kid Care
HB 260

I am writing on behalf of the children and pregnant women of Alaska to express some grave concerns that Catholic Social Services has about the recently introduced HB 260 which would eliminate the current Denali Kid Care program. If not for this program, the many vulnerable children and pregnant women currently covered under this vital health insurance program would not receive access to health care.

It should be evident that the investment of \$472 of state funding for each Alaskan child currently enrolled in the Denali KidCare program will save millions of state dollars in future years. It also provides powerful leveraging of funds with 72 cents on every Denali KidCare dollar coming from federal funds. And, it ensures that pregnant women receive prenatal care to prevent needless and expensive health problems for their developing children.

Before Denali KidCare, many families struggled to provide health care for their children because they could not afford to pay for those services. Those currently using Denali Kid Care are often referred to as the "working poor". They do not qualify for Medicaid because they are working, but they are barely able to pay for essential housing and food, much less pay high medical bills. Most families who exit welfare for work do not have insurance provided by their employers and those working for minimum wages cannot afford to purchase company health insurance policies. We should do all we can to reduce rather than increase obstacles for those trying to productively contribute to our society.

Last year Catholic Social Services provided services to over 165,000 individuals, including pregnant women and their children, low-income families, families dealing with homelessness and poverty, adoptive families and refugees. On behalf of those we serve, I urge you to reconsider approving HB260. Our current Denali Kid Care program represents a comprehensive health plan that will produce healthy children and a healthy future economy for Alaska.

Adoption
Beyond Shelter
Special Needs Respite
Brother Francis Shelter/Kodiak
Immigration & Refugee Services



A United Way Agency

Clare House
McAuley Manor
St. Francis House
Brother Francis Shelter/Anchorage
Pregnancy Support Services

If HB260 is passed, Alaska will be the only state in our country without a State Child Insurance Program. The investment the current Denali KidCare program represents for the many children and women served is minimal compared to the great value all Alaskans receive from this program, for these children are the future of our state. We have an ethical and moral obligation to ensure that all Alaskan children have access to adequate health care. Children have no choice in the matter, and parents struggling to provide basic necessities should not be forced to choose between providing food and a home or medical care for their children. As good Alaskan neighbors, we have the ability to step forward and make a difference in the current and future lives of children and their parents.

I ask that the Alaska House Health and Social Services Committee not change the eligibility requirements for Denali KidCare as outlined in HB 260. The future of Alaska is at stake.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

TONY KNOWLES, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

February 16, 2000

Joseph Simpson
460 Daily Ave. #1-C
Anchorage, AK 99515

FEB 17 2000

Dear Mr. Simpson:

Thank you for your letter of February 9, 2000. Any problem an individual has with the process of applying for Denali KidCare is of concern to me. We have worked very hard to provide the customer the best service possible. I requested staff to investigate your situation and found out the following according to our records:

You stated that you received and completed a Denali KidCare application in August 1999. The application we have on file was signed and dated on September 20, 1999 and received in our office on October 6, 1999.

During this time, the Denali KidCare office was in the process of moving to the Frontier Building. The move began August 16, 1999 and the office did not open to the public until Oct 11, 1999 due to construction and the lack of clerical staff to assist customers in a timely manner. It is likely that the lobby construction was still in process and the front counter not installed at the time you came into the office. Because the office was not open to the public, it is possible that you were in the lobby for some time before you were noticed. If a customer did come into the office during the construction period, staff assisted them as quickly as possible.

We cannot address what you may have been told when you dropped off the application, since we do not have a staff member that meets your description of him, however standard policy requires all requests for additional information be made via letter. History of the case shows that we did in fact request verification of your income by letter on October 12, 1999. We did not receive a response either providing income verification or an update on your employment situation and the application was denied on Oct. 21, 1999. The application indicated that you were working at Costco; we were not informed that you were no longer employed.

Both the request for information and denial notices inform the customer of his/her right to appeal within 30 days any decision or action that has been taken. We do not have any record, outside of

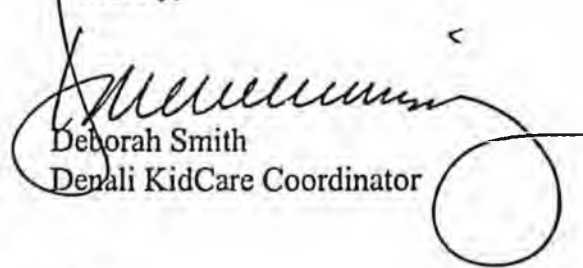
your call on February 7, 2000, that the denial was being disputed. The information that you received in your December 1999 call to our office is routine in nature. Clerical staff review the letters and actions taken by the case worker and relay that same information to the customer. If the customer wishes to discuss the issue further, the call would be forwarded to Clarissa Ridgway, ET III, or Brenda Johnson, ET IV. Again, review of case history, does not indicate the customer wished to dispute the denial.

You indicated that you reapplied sometime between your call in December and February 8th. We do show a second application received in the Denali KidCare office on February 8th, but show no other applications received between 10/99 & 2/00. We are in the process of determining eligibility, however we have requested in writing additional information before an eligibility determination can be made. We have requested that this information be provided by February 28th. If you do not respond to our inquiry, your application will be denied.

I understand your frustrations and apologize for any inconveniences you may have experienced. One of Denali KidCare's top priorities is quality customer service and we make every effort to ensure that customers are treated with respect and receive expedient service. We are reviewing your complaint and our office procedures to ensure that our customers receive the service they deserve.

Since the inception of Denali KidCare we have processed 15,156 applications and fielded 50,172 phone calls. Every one of these contacts with the public is important to us. I trust that your situation will be resolved favorably and your children will be covered by the health care coverage they need. Please let me know if I can help you with anything further.

Sincerely,



Deborah Smith
Denali KidCare Coordinator

cc: Ken and Verna Simpson
Members, Alaska State House of Representatives
Members, Alaska State Senate
Denali KidCare Office



Alaska State Legislature

Please enter into the record my testimony to the HHESS Committee
committee name
Committee on HB 260 - Denali Kidcare, dated 2/15/2000
bill # / subject

Please do not support HB 260.

More long term research needs to be done before any cuts are made as this affects a very vulnerable population.

Thank you.

Signed: M. Waldorf
Testifier

Representing (optional)

Address
262-6331 wk.
Phone number



Alaska State Legislature

Please enter into the record my testimony to the H HESS
committee name

Committee on HB 260, dated 2/15/2000
bill # / subject

I do not support HB260. Children + others will be negatively affected by this change. Therefore, only to the worst. This change needs to be researched + researched before making a change that will affect thousands of families who need help with medical bills, etc especially for those like myself who/when both parents work but cannot afford to add their children to their insurance policy leading to children without any health care coverage.

Signed: [Signature]
Testifier

FCS/Early Intervention
Representing (optional)

Address
907-262-3144
Phone number



Alaska State Legislature

Please enter into the record my testimony to the H HESS committee name

Committee on HB 260 bill # / subject, dated Feb. 15, 2000

Please do not support HB260. The St. of Alaska has many families that are unable to afford health insurance and have no health coverage at all. With Denali kid care -- families can access preventive health services. Without this coverage we can't ensure that our children are growing up healthy as all children deserve to. Even with the 133% level -- we will miss families that still cannot afford

Signed: _____
Testifier LYNNETTE HAAS

Representing (optional) _____

SOLDOTNA, AK 99669
Address

Phone number _____

private insurance.

Please keep Denali Kid Care as a 200% plan. If a co-pay is needed - I will support that change.

Too often health conditions are overlooked due to families' inability to pay. Increasing the income guidelines eliminates families, but doesn't resolve the issue of under~~part~~ covered families.

Being that Denali Kid Care is a pilot program and is highly supported by the Federal Government, it would be a shame to make hasty changes that would keep us from studying the program and finding out how it could be managed better.

Please do not support HB 260.

Lynnette Haas
Solicitor



Alaska State Legislature

Please enter into the record my testimony to the H HESS
committee name

Committee on HB 260, dated Feb 15, 2000
bill # / subject

HB260 is a bill that should never have been written & certainly should not even be considered. Our children are the future of Alaska & they need to be healthy. Denali Kid Care has given our children a healthy future ... to take it away would be criminal.

Signed: Karen L Stout
Testifier

Representing (optional)
1545 Stellar Drive Kenai, AK 99611
Address
(907) 283-3326
Phone number



Alaska State Legislature

Please enter into the record my testimony to the H HESS

committee name

Committee on HB 260, dated FEB 15, 2000
bill # / subject

Do not allow H.B. 260 to pass in your Committee.
Instead, Please support the continuation of
Denali Kid Care State Health Care Insurance at 200%.
As a service coordinator for Early Intervention -
I have witnessed first-hand the success
of Denali Kid Care. Children who would not otherwise
get much needed therapies to address and
correct their delays are now receiving them
through Denali Kid Care. This early prevention is
money very well spent as ~~is~~ all surveys show.

Signed:

Shannon Kohler

Testifier

Representing (optional)

Address

Phone number



Alaska State Legislature

Please enter into the record my testimony to the HHESS Committee

committee name

Committee on HB 260/, dated 2/15/2000
bill #// subject

Please do not allow HB260 to pass.
Remember the children of this great state
are the future. Would we want them cutting
the funds for our retirement, our health care,
and our own funds for needs to care for us in
our homes, think before you pass this vote!!
I know the success of Denali Kid Care is for
our healthy children. PLEASE RE-CONSIDER!!

Signed: Carlitta Gemmell
Testifier

Representing (optional)

Address

Phone number



Alaska State Legislature

Please enter into the record my testimony to the Hess
committee name
Committee on HB 260, dated FEBRUARY 15TH 2000
bill # / subject

Denali KidCare Program

Health insurance coverage is vital to Alaska's families, especially Alaska's children. Children who do not have health care coverage often forgo cost effective preventative health care measures, and are only seen by a physician when medical problems become more serious and expensive. Preventative health care enables Alaskan children to grow up strong and healthy.

Denali KidCare, the children's insurance program for the State of Alaska, provides health care insurance to uninsured children and pregnant women. Assisting Alaskan families who work at jobs without benefits, Denali KidCare enables those who qualify the opportunity to receive health care coverage that they would not otherwise be able to afford.

Signed:

Scott Manninen

02/15/2000

Testifier

Representing (optional)

Address

Phone number



Alaska State Legislature

Please enter into the record my testimony to the HHESS

Committee on HB # 260, dated 2-15-00
bill # / subject committee name

Health insurance coverage is vital to Alaska's families, especially Alaska's children. Children who do not have health insurance or health care coverage often forgo cost effective preventative health care measures. Preventative health care enables Alaskan children to grow up strong and healthy.

Denali KidCare enables those who qualify the opportunity to receive health care coverage that they would not otherwise be able to afford.

Signed: Shannon M. Parker
Testifier

Frontier Community Services / Early Intervention
Representing (optional)

43335 K-Beach Rd. #36 Soldotna
Address

262-3144
Phone number



Alaska State Legislature

Please enter into the record my testimony to the HC#SS FINANCE
committee name

committee on House Bill #260, dated 2-15-00
bill # / subject

Continuing Denali Kid Care as the act was originally written is essential for middle income families to maintain the health of their children. Preventative medicine has been proven cost effective in the long run. The high cost of health insurance puts it out of reach of many families – often even the 20% co-insurance for those with children with major health issues can be devastating financially. Often those families who have private insurance have policies that limit services like physical therapy, occupational therapy and speech, and have no service to address children’s mental health issues.

A review of expenditures of the current program shows a large percentage of funding went for children’s mental health or behavior issues. Why? Because this is a health problem that is seldom addressed under private insurance.

At the 200% level = a family income of approximately \$40,342 (annual gross) if the employer doesn’t pay toward insurance; average family policy about \$525 per month, leaving the family \$34,000 (before taxes) for all other expenses – NOT a lot! The newly proposed 133% is unacceptable.

I urge you NOT to pass HB 260. If it is passe it will burden families currently just surviving in a state where high-paying jobs are fast disappearing.

Signed: Wini Crosby
Testifier

Representing (Optional)

43335 K-Beach Rd #36 Soldotna AK 99669

Address

907-262-6331

Phone number

Subject: HB 260 Denali Kids Care

Date: Wed, 16 Feb 2000 11:44:17 -0900 (AKST)

From: one_t_wheat@hotmail.com

To: Representative Fred Dyson <Representative_Fred_Dyson@legis.state.ak.us>

Dear House and Senate HESS committee members,

In the testimony I have heard so far from constituents and comments made by the sponsor and house committee members a recurring assumption has been expressed that is damaging to many of us that fall into the poor or working poor category: EVERYONE GETS A PFD.

For those of us who have struggled on the lower tiers of income it is quite normal to run up debts with medical facilities, IRS, school loans, and CSED all who then garnish our PFDs. In my case, I have been paying the State of Washington CSED for the AFDC payments made on behalf of my daughter to the tune of \$30k; when they are done in five years or so, the ACPSE is lined up for \$10k and growing with the interest accumulating.

Today I have \$1200c in uncovered medical costs looking me in the face. I hope it is clear that to cut a program that is preventative and cost effective figured over the life of a child in Alaska is a counterproductive move that will cost us more money in the long run.

Please let this program have a chance; it has not even had one year to prove itself. The time spent re-debating this issue that was settled less than a year ago is wasted; the upset to pregnant women and working families is criminal. If you think abortion or welfare is a better option than Denali Kids Care you may not understand that our family values are being attacked in this bill.

People need hope that they can reach stability by working and Denali Kids Care as it stands can help in that way.

Thankyou for your time,

Scot L. Wheat

Mental Health Consumer Advocate
POB 2353
Homer, AK. 99603-2353
Ph/Fx: 235-6840
Email: One_t_Wheat@hotmail.com

PHONE CALL

FOR _____ DATE 2/21 TIME _____ A.M. P.M.

M 4300 JIKISHAKI PHONED

OF _____ RETURNED YOUR CALL

PHONE FAX MOBILE 907 333 5334 PLEASE CALL

MESSAGE No Sliding Scale for AB260 - PLEASE VOTE NO WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

PHONE CALL

FOR _____ DATE 2/18 TIME 10:30 A.M. P.M.

M Williams, Marissa PHONED

OF _____ RETURNED YOUR CALL

PHONE FAX MOBILE AB260 PLEASE CALL

MESSAGE Oppose AB260 - Has 7 wk old WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

PHONE CALL

FOR _____ DATE 2/17 TIME _____ A.M. P.M.

M Franki Gwenty PHONED

OF _____ RETURNED YOUR CALL

PHONE FAX MOBILE AB260 PLEASE CALL

MESSAGE Oppose AB260 WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

PHONE CALL

FOR _____ DATE 2/18 TIME _____ A.M. P.M.

M Money + Tony PHONED

OF Second PK RETURNED YOUR CALL

PHONE FAX MOBILE Oppose AB260 PLEASE CALL

MESSAGE Oppose AB260 WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

OR _____ DATE 2/17 TIME _____ A.M. P.M.

OF Jake (Dum) PHONED

PHONE FAX MOBILE 729-3250 RETURNED YOUR CALL

MESSAGE Oppose AB260 PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

PHONE CALL

FOR _____ DATE 2/17 TIME _____ A.M. P.M.

M _____ PHONED

OF Ms. phone RETURNED YOUR CALL

PHONE FAX MOBILE Oppose AB260 PLEASE CALL

MESSAGE Oppose AB260 WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

PHONE CALL

PHONE CALL

FOR _____ DATE 5/22 TIME _____ A.M. P.M.

M _____

OF _____ PHONED

PHONE FAX MOBILE RETURNED YOUR CALL

MESSAGE Oppose NB260 PLEASE CALL

_____ WILL CALL AGAIN

_____ CAME TO SEE YOU

_____ WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

PHONE CALL

FOR _____ DATE 2/21 TIME _____ A.M. P.M.

M Mary Ann Mills

OF _____ PHONED

PHONE FAX MOBILE RETURNED YOUR CALL

MESSAGE Do not pass NB260 out of center PLEASE CALL

_____ WILL CALL AGAIN

_____ CAME TO SEE YOU

_____ WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

PHONE CALL

FOR _____ DATE 2/21 TIME 4⁴⁵ A.M. P.M.

M SPANISH COUNCIL

OF WASILLA PHONED

PHONE FAX MOBILE RETURNED YOUR CALL

MESSAGE NB260 NOTE PLEASE CALL

DO NO PASS OUT of Center WILL CALL AGAIN

_____ CAME TO SEE YOU

_____ WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

PHONE CALL

FOR _____ DATE 2/21 TIME 4⁴⁵ A.M. P.M.

M PAULY SMITH

OF Arch! PHONED

PHONE FAX MOBILE RETURNED YOUR CALL

MESSAGE NB260 NOTE NO PLEASE CALL

Can. Health of At Children WILL CALL AGAIN

_____ CAME TO SEE YOU

_____ WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

FOR _____ DATE 2/21 TIME _____ A.M. P.M.

M William O. Searns

OF _____ PHONED

PHONE FAX MOBILE RETURNED YOUR CALL

MESSAGE Oppose NB260 PLEASE CALL

_____ WILL CALL AGAIN

_____ CAME TO SEE YOU

_____ WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

PHONE CALL

FOR _____ DATE 2/21 TIME 8³⁰ A.M. P.M.

M Pat Kovels

OF 1414 Ave. PHONED

PHONE FAX MOBILE RETURNED YOUR CALL

MESSAGE NB260 PLEASE CALL

NOTE Against WILL CALL AGAIN

_____ CAME TO SEE YOU

_____ WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

PHONE CALL

Subject: Please Save Denali KidCare

Date: Sun, 13 Feb 2000 23:52:47 -0900

From: David Galla <dmgalla@seapac.net>

To: Representative_Fred_Dyson@Legis.state.ak.us

Dear Representative Dyson,

I'm saddened to hear that under the guidance of Representative Coghill, possible cuts may be made to Alaska's Denali KidCare program. As a teacher in Wrangell, I've personally seen how children without access to

health care suffered from untreated medical conditions in the past. One student was legally deaf due to early ear infections which were left unmedicated because her parents' finances couldn't allow steady access to doctors. Others have sat in the first row for months because without the eye-glasses they needed but could not afford, these children were unable to see the chalkboard.

Many times over the years, I've seen children denied basic medical treatments for the sole reason that it was unavailable financially to their families, though their parents held full-time jobs and struggled to provide their best for these children. I imagine those supporting this bill haven't spoken with parents who had to deny children glasses, dental work, and medicines because they could not afford them. If you had any idea of the misery and frustration parents feel when they lack the means to provide help for their children, I doubt you'd choose to reduce this program.

Denali KidCare has provided essential medical services for many families

I know. For example, three former students proudly showed me the glasses

their families were able to purchase for them due to the Denali KidCare program. Two children with severe allergies were finally able to get help. Other students talked to me about needed asthma medicines, antibiotics, and dental treatments they've received. These young children deserve the best care our state can offer. It is unfair to them

for us to deny essential health services which can impact their future well-being simply because we selfishly choose to concern ourselves merely with "our own" children. I believe all Alaskan children are our children: certainly, as a representative, all Alaskan children are your

children to safeguard.

Mr. Coghill has written in an article last week that this is a purely "philosophical" issue to him. I suppose for some people discussions of "philosophy" may include the will to withhold needed medical treatment from children, but to me this is a chilling and inhumane excuse for this

measure. Parents who have to debate whether they can afford to bring their sick toddler for another trip to the doctor don't have "philosophical" discussions while their child's fever soars. Denying them Denali KidCare will force many parents without insurance to the one

desperate choice they are still allowed: they will bring their children to the emergency rooms in our state at more extreme stages of their illnesses and at much greater costs to us, the taxpayers. Of course, we,

the taxpayers, will still be paying our federal dollars to provide these

health services for the children of the other forty-nine states, while

our own neighbors are denied them. All this, so as Mr. Coghill states, Alaskan parents can have the rewarding experience of having to "sacrifice" to provide necessary health care for their families. I wonder what sacrifices our children will have to make to their health, vitality, and potential in order to satisfy Mr. Coghill's philosophical yearnings.

You have the privilege and the duty to take care of all Alaska's sons and daughters. Particularly, those children whose parents struggle to provide basic health care needs are dependent on your help to assist them in becoming strong, able adults. It is a sacred trust you have been

given: Alaskans are entrusting you with the livelihoods of their children to maintain the integrity of this worthy program. Please do not

undermine the potential health of our state's most vulnerable people: poor children from hard-working families. Frankly, you should be appalled at the mere notion of withdrawing the health services provided for these families. I trust you will think more about Alaska's children than you do about an arcane notion of "philosophy" when you weigh your decision. Our children are literally depending on you.

Sincerely,
Michele Galla
Wrangell, Alaska

Subject: HB 260

Date: Mon, 14 Feb 2000 12:45:42 -0900

From: "LHS" <stazz@email.msn.com>

To: <Representative_Fred_Dyson@legis.state.ak.us>

CC: <Representative_John_Coghill@legis.state.ak.us>,
<Representative_Joe_Green@legis.state.ak.us>,
<Representative_Carl_Morgan@legis.state.ak.us>,
<Representative_Jim_Whitaker@legis.state.ak.us>,
<Representative_Tom_Brice@legis.state.ak.us>,
<representative_Allen_Kemplin@legis.state.ak.us>

Dear HESS Committee Members:

Health care insurance is vital to the well-being of Alaska's children. Currently I work with the Maternal and Child Health Program in the Public Health Department at the Municipality of Anchorage. I work with many clients who are pregnant and receiving Denali KidCare (DKC) coverage for their pregnancies. Without DKC, many of these young women would not receive vital prenatal care. Coverage for these women is important to ensure a healthy start for Alaskan children.

House Bill 260, by rolling back program eligibility to 100% of the federal poverty guidelines, effectively eliminates the Denali KidCare program. Eliminating the program would result in a huge loss of federal funds for health care. Working families would be left without health care for their children.

Nothing is more important then the health and welfare of Alaska's children. It would be unfortunate if Alaska were the only State in the Country without a State Child Insurance Program. This would not be something for Alaskan's to be proud of.

Please vote to continue the DKC program and to maintain the federal poverty guidelines at 200%.

Thank you for your support on this important matter.

Sincerely,

Sharon C. Stiassny
stazz@msn.com
(907) 345-8585

Subject: Fwd(3): Re: Fwd: I support Denali Kid Care

Date: Mon, 14 Feb 2000 15:44:15 -0900

From: jdewey@avcp.org (Joan Dewey)

To: Representative_Fred_Dyson@legis.state.ak.us

THE FOLLOWING MESSAGE WAS RECEIVED FROM MS. LEOTA UNOK, WHO WORKS WITH FAMILIES HERE IN THE YK DELTA REGION (Kotlik) : She is expressing the need for DENALI KID CARE TO CONTINUE:

Yeah find ways to keep this program going because there are villages that cannot travel because the cost of travel. Like for instance Kotlik to Bethel is like 270.00 for an adult and child is 240.00 and parents will not pay just to travel that much for medical reasons. It is very helpful for those families that are living pay check by pay check to make ends meet. There is also high costs living in the villages. The lower portion of the Yukon pays alot from gas, stove oil at 2.45 per gallon while urban people pay alot less than 2.40 for a gallon. Food costs like crazy. Try comparing rural and urban cost of meat there is a huge gap between them. And most families in the rural have more than 3 children at the most 6 while most urban families have at the most 4 children.



LEGISLATIVE INFORMATION OFFICE
119 N. CUSHMAN, SUITE 101
FAIRBANKS, AK 99701
452-4448

FEB 15 2000

DATE: 2/9/00

Please accept the enclosed original(s) of written
testimony for the

HHESS (HB 260) teleconference scheduled on

2/8/00. A copy of this testimony was
transmitted to your committee via fax.

Thank you,

Fran/Flax LIO



Alaska State Legislature

FEB 15 2000

House HESS

Please enter into the record my testimony to the

committee name

committee on

HB 260

, dated

2/8/2000

bill/subject

I am in attendance at the (H)HESS hearing on 2/8 and want to express my opposition to HB260. I agree with the testimony I am hearing that reflects the great need for DKC, and do not believe I can add to it — those testifying have done a wonderful job of defending a program that should not be called upon to defend itself. There is no good enough reason to cut DKC, if anything, it should be expanded as it has been in ten other states, beyond 200% FPL. As a lifelong Alaskan, I know that I want to live in a community that cares for its children, not a state that disregards their needs.

Signed:

Sammye Pokryfki

Testifier

Representing (Optional)

2231 Skwentna Bay Wasilla 99654

Address

373-1352

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House HESS
 committee name
 committee on HB 260 , dated 2/8/2000
 bill/subject

Signed: Orani Welch
 Testifier

Representing (Optional)

Hc 33 Box 3104 Wasilla Alaska
 Address

376-4731
 Phone No.

attn: Chris VanCleave

TANAINA ELEMENTARY SCHOOL

Joani Welch, R.N. - School Nurse
2250 Lucille Street
Wasilla, Alaska 99687
(907) 376-7117

2/8/00

To Whom It May Concern:

I am writing in concern of the reduction in the Denali Kid Care Program. As a school nurse, this program has benefited many children in my school. Children who normally would not be able to gain from dental, medical, and vision services have been able to take care of their needs without further delay. As we all know, education is less impacted when health issues are taken care of. Without this resource, the health of these children will not be attended to.

I regret the reduction in Denali Kid Care as it is an essential resource to many families at Tanaina Elementary.

Sincerely,
Joani Welch, R.N.

David ~~Joani~~ Welch - Submitted, alumna duty, 1/2000, 1/2001.

FEB- 8-00 TUE 15:27
FEB- 8-00 TUE 10:56

GLACIER VIEW SCHOOL
TANAINA ELEMENTARY

FAX NO. 7465560
FAX NO. 9073731744

P. 02
P. 01

FEB-08-00 TUE 11:43 AM NATSU LTO

FAX NO. 9073788180

P. 01



Alaska State Legislature

Please enter into the record my testimony to the House, HESS
committee name
committee on MB 260, dated 2/8/2000
bill/subject

Signed: Christina C. VanCleave
Testifier

Representing (Optional)
PO Box 366 Sutton AK 99674
Address
745-5038 Fax 7465560
Phone No.

930 Legislature Information Office

attn: Chris VanCleave

February 8, 2000

To whom it may concern, in opposition to House Bill 260:

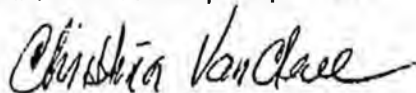
As a health care professional and as a community member, I have seen children whose lives have changed because of medical and dental care received that their parents were unable to afford prior to their enrollment in The Denali Kid Care Program. Many Valley parents are employed by small businesses, self employed, or otherwise have no access to family health insurance. These are hardworking, self-sufficient people that want the best for their children, but are unable to afford hundreds of dollars a month for health insurance premiums.

Because of the Denali Kid Care Program, I have seen children who are able to see and read better because they now have glasses. I have seen children receive prompt emergency medical care in situations where they would previously have gone without. Most dramatically, I have seen children with serious dental disease receive urgently needed care. I think all School Nurses in Alaska would agree that the Denali Kid Care Program is directly responsible for many of our students receiving badly needed care.

Please don't cut this essential program. It is an important investment that will not only prevent future health care expenditures, but will also help insure that our youth are healthy and able to do their best at school and in their communities.

Sincerely,

Christina VanCleve, RN, CSN



*this was prepared and sent during my duty -free lunchtime, at my own expense



.....

Fairbanks Information Office
119 N. Cushman St. Suite 101
Fairbanks, AK 99701
452-4448

facsimiletransmital

To: House HESS Cmte.
Representative Fred Dyson,
Chair

Fax: 907-465-4587

From: Legislative Information Office **Date:** 02/08/00

Re: Written Testimony – HB 260 **Pages:** 7

CC:

Urgent For Review Please Comment Please Reply Please Recycle

Written Testimony for HB 260 teleconferenced 2/08/00. The original will be mailed to the committee chair

Thank you,

Fran/Fbx LIO

CONFIDENTIAL

.....



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House HESS
Committee Name
 Committee on House HESS / HB 260 Dated _____
Bill / Subject

As a working Alaskan, I resent the implication that "poor people" are ~~are~~ only those without jobs or that changing the definition of poor will increase or decrease the quality of life for families. You are playing with words and ignoring the reality of life. Having a portion of the usual amenities of middle class life does not mean you can provide all the needs of a family especially where routine health care is concerned. I would ask that you reconsider your stance on the eligibility level and retain the current level.

SIGNED: Velata Murphy
Testifier
private citizen
Representing
270 Ester Dr. Ft. W., AK 455-9075
Address / Phone Number



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the H+SS
 Committee on HB 260 Committee Name Dated 2/8/00
Bill / Subject

I feel this ~~bill~~ bill would severely affect our next generation. I am a mother of three. I feel that you should continue Denali Kid care. The healthier the child, the more prosperous the family. When you cut funding to our kids you are hurting our state.

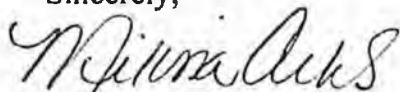
SIGNED: Mona Jones
 Testifier

Representing

PO Box 72722 907-452-2989
 Address / Phone Number

I am writing in response to HB260. I am a full-time working single parent with two wonderful children ages 6 and 9. While I am lucky enough to have employment with health care coverage for my children, and myself being the sole provider for my children is financially difficult. I agree that the absent parent should help provide for my children and I do have a case on file with C.S.E.D. – but they have not been able to collect child support since December 1998. In November of 1999, I took my youngest daughter in the clinic, at that time they stated she just had a virus and I did not have Denali Kid Care. My primary insurance did not cover the visit stating it was a well child visit. One week later, I took her back and another Physician diagnosed her with Pneumonia. In conclusion of 2 office visits, 3 x-rays, blood-work, rental of a Nebulizer Machine and medication. My medical bills for December where over \$800.00. I applied for Denali Kid Care and was approved in December. Had I not been fortunate enough to have this program available to my children, I honestly can say I may not have been able to take my daughter in for the recommended follow up care. 20% co-pay may not seem that much but when it's the difference between paying a medical bill or having groceries it can seem very large. Plcase do not limit this program to Medicaid precipitants only, the working class is very dependent on it to ensure our children grow up safe, healthy and happy.

Sincerely,



Melissa Ackels
4753 Princeton Drive
Fairbanks, Ak 99709



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House Hess
Committee Name
Committee on Denali Kid Care Dated 2-8-00
Bill / Subject

On behalf of the City of Anaktuvuk we oppose Bill 260. Denali Kid Care is very helpful. Eliminating this program would be a detriment to our people. Thank you for considering our testimony.

SIGNED:

Steve Wells Steve Wells
Testifier

CITY OF ANAKTUVUK PASS City Clerk
Representing

Box 21030 907 661-3612
Address / Phone Number

Post-It™ brand fax transmittal memo 7671		# of pages ▶ 1	
To	STEVE WELLS	From	FBKS LIO
Co.	CITY ANAT. PASS	Co.	
Dept.		Phone #	
Fax #	661-3613	Fax #	456-3346

FAXED URGENTLY TO: 907-456-3346

2-8-00

TO: House HESS Committee
FROM: Stacey Stancill
RE: Have a heart. Don't pass bill 260

Dear Representatives Coghill, Brice, Whittaker...

Please note that life is tough enough in Alaska for single working mothers without taking their health insurance away from them, too.

My friend Shiella West is struggling to provide for her son Wes's needs every day, already, and just made it under the income eligibility line (of 2X 'poverty level'). If you pass the new bill she will have to find \$300 somewhere to pay for Wes to be healthy. She makes so little from her desk job that she is seriously considering quitting altogether so she can qualify for all-out WELFARE, in order to maintain health coverage for her 4 year old boy.

That would not exactly cut costs for the Alaskan government, now, would it? Wait and see how many others follow suit if you are insensitive enough to pass this new rule. And wait to see how many of you are re-elected by women.

I was going to move to Alaska myself but I keep getting more and more indications that the Alaskan government is not exactly supportive of new families.

Sincerely,



Stacey G. Stancill (410) 468-3485 4 Lancewood Lane Baltimore, MD 21234

PS- This is how we all know about it. EMAILS have been spanning the globe about it. My fax to you is also being emailed to a Bulletin Board.

Tomorrow is the vote on whether Wes will lose his health insurance. House bill 260 if adopted will decrease the income eligibility from 200% over poverty level to 100% of poverty level. I just make the cut off. John Coghill from North Pole (doesn't he run the breast cancer detention center) proposed this. I just sent off my letters to Tom Brice and Jim Whitaker and John Coghill explaining how important this is to my peace of mind and my son's health. Public Opinion msgs are accepted at (907) 452-4448 Coghills number :8774653719 Brice 465-3466 Whitaker 18774653004 Politicians! Freaks!

9072582157

Copied to Anchorage Times + other papers

FAXED URGENTLY TO: 907-456-3346

2-8-00

TO: House HESS Committee
FROM: Stacey Stanell
RE: Have a heart. Don't pass bill 260

Please see clarification.



Dear Representatives Coghill, Brice, Whittaker...

Please note that life is tough enough in Alaska for single working mothers without taking their health insurance away from them, too.

My friend Sheila West is struggling to provide for her son Wes's needs every day, already, and just made it under the income eligibility line (of 2X 'poverty level'). If you pass the new bill she will have to find \$300 ^{month} somewhere to pay for Wes to be healthy. She makes so little from her desk job that she is seriously considering quitting altogether so she can qualify for all-out WELFARE, in order to maintain health coverage for her 4 year old boy.

That would not exactly cut costs for the Alaskan government, now, would it? Wait and see how many others follow suit if you are insensitive enough to pass this new rule. And wait to see how many of you are re-elected by women.

I was going to move to Alaska myself but I keep getting more and more indications that the Alaskan government is not exactly supportive of new families.

Sincerely,

Stacey G. Stanell (410) 468-3485 # Lancewood Lane Baltimore, MD 21234

PS- This is how we all know about it. EMAILS have been spanning the globe about it. My fax to you is also being emailed to a Bulletin Board.

Tomorrow is the vote on whether Wes will loose his health insurance. House bill 260 if adopted will decrease the income eligibility from 200% over poverty level to 100% of poverty level. I just make the cut off. John Coghill from North Pole(doesn't he run the breast cancer detention center) proposed this. I just sent off my letters to Tom Brice and Jim Whittaker and John Coghill explaining how important this is to my peace of mind and my son's health. Public Opinion msgs are accepted at (907) 462-4448 Coghills number 18774653719 Brice 465-3466 Whittaker 18774653004 Politicians! Freaks!

Fax 465-2937 907 465-2070 907 465-3258



HOUSE COMMITTEE ON HEALTH,
EDUCATION AND SOCIAL SERVICES

Please enter into the record my testimony to the _____

Committee on HB 260 Committee Name _____
Subject: HB 260 Dated 2-8-00
Bill / Subject _____

My dear elected Representatives,

I am a Mental Health & Substance Abuse professional on the front lines in Interior villages. I get the calls when teens are suicidal, and every once in awhile one of them pulls it off, ripping the fabric of a village apart, sending ripples of depression and despair through several villages, resulting directly in more substance abuse and other forms of abuse and neglect. This year I became aware of Denali KidCare and how to get a kid in a life-threatening crisis on it immediately and into quality, safe treatment. In Allakaket, this resulted in getting a kid the whole village was sure was going to suicide, into treatment and today that kid is doing well in aftercare and in the custody of family. In studies of the cost-effectiveness of quality psychiatric and substance abuse care, it has been shown that this treatment saves every bit as much money as quality med/surg care, preventing costlier problems later. This has resulted in the rise of the Party movement. Quite possibly saving that kid's life has been worth plenty enough to Allakaket, Alatna, Hughes and Huslia. Why is it important to be the only state without a State Child Insurance Program, a program that brings needed federal money to Alaska? Most jobs in the nine (9) villages I visit have no insurance benefits. Do we want to reinforce working or welfare? I see Fetal Alcohol Syndrome everywhere I go in the Interior; do we want to prevent the pregnant women, some of whom are FAS themselves, that most need health and Dual-Diagnosis substance abuse care in order to prevent this incurable disaster, from the chance to get that care? I urge you to continue this ray of hope. Thank you.

Dennis E. Hojna MSW, LCSW
Tanana Chiefs Conference
Yukon Tanana Counseling Services
Program Director/Clinician

SIGNED:

Dennis E. Hojna MSW, LCSW
Testifier
Tanana Chiefs Conference, YTCS
Representing
1302 21st Avenue Fairbanks, AK
Address: Phone Number 99701

(907) 452-8251 x: 3462

FEB 15 2000



Alaska State Legislature

Please enter into the record my testimony to the House HES Committee
committee name
 committee on HB 297 , dated 2/10/00
bill/subject

<See attached letter>

Signed: *W. Platt*
Testifier
Valley Hospital Association, Inc.
Representing (Optional)
515 E. Dahlia St. Palmer, AK 99645
Address
907-352-4835
Phone No.



HES Committee
State Capitol
Juneau, Alaska 99801-1182

February 10, 2000

Gentlemen:

I am writing in opposition to HB297 which proposes to raise the threshold for certificate of need (CON) from \$1 million to \$7 million. There are numerous reasons this bill should not be passed. However, I believe the bill should be opposed because the long-term result of its passage would be reduced access to quality healthcare by Alaskans.

First, it should be noted that this bill represents de facto repeal of the CON law for healthcare expenditures since most services other than construction of an inpatient hospital can be established for less than \$7 million.

Proponents of this bill state that it will promote competition and improve healthcare. Such reasoning is flawed relative to the delivery of healthcare, because the healthcare market is not a free market. Laws and regulations require hospitals to treat any patient presenting in the emergency room. In addition, hospitals treat indigent patients and those covered by government programs (such as Medicare and Medicaid) which typically pay less than commercial insurance plans. It is the margins generated by commercially insured patients that allow the state's hospitals to treat the indigent citizens of Alaska and those for whom payment is highly discounted.

The "competition" that would be fostered by this bill would be subject to neither the regulations nor the mission of community benefit that govern most hospital operations. For example, a group of physicians could open an ambulatory surgery center without a CON and would, through selective self-referral, send commercially insured patients to their center while using the hospital to perform surgeries on patients for whom payment would be inadequate. It is my understanding that the main citizen supporter of this bill envisions a similar scenario with him as developer of such a surgery center.

The result of such "competition" would be erosion of the financial health of Alaska's hospitals, culminating in elimination of unprofitable services and hospital closures. Access to the highest quality healthcare would then become unavailable to those lacking the financial resources to pay.

Do not give in to the greed of certain individuals who would profit from this legislation. Do not limit access to high quality healthcare services to Alaskans. Do not pass HB297.

Sincerely,

A handwritten signature in cursive script, appearing to read "Wilson P. Patteson III".

Wilson P. Patteson III
VP- Finance



Alaska State Legislature

Please enter into the record my testimony to the House HES Committee
committee name

committee on HB 297, dated _____
bill/subject

please see attached

Signed: Patsy Crawford
 Testifier

 Representing (Optional)

 Address

 Phone No.

908 Legislature Information Office

February 10, 2000

Working in a local healthcare institution and living in the Mat-Su Valley, I am concerned with House Bill 297 currently before you. The Certificate of Need process assists in controlling unneeded health expenditures and minimizes excessive duplication of services for the public.

I lived and worked in the state of Arizona years ago when they did not have a certificate of need process. The result of this was uncontrolled building with multiple duplication of services within blocks of one another. Numerous acute care hospitals and freestanding surgical and imaging centers were constructed. What was felt to be a positive change for increasing choice for the consumer, ultimately ended in disaster for those consumers with insufficient or no insurance. The freestanding medical/clinical centers accepted only patients with commercial insurance, depleting these customers from the acute care hospitals. This left the Medicaid, Medicare, and self-pay, and charity care customers seeking service at the hospitals with an insufficient 'balance' of commercial insurance customers to meet expenses. The result? Numerous hospital closures, the elimination of many wonderful charity care programs and services to the community, and for-profit centers satisfying their stockholders. The same could happen in our community. If it does, many of the mission-oriented programs will be eliminated. These programs address the greater health of our community in many tangible ways.

Although the current Certificate of Need process in our state isn't perfect, it's certainly better the way it is than raising the threshold to \$7 million or eliminating the process entirely. I thank you for your consideration of my comments.

Patsy Crofford
VP, Employee Development & Resource Services
Valley Hospital Association
515 E. Dahlia, Palmer, AK 99645
(907) 352-4855





STATE OF ALASKA
LEGISLATIVE AFFAIRS AGENCY
DIVISION OF PUBLIC SERVICES

FEB 15 2000

DATE: 2/8/00

Please accept the enclosed original(s) of written testimony
for the House HES teleconference hearing that was
scheduled on 2/8/00.

A copy of this testimony was transmitted to your committee via
fax on 2/8/00.

Thank you,

LEGISLATIVE AFFAIRS AGENCY
Sitka Legislative Office
210 Lake Street
Sitka, Alaska 99835
747-8275

Post-It™ brand fax transmittal memo / 0 / 1 of pages : 2	
To <u>Teri Lundy</u>	FROM <u>SITKA, AK</u>
Co.	Co.
Dept <u>907-8437</u>	Phone # <u>747-5076</u>
Fax # <u>907-8605</u>	Fax # <u>747-5807</u>

State Legislature

Please enter into the record my testimony to the House HES
committee name
committee on HB 260, dated 2/8/00
bill/subject

It is extremely important that women and children continue to receive quality medical and dental care in our rural communities! Densli Kid Care is a wonderful resource in reaching families who could otherwise be overlooked or forgotten due to financial considerations. It is a pleasure to offer families a way to get their children treated in a timely manner. This is especially true for single parent households.

Respectfully,

Signed: Teresa Lundy
Testifier
SEARCHC/ADMITTING OFFICE
Representing (Optional)
PO BOX 2975 SITKA AK 99835
Address
907-747-5072
Phone No.

February 1, 00

FEB 07 2000

Dear Rep. Fred Dixon

My name is Bessie Lincoln and I work at Yukon Kuskokwim Health Corporation. I supervise the Medicaid & Medicare Enrollment Program and have been with this program for about 8 years. I travel to the Yukon Kuskokwim Delta villages enrolling everyone of all ages to Medicaid & my primary focus has always been children, pregnant women & elders over 65 years of age.

I oppose the bill that was recently introduced in Alaska Legislature to decrease income eligibility for Denali KidCare. Denali KidCare is one of the best things that has ever happened in this region. I am asking you to please - Don't take it away from our children & Pregnant women that need it the most !!

Imagine yourself in the village of Kotlik, about 160 air miles east from Bethel, and you need to bring your child to go see a Doctor for a very

bad bronchitis. For a mother & a child to travel to Bethel - the airfare will cost \$540.00, with taxi, lodging and meals this will add up to about \$750.00.

This is a lot of money and I know for a fact that most people in the Bush just do not have that kind of money.

I have personally witnessed parents very happy with Denali KidCare! Their children finally have health insurance with very good benefits! This definitely means our children will live long, healthy lives and this is important for our generation!

A few nights ago, I was listening to ~~the~~ President Clintons speech, and he got my attention when he was talking about Health insurance for Americans. One of his comments were: "We will meet quality health care of all Americans." "No kid will live in Poverty!" These to me are very powerful words.

Many of us believe that children are our future, and children come first! Without giving adequate health care for our children - this could change our future.

Thank you for your time + I hope you'll reconsider the bill + leave Dinali Kid Care alone.

Sincerely,
Bessie Lincoln

Bessie Lincoln, ~~YKHC~~
YKHC
Box 528

Bethel, AK 99559



STATE OF ALASKA
LEGISLATIVE AFFAIRS AGENCY
DIVISION OF PUBLIC SERVICES

DATE: 1/28/00

Please accept the enclosed original(s) of written testimony for the House HESS teleconference hearing that was scheduled on 1/27/00.

A copy of this testimony was transmitted to your committee via fax on 1/28/00.

(HB 260 was dropped from the agenda.)

Thank you,

LEGISLATIVE AFFAIRS AGENCY
Sitka Legislative Office
210 Lake Street
Sitka, Alaska 99835
747-8276

Chairman and Members of the House Health, Education, and Social Services Committee,

My name is Patricia MacPike. I have two reasons for testifying before you today. The first and most important is that my daughter currently receives health coverage from the Denali Kid Care Program (DKC). The second reason is that I work with severely emotionally disturbed children who are able to receive vital services through being DKC recipients.

Personally and Professionally it saddens me that the issue to terminate the DKC Program is even up for consideration. As a parent, a children's mental health associate and a child advocate I feel it is vital to the health of Alaska's children and economy to maintain the DKC Program.

DKC allows many hard working families the privilege to continue working without the added stress of paying unwieldy medical bills or foregoing taking their child to the doctor due to an inability to pay. Certain professionals do not accept DKC because it is not cost effective. Did you know that there are no dentists in Sitka who accept Medicaid because it does not cover their expenses? Think of all the children at the poverty level in Sitka alone who go without vital dental assistance because the families can't afford it.

Added to this dilemma would be the severely emotionally disturbed children who would no longer receive the vital services they need to keep them from being institutionalized. Sitka Mental Health Clinic currently serves 16 severely emotionally disturbed children. If your proposal passes only 3 children would be eligible for services. This would also mean that the agency would have to lay off approximately 10 people who work either full or part-time. I can assure you this is only a small portion of children, families, and employees across the state, who will be affected.

I would now like to shift gears and give you a personal story.

My daughter, Hannah, faces challenges which require physical therapy. My husband, who is a state employee, is only eligible for insurance coverage for five months of the year. If we should choose to keep this limited coverage it would cost \$586.00 per month. Based upon the pure economics, this is cost prohibitive. Our only option, as Hannah has a pre-existing condition, is to obtain DKC to assist with her therapy bills which average over \$2000 per year. Please note this does not include doctor's visits for ear infections, accidents, dental, etc.

My husband and I both work very hard. I would encourage you to look at the expenses for raising one child in this state. Child care alone costs between \$475-\$680 per month. Add this cost to health insurance, \$586 per month, and your average cost per month is \$1187 dollars. This is equal to over 50% of my monthly net income. This does not even take into account the cost of rent, food, student loans, etc.

It is crucial that the DKC Program remain intact. DKC buys a far more important insurance than just health care. DKC ensures that my child and many others will receive the necessary services they need to become a productive member of society.

I thank you for your time and energy you will give to this issue. I encourage you on behalf of my child and the many other DKC recipients to maintain or increase the current level of funding and support for the Denali Kid Care Program.

Show the children of Alaska you care about them and their future. Support the DKC Program.


Patricia A. MacPike



ALASKA STATE LEGISLATURE

HOUSE COMMITTEE ON HEALTH,
EDUCATION AND SOCIAL SERVICES

Please enter into the record my testimony to the _____

Committee on HB 260 Committee Name _____
Subject: HB 260 Dated 2-8-00
Bill / Subject _____

My dear elected Representatives,

I am a Mental Health & Substance Abuse professional on the front lines in Interior villages. I get the calls when teens are suicidal, and every once in awhile one of them pulls it off, ripping the fabric of a village apart, sending ripples of depression and despair through several villages, resulting directly in more substance abuse and other forms of abuse and neglect. This year I became aware of Denali KidCare and how to get a kid in a life-threatening crisis on it immediately and into quality, safe treatment. In Allakaket, this resulted in getting a kid the whole village was sure was going to suicide, into treatment and today that kid is doing well in aftercare and in the custody of family. In studies of the cost-effectiveness of quality psychiatric and substance abuse care, it has been shown that this treatment saves every bit as much money as quality med/surg care, preventing costlier problems later. This has resulted in the rise of the Parity movement. Quite possibly saving that kid's life has been worth plenty enough to Allakaket, Alatna, Hughes and Huslia. Why is it important to be the only state without a State Child Insurance Program, a program that brings needed federal money to Alaska? Most jobs in the nine (9) villages I visit have no insurance benefits. Do we want to reinforce working or welfare? I see Fetal Alcohol Syndrome everywhere I go in the Interior; do we want to prevent the pregnant women, some of whom are FAS themselves, that most need health and Dual-Diagnosis substance abuse care in order to prevent this incurable disaster, from the chance to get that care? I urge you to continue this ray of hope. Thank you.

Dennis E. Hojna MSW, LCSW
Tanana Chiefs Conference
Yukon Tanana Counseling Services
Program Director/Clinician

SIGNED:

Dennis E. Hojna MSW, LCSW
Testifier
Tanana Chiefs Conference / YTCS
Representing
1302 21st Avenue Fairbanks, AK
Address / Phone Number
99701
(907) 452-8251 x73462

Subject: HB260 - Elimination of Denali KidCare

Date: Mon, 7 Feb 2000 09:16:55 -0900

From: "Al & Barb" <turnings@gci.net>

To: <Representative_Fred_Dyson@legis.state.ak.us>

I urge you to oppose this HB260. I do not receive Denali KidCare, but I believe it is an extremely valuable program. This expanded health insurance for children and pregnant women is both cost-effective and compassionate, so it should be supported by both fiscal conservatives and social liberals.

Subject: HB 260**Date:** Mon, 7 Feb 2000 19:34:46 -0900**From:** Dennis E Hojna <dhojna@juno.com>**To:** Representative_Fred_Dyson@legis.state.ak.us, Representative_John_Coghill@legis.state.ak.us, Representative_Joe_Green@legis.state.ak.us, Representative_Carl_Morgan@legis.state.ak.us, Representative_Jim_Whitaker@legis.state.ak.us, Representative_Tom_Brice@legis.state.ak.us, representative_allen_kemplin@legis.state.ak.us

My dear elected Representatives,

I am a Mental Health & Substance Abuse professional on the front lines in Interior villages. I get the calls when teens are suicidal, and every once in awhile one of them pulls it off, ripping the fabric of a village apart, sending ripples of depression and despair through several villages, resulting directly in more substance abuse and other forms of abuse and neglect. This year I became aware of Denali KidCare and how to get a kid in a life-threatening crisis on it immediately and into quality, safe treatment. In Allakaket, this resulted in getting a kid the whole village was sure was going to suicide, into treatment and today that kid is doing well in aftercare and in the custody of family. In studies of the cost-effectiveness of quality psychiatric and substance abuse care, it has been shown that this treatment saves every bit as much money as quality med/surg care, preventing costlier problems later. This has resulted in the rise of the Parity movement. Quite possibly saving that kid's life has been worth plenty enough to Allakaket, Alatna, Hughes and Huslia. Why is it important to be the only state without a State Child Insurance Program, a program that brings needed federal money to Alaska? Most jobs in the nine (9) villages I visit have no insurance benefits. Do we want to reinforce working or welfare? I see Fetal Alcohol Syndrome everywhere I go in the Interior; do we want to prevent the pregnant women, some of whom are FAS themselves, that most need health and Dual-Diagnosis substance abuse care in order to to prevent this uncurable disaster, from the chance to get that care? I urge you to continue this ray of hope. Thank you.

Dennis E. Hojna MSW, LCSW
Tanana Chiefs Conference
Yukon Tanana Counseling Services
Program Director/Clinician

YOU'RE PAYING TOO MUCH FOR THE INTERNET!

Juno now offers FREE Internet Access!

Try it today - there's no risk! For your FREE software, visit:

<http://dl.www.juno.com/get/taqj>.

Subject: HB260 - Denali Kid Care

Date: Tue, 8 Feb 2000 06:10:10 -0900

From: "Nicholas Charles" <ncharles@matnet.com>

To: <Representative_Fred_Dyson@legis.state.ak.us>

I am urging you to stop HB260 from being passed into law. If you pass this bill it would effectively eliminate the Denali Kid Care program so vital to working parents like myself with no health benefits for my children. I am a stakeholder on this issue. I have children I wouldn't be able to afford to provide medicine, therapy and treatment that they need. My income is marginal, I have a mortgage, car payments, other loans, household bills to pay. We are practically at the borderline. And, my employer doesn't have any coverage because we are so small that even trying to get limited coverage is simply unaffordable for the organization. Because of the condition of two of my special needs children the premiums would be extremely high. To top it off my wife and I are in school. I am taking full-time credits through the University of Alaska to get a degree and my wife is in training so that she can become qualified for a job. I work very hard to support my family. But as hard as I am working, I am still not able to afford insurance on my own for my kids. I don't think that I am the only parent with special needs children that will be affected by this. I understand that across the country, all the other states are providing coverage for parents without insurance for their children. If Alaska were to eliminate the eligibility of children who are in similar situations as myself, it will have the honor of being the only state in the union without a children's insurance program.

The program is cost effective and brings in a significant amount of federal dollars to the state. I understand that the program is funded primarily with federal dollars and a small amount of state dollars. Cutting it would amount to a huge loss of federal funds for health care (72 cents of every dollar spent on Denali KidCare is federal funds). With the state's fiscal budget deficit, you don't start dealing with it by cutting off other sources of revenue, particularly programs like Denali Kid Care. You have to look at it in real terms. It brings federal health care revenue for the state, and with a small state investment, helps to cut future health care costs. It makes absolutely no sense to cut a program that brings in outside federal funds. Because you would be creating higher future health care costs and put more people into welfare. You don't need to add to the state's budget deficit by eliminating this program. I am urging you to do the right and sensible thing today at your House HESS meeting by not passing HB 260.

Subject: HB 260

Date: Tue, 8 Feb 2000 08:54:09 -0900

From: Dick Wilson <dw99835@worldnet.att.net>

To: "Dyson, Fred" <Representative_Fred_Dyson@legis.state.ak.us>

Please help kill HB 260.

This bill would deny health insurance for children in low and moderate income families. If it passes, the state will economically destroy many families.

Even high-income families, if uninsured, can be economically devastated if a child has a serious accident or develops a serious physical or mental illness. Alaska should join the other state that are working toward universal health insurance coverage for children. Higher-income families should pay for the insurance, but to deny access to insurance is short sighted.

I worked on both national and state committees seeking to provide health insurance for children. The Denali KidsCare is a good deal for children, families and the state.

Primary I have been working to improve early identification and treatment for the 20 percent of our children that have psychiatric disorders. The National Institutes of Health have urged these programs since the mid-1980, but Alaska does not as yet have effective programs. Having good health insurance coverage is critical to developing these services, which commonly have very positive benefit/cost ratios - anywhere from 3 to 1 to 13 to 1.

It costs the state a lot of money to not have universal health insurance for children. Don't make matters worse!

Dick Wilson, President
NAMI of Sitka, Alaska

Subject: HB 260

Date: Tue, 08 Feb 2000 10:18:46 -0900

From: Polly Smith <pkpsmith@alaska.net>

Organization: Anchorage Literacy Project

To: Representative_Fred_Dyson@legis.state.ak.us

Representative Dyson:

I am asking you to oppose HB 260. As a former family literacy educator and now as Director of ImPACT, an Even Start Family Literacy pProgram, I know health care insurance coverage is vital to the well being of Alaska's children and families. I know many families that are in the workforce and uneligibile for Medicaid but have found security and safety for their children through Denali Kid Care, the only way their children could possibly have health coverage. Healthy children are eager and ready to learn. I urge you to continue to provide for optimal learning for all Alaskan children, please do not eliminate the Denali KidCare.

Polly Smith
Executive Director
Anchorage Literacy Project

Subject: House Bill 260

Date: Thu, 27 Jan 2000 16:57:07 AKST

From: "Rhonda Petrey" <r_petrey@hotmail.com>

To: Representative_John_Coghill@legis.state.ak.us

CC: Representative_Fred_Dyson@legis.state.ak.us

Dear Representatives,

I am writing in reference to House bill 260. I have a great interest in the livelihood of Denali KidCare. Not only am I employed by an agency who helps several families in the community who have children with disabilities, and who need screenings, tests, etc. I am also a former single mother who worked to put myself through school to get a better job and support my two wonderful children independently. I now have a permanent, full time job. I made the decision to remove myself from receiving ATAP and Food Stamp benefits, feeling that I made enough money to support us on my own. It was important for me to keep the medicaid benefits for my children, as my employer at that time did not offer those benefits for my children. I was recently married and there are 4 children between the two of us. Our household income is too high for regular medicaid and the loss of Denali KidCare would be devastating to us. To insure my family would cost me half of my salary. My husband's employer does not offer insurance. This is a vital program for the children of Alaska. I understand that it costs \$472 per year to insure these children. I feel that this is a very reasonable amount.

I don't understand why you feel that the damage that could be done to families like mine and other families similar to mine would benefit this state. I will be paying very close attention to this issue and will fight in whatever way I can to keep this very important program.

Sincerely,
Rhonda Crawford
P.O. Box 1524
Kenai, AK 99669

Get Your Private, Free Email at <http://www.hotmail.com>

Subject: HB 260

Date: Fri, 04 Feb 2000 13:13:43 AKST

From: "Norma Strickland" <normastrickland@hotmail.com>

To: Representative_Fred_Dyson@legis.state.ak.us, Representative_John_Coghill@legis.state.ak.us, Representative_Joe_Green@legis.state.ak.us, Representative_Carl_Morgan@legis.state.ak.us, Representative_Jim_Whitaker@legis.state.ak.us, Representative_Tom_Brice@legis.state.ak.us, Representative_Allen_Kemplen@legis.state.ak.us

WE MUST BE RESPONSIBLE. Children must always receive whatever help the State can give to ensure the basics. HB 260 is irresponsible when you consider the following:

- * Health care insurance coverage is vital to the well being of Alaska's children.
- * If HB 260 passed, Alaska would be the only state or territory in the country without a state-sponsored child insurance program.
- * Denali Kid Care coverage for our children is cost effective--only \$472 per year, per child, in state funds. Eliminating the program would result in a huge loss of federal funds for health care - 72 cents of every dollarspent on Denali KidCare is federal funds.
- *Denali KidCare helps working families who work in jobs with no benefits to provide health care for their children. Denali KidCare also helpsfamilies who are moving off welfare because they can still provide for their children's health care needs.
- * Coverage for pregnant women is important to ensure a health start for Alaskan children.

I urge you to reconsider saving money in this fashion. In the end we pay much more for a poor start.

Norma Strickland
790-2960

Get Your Private, Free Email at <http://www.hotmail.com>

Subject: FW: HB260

Date: Fri, 4 Feb 2000 15:46:45 -0900

From: Wasilla Wic <wic@alaska.com>

Organization: Valley Women's Resource Center

To: "Representative_Fred_Dyson@legis.state.ak.us" <Representative_Fred_Dyson@legis.stat

February 4, 2000

Representative Dyson,

I am writing in opposition to HB 260. I understand this would have the effect of eliminating the Denali KidCare Program. I manage the WIC program for the Mat-Su Valley and our clinic sees individuals on a daily basis who, without this program, would have no access to health insurance. One of my staff just came in contact with a woman last week who was unable to get medicine for a condition her child was suffering from because the child had no health coverage of any kind.

If we are going to protect and promote the health of anyone in this state, it should certainly be the children, who are our future. Prevention costs less than the cure. I would ask you to stand in opposition to HB 260.

Thank you for your time.

Sincerely,

Heather Hart, MS, RD
VWRC WIC Coordinator
(907) 376-4080
wic@alaska.com

Subject: HB 260

Date: Fri, 04 Feb 2000 15:34:27 -0900

From: Laura White <laura.white@pupkus.searhc.org>

To: Representative_Fred_Dyson@legis.state.ak.us

Representative Dyson:

I oppose HB 260 and I urge you to please oppose the bill. Health care insurance coverage is vital to the well being of Alaska's children and if HB 260 was passed, Alaska would be the only state or territory in the country without a state sponsored child insurance program. This program helps working families who work in jobs with no benefits to provide health care for their children. Thank you very much for your time and consideration.

Laura White, RD
SEARHC WIC Program

Subject: FW: House Bill 260

Date: Sat, 5 Feb 2000 13:09:10 -0900

From: "Wheeler, Heather M." <WheelerHM@ci.anchorage.ak.us>

To: "Rep Fred Dyson - ER" <Representative_Fred_Dyson@legis.state.ak.us>

CC: "Rep Allen Kemplan - Anc" <Representative_Allen_Kemplan@legis.state.ak.us>

> I am the Program Manager for the WIC Program (Supplemental Nutrition
> Program for Women, Infants, and Children) at the Municipality of Anchorage
> (MOA) and I am opposed to House Bill 260.
> I have seen first hand what a positive impact the state sponsored
> child insurance program (Denali Kid Care) has had on many families
> throughout the State of Alaska, particularly Anchorage . Health care
> insurance coverage is vital for the wellbeing of Alaska's children. Many
> of clients served at the MOA WIC program would not have any health care
> insurance if it was not for the Denali Kid Care program. If HB260 is
> passed, Alaska would be the only state or territory in the country without
> a state sponsored child insurance program. Is that what we want for the
> future leaders of our state? To go without the vital health insurance that
> is needed during their growing and developing years?
> Denali Kid Care coverage for our future leaders is cost effective -
> only \$472 per year, per child in state funds. Eliminating the program
> would result in a huge loss of federal funds for health care - seventy-two
> cents of every dollar spent on Denali Kid Care is federal funds.
> Denali Kid care helps working families who work on jobs with no
> benefits to provide health care for their children. It also helps families
> who are moving off welfare because they can still provide for their
> children's health care needs.
> Denali Kid Care also covers prenatal appointments for pregnant
> women. Prenatal appointments are vital to ensure a health start for
> Alaskan children.
> Why would we want to take that away from Alaska families? This seems
> like a step backwards not forward! I am asking you to please re-think your
> decision to rollback the eligibility guidelines from 200% poverty to 100%
> for the Denali Kid Care program. This will have a tremendous effect on the
> health and well-being of all children in Alaska, including Anchorage!

Subject: HB 260 - Denali KidCare

Date: Sun, 06 Feb 2000 23:12:49 -0900

From: "3 J's & 1 K" <brand@alaska.net>

**To: Representative_Fred_Dyson@legis.state.ak.us, Representative_John_Coghill@legis.state.ak.us,
Representative_Allen_Kemplen@legis.state.ak.us,
Representative_Joe_Green@legis.state.ak.us, Representative_Tom_Brice@legis.state.ak.us,
Representative_Carl_Morgan@legis.state.ak.us,
Representative_Jim_Whitaker@legis.state.ak.us**

Dear Representatives Dyson and Coghill;

I am writing as both a private pediatrician (in Alaska for eighteen years) and as the President of the Alaska Chapter of the American Academy of Pediatrics. I want to emphasize to you how important the Denali KidCare program is.

Denali KidCare covers working people who don't have insurance through their employers or cannot afford to add their families to their employer's insurance policy. With more and more jobs in Alaska being in the service sector, therefore lower paying, many heads of families cannot afford "traditional" insurance.

One of the goals of welfare reform is to get people back to work, however one of the consequences of this is losing medical coverage (Medicaid) for their children. Eliminating this program makes going back to work a hardship, not an admirable goal. Denali KidCare enables people to return to work and be secure that their children's medical needs will be met.

Private insurance companies do not want to write individual or small group policies, and Alaska's job market is mainly made up of small companies. I have a family of four, and my premium is over \$5,000 per year for a \$1,000 deductible major medical plan. At 200% of the federal poverty line, a family of four would need to spend 15% of their gross income to afford this same insurance, making insurance unattainable for the families Denali KidCare is designed to help.

Spending \$2.8 million of state money will be matched by \$5.4 million in federal funds for a total of \$8.2 million worth of health care for the children in our State. Children who would otherwise have no health coverage. Isn't this one of the best uses for State money?

I strongly urge you to support Denali KidCare. Thank you.

Respectfully,

Jeff Brand, M.D.
264-1457
284 DeBarr Rd. Ste 32
Anchorage, AK 99508 or

11723 Old Glenn Hwy. Ste. 113
Eagle River, AK 99577
694-1457.

Subject: Denali KidCare Program

Date: Sat, 5 Feb 2000 20:53:25 -0900

From: "John & Deborah Bennett" <jbennett@ideafamilies.org>

To: "John D. Bennett" <jbennett@ideafamilies.org>

You've taken the jihad to far. Lets start running the government for the benefit of it's people. I hope you're never in a position that makes you base the decision to seek medical attention for a loved one on the ability to pay. Keep in mind that not everyone was privileged to be born into a well-to-do family. The Denali KidCare Program is a keeper. **Tax me.** I will help to pay. Please institute an income tax and a fuel tax.

John & Deborah Bennett
1479 Farmers Loop Road
Fairbanks, Alaska
jbennett@ideafamilies.org

Subject: I support Denali Kid Care

Date: Mon, 07 Feb 2000 11:47:26 -0900

From: jdewey@avcp.org (Joan Dewey)

To: Representative_John_Coghill@legis.state.ak.us, Representative_Fred_Dyson@legis.state.ak.us

CC: Representative_Mary_Kapsner@legis.state.ak.us

The DENALI KID CARE program is a progressive program that holds promise of a better future for all Alaskan families. I believe a program such as DENALI KID CARE which promotes family wellness and makes services attainable and accessible for more families is a benefit and an ultimate cost savings to all Alaskan families. This program is an investment in our "at risk" families--families who may not have other means to access preventive and healthy family services. Please do not allow this important program to be discontinued. We simply cannot afford to do things the same way as before!

Quyana, Joan Dewey
Bethel, AK

Subject: HB260

Date: Mon, 07 Feb 2000 13:55:14 -0800

From: Donna_Chris@ykhc.org (Donna Chris)

To: Representative_Fred_Dyson@legis.state.ak.us, Representative_Joe_Green@legis.state.ak.us,
Representative_Carl_Morgan@legis.state.ak.us,
Representative_Jim_Whitaker@legis.state.ak.us, Representative_Tom_Brice@legis.state.ak.us,
representative_allen_kemplin@legis.state.ak.us

As a nurse, I am in the position of seeing how Denali Kid Care is helping families who want to work. It allows parents to work even though the jobs available do not provide health insurance.

A recent case comes to mind. A little baby was diagnosed with ventricular septal defect, a life threatening condition. It appeared suddenly at 7 weeks of age and put the baby into congestive heart failure. The mother was employed and covered by insurance and was still on maternity leave. The father was employed but was not covered by insurance. While both were drawing salary, they made just above 200% of the poverty level. They made enough to live.

After the baby was diagnosed, she required hospitalization. The mother was unable to work because she had to stay with the baby in the hospital. Her maternity benefits ran out-and because she was unable to work, her insurance was stopped. The coverage stopped on 1/31.

The baby had to have open heart surgery in Portland on 2/2. Denali Kid care was able to provide coverage for this working family. The baby has had her surgery and is doing great. The parents will be back to work soon and mom will be back on her insurance coverage.

I'm telling you about this child because it shows that Denali Kid care is not promoting a welfare system but is providing support when needed. It allows working families to continue working, and for children to grow up healthy and without residual complications caused by delay in treatment.

I am especially grateful for Denali Kid Care because this child is my granddaughter.

Please rethink your stand on HB 260.

Subject: Oppose HB 260

Date: Mon, 7 Feb 2000 13:51:37 -0900

From: "Kendall Thomas" <kjthomas@alaska.net>

To: <Representative_Fred_Dyson@Legis.state.ak.us>

Dear Representative Dyson,

Please vote against House Bill 260. It is shortsighted and will cause great hardship to many Alaskan families.

John & Kendall Thomas

Laura Adams 907-345-4477

Laura called to express her opposition to HB 260. She is a Mental Health Clinician.

PHONE CALL

FOR	- FESA -	DATE	1/31	TIME		A.M.	
M	Gerald Dubois					P.M.	
OF	345-2184						PHONED
PHONE	<input type="checkbox"/> FAX <input type="checkbox"/> MOBILE						RETURNED YOUR CALL
MESSAGE	HB 260 against Bill						PLEASE CALL
							WILL CALL AGAIN
							CAME TO SEE YOU

PHONE CALL

FOR		DATE	1/27	TIME	12 ¹⁵	A.M.	
M	CRYSTAL CHAPMAN					P.M.	
OF	349-0613						PHONED
PHONE	<input type="checkbox"/> FAX <input type="checkbox"/> MOBILE						RETURNED YOUR CALL
MESSAGE	Opion: Do not cut Dental Kid Care						PLEASE CALL
							WILL CALL AGAIN
							CAME TO SEE YOU

PHONE CALL

FOR		DATE	1/31	TIME	5 ³⁰	A.M.	
M	Doile Lisa					P.M.	
OF	227-1330						PHONED
PHONE	<input type="checkbox"/> FAX <input type="checkbox"/> MOBILE						RETURNED YOUR CALL
MESSAGE	Oppose HB260 Bal. Test desired to be killed -						PLEASE CALL
							WILL CALL AGAIN
							CAME TO SEE YOU
							WANTS TO SEE YOU

SIGNED **Office DEPOT** Item OD1154

PHONE CALL

FOR		DATE	1/27	TIME	2	A.M.	
M	Bennidet Pam					P.M.	
OF	Tell Anon -						PHONED
PHONE	<input type="checkbox"/> FAX <input type="checkbox"/> MOBILE						RETURNED YOUR CALL
MESSAGE	Oppose HB260						PLEASE CALL
							WILL CALL AGAIN
							CAME TO SEE YOU
							WANTS TO SEE YOU

SIGNED **Office DEPOT** Item OD1154

PHONE CALL

FOR Pers DATE 2/7 TIME _____ A.M. P.M.

M. Bill Chandler

OF (Doctor) PHONED

PHONE FAX MOBILE 903-257-4600 RETURNED YOUR CALL

MESSAGE Oppose HB 260 PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

PHONE CALL

FOR _____ DATE 1/27 TIME 10:00 A.M. P.M.

M. Caladriel Coker

OF _____ PHONED

PHONE FAX MOBILE _____ RETURNED YOUR CALL

MESSAGE Oppose cutting funds to HB 260 PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

FOR _____ DATE 2/4 TIME _____ A.M. P.M.

M. Linda Corbett

OF _____ PHONED

PHONE FAX MOBILE 742-8300 RETURNED YOUR CALL

MESSAGE Nurse - Supports Dementia Care PLEASE CALL

Would be a bad thing to change

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

PHONE CALL

FOR _____ DATE 2/7 TIME 10:00 A.M. P.M.

M. Scott Wheat

OF Home PHONED

PHONE FAX MOBILE _____ RETURNED YOUR CALL

MESSAGE Oppose HB 260 PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED _____ Office DEPOT Item OD1154

February 8, 2000

To: HESS Committee
Chair, HESS Committee – Fred Dyson
From: Stephanie Wheeler
Director, Emergency Outreach & Supportive Services
Catholic Social Services
Sub: Denali Kid Care
HB 260

Thank you for the opportunity to allow us to share our concerns with you about the recently introduced HB 260. It is evident by the number of Alaskan families who are currently enrolled in the Denali Kid Care program that this is a much-needed program for children and pregnant women.

Last year, Catholic Social Services provided services to over 165,000 individuals. These individuals and/or families representative of our programs include pregnant women and their families, low-income families, families who are working, homeless families, adoptive families and refugees. On behalf of the individuals we work with, I urge you to reconsider amending this bill. It is primarily those working or low-income families with children who fall in this precise category that need a comprehensive health plan.

Often times these families health needs go unmet because they are not Medicaid eligible or they cannot afford adequate health care. Many families who do work, and are being paid over the minimum wage still cannot afford the health insurance that companies are currently offering. Health care is expensive and non-affordable. A lot of individuals would not be able to pay outright for health care costs. And because health insurance is increasing to meet the ever-escalating costs of health care, many families cannot afford health insurance. For instance, a single mother with four children who is currently enrolled in the DKC program cannot afford the health insurance plan for her children that is offered through her employer, which is approximately \$500 per month. She currently makes \$12 an hour. One paycheck (after taxes) is approximately \$760. She gets paid twice a month. Rent and utilities alone will take care of one full paycheck. What does that leave the other paycheck for? - food, childcare, transportation and other miscellaneous expenses. It is quite clear that she cannot afford the health insurance plan offered by her employer. Additionally, some employers may not offer a health care plan for families.

People need health insurance, particularly as they move from welfare to work and continue to progress toward self-sufficiency. For people with chronic health conditions, disabilities and mental illnesses, adequate health care coverage is critical. Having adequate medical coverage can mean a world of difference for individuals who need medication that is also costly. Without adequate health coverage, former welfare

recipients, particularly those with poor health, chronic medical conditions and disabilities, may be forced to return to welfare in order to meet their medical needs. Concern for health care benefits prompt many welfare recipients to continue receiving public assistance and acts as a disincentive to seeking employment.

Many families who are on public assistance will be working within the next three years. Transitioning from welfare to work is often difficult within itself. Having insurance coverage for health care is a must for these families in order to make this transition successful. Health insurance is viewed by many clients and staff as one of the most important benefits to working – but generally covers only the employee. Adding family members is a prohibitive expense.

Many families who exit welfare for work will not obtain jobs that offer employer-sponsored health insurance as a benefit. If private and affordable health coverage were extended to more families on public assistance, many more families would currently be employed.

Please consider exploring other options like a co-payment plan, minimal monthly fee, or sliding scale to help individuals pay for this affordable health plan rather than omitting it altogether. I would really encourage you to listen to the thousands of children that have been privileged to use this coverage and their parents who have had no other options for health coverage. Help us continue on the road to success. Help us educate doctors and other health providers about the importance of this health plan for children and pregnant women. There is indeed a gap in rendering affordable health insurance. With DKC, that gap has narrowed. Let's look for additional ways to bridge or close the gap like exploring medical coverage for single individuals who do not have or cannot afford health care.

If you have any questions or comments, please feel free to contact me at 276-3046 or email me at Wheelerst@ci.anchorage.ak.us.

Thank you for your time!

Testimony re: HB 260
before
House HESS Committee - February 8, 2000

Mr. Chairman, members of the Committee. My name is Wilson Justin. I am the Health Director for the Mt. Sanford Tribal Consortium and a member of the Alaska Native Health Board. The Alaska Native Health Board appreciates the opportunity to provide testimony regarding HB 260. We urge that you do not move this measure.

The bill will result in 6,696 children and 780 pregnant women losing access to Medicaid. If Medicaid is lost, most of these children will receive health care only after they are sick, and, all too often, only when the child is brought to a hospital emergency room. Such care is most expensive in dollars and loss of quality of life. Follow-up is lost; prevention does not occur. School days are missed and parents miss work to care for their sick children.

I know that some of you are wondering why the Alaska Native Health Board cares about this issue since our member health providers receive funding from IHS.

First, as health care providers we cannot sit quietly by while any child loses access to health care. It is not good for our communities or our State.

Secondly, the assumption that Native children and families are unaffected is simply wrong. The IHS direct appropriations, based on recent Federal studies, provide only about 25 percent of needed funds to provide care for Alaska Natives and American Indians.

Congress relies on the Medicaid program to supplement the IHS direct appropriations. It authorizes the State to recover 100% of its Medicaid payments to IHS and tribal health providers. However, payment is only made for services to eligible children. If this bill is enacted into law, no reimbursement will be available for the services we provide to approximately 2,200 Alaska Native children whose family income is between 100% and 200% of poverty. This means that our very limited direct funding is stretched even more thinly. Village visits by health professions will diminish, more children will become ill unnecessarily, and resources will be diverted from prevention to acute care. This is the poorest use of limited resources, ~~but inevitably is necessary~~

~~As Administrator~~

We know that State resources are limited, however this is not where cuts should occur. This cut will make Alaska the only State in the United States that is not implementing the Federal Children's Health Insurance program. It will reduce Federal spending in Alaska by more than \$7 million dollars in the first year and \$12 million dollars in the second year. It will lead to increased uncompensated emergency room costs. Most important, it will lead to increased preventable health problems and inevitably to some preventable deaths.

We urge each of you to cast your vote in support of Alaska's most valuable natural resource, our children; vote "do not pass" on HB 260.

Lil'Kritters DayCare & School
P.O. Box 2443
Seward, Alaska 99664
(907)224-5400
(907)224-5687 Fax

February 8, 2000

To Whom It May Concern;

Rep. John Coghill's proposal to cut the rolls of the state's Denali KidCare program would be taking a giant step backwards in meeting the health care needs of Alaskan children and pregnant women.

Denali KidCare is largely funded by the Federal Government. Similar programs are available in all 49 other states. This program was designed with higher income levels to help meet the needs of working parents but for those who are still unable to afford Health Insurance.

As a child care provider I have seen many children who have not received the health care that they should receive. Dental needs especially seem to suffer as do routine health checkups. I have referred many parents to this program and I have stated many times that the Denali KidCare program is the best thing to ever have been made available for Alaska's Youth. Many a young child would not have his or her health care needs met without this program. We need to take care of Alaska's Youth. Do not allow this program to be cut in any way!

Sincerely,



Marsha Ambacher

02/08/00 TUE 14:47 FAX 9072245067

2001

My husband and I are both full-time employees but neither of us have any type of health insurance benefits. Denali-Kid Care was an answer to prayer for me and my family! Shortly after we had been approved for Denali-Kid Care my son had to have a surgery, one that I would not have been able to pay for. I was so thankful that we had coverage for him! Being the mother of your children, I appreciate all the vision & dental care also. While early detection/prevention provisions save money in the long run but I would be unable to give my children these luxuries on my own.

As a childcare provider I am also fully aware that I am only one of many parents who are also in the same situation! Please, don't take Denali Kid Care away from my children and the other many children of Alaska who need this program!

Sincerely,

Amy Cineruski

Melanie Hauze
P.O. Box 1277
Seward, AK 99664

To Whom It May Concern,

I feel of great importance to speak out on the issue of cutting the income level for Denali Kid Care. I have a 8 month old baby who is on Denali Kid Care and if she got cut off she would not have any medical coverage whatsoever. It really concerns and disappoints me that the income bracket for a 4 person family is now \$40,000.00 a year and will be cut down to \$20,000.00 a year. This is going to rule out a lot of people. Also many people will be struggling due to the fact that they have no insurance plus they will have more expenses. I am 22 years old and I am having a hard enough time already just buying groceries, I have enough bills. But in my opinion living in Alaska is hard enough and very expensive. By the same token this is for the ~~the~~ children. Denali Kid Care is a very good program and has done alot of good for a lot of people. I am so thankful for it, this has been a God send. I really hope that you at least take this letter into consideration, for the sake of me and other families.

Thankyou!!

Sincerely,

Melanie Hauze



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Hess
(committee name)
committee on Bill 260 dated 2/8/2000
(bill/subject)

I am a single mother working full time ~~worked~~ at a well known financial institution. My salary however is not enough to cover our food ~~and~~ housing and medical bills. If Denali Kid Care is not going to be an option for us, we will be forced to go on public assistance to cover the cost of food ~~and~~ housing. Does that make sense?

Signed: Anastasia N. Schaefer
(Testifier)

(Representing / Optional)
P.O. Box 63, Seward, AK 99664
(Address)
907-224-8626
(Phone No.)

Good Afternoon Chair Dyson, members of the Health Education & Social Services Committee.

I am here to testify against HB 260 and would like a few moments to express those concerns.

My name is Norma Perkins and I am a representative from the SouthEast Alaska Regional Health Consortium. My organization is a consortium of 20 tribes from throughout Southeast Alaska. We compact with the federal government to provide Indian Health Services to the Native beneficiaries in Southeast Alaska.

When Denali Kid Care began in March 1999, SEARHC expanded upon the State's efforts in enrollment. We saw an opportunity for native children and pregnant women who fit in this expanded health insurance program to remove any financial barriers from accessing a health care delivery system; especially in hard to reach or rural areas.

SEARHC has quickly completed a comparative analysis of Medicaid patients seen at our Mt. Edgecumbe Hospital facility. We compared March through September 1998 data to similar months in 1999. Pediatric ambulatory visits rose from 393 in 1998 to 2,223 visits in 1999.

The impact was tremendous. Denali Kid Care offers services that SEARHC does not provide. For example, DKC offers travel & lodging for patients who need to be seen by a specialist, dentist, hearing exams, Outpatient Mental Health counseling. It allows pregnant women to come from the villages to the hospital more frequently for prenatal care and counseling to insure a healthy child. It gives women the option to be seen at a hospital where more services are provided than at a village health clinic. Denali Kid Care provides coverage for a new mother up to six weeks after birth in case of complications or request for sterilization. This means for those non native women carrying a native child; aftercare is not an issue. And these newborns can be covered from birth: well baby checks, school physicals, immunizations until he/she reaches the age of 19.

SEARHC beneficiaries enrolled under this program costs the State of Alaska NOTHING! The Federal government matches this funding at the 100% rate for additional Native people covered by Denali Kid Care and served at tribal facilities. As you are aware, one of the benefits for the State to develop its CHIP program was the federal match money and is at very little cost to the State's budget.

SEARHC uses these medicaid funds to help supplement our Indian Health Service compact funds to expand and improve our current health care services. We are not fully funded by the Indian Health Service for our health care delivery system.

We are shocked and surprised of the about-face by legislators for recommending change to such a vital program for our children! It makes good fiscal sense to continue Denali Kid Care and to ensure healthy Alaskan children and pregnant women. Thank you for your time to allow me to express our concerns.

Morissa Lou Williams
329 5th St. Apt. 2 Juneau, Alaska 99801
(907) 586-1504
morissawilliams@hotmail.com

Page 1 of 2

HESS Committee
February 8, 2000
Re: Denali KidCare / HB260

Honorable Representatives:

HB260 is asking you to judge some children unworthy of proper medical care. It is based on a false premise: that private sector resources are available for health care for anyone whose income is larger than official poverty-level figures. The reality is that health care is so prohibitively expensive when purchased by individual working families that critical choices are forced on these families which should horrify anyone who cares for the future of our children in Alaska. While the bill may have been introduced with the purpose of introducing an important discussion about health care and resources, the bill itself is not a good bill. It can only do harm to our babies and our children, and that is not something we as voters can permit you as our representatives to allow to happen.

The child whose parent has to choose between paying the rent and seeking health care is a child whose parents are caught in a nightmare. My infant son Noah had no prenatal care until Denali KidCare caught our struggling family as we were going down for the last time. We were the classic "working poor" whose income might not have seemed, on paper, sufficiently poverty level to a political eye, but which in fact was a life of such nightmarish choices every day. Life, for a growing baby, is more than a matter of simply surviving from day to day; it is a matter of actively *thriving* such that the foundation for a healthy, good life is built.

There is no time to delay during a baby's development to debate questions of worthiness or income level. Babies need our full, committed support and nurturing in those critical months as their brains and their organs and all of their tender selves develop rapidly. If you must look at this in terms of dollars and cents, it is clear that children who do not receive the health care and nurturing they need at the beginning eventually "cost" taxpayers much, much more - exponentially so - in learning disabilities, behavioral problems, serious illnesses that could have been prevented, and in many tragic cases, crime. If a few pennies spent now saves a dollar later, why are we hesitating?

72 cents of each dollar spent on Denali KidCare comes from federal funds. This incredibly well administered, economical and excellent insurance costs the state only \$472 per child per year, which represents a quite modest financial investment in the present that will pay enormous dividends in the future by helping assure the health of the child. A healthy child translates into a child who is able to become a healthy member of the community: a good student, a person able to behave well, learn well, and ultimately work well. Do we really need to justify the blessing of the healthy child?

Paychecks may stretch just enough to pay for rent, food, electricity - but rent in what kind of place? What sort of food? Enough electricity to keep a place warm? And what happens when there is tragedy in the family, as there was in ours, and the parents find themselves, at least for the time being, unable to work steadily, and whatever savings exist disappears as fast as a drop of

Morissa Lou Williams
329 5th St. Apt. 2 Juneau, Alaska 99801
(907) 586-1504
morissawilliams@hotmail.com

Page 2 of 2

HESS Committee
February 8, 2000
Re: Denali KidCare / HB260

water in a midday desert? People may consider themselves entirely self-sufficient and independent until a curve ball comes roaring towards them out of the blue, at the same time responsibility comes to rest in their lives. The combination of a child and severe problems or crisis can be overwhelming to the strongest of people.

It is not enough to talk about poverty level versus not-poverty level incomes, because the words do not convey the reality of a life. The working poor are the desperately worried poor - the people whose wages are too small to pay for "luxuries" like trips to the doctor or dentist for check-ups or small illnesses that turn then into large illnesses and swamp the family's resources. The working poor are people who carry so much shame about their financial reality that they often do not seek out or accept help even if it is available.

If Noah is now in a stable home with two loving, truly committed parents it is precisely because we received the support we needed without being turned inside out and judged unworthy by a cold-blooded bureaucracy: Denali KidCare came through not only with speedy health care, but with links to other services that helped us rebuild our lives. We felt so strongly the benefit of being believed in, of being supported as a family, of mattering, that we felt empowered in every other area of our lives. Far from making us more dependent, we have in many ways become, indeed, stronger, more responsible, more resourceful, and more hopeful. Could anyone ask more of a program?

I have my eye on the prize: my child. I love him. I want him to be safe, healthy, and happy and to know he is loved, right now. I know, and you know, that the mamas and papas of this state, each with their own prizes, are going to require complete accountability from you when it comes to these children. We know you love your children, too. Stand by them.

Sincerely,

Morissa Lou Williams

**CORDOVA
COMMUNITY
MEDICAL
CENTER**



P.O. Box 160 • 602 Chase Ave. • Cordova, Alaska 99574-0160
Phone: (907) 424-8000 • Fax: (907) 424-8116

February 8, 1999

Representative Fred Dyson
State Capitol
Juneau, Alaska 99801-1182

Dear Representative Dyson:

This is to advise you that Cordova Community Medical Center and the citizens of Cordova do not support the reduction of income eligibility for Denali KidCare from 200% of the Federal poverty level to 100%.

This action would eliminate the Denali Kidcare program and coverage for 6,696 children as well as 780 pregnant women. This action would certainly hurt innocent children and women. The passage of HB 260 will also have a serious impact on small rural hospitals that are already experiencing loss of revenues.

We are requesting that this letter be entered into the record of House Bill 260. Please distribute this letter to other members of the Health, Education and Social Services Committee.

Thank you.

Sincerely,


Peter Birkholz, Administrator/CEO
Cordova Community Medical Center

HESS February 8, 2000

HB 260 Testimony of Pamela Guy, Juneau AK

It is impossible for me to pay back for my 2 sons. I am deaf and a single parent. I work for SALE, they don't provide insurance for my kids only for myself.

My salary is not much to cover – costs too much. No expense to pay bills or food.

I would like to see that Denali Kid Care stay on immediately. I don't get Child Support either. I work over 60 hours a week to cover as much as I can, but not cover everything yet. So please stay on – very important to my kids if no insurance no one will give me help for if they get hurt.

Attn: Stephanie
2267

From Wes, House HESS



Alaska State Legislature

House Health Ed & Social Svcs. Comm.
Denali Kid Care Qualifications

Please enter into the record my testimony to the _____
committee name

committee on HB 2100 , dated 2-8-00
bill/subject

I am a social worker who has lived & worked in Valdez since 1983. I oppose this HB 2100.

① Denali Kid Care has helped many children & their parents in this community. Working families who were over income for medicaid, yet had no health coverage with their employer, struggled over the years to pay healthcare costs & other essential living expenses. Denali Kid Care allowed children to obtain medical care, and without causing more financial strain on the family. Children & their parents were able to obtain medication instead of going without treatment.

② Denali Kid Care has allowed pregnant mothers to obtain prenatal care which is essential to preventing problem pregnancies or births. I work with a young parents support group and parents being able to obtain

Signed: Rose King

Testifier

Private Practitioner & Valdez Coun. Ctr.
Representing (Optional)

Address

(907) 835-2338

Phone No.

Prenatal care early on has been an aide. We are able to encourage & get parents prenatal care within the month instead of 4-5 mos. when ~~most~~ parents would wait due to lack of funds. Early prenatal care helps to educate parents to eat properly and to abstain from unhealthy lifestyles or habits.

③ Denali Kid Care also helps families to move off of welfare because health care needs are provided. Families are able to be able to stand on their own with ^{other} living expenses with health care expenses being covered by Denali Kid Care.

④ \$472 per year per child is an effective means for residents in AK ~~that may minimize~~ to help insure the wellbeing of Alaska's children. Elimination of the program will result in a huge loss of federal funds for healthcare (72¢ for every \$1 spent on Denali Kid Care)



Alaska State Legislature

House Health Ed & Social S.
Comm.
New AK Kid Care Qualifications
committee name

Please enter into the record my testimony to the

committee on HB 260
bill/subject

dated 8/8/2000

Its important to working familyo who dont have benefits to have care for themselves and their children. Its important to help Alaskans off welfare/Atap etc. by giving them steps. If theres no benefits then many people well choose to step back, loose their jobs and get the medical care for their children they need. With help these people - mothers, and Grandmothers - can get off welfare perminently. With out help the hardship would be too great - food would be cut first. Don't we want healthy Alaskan children? Why would we denie health care to children. Thanks.

Signed: Jodeen Hagan
Testifier

Representing (Optional)
P.O. Box 2026
Address
8353095
Phone No.

Please enter in the record my testimony to the House Health Education and Social Services Committee on HB 260, dated 02/08/00.

I am adamantly opposed to HB 260. I would hope that this legislature would be able to see that passage of this bill by effectively eliminating Denali Kid Care, would be detrimental to the children of Alaska. Passage of this bill would be short sighted and end up costing our state far more in the long run. Denali Kid Care provides much needed relief to those families who can not afford other insurance or who are not eligible for Medicaid. This provides much needed protection for many of our children. It also allows some parents to move to get off welfare without losing much needed health care. I suggest that before you pass this bill you all give up your health insurance for 1 year.

From Gay Wellman HC60 Box 227A Copper Center, AK 99573

Typed by the Glennallen LIO staff – signature page follows.



Alaska State Legislature

Please enter into the record my testimony to the House Health committee name
 committee on HB260 , dated 2/8/00
 bill/subject

I am adamantly opposed to HB260. I would hope that this legislature would be able to see that passage of the bill by effectively eliminating Donati Kidcare, would be detrimental to the children of Alaska. Passage of this bill would be short sighted & end up costing our state far more in the long run. Donati Kidcare provides much needed relief to those families who cannot afford other insurance or who are not eligible for Medicaid. This provides much needed protection for many of our children. It also allows some parents to move to get off

Signed: Ray Pitts Williams
 Testifier

Representing (Optional)
HC 60 Box 227A, Copper Center
 Address 99573
907-822-3418
 Phone No

wellcare without leaving much needed health care.

I suggest that before you pass this bill you all give up your health insurance for 1 year.



Alaska State Legislature

Please enter into the record my testimony to the H HES committee name

committee on HB 260-Denial Kid Care dated 2-8-00
bill/subject

As a full-time employee of the State of Alaska, DHSS/DFYS, I recognize the hardship to afford medical coverage. Even with an employer that pays a major portion of the cost, I can barely afford the medical expenses I've incurred in the past year due to several hospitalizations. And I have a full-time job!

Don't take away the only chance for good medical services for children whose parents are working with no health care benefits available to them.

Don't take away the only opportunity some families have to get off of welfare while still providing medical coverage for their children.

Signed: Mary E. McCrossy
Testifier

Myself & our children
Representing (Optional)

Box 3196 Valdez AK 99686
Address

(907) 835-8417
Phone No.

URSA MINOR ELEMENTARY SCHOOL

FAX COVER SHEET

428-1346

Ursa Minor Fax Number

TO: Fred Dyson

ATTN: _____

FROM: Fran Talbott

DATE: 1/31/00

Number of pages including cover sheet: _____

Message: _____

As an elementary principal in a Title One
School - I urge you Not to cut
Denali KidCare. Our students have
medical needs - some will not recieve
care without this help.

Subject:

Date: Wed, 26 Jan 2000 17:21:16 -0500 (EST)

From: Phyllis Kiehl <pkiehl@pol.net>

To: Representative_Fred_Dyson@legis.state.ak.us

As a pediatrician, I am well aware of the positive impact of the Denali KidCare program. I strongly urge you not to pass HB 260.

I have parents in my practice who have refrained both from getting regular well child checks for their children (important for disease prevention and for good health maintenance), and from seeking care when the children are ill, because of financial constraints. Many have been able to come in and get check-ups in the past year since Denali KidCare Insurance became available. Health maintenance visits address healthy lifestyles, prevention of disease-causing conditions; they provide behavioral counseling which can not only benefit some children in fostering emotional healthy growth and self-esteem, but in some cases prevent the perpetuation of behaviors that may otherwise readily lead to child abuse, injury both physical and emotional, and the costs of such behaviors on society (on the part of parents and of the children who grow up to continue unhealthy interactions).

Despite the absurd commentary published in the Anchorage Daily News by former Anchorage mayor (and insurance agent) Tom Fink, many families today just cannot afford to purchase health insurance. And the fact that almost 1/3 of my pediatric practice is made up of patients for whom Medicaid (as Denali Kidcare or the original program) is the primary payer indicates that those numbers are high.

Please continue to fund, and perhaps increase the funding for, Denali KidCare. It is an investment that is more than matched by federal funds, giving us an opportunity to expend little to gain such a great deal in the health of our future.

Thank you for your consideration of these comments.

Phyllis Kiehl, M.D.

Subject: HB 260**Date:** Tue, 25 Jan 2000 12:02:47 -0900**From:** "Jeri Lanier" <fcsajeri@mosquitonet.com>**To:** "Tom Brice" <Representative_Tom_Brice@legis.state.ak.us>,
"Pete Kelly" <Senator_Pete_Kelly@legis.state.ak.us>,
"Mike Miller" <Senator_Mike_Miller@legis.state.ak.us>,
"John Davies" <Representative_John_Davies@legis.state.ak.us>,
"John Coghill" <Representative_John_Coghill@legis.state.ak.us>,
"Jeannette James" <Representative_Jeannette_James@legis.state.ak.us>,
"Jim Whitaker" <Representative_Jim_Whitaker@legis.state.ak.us>,
"Gene Therriault" <Representative_Gene_Therriault@legis.state.ak.us>,
"Gary Wilken" <Senator_Gary_Wilken@legis.state.ak.us>
CC: "Fred Dyson" <Representative_Fred_Dyson@legis.state.ak.us>

Dear Senators and Representatives,

I am disappointed to hear that there has been a bill proposed that would affect Denali Kid Care. HB 260 would significantly reduce the number of children eligible for health care in Alaska. When we are finally making great progress in getting families off of welfare and back into productive lives and jobs, this bill comes along that would effectively reduce the number of families that could afford to go back to work.

Just 3 years ago, I was a single parent raising 3 kids on a minimum wage job. I made house payments, kept up with food, utilities and necessities. There was no extra for any luxuries such as doctors bills. I had 2 special needs children. I made \$13.00 a month too much to be eligible for medicaid. I had the choice of being honest and hardworking and making it on my own, or showing my kids the easy way out. I could have reduced the number of hours I worked or lied about a couple of hours a week to receive medicaid. My daughter's psychiatric needs were such that it would take over 1/2 my take home pay weekly on a sliding fee scale. So she did without. Sadly she still needs care, when if she had been able to receive the help she needed then, she would have been much more likely to be a successful adult.

It is a proven fact that if children can receive the help they need at the first opportunity, whether medical or mental health, chances are that it will be much less costly in the long run. Mental Health services are proving to be the focus of many of the Denali Kid Care dollars, but all that tells us is that parents can finally get the help their children need earlier, when it is more cost effective, or finally getting help at all. Many providers will not take private insurance because of the short falls in mental health care parity. The fees on sliding fee scale are definitely a prohibitive factor for a family that is barely making it on lower paying jobs.

Please, consider the ramifications of more expensive, longer term treatment if people lose what has proven to be a very successful program. Let's not be short sighted when it come to the health and well being of children.

Thank you
Jeri Lanier

Subject: DO NOT ADOPT HB260

Date: Wed, 26 Jan 2000 16:17:25 -0800

From: "MD Christenson" <dr.pinky@hotmail.com>

Organization: HotBot Mail (<http://mail.hotbot.com:80>)

To: Representative_Fred_Dyson@legis.state.ak.us,
Representative_John_Coghill@legis.state.ak.us,
Representative_Joe_Green@legis.state.ak.us,
Representative_Carl_Morgan@legis.state.ak.us,
Representative_Jim_Whitaker@legis.state.ak.us,
Representative_Tom_Brice@legis.state.ak.us,
representative_allen_kemplin@legis.state.ak.us

It is important to maintain the Denali KidCare program.

Normal costs for a hospital birth are high enough, not to mention unexpected complications, which can result in unforeseen medical expenses.

For families without high paying jobs, or health insurance, these costs can be crippling.

The Denali KidCare program is effective in its 3 to 1 leveraging of Federal funds, and prenatal care is the single most cost-effective health care expenditure.

In all good conscience, how could you cut a successful, effective and needed program?

Michael Christenson
Juneau, Alaska
907.789.2096

HotBot - Search smarter.
<http://www.hotbot.com>

Subject: HB 260

Date: Wed, 26 Jan 2000 15:32:59 -0900

From: "Phillips, Tammy" <tphillips@alternativesmentalhlth.org>

To: "'representative_Fred_dyson@legis.state.ak.us'" <Representative_Fred_Dyson@legis.state.ak.us>

I am overwhelmed at the thought of the legislature eliminating the Denali Kid Care Program that is primarily funded by the Federal Government. The Child Health Insurance Program was adopted by Congress to provide health care insurance for uninsured children in America. The other 49 states and territories have adapted this plan and receive Federal monies to support the program.

In Alaska the health care insurance coverage for children is only \$472 per year/per child in state funds. This is very low in comparison to the individual insurance coverage offered by most employers. I work for a non-profit agency and it would cost me \$275 each month to cover one child under my insurance. A McDonald's working parent would not be able to cover this cost and provide housing and food much less maintaining a vehicle if that is the case, entertainment, medical expenses, home repair and upkeep. Please remember as you sit in your legislative sessions that the decisions you make impact people on a personal basis. A family is eligible for ATAP for five years during an entire lifetime. I agree that welfare is not meant to be a lifetime crutch. Denali Kid Care assists families that are in the transition from public assistance to the "working world". The experience I have from listening to families and economic concerns is that families are more willing to go back to work if there are other basic services to assist in the process. An example is the single female raising young children and does not receive child support or other assistance from the father. If this mother is only educated enough to work for minimum wage, what is the incentive? She will have to pay for child care and medical/dental if she is off public assistance but her paycheck does not provide her with any discretionary income for the basic needs of the child. Denali Kid Care fills this hole in assistance and helps to ensure the children of Alaska are provided their basic needs.

I urge you to vote in such a way that Denali Kid Care continues to be funded through the State of Alaska. The Federal government wants this program and I think it would be detrimental to state funding if the State decided to cancel this program.

Sincerely,

Tammy Phillips, BSW
Care Coordinator Supervisor
Alternatives Community Mental Health Center

Subject: HB260

Date: Wed, 26 Jan 2000 21:40:36 EST

From: DiveNome@aol.com

To: Representative_Fred_Dyson@legis.state.ak.us

Dear Representative Dyson:

I want to express my opposition to HB260, which would change the eligibility guidelines for Denali KidCare. As one who works with and provides an array of services to low income children, youth and families, I know that it is very difficult for many Alaskans to provide the needed health insurance for their children. As the Chair of the Alaska Food Coalition, we have seen that, while welfare reform has encouraged many people to successfully find work, these families turn to food banks for additional assistance, and parents are still not able to provide for some of the other basic needs, such as child care and insurance, without programs such as Denali KidCare and the Child Care Assistance Program.

With 72% of the funding for Denali KidCare provided by the federal government, and the cost to the state being only \$472 per year per child, this seems like a program which can effectively meet some of the needs of the most vulnerable Alaska children at a very low cost. This is a small amount to pay for the health of our children and to give babies of pregnant teens a healthy start in life.

Please do not reduce the state budget by taking away basic services designed to improve the health of Alaska's most needy people.

Sincerely,

Douglas McCoy
Executive Director
Nome Community Center, Inc.
PO Box 98
Nome, AK 99762



NORTON SOUND HEALTH CORPORATION

P.O. BOX 966
NOME, ALASKA 99762
(907) 443-3311

FAX TRANSMITTAL COVER SHEET

FROM: Social Services Dept.
Norton Sound Health Corp.
P.O. Box 966
Nome, AK 99762
Phone # (907)443-3311
Or #(907)443-4541
Fax #(907)443-4546

TO: State Representative Fred Olyson
Chair, HESS Committee,
State of Alaska, House of Representatives
State Capitol, Juneau, AK 99801-1182

FAX: (907) 465-4587

DATE: February 2, 2000

Number of pages following this one : 2

REMARKS: Thank you for your consideration.

Please call immediately if you get this fax in error. It contains confidential information, protected by law. Thank you.



NORTON SOUND HEALTH CORPORATION

P.O. BOX 966
NOME, ALASKA 99762
(907) 443-3311

State Representative Fred Dyson
Chair, House Committee on Health, Education and Social Services
State of Alaska
House of Representatives
State Capitol
Interdepartmental Mail Stop 3101
Juneau, AK 99801-1182

February 2, 2000

Dear Representative Dyson,

POSITION STATEMENT OF THE NORTON SOUND HEALTH CORPORATION BOARD OF DIRECTORS

The Norton Sound Health Corporation is committed to offering quality health care within the Bering Straits region. To that end we offer a wide array of health services, including: acute and emergency care; a large outpatient clinic; dental, audiology, and optometry clinics; a prematernal home, etc. all in Nome, Alaska. The corporation operates health clinics in each of the 15 villages within the region, providing health care to all regional residents. The region has approximately 9400 residents.

As part of our commitment to offer quality health care, we encourage patients to take advantage of whatever health resources they may have at their disposal. That is why we have been so delighted to have another insurance resource for low-income families within the region, namely the Denali KidCare Program. So far, more than 110 families (comprising over 750 family members) have enrolled within the program. We anticipate that as many as 5300 more children and pregnant women from within our region alone may qualify for the program, as they have no health insurance other than that of Indian Health Services.

Norton Sound Health Corporation does not offer all of the services that our patients require. Not all dental, audiology, or vision services, for example, are covered in full through Indian Health Services. Nor are all travel expenses. Denali

KidCare has offered our patients more choices in these areas, and more sources of payment. It can also take time for our patients to see specialists in Anchorage, as the Alaska Native Medical Center can be very busy. Again, with the Denali KidCare program, our patients have more options open to them, and can see private specialists if they so desire.

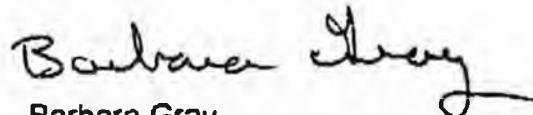
In addition to offering more choices for current patients, the Denali KidCare program will offer more choices to our future patients. It is not anticipated that Indian Health Services budgets will increase, so the availability of another insurance resource for patients in the region is vitally important to maintain our current level of services. In fact, the Norton Sound Health Corporation believes so strongly in this that we have hired a full-time employee whose job duties will solely consist of assisting patients to enroll in whatever insurance resources are available to them, and of publicizing the importance of doing so.

It is the fundamental belief of the Norton Sound Health Corporation Board that preventative medicine is an important factor in providing more beneficial and economical health care to the people of our region. The Denali KidCare Program makes this preventive medicine available to more individuals, and therefore inhibits costly long-term care for those otherwise preventable health conditions in the future.

Under the current system, for those patients that are Indian Health Services beneficiaries, the federal government pays 100% of the costs of the Denali KidCare Program. Thus, most of the patients utilizing this resource from our region are not costing the State of Alaska many more dollars.

We recognize that the State of Alaska is trying to reduce the state budget, but feel that this program is extremely important to the people of this region. The Norton Sound Health Corporation Board of Directors, on behalf of all those that we serve, strongly urges the State of Alaska to continue this fine program. We ask that House Bill 260 not be passed. Thank you for your attention in this matter.

Sincerely,



Barbara Gray
Chair, Hospital Services Committee
Norton Sound Health Corporation
Board of Directors



Alaska State Legislature

Please enter into the record my testimony to the House HESS
 committee name
 committee on HB 260 , dated 12/30/99
 bill/subject

Hi, I am Wanda Katinszky, President of the Alaska Nurses Association. I am here to also represent the Alaska Association of Nurse Anesthetists, Alaska Chapter of the American College of Midwives, and the Alaska Nurse Practitioners Association.

We all stand opposed to House Bill 260. We feel this is a regressive policy which will do irreparable harm to one of Alaska's most vulnerable and valuable resources, our children. Preventative health care saves money for all Alaskans in the long run. Once a health problem becomes emergent, the total cost of care escalates and consumers with insurance and/or the treatment facility and providers must absorb these costs.

Prenatal care is the single most cost-effective health care expenditure, and ensures the best birth outcome for the baby. Lack of adequate prenatal care is a contributing factor to poor birth outcomes. In comparison to the stated figure of \$19M saved by the state by enacting this bill, I remind you that the medical costs of one premature baby can easily exceed a million dollars. Alaskans will absorb those costs if the mother is uninsured.

Denali Kids Care is a wise choice for state expenditures. It benefits not only those families entitled to care, but also the health care providers and institutions which must provide the care regardless of the client's ability to pay. This program must be continued and given adequate time to assess its true costs through accurate measurement tools and gathering appropriate data. We urge you not to turn your backs on Alaska's working families. Thank you.

Signed: Wanda D. Katinszky
 Testifier
(see text)
 Representing (Optional)
2931 Legacy Drive Anchorage AK 99516
 Address
907-345-3913
 Phone No.

Send to
Every
House
member

2-7-2000
Legislative office page 1 -
4.P.M

Coghill -
H.B. 260

F A
X

Terry Burrell: came to AK. 40 years ago,
I am Handicapped from polio age 8 - am
becoming more handicapped by post polio
syndrome, & in a body cast wheelchair, walker
or canes assisted, depending on a rare disease.

H.B.
260

H.B.
~~224~~
224

I support HB 260 & Coghill sponsor
statement. I also support a Statewide
Health Care Commission to investigate
health care for Alaskans, all Alaskans,
I was denied Blue Cross Health care, ^{where I}
after post polio syndrome appeared & I ^{was covered}
had to change ^{profession} from Medical Technologist
to become self employed ⁱⁿ Real Estate
limited by my ability of mobility and
survival of pain. I never accepted welfare
in any form. I went without heat, food
& medical until I turned 65. Medicaid
users have greater access to Doctors
offices because Medicaid pays more
to their scale, faster & bigger checks
to the Doctors,; Therefore many Doctors
refuse new Medicare patients.

TO:

C
H
A
N
G
E

Health
CARE

Industry

are you aware of the Doctors frustration?
and yet Medicaid patients are scheduled
as new patients. Why does kid care provide
Dental - 16%, other 6%, Pharmacy 6%
and medicare receives none of the above.
The # 41,700 for four is outlandish - add # costs
#

REFORM

Terry Burrell

#

Dividend of almost 2,000 per household
of four, approaches \$ 50,000 per household
which is middle income of non-welfare working
households. \$ 41,700 + \$ 8000 =, not to mention
cost of \$ 8,000 school cost per child in Anchorage.

Anchorage is paying property taxes
whereas Villages are not. ⁱⁿ East Anchorage
is built over by non-tax paying Entities i.e. City,
University of Alaska, South Central Services,
Native Hospital, Kid Care, Baptist Temple
where Provo lives tax free in a million (?)
Dallas Heide Home - Baptist Church owned.
Other church members in \$ 200,000 Foxhall homes.

free
Health care to all
Natives
to all
Native
Children

Why NOT
ALL
ALASKANS
?

IN
Vest
IGAF

I
Object
to
1 \$ drug,
3 alcohol
\$ psychiatric
care
Please
investigate
\$

added to about Church owned tax free
properties about 30 in number. (Please correct
me if not so, or better yet add up the
multi-millions of non-taxable properties
cause the middle class working, small
business owners are buckling under property
taxes & ^{taxable} invoices) Would you consider
Cutting Kid care & sending State Tax relief
to lower property taxes? also fund HB224
and give us a chance to study a fair and
equal way of funding health care to all
Alaskans. Change 100 to 133% is tolerable
until Welfare is completely reformed, soon.
Thank you, Terry Burrell

THE
FOLLOWING
DOCUMENT(S)
ARE
POOR
ORIGINAL
COPIES

CATHOLIC SOCIAL SERVICES

BEYOND SHELTER
3710 E. 20TH AVE., SUITE 1
ANCHORAGE, ALASKA 99508-3418
807-278-5590

February 8, 2000

To: HESS Committee
Chair, HESS Committee - Fred Dyson
From: Stephanie Wheeler
Director, Emergency Outreach & Supportive Services
Catholic Social Services
Sub: Denali Kid Care
HB 260

Thank you for the opportunity to allow us to share our concerns with you about the recently introduced HB 260. It is evident by the number of Alaskan families who are currently enrolled in the Denali Kid Care program that this is a much-needed program for children and pregnant women.

Last year, Catholic Social Services provided services to over 165,000 individuals. These individuals and/or families representative of our programs include pregnant women and their families, low-income families, families who are working, homeless families, adoptive families and refugees. On behalf of the individuals we work with, I urge you to reconsider amending this bill. It is primarily those working or low-income families with children who fall in this precise category that need a comprehensive health plan.

Often times these families health needs go unmet because they are not Medicaid eligible or they cannot afford adequate health care. Many families who do work, and are being paid over the minimum wage still cannot afford the health insurance that companies are currently offering. Health care is expensive and non-affordable. A lot of individuals would not be able to pay outright for health care costs. And because health insurance is increasing to meet the ever-escalating costs of health care, many families cannot afford health insurance. For instance, a single mother with four children who is currently enrolled in the DKC program cannot afford the health insurance plan for her children that is offered through her employer, which is approximately \$500 per month. She currently makes \$12 an hour. One paycheck (after taxes) is approximately \$760. She gets paid twice a month. Rent and utilities alone will take care of one full paycheck. What does that leave the other paycheck for? - food, childcare, transportation and other miscellaneous expenses. It is quite clear that she cannot afford the health insurance plan offered by her employer. Additionally, some employers may not offer a health care plan for families.

People need health insurance, particularly as they move from welfare to work and continue to progress toward self-sufficiency. For people with chronic health conditions, disabilities and mental illnesses, adequate health care coverage is critical. Having adequate medical coverage can mean a world of difference for individuals who need medication that is also costly. Without adequate health coverage, former welfare

recipients, particularly those with poor health, chronic medical conditions and disabilities, may be forced to return to welfare in order to meet their medical needs. Concern for health care benefits prompt many welfare recipients to continue receiving public assistance and acts as a disincentive to seeking employment.

Many families who are on public assistance will be working within the next three years. Transitioning from welfare to work is often difficult within itself. Having insurance coverage for health care is a must for these families in order to make this transition successful. Health insurance is viewed by many clients and staff as one of the most important benefits to working – but generally covers only the employee. Adding family members is a prohibitive expense.

Many families who exit welfare for work will not obtain jobs that offer employer-sponsored health insurance as a benefit. If private and affordable health coverage were extended to more families on public assistance, many more families would currently be employed.

Please consider exploring other options like a co-payment plan, minimal monthly fee, or sliding scale to help individuals pay for this affordable health plan rather than omitting it altogether. I would really encourage you to listen to the thousands of children that have been privileged to use this coverage and their parents who have had no other options for health coverage. Help us continue on the road to success. Help us educate doctors and other health providers about the importance of this health plan for children and pregnant women. There is indeed a gap in rendering affordable health insurance. With DKC, that gap has narrowed. Let's look for additional ways to bridge or close the gap like exploring medical coverage for single individuals who do not have or cannot afford health care.

Thank you for your time!



ALASKA STATE LEGISLATURE

HOUSE COMMITTEE ON HEALTH,
EDUCATION AND SOCIAL SERVICES

Please enter into the record my testimony to the _____

Committee on HB 260 Committee Name _____
Subject: HB 260 Bill / Subject _____ Dated 2-8-00

My dear elected Representatives,

I am a Mental Health & Substance Abuse professional on the front lines in Interior villages. I get the calls when teens are suicidal, and every once in awhile one of them pulls it off, ripping the fabric of a village apart, sending ripples of depression and despair through several villages, resulting directly in more substance abuse and other forms of abuse and neglect. This year I became aware of Denali KidCare and how to get a kid in a life-threatening crisis on it immediately and into quality, safe treatment. In Allakaket, this resulted in getting a kid the whole village was sure was going to suicide, into treatment and today that kid is doing well in aftercare and in the custody of family. In studies of the cost-effectiveness of quality psychiatric and substance abuse care, it has been shown that this treatment saves every bit as much money as quality med/surg care, preventing costlier problems later. This has resulted in the rise of the Party movement. Quite possibly saving that kid's life has cost plenty enough to Allakaket, Alaina, Hughes and Huslia. Why is it important to be the only state without a State Child Insurance Program, a program that brings needed federal money to Alaska? Most jobs in the nine (9) villages I visit have no insurance benefits. Do we want to reinforce working or welfare? I see Fetal Alcohol Syndrome everywhere I go in the Interior; do we want to prevent the pregnant women, some of whom are FAS themselves, that most need health and Dual-Diagnosis substance abuse care in order to prevent this incurable disaster, from the chance to get that care? I urge you to continue this ray of hope. Thank you.

Dennis E. Hojna MSW, LCSW
Tanana Chiefs Conference
Yukon Tanana Counseling Services
Program Director/Clinician

SIGNED:

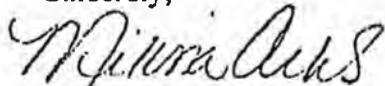
Dennis E. Hojna MSW, LCSW
Testifier
Tanana Chiefs Conference / YTCS
Representing
1302 21st AVENUE FAIRBANKS, AK
Address / Phone Number
99701

(907) 452-8251 x73462

FEB 08 08 10E 08:15 TH FAIRBANKS AK FAX NO. 507 450 3540 P. 04

I am writing in response to HB260. I am a full-time working single parent with two wonderful children ages 6 and 9. While I am lucky enough to have employment with health care coverage for my children, and myself being the sole provider for my children is financially difficult. I agree that the absent parent should help provide for my children and I do have a case on file with C.S.E.D. – but they have not been able to collect child support since December 1998. In November of 1999, I took my youngest daughter in the clinic, at that time they stated she just had a virus and I did not have Denali Kid Care. My primary insurance did not cover the visit stating it was a well child visit. One week later, I took her back and another Physician diagnosed her with Pneumonia. In conclusion of 2 office visits, 3 x-rays, blood-work, rental of a Nebulizer Machine and medication. My medical bills for December were over \$800.00. I applied for Denali Kid Care and was approved in December. Had I not been fortunate enough to have this program available to my children, I honestly can say I may not have been able to take my daughter in for the recommended follow up care. 20% co-pay may not seem that much but when it's the difference between paying a medical bill or having groceries it can seem very large. Please do not limit this program to Medicaid precipitants only, the working class is very dependent on it to ensure our children grow up safe, healthy and happy.

Sincerely,



Melissa Ackels
4753 Princeton Drive
Fairbanks, Ak 99709

MARSHALL TRADITIONAL COUNCIL
ROBERTA A. FITKA, ICWA
P.O. BOX 110
MARSHALL, ALASKA 99585
PHONE 1-907-679-6302/FAX 1-907-679-6187

February 8, 2000

RE: DENALI KID CARE

Dear Sir or Madam,

Health care insurance coverage is vital to the well being of Alaska's children. If HB 260 passed, Alaska would be the only state or territory in the country without a state-sponsored child insurance program. Why would the legislators let this happen?

Denali Kid Care coverage for our children is cost effective and eliminating the program would result in a huge loss of federal funds for health care. Denali helps working families who work in jobs with no benefits to provide health care for their children. Denali Kid Care also helps families who are moving off welfare because they can still provide for their children's health care needs. Coverage for pregnant women is important to ensure a health start for Alaskan Children.

Our children are important and so is their health and well being, so why pass this HB 260?

Sincerely,
Roberta A. Fitka
Roberta A. Fitka,
ICWA Worker

cc: Rep. Dyson Rep. Coghil Rep. Green
Rep. Morgan Rep. Whitaker Rep. Brice
Rep. Kemplen Senator Ted Stevens
Senator Georgianna Lincoln



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House Hess
Committee Name
 Committee on Denali Kid Care Dated 2-8-00
Bill / Subject

On behalf of the City of Anaktuvuk we oppose Bill 260. Denali Kid Care is very helpful. Eliminating this program would be a detriment to our people. Thank you for considering our testimony.

SIGNED: Steve Wells Steve Wells
Testifier

CITY OF ANAKTUVUK PASS City Clerk
Representing

Box 21030 907 661-3612
Address / Phone Number

Post-It™ brand fax transmittal memo 7671		# of pages » 1	
To	STEVE WELLS	From	FBKS LIO
Co.	CITY ANAT ASS	Co.	
Dept.		Phone #	
Fax #	661-3613	Fax #	456-3346



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House HESS
Committee Name
 Committee on House HESS / HB 2160 Dated _____
Bill / Subject

As a working Alaskan, I resent the implication that "poor people" are ~~are~~ only those without jobs or that changing the definition of poor will increase or decrease the quality of life for families. You are playing with words and ignoring the reality of life. Having a portion of the usual amenities of middle class life does not mean you can provide all the needs of a family especially where routine health care is concerned. I would ask that you reconsider your stance on the eligibility level and retain the current level.

SIGNED:

Velita Murphy
 Testifier

private citizen
 Representing

270 Ester Dr. Fkko, AK
 Address / Phone Number

455-9075



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the H+SS
 Committee on HB 260 Committee Name Dated 2/8/00
Bill / Subject

I feel this ~~bill~~ bill
 would severely affect our
 next generation. I am a mother
 of three. I feel that you should
 continue Denali Kid care. The
 healthier the child, the more
 prosperous the family. When you
 cut funding to our kids you
 hurt our state.

SIGNED: Mona Jones
 Testifier

Representing

P.O. Box 72722 907-452-2989
 Address / Phone Number



ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Office of the President

4141 Ambassador Drive
Anchorage, Alaska 99508
Telephone: 907-729-1900
Facsimile: 907-729-1901

January 24, 2000

Honorable Fred Dyson, Chairman
House Health Education and Social Services Committee
Alaska State Legislature
Juneau, AK 99801-1182

Re: *Opposition to HB260*

Dear Representative Dyson,

The Alaska Native Tribal Health Consortium is a statewide non-profit Alaska Native health services organization based in Anchorage. We are owned by Alaska Native tribes and tribal health organizations from around Alaska, and manage the Alaska Native Medical Center along with a range of community health service programs.

We are writing to express our opposition to HB 260, which would callously eliminate access to essential health care services for approximately 30 percent of Alaska Native children. The bill proposes to lower eligibility from 200 percent of poverty to 100 percent of poverty. The federal government funds Medicaid health coverage for the Alaska Native population. C.H.I.P. (Children's Health Insurance Program) provides access to health care coverage to children of families that are employed but unable to afford insurance. According to the Alaska Department of Labor, Alaska Native children (0-19 years of age) make up 45 percent of the total Alaska Native population.

Based on data from the Indian Health Service, Alaska Native health status is one of the worst in the United States. The Alaska Native sudden infant death syndrome (SIDS) rate is 2.5 times (306.6) the U.S. All Races (120.3) rate. The postneonatal mortality rate for Alaska Natives (6.9) is twice as high as for the U.S. All Races (3.1).

The ability of the Alaska health care system to adequately treat this at-risk population relies on Medicaid funding. The Indian Health Service funding we utilize can only meet a portion of the health care needs of the Native community. The Denali KidCare Program offers a financially responsible avenue to address our health conditions and improve health status. Please consider the extremely adverse consequences to our at-risk children should this bill become law. We must speak for them; they are our future.

Sincerely,

Paul Sherry
President and CEO

Denali KidCare is a program that went into effect March 1, 1999 to provide health care insurance primarily to uninsured children in working and non-working families and to pregnant women. Funded mainly with federal dollars, this program expanded Medicaid income levels to assure that more Alaskan children receive a healthy start in life.

Denali KidCare takes advantage of enhanced federal funding under the State Child Health Insurance Program (S-CHIP) adopted by Congress in 1997 to provide health care insurance for uninsured children in America. Over 10.5 million children are uninsured in this country, and the number is increasing as employer coverage of dependents becomes less common.

HB 260, if adopted by the Legislature, will eliminate the Denali KidCare program.

Alaska would be the only state or territory without a State Child Health Insurance Program.

WHY COVER HEALTH INSURANCE FOR CHILDREN?

- Health care insurance coverage for children is cheap - \$472 per year, per child in state funds.
- With Denali KidCare, 72 cents of every dollar spent is federal funds; only 28 cents comes from state general funds.
- Services for children enrolled in Denali KidCare who also are eligible for Tribal or Indian Health Service are paid for with 100% federal funds.
- Health care insurance is vital to the wellbeing of Alaska's children.
- Children with health care coverage are more likely to receive well-baby/well-child care, adequate immunizations, and have health care problems discovered early.
- Denali KidCare helps working families who work in jobs with no benefits to provide health care for their children.
- The state used part of the \$30 million savings from the Medicaid federal match rate change to expand coverage for children and pregnant women.
- Program elimination will result in a huge loss of federal funds for health care.

WHY COVER HEALTH INSURANCE FOR PREGNANT WOMEN?

- Prenatal care is the single most cost-effective health care expenditure.
- Prenatal care ensures the best birth outcome for the baby.
- Prenatal care is the best method of assuring a healthy start for Alaskan children.

I. Helping the working poor—

Denali KidCare offers health care coverage for children in families that make too much to be on Medicaid—but not enough to buy health insurance

1. It is a program for the low-income “working poor”—and meets the basic need for Alaska parents to be able to provide health care for their children while working at a low paying job with no benefits.
2. Denali KidCare provides health insurance coverage for children and teens through age 18 and for pregnant women.
3. To be eligible, the family must meet income and other eligibility guidelines.
4. It is primarily for individuals without health insurance whose income is 200% or below the Federal Poverty Level (FPL) Guidelines.
5. If the family income is quite low, 150% Federal Poverty Level or below, children with other health insurance may be eligible.
6. Children, teens and pregnant women covered by Indian Health Service may also be eligible if they meet income and other eligibility guidelines.

II. Changing Alaska economy—

More retail, low paying jobs—a Walmart instead of an ARCO economy— means more parents are unable to provide health insurance coverage for their children.

1. "According to data published by the U.S. Department of Commerce, Alaska is the only state with real (inflation-adjusted) Gross State Product (GSP) lower in 1997 than it was in 1982."
2. "Alaska has gone from having the highest per capita personal income in the country to a position below the national average."
3. "At the current rate of decline, Alaska's per capita personal income will fall into the lowest 25 percent within 10 years."
4. "Declining real GSP in the face of rising population and labor force means that Alaska has endured a sustained 15 year period of net aggregate disinvestment."
5. "Real wages and real household income have continued to fall."

(Quoted from the *Anchorage Daily News*, "Economic downturn threatens Alaska,, by David Reaume, October 24, 1999.)

III. Assisting families going from welfare to work—

Denali KidCare makes it possible for families to get off welfare because with Denali KidCare, they can still provide for their children's health care needs.

1. State welfare rolls are down to the lowest level in almost a decade. (*Juneau Empire*, November 24, 1999)
 - In April 1994, there were 13,161 Alaskans on temporary assistance cash payments. As of October 1999, that number was down to 7,718 and more than half of these people are working part-time or training for work.
 - From July 1997 to July 1999, more than 4000 Alaska families left welfare for jobs, dropping the welfare caseload to its lowest level since 1991.
 - Of the roughly 7,700 Alaskans currently receiving temporary assistance, more than half are working part-time jobs or participating in job training or education programs.
 - In cash payments alone, the state is projected to have spent some \$47 million less from 1997 through 2000.”
 - Declining welfare rolls have allowed the state to replace state funding for some programs with federal money.
2. “In the past three years, we have moved thousands from welfare to meaningful jobs, cut the welfare caseload by a third, and saved the state millions of dollars in the process.” (Governor Knowles, press release dated November 24, 1999.)
3. Welfare reform in Alaska is working successfully to keep people off welfare and cash assistance.
4. Keeping people off welfare takes money to support services needed by working families—such as health insurance for their children.

(Quoted from the *Juneau Empire*, “Welfare rolls drop by third, by Svend Holst, November 24, 1999 and related press release from governor Knowles.0)



Alaska State Legislature

Please enter into the record my testimony to the House Health, Education, ^{Social} Services
committee name

committee on HB 260, dated 2/15/00
bill/subject

I feel that cutting Alaska kid care benefits from the 200% poverty level to 133% level would be completely unfair to the working families that have no access to acceptable health care insurance for their children.

The ones that would suffer would be the children and I feel this is an outrage. These working families are tax payers and deserve access to health insurance for their children. If this program suffers this cut it will force many people with severely ill children to quit their jobs and become dependent not only on Medicaid but on food stamps, job placement, etc.

Health care needs to be accessed from a preventative standpoint as opposed to waiting until the child is so ill they need extended, extensive medical treatment.

Signed: Leslie Underwood Leslie Underwood
Testifier

Sitka Community Hospital
Representing (Optional)

209 Miller Ave. Sitka, Alaska 99835
Address

907 747-3241
Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House HESS
committee name

committee on HB 260 . dated 2/15/2000

I would like to ^{bill/subject} submit for public record the impact that Denali kid care had on my son's life. During his pre-natal care, and first year of life, the cost of health coverage for he and my wife were impractical. Quite simply, I could not afford to have both on my policy. Denali kid care picked up the slack and did not force my wife and I to make decisions about whether to bring my son to the doctor or not for fear of financial consequences. We were able to get him the immediate medical attention he needed when he needed it instead of sparing the expense until his health deteriorated to a

Signed: [Signature] Stefan Schumacher
Testifier

Representing (Optional)
Box 2282 Homer, Ak 99603
 Address
(907)255-6950
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the Hess
 committee on HB 260, dated 2/15/00
bill/subject committee name

Speaking in terms of mental health ~

Denali Kid Care provides a comprehensive approach to health treatment not only of children but also pregnant women. Many problems of the brain occur in-utero.

Schizophrenia may develop as a cause of extreme stress and/or viral infections of the mother. Other in utero damage can be avoided when pregnant women receive adequate health care and nutrition.

Stress ~~for~~ in children because of inadequate health care may also cause problems later in life regarding their mental health.

Thank you for this opportunity.

Signed: Jean M. Steele
 Testifier NAMI of Homer
 Representing (Optional) P.O. Box 837, Homer 99603
 Address 235-1081
 Phone No.

point where our hands were forced.

Without Denali Kid Care my son would have had nowhere near the medical attention he needed during his crucial first year.

During the pre-natal period I was working ~~but~~ and making more than the federal poverty level. However, I did not have healthcare coverage for my wife as we were engaged and not yet married. Therefore, Denali Kid Care again came through and allowed us to access the prenatal care that is absolutely essential to the health of every child.

It is worth noting that my son is no longer on Denali Kid Care. He is covered under my employer's plan now. We have a large deductible and forced to decide between going to the doctor or not according to our financial situation. My wife has no coverage at all. We can't afford to pay the premium for both. ~~We~~ We are very grateful to Denali Kid Care for the opportunity it gave my son when he most needed it and we are also grateful we were able to transition from it to our current situation. Denali Kid Care was an absolutely essential part of this young family's beginnings. Without it, my son would not be the healthy boy he is today. I implore you to keep this great program in place. Thank you.

Homer L10

Stefen Schumacher page 2 of 2

Post-it® Fax Note	7671	Date	2/5/00	# of pages	3
To	House HESS	From	HOMER L10		
Co./Dept.		Co.			
Phone #		Phone #	235-7878		
Fax #	415-4587	Fax #			

February 15, 2000

RE: HB 260 (Denali Kid Care)

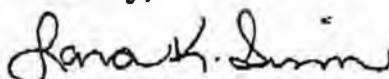
Dear Rep. Coghill and other HESS House Members:

I just learned of the House Bill that would decrease/eliminate the Denali Kid Care Program. I felt that I had to speak out on this issue.

I am the mother of two little girls. I am also the guardian for my two nephews due to my sister's drug dependence. I have private insurance for my daughters, but cannot afford to insure my nephews. I am trying to provide a stable, safe environment for my nephews to feel comfortable after everything they have been through. If the Denali Kid Care Program is eliminated I don't think I would be able to keep them in their current environment. Isn't it cheaper to provide them with Denali rather than paying for them to be in foster care? Foster care would be \$800 per month, and how much is spent on Denali? This elimination does not make any sense to me, if it is funded by federal dollars I don't understand how you can even think about cutting it. Do you representatives that we vote for and put in office not even care about our children? After all, remember that they are our future.

I beg you to please rethink your idea about cutting our children's Denali coverage. This would truly be an injustice to Alaska's best resource, our children.

Sincerely,



Lara K. Sinn
 P.O. Box 3505
 Homer, AK. 99603-3505
 E-Mail: Edgewater@xyz.net

Sinn page 1 of 1



COVER SHEET

Anchorage Legislative Information Office
Office - (907) 269-0111 Fax - (907) 269-0229

To: (H) HESS

Atten: Rep. Dlyson Fax: 465-4587 Phone: _____

From: Anch. LIO Phone: 269-0114

Instructions: Written testimony on HB210

Sent: _____ Date: 2/2/2000 Time: _____

Disposal of Original: Discard: _____ Hold for Pickup: _____

Number of Pages: _____ (counting cover sheet)

Transmitted by: _____

Marilyn Walsh Kasmar
 2608 Nathaniel Court
 Anchorage, AK 99517

(907) 248-2714

Senate District G, House District 13

Denali KidCare- The Right Thing To Do

Should government be involved in the provision of health care to children? This is the question posed by Rep. John Coghill as he puts Alaska's children's health insurance program on the block in an effort to open the debate about "how far we want to go with socialized medicine." There are good arguments on both sides- they deal with personal philosophies about health care; whether or not health care is a right or a privilege; and philosophies about personal responsibilities. But in the end, for vulnerable children, the answer is yes- government should be involved in ensuring the provision of health care.

Why? Simply put, it takes a village to raise a child. In progressive, civilized societies, the strong protect and care for their vulnerable young. In our imperfect state, a lot of kids and families need a helping hand. Alaska's kids are our greatest resource- ready to be groomed by their parents, teachers and leaders for productive lives. This is difficult to do if they have unmet health care needs; if their teeth are rotten, hurting and unrepaired; or if they are mentally ill. Budgets must not be balanced on the backs of these children, and it is shortsighted to think that doing so will pay off in the future. I have lived in Alaska all of my life, and I plan to be here for the rest of it- I want the kids around me to be strong, healthy, and in good shape to be stewards of the state in the future.

for a lot of reasons,

Besides being the civilized, right thing to do, keeping kids healthy makes fiscal sense. Consider the following statistics for children without health insurance:

They are 6 times more likely to go without needed medical care (putting their health at risk); 5 times more likely to use the emergency room as their source of care (thus using the most expensive mode when they do finally get care); and 4 times more likely to have urgent care delayed (resulting in an escalation of the acuity of the health problem, making them much more expensive to care for when they do present for care.)

Children 5 and under without health insurance are 3 times more likely not to receive well-child preventive visits, and are 2 times more likely not to be up to date on immunizations. Women who receive late or no prenatal care are twice as likely to have low-birthweight babies- and babies in a Newborn Intensive Care Unit can cost thousands of dollars a day. In fact, low-birthweight babies account for 10% of all health care costs for children.

Insurance for kids has other impacts. There was \$177 million of uncompensated medical care provided to Alaskans in a recent year. These costs are shifted to the insured in the

price paid for health care premiums, and thus is part of those double-digit increases in health insurance premiums that we have seen in the past decade.

One positive by-product of children's health insurance is that when it is provided, the incidence of child abuse and domestic violence in families decreases dramatically- thus saving great amounts of money in the health and judiciary systems. Preventive health care has also been shown to radically decrease emergency room use, at great savings to the health care system and to Joe and Josephine Consumer when these saved costs are not shifted to them.

Yes, it is civilized, right and fiscally smart to provide health insurance to children.

Representative Coghill asks the question "why, in a state where unemployment is 4.7%, are we providing medical assistance to 105,000 Alaskans?" His question assumes that every working Alaskan has enough money to pay for health care out of pocket or has access to health insurance. This is not the case- many Alaskans work for small employers who do not provide health care coverage to employees; others work in several jobs and have inconsistent coverage, if at all. And, because of the spiraling cost of health care, very few people cannot afford to fund even a small portion out of pocket. Low unemployment does not equal access to health care.

Cheap That said, costs must be addressed. And, Denali KidCare insurance is cheap to provide. Congress passed the Child Health Insurance Program (CHIP) in the fall of 1997, sending \$40 billion over the next 10 years to states to fund expanding child health programs. Alaska did, through Medicaid, as there are currently no private insurance products specifically for children in Alaska. Doing so costs us approximately \$47 per child per month, and is matched by \$159 in federal dollars. Covering the uninsured Alaskan children living in families earning less than 200% of the federal poverty level (\$33,000/yr for a family of 3) is costing the State of Alaska 28 cents on the dollar.

Denali KidCare is an economic engine. Every \$1 million spent on health care in Alaska generates approximately 23 jobs and adds \$740,000 to Alaska's payrolls.

There are many good reasons to keep this program, and no good reasons to get rid of it- using it as a vehicle to open a debate is not acceptable. If this program is eliminated, Alaska will be the only state or territory in the country without a Child Health Insurance Program. It is an embarrassment to think that we are so little about our kids that this has even been considered.

In the end, providing health insurance is an important and effective investment in our children. In this case, it's cheap too- Alaska pays for 28% of the program- the feds pay the rest. We can pay a little now, or pay a lot later. It doesn't take a rocket scientist to figure this one out.

Marilyn W. Kasper



Alaska State Legislature

Please enter into the record my testimony to the H.F.S.S.
 committee name
 committee on HB 260 dated 2/15/00
 bill/subject

I strongly agree with the critical points raised repeatedly thus far in support of continuing Denali Kid Care. In addition to the practical, "bottom line", common sense reasons for insuring our state's children, I also have great concern for the children, whose mental and emotional needs ^(would be ignored) are ignored without Denali KidCare. In our center alone this year we have seen three youth with homicidal ideations. These youngsters were each involved with 2-4 other youngsters who were not identified. All of these children are involved with alcohol and drug use at a dysfunctional level. With increasing needs in our stressful society and decreasing funds to community mental health centers, we MUST find and

Signed: Virginia B. Rhodes

Testifier

Valdez Counseling Center

Representing (Optional)

P.O. Box 1050, Valdez, Ak 99686

Address

907-835-2838

Phone No

KEEP ways to help families raise healthy children. If

We don't address these issues now, we will all pay for it later with increased crime, divorce, substance abuse and discontent and a decrease in ablo...

o(H) HESS 465-4587
 on Valdez 40
 2 pages



Alaska State Legislature

Please enter into the record my testimony to the House Health Educ. + Soc. Services
 committee name
 committee on HB 260: Medical Act dated 2/15/00
 bill/subject Program Coverage

I strongly object to the amendments of this bill as proposed by Rep. John Coghill. This ^{original} legislation & the Penali Kid Care Program which was established because of its passing was a "God send" to many Alaska families. Most families who work in our "resource industries" can not afford the staggering costs of health insurance and, in the past, went deep into debt due to medical/dental treatment. The "kid-care" program allowed many of these families to get preventative check-ups for their children, which in turn head off major costs from ~~from~~ diseases, etc, that can be prevented. If you vote to lower the 200% level, you are putting many children's health, education,

Signed: Ruth Knight
 Testifier

Self, family, concerned health care givers + teachers
 Representing (Optional)

P.O. Box 3218, Valdez, Ak 99686
 Address

(907) 835-2085
 Phone No

→ and welfare in jeopardy. Please let this program continue and let Alaska reap its benefits which will be: less sick days and absenteeism at school/work, healthier, happier & smarter citizens, & eventually cheaper (less expensive) health care. This is a family health issue, not a financial one!!



Alaska State Legislature

Please enter into the record my testimony to the House Health Education
 committee name & Social Services
 committee on HB 260, dated 2/15/00
 bill/subject

Signed: _____
 Testifier

 Representing (Optional)

 Address

 Phone No.

- HB-260 MEDICAL ASSISTANCE PROGRAM COVERAGE
 - HOUSE HEALTH, ED, SOC. SERV. 02/15/00 TUES. 3pm

My name is Sandie Gilbert, Patient Access Manager and Denali Kid Care Coordinator for SouthEast Alaska Regional Health Consortium.

I am submitting my testimony against HB 260.

When Denali Kid Care began in March 1999, SEARHC expanded upon the State's efforts in enrollment. We saw an opportunity for native children and pregnant women who fit in this expanded health insurance program to remove any financial barriers from accessing a health care delivery system; especially in hard to reach or rural areas.

SEARHC has quickly completed a comparative analysis of Medicaid patients seen at our Mt. Edgecumbe Hospital facility. We compared March through September 1998 data to similar months in 1999. Pediatric ambulatory visits rose from 393 in 1998 to 2,223 visits in 1999.

The impact was tremendous. Denali Kid Care offers services that SEARHC does not provide. For example, DKC offers travel & lodging for patients who need to be seen by a specialist, dentist, hearing exams, Outpatient Mental Health counseling. It allows pregnant women to come from the villages to the hospital more frequently for prenatal care and counseling to insure a healthy child. It gives women the option to be seen at a hospital where more services are provided than at a village health clinic. Denali Kid Care provides coverage for a new mother up to six weeks after birth in case of complications or request for sterilization. This means for those non native women carrying a native child; aftercare is not an issue. And these newborns can be covered from birth: well baby checks, school physicals, immunizations until he/she reaches the age of 19.

SEARHC beneficiaries enrolled under this program costs the State of Alaska NOTHING! The Federal government matches this funding at the 100% rate for additional Native people covered by Denali Kid Care and served at tribal facilities. As you are aware, one of the benefits for the State to develop its CHIP program was the federal match money and is at very little cost to the State's budget.

SEARHC uses these medicaid funds to help supplement our Indian Health Service compact funds to expand and improve our current health care services. We are not fully funded by the Indian Health Service for our health care delivery system.

We are shocked and surprised of the about-face by legislators for recommending change to such a vital program for our children! It makes good fiscal sense to continue Denali Kid Care and to ensure healthy Alaskan children and pregnant women.
 Thank you for your time to allow me to express our concerns.

Sandie Gilbert
 Patient Access Manager / Denali Kid Care Coordinator
 907-966 8396



STATE
OF
ALASKA

Bethel Legislative Information Office
301 Willow
PO Box 886
Bethel, AK 99559

Date 2/15/00
Number of pages including cover sheet: 5

FAX

To: House HESS Committee

Phone: _____
Fax phone: 465-4587
CC: _____

From: Nelson Davies

Phone: (907) 543-3541
Fax phone: (907) 543-3542

REMARKS: Urgent For your review Reply ASAP Please comment

Per Your Request:

Written Testimony on HB 260



STATE of ALASKA

Bethel Legislative Information Office

PO Box 886
Bethel, Alaska 99559
(907) 543-3541
Fax- 543-3542

Written Testimony
for the
Record:

TCN: 10261

Committee: HNESS

Date: 2/15/00

Bill Number(s): HB 260

Subject(s): Denali Kid Care Qualification

Please enter my testimony into the record.

Mary Anaruk
Testifier's name (s):

YR HC
Representing (opt.)

Address

Phone

TESTIMONY

My name is Mary Anaruk, and I am Vice-President for Community Services at the Yukon Kuskokwim Health Corporation here in Bethel. The programs I have responsibility for are by and large all the village based programs here in our region such as the Health Aide program, Substance Abuse Counselors, Home Care Workers, and several other positions.

A few years ago we began to focus on a Well-Child program because access to health care is a major problem for most of our village residents. Our Health Aides receive special training which enable them to do all the examinations and immunizations needed for children. One of our problems has always been enrollment, and getting pregnant women to enroll in Medicaid in order to receive appropriate care. Admittedly many of our village residents qualify for Medicaid but there also is many residents who have low paying jobs with their respective village corporations, school districts or councils who do not qualify for Medicaid and this program has facilitated increased enrollment. The other very positive aspect has been the outreach benefit we've derived from this program. We have seen an increase enrollment under DenaliKid Care of between 4 to 5% over the past year.

One of our more serious concerns in our region is the lack of adequate pre-natal care. I think we can all agree that Prenatal care is the single most cost-effective health care expenditure, ensures the best birth outcome for the baby, and is the best method of assuring a healthy start for the newborn. This has certainly been the trend here with many of the increased enrollees being our pregnant women.

We here in the YK region have long wanted to bring Health Care to as close to where the people live and DenaliKid Care along with our Health Aides being trained for Well-child care has helped to reach more children and provide the preventative care that is needed. From my understanding of data, Health Care insurance coverage for children is cheap. If this is adopted by the legislature it is also my understanding that Alaska would be the only state or territory without a state Child Health Insurance program.

Considering all the well known high statistics around Domestic Violence, Suicides, Child Abuse, and then Substance Abuse in our region compared to the entire state, and the nation to decrease any program reaching out to our children seems totally inappropriate. Cost savings appear minimal and why would we even consider sacrificing our children for the almighty dollar is beyond me.



STATE of ALASKA

Bethel Legislative Information Office

PO Box 886
Bethel, Alaska 99559
(907) 543-3541
Fax- 543-3542

Written Testimony
for the
Record:

TCN: 10261

Committee: HHESS

Date: 2/15/00

Bill Number(s): HB 260

Subject(s): Medical Asst Prog. Coverage

Please enter my testimony into the record.

Christina Bragg
Testifer's name (S):

Representing (opt.)

Address

Phone

Testimony to House Bill 260

My name is Christine Bragg, and I live in Bethel.

I would like to address the issue of access and affordability of health insurance as it relates to Denali KidKare.

As you know, access to health insurance is primarily through employment. In this region, employed families often earn between \$20,000 and \$30,000 per year. A "good" job may carry a salary of \$40,000 per year.

The trend in this region for those employers who do offer health insurance has been to increase the cost to employees, either through the institution of premiums or increasing the cost of health insurance premiums, to eliminate or not offer dependent coverage, or to eliminate health insurance as an employee benefit altogether. Employees who no longer have access to employer health insurance report that insurance is either not available for purchase or available only at prohibitive premiums (for example, \$500 per month for a single individual). These people are therefore without insurance.

A family of four earning from \$30,000 to \$40,000 per year qualifies for Denali KidKare. Such a family may look at COBRA premiums of \$500 per month or more. After the COBRA time period, higher rates apply. Such a family, faced with spending \$6,000 per year or more for health insurance, will most likely opt for more immediate necessities such as food and clothing.

Larger families or families earning less would not even be able to consider purchasing health insurance.

The Denali KidKare program was created to meet the needs of uninsured children and pregnant women with family incomes too great for traditional Medicaid and too low to obtain insurance or pay for health care directly in today's economy. The need still exists, and we in this region urge that the Denali KidKare income requirements remain unchanged.



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Hess
Committee on HB 297 Committee Name 2/14/00
Dated 2/14/00
Bill / Subject

URGENT ATTACHMENT

SIGNED: Michael Bryan MICHAEL BRYAN
Testifier
CITIZENS OF ALASKA
Representing
378 SHANNON DRIVE FAIRBANKS ALASKA 99701
Address / Phone Number 907 451 6365

February 13, 2000

Health Committee
State Capitol
Juneau, AK 99801-1182

Re: House Bill 297

Dear Committee Members:

Thank you for taking the time to read this letter. In respect of your busy schedule I will be brief.

Your sponsorship of HB 297 is greatly appreciated. Successful passage of this legislation will bring to Alaskan's what is very badly needed. It will bring choices in the health care environment. Currently there are significant limitations in the availability of certain procedures and venues for those procedures in Alaska. These limitations are compounded by the inability for private enterprise to build and supply communities with badly needed facilities. The current level that requires Certificate of Need processes is artificially low. \$1,000,000 in today's economy cannot build and equip even the most modest of medical facilities. A more realistic limit of expenditure of \$7,000,000 will better allow the construction of a quality facility in today's economy and encourage private enterprise to bring to our citizens the choices that we currently do not have.


The passage of this bill brings other benefits to the Alaska. Passage of HB 297 will reduce the monopolistic tendencies of established facilities (eg. Fairbanks Memorial Hospital) and allow for competition that will lower the cost of delivery to our citizens. Passage of HB 297 will foster local ownership of health care facilities and keep dollars in the community. The bill, if passed, will reduce the cost of the CON process to the State and its citizens. This bill has an added effect of lowering the cost of delivering health care to those user groups funded by State dollars (State employees and families, Medicaid, etc.).

The current limit of \$1,000,000, if maintained, will stifle free enterprise, limit the availability of access to health care, encourage only large monopolistic entities to deliver needed care, and cost the State large dollars to continue the CON process. This severely limits the choices that are badly needed. Health care is perhaps the most personal and important issue in our society. We must have choices. Maintaining the current level of \$1,000,000 also encourages those who desire to begin a practice of medical care delivery to cut corners and offer less than their expertise may allow because the cost of specialized equipment comes at an expense that may exceed the current level. This is not what we as citizens of Alaska deserve. We deserve the same level of choice in our health care as those who live in the lower 48 states. We now have an opportunity to achieve these choices if HB 297 comes to passage.

The argument that passage of this bill will injure the ability of our local hospital to care for our community is an empty argument. Our local hospital enjoys a monopoly on many services and creating potential competition will only serve to improve the delivery of those services and lower the cost through improved efficiency. Please do not be swayed by those who support monopoly.

Again, thank you for your sponsorship of HB 297. Please let me know if there are any efforts that I can make to assist in its passage. And thank you for your time.

Respectfully,



Michael R. Bryan
378 Shannon Drive
Fairbanks, AK 99701

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

TONY KNOWLES, GOVERNOR

P.O. BOX 110808
JUNEAU, ALASKA 99811-0808
PHONE: (907) 465-8920
FAX: (907) 465-4410
TOLL FREE: 1-800-420-8920

February 14, 2000

Representative Fred Dyson, Chair
House Health, Education and Social Services Committee
Alaska State Legislature
Alaska Capitol Building Room 104
Juneau, Alaska 99801-1182

Representative Dyson, Chair and Committee Members:

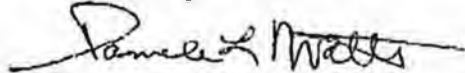
On behalf of the Advisory Board on Alcoholism and Drug Abuse, I am stating the Board's opposition to HB 260, which would roll back program eligibility to 100% of Federal Poverty Guidelines, and essentially eliminate the Denali Kid Care Program.

The early stages of recovery from alcohol and drug addiction are a time of stress and high risk for relapse. Parenting and single parenting are challenging endeavors under any circumstances. Single parents or pregnant women in early recovery who now qualify for this program would be without healthcare for themselves and their children. This places an added burden and stress on these individuals who are trying to become productive, healthy citizens of this state, thus jeopardizing their recovery.

The loss of healthcare services for this population negatively impacts everyone if working families cannot afford healthcare. A program such as Denali Kid Care helps families continue working and providing for their children. Coverage for pregnant women serves as a preventative tool in the effort to eliminate Fetal Alcohol Syndrome and other alcohol related neurological disorders.

The Advisory Board on Alcoholism and Drug Abuse urges you to oppose this legislation.

Sincerely,



Pamela L. Watts
Executive Director

ALASKA

PROGRAM NAME

Denali KidCare

CONTACT INFORMATION

*Deborah Smith
SCHIP Coordinator
Department of Health and Social
Services
P.O. Box 110601
Juneau, AK 99811-0601
(907) 465-1696*

HCFA SUBMISSION DATE

Plan: August 31, 1998

HCFA APPROVAL DATE

Plan: December 11, 1998

ENABLING LEGISLATION

AK H 369 (July 1, 1998)

PROGRAM START DATE

March 1, 1999

TYPE OF PROGRAM

Denali KidCare is a Medicaid expansion.

ELIGIBILITY LEVELS

- Children from birth through age 18 with family incomes at or below 200% of the FPL are eligible.
- Insured children with family incomes up to 150% of the FPL are eligible for Medicaid under Title XIX if third-party coverage is the only factor preventing them from qualifying for Title XXI coverage.

BENEFITS

Denali KidCare offers the same benefits as Medicaid.

SERVICE DELIVERY

Denali KidCare uses the same service delivery system as Medicaid.

TARGETED NUMBER OF ENROLLEES

Alaska targeted 11,600 new enrollees, half of whom would have been eligible under former income guidelines and half of whom are in the expansion group.

SOURCE OF STATE MATCH

The match comes from the state's general fund.

COST-SHARING

Alaska has no cost-sharing provisions under Medicaid.

CROWD OUT

Children are prohibited from participating in the program for 12 months if their family incomes exceed 150% of the FPL and if they dropped insurance coverage without good cause.

EVALUATION AND PERFORMANCE MEASURES

- The Alaska Department of Health and Social Services staff will develop any reports required by HCFA.
- If outside services are required to complete these reports, the department will obtain professional services through the state's competitive procurement process.
- The state's performance measures and goals will include:
 - Reducing the number of uninsured children in Alaska by providing health care coverage through the expanded Medicaid child health insurance program.

ALABAMA

the documentation to stop cost-sharing and reclaim any overpaid copayments or premiums.

CROWD OUT

- Crowd out provisions apply to phases I and II.
- ALL Kids requires a premium contribution for children with family incomes greater than 150% of the FPL, which is the group most likely to have access to employer coverage. This contribution is a disincentive to drop employer-based coverage.
- The state is developing the AL Health Care Information Network, which will operate a master patient index of current private coverage of Alabama citizens.
- It is anticipated that Blue Cross/Blue Shield will participate in the network, which provides 85% of the private coverage in the state. ALL Kids then should have a high success rate in identifying children with private health care coverage.
- ALL Kids requires a three-month waiting period to enroll for those who voluntarily drop private insurance coverage.

EVALUATION AND PERFORMANCE MEASURES

- For phase I, infrastructure is measured in terms of data system capacity, assurance that no more than 900 cases are handled by each eligibility worker, documentation of training for all participating staff, and assurance of up-to-date information in all publications.

- Outreach is measured through assessment of at least 21,000 children becoming eligible during one year in Alabama's Title XXI program.
- Expansion of insurance coverage is measured during one year through enrollment of at least 20,000 previously uninsured, low-income children in Alabama's Title XXI program.
- Assignment of a primary medical provider to each child enrolled in phase II of the program is documented.
- The effectiveness of care is measured by the percentage of 16-year-olds who receive all appropriate immunizations by their 16th birthday and by the percentage of 16-year-olds who receive health promotion counseling and education by their 16th birthday.
- Client satisfaction with care is measured by the percentage of patients or parents who believe that the care is timely and meets their quality and accessibility needs.
- Client use of services is measured by the percentage of members ages 14 to 18 reporting at least one well-child visit during the reporting period. ❖

ALASKA

- Marketing the Medicaid child health insurance program through the number of enrollment forms distributed through outreach efforts, collaborative efforts with families, public information campaign media exposure, and community entities serving children.
 - Enrolling targeted low-income children in Medicaid by measuring the number of children enrolled in Medicaid in the baseline year and comparing enrollment growth in future years.
 - Improving access for children enrolling in Medicaid.
 - Delinking Medicaid eligibility determination from public assistance programs by creating separate units to determine Medicaid eligibility.
- Simplifying the eligibility process by creating a mail-in application that is shorter, implementing continuous eligibility for children, and eliminating the asset test and the face-to-face interview.
 - Delivering EPSDT services to new children enrolled in Medicaid at higher income levels at the same rate as age-comparable groups of other children enrolled in Medicaid.
 - Comparing percentages of newly enrolled Medicaid children receiving EPSDT screenings to other Medicaid-enrolled children by measuring data from the EPSDT subset of Medicaid management information system (MMIS).❖

AMERICAN SAMOA

PROGRAM NAME

Samoa CHIP

CONTACT INFORMATION

*Antere'a Puletas
Medicaid Officer
Department of Health
LBJ Tropical Medical Center
Pago Pago, AS 96799
(684) 633-4036*

HCFA SUBMISSION DATE

Plan: January 14, 1999

HCFA APPROVAL DATE

Plan: April 13, 1999

ENABLING LEGISLATION

Information not provided

PROGRAM START DATE

April 1, 1999

TYPE OF PROGRAM

American Samoa's CHIP is a Medicaid expansion.

ELIGIBILITY LEVELS

- Children under age 19 are eligible.
- Under American Samoa's 1902(j) waiver, no individual eligibility determinations based on income and resources are made. Rather, the percentage of the population "presumed to be eligible" for the program is estimated annually. The presumed eligible population is the number of people with incomes below 100% of the poverty level, minus the estimated number of illegal aliens in the territory that year.

BENEFITS

CHIP provides the same benefits as the American Samoa Medicaid program.

SERVICE DELIVERY

The health care delivery system is the same fee-for-service system used in the Medicaid program.

TARGETED NUMBER OF ENROLLEES

The Medicaid/CHIP presumed eligible population for FY 1997 was 33,600 and for FY 1998 was 33,992.

SOURCE OF STATE MATCH

The match is from the territory's general fund.

COST-SHARING

There are no cost-sharing requirements.

CROWD OUT

Because there is no private health insurance in American Samoa, crowd out is not an issue.

EVALUATION AND PERFORMANCE MEASURES

- Develop an informational program to ensure that all eligible children are aware of the CHIP program's health benefits by April 1999.
- Ensure that the program covers all eligible children in the first year.
- Assure that the program is carried out in an effective and efficient manner.
- Develop a computerized data collection and retrieval system for program evaluation and annual assessment by April 1999.❖

AMENDMENT

OFFERED IN THE HOUSE HESS

BY REPRESENTATIVE COGHILL

TO: HB 260

1 Page 4, Line 5:

2 Delete: 133

3 Insert: 150

4

5 Page 4, Line 9:

6 Delete: 133

7 Insert: 150

8

9

10

11

12

13

14

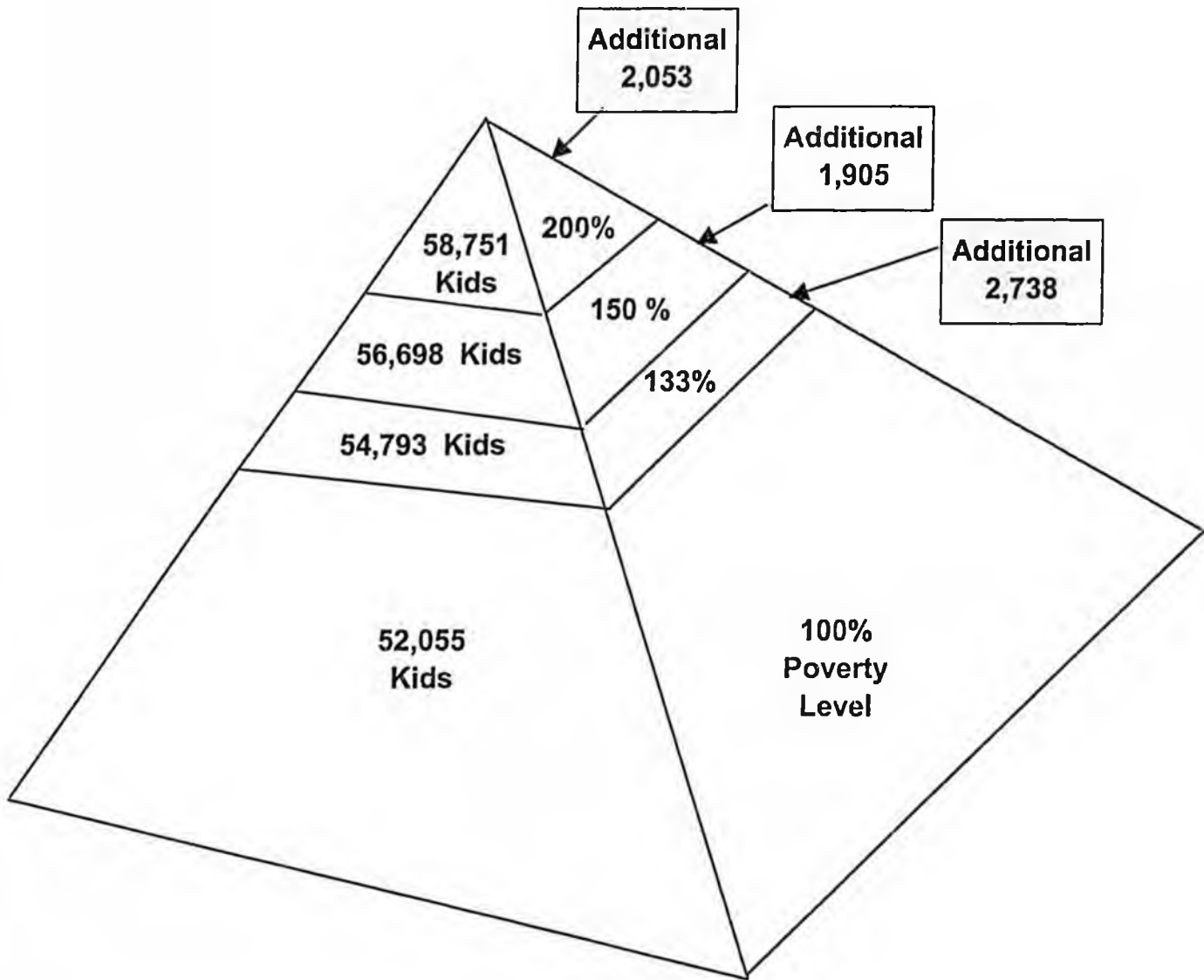
15

16

17

18

CHILDREN'S HEALTH INSURANCE PROGRAM COVERAGE ELIGIBILITY



ELIGIBILITY LEVELS for CHIP	
100%	52,055
133%	54,793
150%	56,698
200%	58,751

Information gathered from:

DHSS FY'2001 Governor, page 140
 Fiscal Note for HB 260
 Fiscal Note for CSHB 260

Prepared by Representative Coghill's Office
 2/16/00

HEALTHY FAMILIES ALASKA PLAN

Enacted with HB 369 in 1998

Now known as Denali Kid Care

MONTHLY HOUSEHOLD ELIGIBILITY CRITERIA

Family Size*	Monthly Income Standard 100% Federal Poverty Level	Monthly Income Standard - Alaska 125% Federal Poverty Level	Monthly Income Standard - Alaska 133% of (125%) Federal Poverty Level	Monthly Income Standard - Alaska 150% of (125%) Federal Poverty Level	Monthly Income Standard - Alaska 200% of (125%) Federal Poverty Level
1	\$687	\$860	\$1,144	\$1,290	\$1,720
2	\$922	\$1,154	\$1,534	\$1,730	\$2,307
3	\$1,157	\$1,447	\$1,925	\$2,171	\$2,894
4	\$1,392	\$1,740	\$2,314	\$2,610	\$3,480
5	\$1,627	\$2,034	\$2,705	\$3,050	\$4,067
6	\$1,862	\$2,327	\$3,095	\$3,491	\$4,654
7	\$2,097	\$2,620	\$3,485	\$3,930	\$5,240
8	\$2,332	\$2,914	\$3,875	\$4,370	\$5,827
9	\$2,567	\$3,342	\$4,445	\$5,013	\$6,684
10	\$2,802	\$3,771	\$5,015	\$5,656	\$7,541

Household Income Exemptions: (This income is not calculated into the formula)

1. Native Corporation Dividends up to \$2,000 per recipient
2. Alaska Permanent Fund Dividends
3. Income of stepparents are not counted if the inclusion of that income would disqualify the child.
4. Income of any household inhabitant who is not the biological or adoptive parent, even though that income may be considered in other public assistance programs.

Other eligibility:

1. Runaway teens qualify because there are no age restrictions on a person applying for Medicaid.
2. U.S. born children of Illegal aliens qualify because DenaliKidCare and Medicaid are not permitted to report illegal aliens.
3. Anyone regardless of their relationship, non-relationship, legal or non-binding status with the child can apply for DenaliKidCare for a child.

HEALTHY FAMILIES ALASKA PLAN

Enacted with HB 369 in 1998

Now known as Denali Kid Care

ANNUAL HOUSEHOLD ELIGIBILITY CRITERIA

Family Size*	Annual Income Standard 100% Federal Poverty Level	Annual Income Standard - Alaska 125% Federal Poverty Level	Annual Income Standard 133% of 125% Federal Poverty Level	Annual Income Standard 150% of 125% Federal Poverty Level	Annual Income Standard 200% of 125% Federal Poverty Level	Income Standard + PFD's 200% of 125% Federal Poverty Level
1	\$8,240	\$10,320	\$13,726	\$15,480	\$20,640	\$22,410
2	\$11,060	\$13,840	\$18,407	\$20,760	\$27,684	\$31,224
3	\$13,880	\$17,360	\$23,089	\$26,040	\$34,728	\$40,038
4	\$16,700	\$20,880	\$27,770	\$31,320	\$41,760	\$48,840
5	\$19,520	\$24,400	\$32,452	\$36,600	\$48,804	\$57,654
6	\$22,340	\$27,920	\$37,134	\$41,880	\$55,848	\$66,468
7	\$25,160	\$31,440	\$41,815	\$47,160	\$62,880	\$75,270
8	\$27,980	\$34,960	\$46,497	\$52,440	\$69,924	\$84,084
9	\$30,800	\$38,480	\$51,178	\$57,720	\$76,968	\$92,898
10	\$33,620	\$42,000	\$55,860	\$63,000	\$84,012	\$101,712

Household Income Exemptions: (This income is not calculated into the formula)

1. Native Corporation Dividends up to \$2,000 per recipient
2. Alaska Permanent Fund Dividends
3. Income of stepparents are not counted if the inclusion of that income would disqualify the child.
4. Income of any household inhabitant who is not the biological or adoptive parent, even though that income may be considered in other public assistance programs.

Other eligibilities:

1. Runaway teens qualify because there are no age restrictions on a person applying for Medicaid.
2. U.S. born children of Illegal aliens qualify because DenaliKidCare and Medicaid are not permitted to report illegal aliens.
3. Anyone regardless of their relationship, non-relationship, legal or non-binding status with the child can apply for DenaliKidCare for a child.



**NATIONAL CONFERENCE
of STATE LEGISLATURES**

- [Home](#)
- [Press Room](#)
- [Contact/Ask NCSL](#)
- [Search](#)
- [Site map](#)
- [Members Log-in](#)

- [NCSL Profile](#)
- [Policy Issues](#)
- [State Legislatures](#)
- [State-Federal Relations](#)
- [Publications](#)
- [Meetings](#)

Health Care Program

State Children's Health Insurance Program (SCHIP): Cost-Sharing

Updated: January 2000

State/ Jurisdiction	Type of Plan	Premiums by Family Income (as % of federal poverty guidelines)	Copayments by Family Income (as % of federal poverty guidelines)	Maximum Out-of-Pocket Expense *†
Alabama	Combination	<p><u>Under 150% None</u></p> <p><u>150%-200% \$50 per child per year; or \$6 per child per mo. for 10 mos.</u></p>	<p><u>Under 150% None</u></p> <p><u>150%-200% \$5 per in-patient hospital care, office visit, ER; \$3 per brand name prescription drug; \$1 per generic prescription drug</u></p>	<p><u>150%-200% \$150 per family per year; or \$180 per family per year depending on the choice of premium payment;</u></p> <p><u>\$500 copayment limit</u></p>
Alaska	Medicaid expansion plan; no cost-sharing provisions			
American Samoa	Medicaid expansion plan; no cost-sharing provisions			
Arizona	State-designed	<p><u>150%-174% \$10 per child per mo.; or \$15 per family per mo.</u></p> <p><u>175%-200% \$15 per child per mo.; or \$20 per family per mo.</u></p>	<p>\$5 per nonemergency ER visit</p>	<p><u>150%-174% \$15 per mo.</u></p> <p><u>175%-200% \$20 per mo.</u></p>
Arkansas	Medicaid expansion plan; no cost-sharing provisions			
California	Combination	Community Provider Plan	\$5 per service	\$250 per year

		<p><u>100%-149%</u> \$4 per child per mo.; or \$8 per two or more children</p> <p><u>150%-200%</u> maximum payment, \$13 per mo.</p> <p>State-designed Plan</p> <p><u>100%-149%</u> \$7 per child per mo.; or \$14 per two or more children per mo.</p> <p><u>150%-200%</u> \$9 per child per mo.; or \$18 per two children per mo.; or \$27 per three or more children per mo.</p>		
Colorado	State-designed	<p><u>101%-150%</u> \$9 per child per mo.; or \$15 per family per mo.</p> <p><u>151%-169%</u> \$15 per child per mo.; or \$25 per family per mo.</p> <p><u>170%-185%</u> \$20 per child per mo.; or \$30 per family per mo.</p>	<p><u>101%-150%</u> \$2 per office visit</p> <p><u>151%-185%</u> \$5 per office visit</p>	
Connecticut	Combination	<p><u>100%-235%</u> None</p> <p><u>236%-300%</u> \$30 per child per mo.; or \$50 per family per mo.</p> <p><u>Greater than 300%</u> Full premium</p>	<p>\$5 per office visit; \$3 per generic drug prescription; \$6 per brand name drug prescription</p>	<p><u>185%-235%</u> \$650 limit</p> <p><u>236%-300%</u> \$1,250 limit</p> <p><u>Greater than 300%</u> No limit</p>
Delaware	State-designed	<p><u>101%-133%</u> \$10 per family per mo.</p> <p><u>134%-166%</u> \$15 per family per mo.</p> <p><u>167%-200%</u> \$25 per family per mo.</p>	<p>\$10 per nonemergency ER visit</p>	
District of Columbia	Medicaid expansion plan; no cost-sharing provisions			

Florida	Combination	<p><u>101%-200% \$15 per family per mo.</u></p> <p><u>Above 200% Full premium</u></p>	<p>\$3 per office visit, behavioral health outpatient visit, prescribed medicine, therapy services; \$10 per nonemergency ER visit</p>	
Georgia	State-designed	<p><u>Birth- age 5. none</u></p> <p><u>Ages 6-18 \$7.50 per child per mo.; \$15 per family per mo.</u></p>	None	\$180 per family per year on cost-sharing
Guam	Medicaid expansion plan; no cost-sharing provisions			
Hawaii	Medicaid expansion plan; no cost-sharing provisions (1115 waiver)			
Idaho	Medicaid expansion plan; no cost-sharing provisions			
Illinois	Medicaid expansion plan (1115 waiver)	<p><u>KidCare Assist None</u></p> <p><u>KidCare Share None</u></p> <p><u>KidCare Premium \$15 per child per mo.; or \$25 per two children per mo.; or \$30 per three or more children per mo.</u></p>	<p><u>KidCare Assist None</u></p> <p><u>KidCare Share \$2 per office visit or prescription</u></p> <p><u>KidCare Premium \$5 per office visit; \$3 per generic prescription; \$5 per brand prescription; \$25 per nonemergency ER visit</u></p>	\$100 per year on copayments
Indiana	Combination	<p><u>150%-175% \$11 per child per mo.; or \$16.50 per two or more children per month; or \$31.50/child/quarterly; or \$47.25 per two or more children quarterly; or \$120 per child per year; or \$180 per two or more children per year</u></p> <p><u>175%-200% 16.50 per</u></p>	<p>\$3 per prescription drug; \$10 per prescription brand-name drug; \$10 per ambulance transportation; \$20 per nonemergency ER visit</p>	

		<u>child per mo.: \$24.75 per two or more children per month or \$47.25/child/quarterly; or \$71 per two or more children quarterly; or \$180 per child per year; or \$270 per two or more children per year</u>		
Iowa	Combination	<u>Up to 133% None</u> <u>134%-150% \$10 per child per mo.; \$20 per family per mo.</u>	None	
Kansas	State-designed	<u>Up to 150% None</u> <u>151%-175% \$10 per family per mo.</u> <u>176%-200% \$15 per family per mo.</u>	None	Not to exceed 1% of total family income per year
Kentucky	Combination	None	None	\$600 per year
Louisiana	Medicaid expansion plan; no cost-sharing provisions			
Maine	Combination	<u>Up to 150% None</u> <u>151%-160% \$5 per child per mo.; or \$10 per family per mo.</u> <u>161%-170% \$10 per child per mo.; or \$15 per family per mo.</u> <u>171%-185% \$15 per child per mo.; or \$30 per family per mo.</u>	None	<u>151%-160% .4%- .6% of family income</u> <u>161%-170% .7%-1.1% of family income</u> <u>171%-185% 1.0%-1.6% of family income</u>
Maryland	Medicaid expansion plan; no cost-sharing provisions (1115 waiver)			
Massachusetts	Combination	<u>Up to 150% None</u> <u>151%-200% \$10 per child per mo.; or \$30 per family per mo.</u>	None	
Michigan	Combination	<u>Up to 149% None</u>	None	

		<u>150%-200% \$5 per family per mo.</u>		
Minnesota	Medicaid expansion plan; no cost-sharing provisions (1115 waiver)			
Mississippi	State-designed	None	<u>At or below 150%</u> <u>None</u>	
			<u>151%-200% \$5 per outpatient visit; \$15 per ER visit</u>	
Missouri	Medicaid expansion plan; no cost-sharing provisions (1115 waiver)			
Montana	State-designed	<u>101%-150% \$15 per annual enrollment fee</u>	<u>101%-150% \$25 per inpatient stay; \$5 per ER or outpatient visit; \$3 per office visit; \$3 per generic drug prescription</u>	\$200 per year
Nebraska	Medicaid expansion plan; no cost-sharing provisions			
Nevada	State-designed	<p>Quarterly premium based on family size and annual income</p> <p><u>Family of 2</u> Up to \$16,000: \$10 per quarter; \$16,001-\$18,500: \$25 per quarter; \$18,501-\$21,000: \$50 per quarter</p> <p><u>Family of 3</u> Up to \$20,000: \$10 per quarter; \$20,001-\$23,250 \$25 per quarter; \$23,251-\$26,500 \$50 per quarter</p> <p><u>Family of 4</u> Up to \$24,000: \$10 per quarter; \$24,001-\$28,000: \$25 per quarter; \$28,001-\$32,000: \$50 per quarter</p> <p><u>Family of 5</u> Up to \$28,000: \$10 per quarter; \$28,001-\$32,800: \$25 per quarter; \$32,801-\$37,500: \$50 per quarter</p>	<u>At or below 150%</u> <u>None</u>	

New Hampshire	Combination	<p><u>185%-250% \$20 per child per mo.</u></p> <p><u>250%-300% \$40 per child per mo.</u></p>	<p>\$5 per office visit; \$5 per generic prescription drug; \$10 per brand prescription drug; \$25 per nonemergency ER visit</p>	\$100 per year
New Jersey	Combination	<p><u>Up to 149% None</u></p> <p><u>151%-200% \$15 per family per mo.</u></p> <p><u>201%-250% \$30 per family per mo.</u></p> <p><u>251%-300% \$60 per family per mo.</u></p> <p><u>301%-350% \$100 per family per mo.</u></p>	<p><u>251%-350% \$5 per office visit;</u> <u>\$1 per drug prescription;</u> <u>\$10 per ER visit</u></p>	
New Mexico	Medicaid expansion plan (1115 waiver)	<p><u>186%-235% \$15 per family per mo.</u></p>	None	
New York	Combination	<p><u>Up to 133% None</u></p> <p><u>133%-185% \$9 per child per mo.; or \$27 per family per mo.</u></p> <p><u>186%-192% \$15 per child per mo.; or \$45 per family per mo.</u></p> <p><u>Above 192% \$110 per family per mo. (full premium)</u></p>	None	
North Carolina	State-designed	<p><u>Up to 149% None</u></p> <p><u>150%-200% \$50 per child per year enrollment fee; \$100 per family per year</u></p>	<p>\$5 per office visit; \$5 per outpatient hospital visit; \$6 per drug prescription; \$20 per nonemergency ER visit</p>	
North Dakota	Combination	None	<p><u>Up to 140% \$2 per prescription;</u> <u>\$5 per ER visit;</u> <u>\$50 per hospital admission</u></p>	

Northern Mariana Islands	Medicaid expansion plan; no cost-sharing provisions			
Ohio	Medicaid expansion plan; no cost-sharing provisions			
Oklahoma	Medicaid expansion plan; no cost-sharing provisions			
Oregon	State-designed	None	None	
Pennsylvania	State-designed	<u>Below 200% None</u> <u>State-funded subsidized program</u> <u>200%-235% Families must pay half of premium cost</u>	None	
Puerto Rico	Medicaid expansion plan; no cost-sharing provisions			
Rhode Island	Medicaid expansion plan (1115 waiver)	<u>185%-249% Choice of paying premium or copayment; monthly premium based on family size and 1% of family income</u> <u>250%-300% Families must pay both premium and copayment; monthly premium based on family size and 1% of family income</u>	\$5 per office visit; \$25 per hospital admission; \$15 per outpatient surgery; \$2 per prescription drug; \$35 per nonemergency ER visit	
South Carolina	Medicaid expansion plan; no cost-sharing provisions			
South Dakota	Medicaid expansion plan; no cost-sharing provisions			
Tennessee (1115 waiver)	Medicaid expansion plan	<u>101%-119% \$24.50 per family per mo.</u> <u>120%-139% \$32.25 per family per mo.</u> <u>140%-169% \$47.50 per family per mo.</u> <u>\$170%-199% \$70.50 per family per mo.</u>	None	

Texas	Combination	<p><u>100%-133% \$15 per family per year</u></p> <p><u>134%-150% \$15 per family per year</u></p> <p><u>150%-185% \$15 per family per mo.</u></p> <p><u>186%-200% \$18 per family per mo.; and \$200 annual deductible per family per inpatient hospital stay; \$50 annual deductible per family outpatient hospital visit</u></p>	<p><u>100%-133% \$2 per office visit; \$5 per ER visit; \$1-\$2 per prescription</u></p> <p><u>134%-150% \$2 per office visit; \$5 per ER visit; \$1-\$2 per prescription</u></p> <p><u>151%-185% \$5 per office visit; \$25 per ER visit; \$5 per generic brand prescription; \$10 per brand prescription</u></p> <p><u>186%-200% \$10 per office visit; \$35 per ER visit; \$5 per generic drug prescription; \$10 per brand name drug prescription</u></p>	<p><u>100%-133% \$100 per family per year</u></p> <p><u>134%-150% \$100 per family per year</u></p>
US Virgin Islands	Medicaid expansion plan; no cost-sharing provisions			
Utah	State-designed	None	<p><u>101%-150% \$10 per ER visit; \$5 per hospital or outpatient visit; \$2 per prescription</u></p> <p><u>151%-200% \$30 per ER visit; \$10 per hospital or outpatient visit; \$4 per prescription drug on approved list or generic brand</u></p>	<p><u>101%-150% \$500 per family</u></p> <p>-</p> <p><u>151%-200% \$800 per family</u></p>

Vermont	State-designed	<u>185%-224% \$10 per family per month</u> <u>225%-300% \$25 per family per month</u>	None	
Virginia	Combination	None	None	
Washington	State-designed	\$10 per child per mo.; or \$30 per family per mo.	\$5 per office visit; \$5 per prescription brand drug; \$25 per ER visit	\$300 per child per year; or \$900 per family per year
West Virginia	Combination	None	None	
Wisconsin	Medicaid expansion plan (1115 waiver)	<u>150%-200% 3% of annual family income</u>	None	
Wyoming	State-designed	None	None	

Sources: HCFA Plan Fact Sheets and Amendment Fact Sheets, HCFA Plan Approval Letters, State-designed Plans, NGA/NCSL State Children's Health Insurance Program 1999 Annual Report (Draft), and personal communication with states.

Key:

ER emergency room

* All states must cap family cost-sharing expenditures at 5 percent of the gross family income.

† American Indians and Native Alaskans are exempt from cost-sharing requirements.

For further information on SCHIP, please see NCSL's STATESERV website at <http://www.stateserv.hpts.org/public/pubhome.nsf>.

National Conference of State Legislatures
info@NCSL.ORG (autoresponse directory)

Denver Office:
1560 Broadway, Suite 700
Denver, CO 80202
Tel: 303-830-2200
Fax: 303-863-8003

Washington Office:
444 North Capitol Street, N.W., Suite 515
Washington, D.C. 20001
Tel: 202-624-5400
Fax: 202-737-1069



217 Second Street, Suite 200 ■ Juneau, Alaska 99801 ■ Tel (907)586-1325, Fax (907)-463-5480

FEB 28 2000

February 23, 2000

Representative Fred Dyson, Chair
House Health, Education, and Social Services Committee
State Capitol
Juneau, AK 99811


Dear Representative Dyson:

The Alaska Municipal League's Public Safety, Health and Welfare Legislative Subcommittee met via teleconference today to determine positions on current legislation. The Subcommittee **unanimously opposed HB 260, which would eliminate Denali KidCare Program.**

This is a new program that seems to be working as it was designed, which is to provide health insurance to uninsured children and pregnant women. The program is mostly funded with federal money and helps those families who work for low wages and do not receive health benefits. The program indirectly helps community hospitals because people who are not covered by health insurance tend to wait until they are in a crisis situation and then go to the emergency room for more expensive treatment and are unable to pay. Local citizens are then forced to pick up the costs of the uninsured.

We appreciate your consideration of our position and urge the House HESS Committee to reject this legislation as unneeded at this time. If you have any questions on this or other municipal issues, please call me at 586-1325.

Sincerely,



Kevin C. Ritchie
Executive Director

cc: Public Safety, Health and Welfare Committee

c:/data/jk/leg00/hb260ltr.doc

cuts to municipal revenue sharing last year and more predicted this year, tragically, some of the services haven't be able to maintain their previous level of training and have only been able to provide the most basic of care. Some have lost their State ambulance certification because of lack of funds and the inability of bake sales to fund the additional expenses.

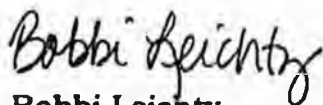
The economic backlash of reduced logging and fishing in this region has effected many aspects of EMS. Without the assistance of equipment, aircraft and manpower provided by these industries, many services teeter on the point of collapse. Any added cuts will devastate the programs painstakingly built over the past 15 years. EMS will simply cease to exist in many of our communities.

The grants awarded by the state to the regions are an excellent example of how privatization should work. SE Region employs 6 staff members who industriously work to combine grant funds with other agencies to stretch the funding as far as possible. Working with the volunteers allows that money to be efficiently expended. Thousands of hours are donated by them but they can't do it all by themselves. They need our help to provide management training, technical advice, physician sponsors and to disseminate the latest information of the constantly changing standard of medical care.

"Neighbor helping neighbor" is the state motto of EMS. Here, more so than any other place in the nation, it is the way we live. The EMS responders are expected to provide life-saving care with the added emotional layer of delivering that care to our next door neighbors and our own relatives.

Thank you for your time and attention to this matter. Your continued support is vital. The state has a responsibility to public safety and EMS. Our volunteers are willing to do their part, they just need your help.

Sincerely,



Bobbi Leichthy
Executive Director
SE Region EMS