

HB

474

Alaska State Legislature

WHILE IN SESSION
CAPITOL BUILDING
JUNEAU, ALASKA 99801-1122
(907) 465-4931
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CHAIRMAN, LEGISLATIVE COUNCIL
VICE CHAIR, ECONOMIC DEVELOPMENT,
TRADE & TOURISM
MEMBER, RESOURCES
MEMBER, ETHICS
MEMBER, MILITARY & VETERAN AFFAIRS

INTERIM ADDRESS
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BUDGET SUBCOMMITTEES:
ALASKA COURT SYSTEM
DEPT. OF CORRECTIONS
DEPT. OF LAW

Representative Joe Green
District 10

To: Rep. Kevin Meyer
Rep. Carl Morgan

From: Rep. Joe Green

Date: Feb. 25, 2002

RE: Scheduling House Bill 474

Please schedule House Bill 474 for a hearing in the House Community and Regional Affairs Committee at your earliest convenience.

I have attached a sponsor statement and a current copy of the bill for your review. I have not prepared a sponsor statement as the bill is fairly short and simple, but I can do so if you would like to see one.

If you have any questions, please call Laura Achee in my office at xt. 6585.

Alaska State Legislature

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DEPT. OF LAW

Representative Joe Green
District 10

Sponsor Statement for House Bill 474

"An Act relating to public rights-of-way and easements for surface transportation affecting the Anchorage Coastal Wildlife Refuge."

The Alaska State Legislature created the Potter Point State Game refuge in 1971, later expanding it to form the Anchorage Coastal Wildlife Refuge (ACWR) in 1988. ACWR runs 16 miles along Anchorage's coastline, from Point Woronzof to Potter Marsh.

The ACWR is one of few coastal salt marshes in Cook Inlet and is heavily used by waterfowl and shore birds. In addition, other animals call the refuge home including coyotes, bears, moose, lynx and hares.

House Bill 474 recognizes the value of ACWR to the people of Anchorage and seeks to protect this fragile habitat from further human encroachment by prohibiting any additional trails or roads that would affect the refuge without Legislative approval.

HOUSE BILL NO. 474

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SECOND LEGISLATURE - SECOND SESSION

BY REPRESENTATIVE GREEN

Introduced: 2/19/02

Referred: Community and Regional Affairs, Resources

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to public rights-of-way and easements for surface transportation
2 affecting the Anchorage Coastal Wildlife Refuge."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 * Section 1. AS 16.20.031(c) is amended to read:

5 (c) A public right-of-way for surface transportation and a utility corridor are
6 created across state-owned land and water within the Anchorage Coastal Wildlife
7 Refuge between the Anchorage mainland and Fire Island. The management plan
8 prepared under (b) of this section shall identify the actual location on the land and
9 water of the right-of-way and of the utility corridor between the Anchorage mainland
10 and Fire Island. Except for the public right-of-way and utility corridor created in
11 this subsection and identified in the management plan, for a realignment of the
12 right-of-way for the new Seward Highway, and for a realignment of the right-of-
13 way for the Alaska Railroad, a right-of-way or other easement for surface
14 transportation may not be created below the top of the coastal bluff or below

1

Campbell Lake without the prior approval of the legislature by law.

3/14

ALASKA STATE HOUSE OF REPRESENTATIVES

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Session Contact:
(907)-465-3719
FAX# (907)-465-3258
State Capitol
Room 102

REPRESENTATIVE JOHN COGHILL

Date: March 7, 2002

To: Representative Kevin Meyer, Co-Chair, House CRA Committee
Representative Carl Morgan, Co-Chair, House CRA Committee

From: Representative John Coghill 

Re: HB 407 Certificate of Need

I am requesting that HB 407, "An Act Relating to the Certificate of Need Program" be heard by the House Community & Regional Affairs Committee at your earliest convenience. I have attached relevant backup information for the committee.

Thank you for your consideration.

ALASKA STATE HOUSE OF REPRESENTATIVES

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Session Contact:
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State Capitol
Room 102

REPRESENTATIVE JOHN COGHILL

HB 407 Certificate of Need *Sponsor Statement*

In trying to preserve the free enterprise system, I will do all that I can to protect our open market and the consumer's choice. This bill is an attempt to do this in the world of health care.

Under the current state statutes, if a health care provider in Fairbanks or the Mat-Su Borough wanted to build or supply services over \$1 million dollars worth, they would have to obtain a Certificate of Need. In applying for that certificate of need they would have to prove to the government that a proposal would not adversely affect other health care facilities. This puts the government in charge of who can deliver health care in any area. I would rather see the customer and the health care providers have a greater choice in the market dynamics.

I don't believe that by eliminating the CON requirement for larger Alaskan communities there will be large influx of new medical facilities. This may have been true when the federal government subsidized CON programs, but the federal CON law was repealed in 1996. Since the repeal of the federal law, 14 states have repealed CON's. Another ten states have eliminated CON requirements for acute care facilities and additional nine states do not require CON's for ambulatory surgical centers.

More ambulatory surgical centers in Fairbanks would not, in my opinion, mean less business for existing facilities. It could mean however, more choices in providers and that fewer Fairbanksans may have to travel to Anchorage or the lower forty-eight for a medical procedure.

According to the attached *Heartland* article, in 1996 the Federal Trade Commission estimated that CON regulations increased the cost of hospital care nationwide by more than \$1.3 billion annually.

This legislation will encourage competition in the larger Alaskan communities where the population would support competition while protecting the fragile balance of health care services in the smaller Alaskan communities.



January/February 1996: Health Care

Ending the CON Game

by Michael D Tanner

Last year's defeat of the Clinton health care plan was a major blow for the idea of central planning in health care. But the idea that government bureaucrats should manipulate the medical marketplace persists. Nowhere is that more apparent than in state Certificate-of-Need programs.

Certificate-of-Need (CON) is a program under which health care providers must obtain state regulatory approval before they can make capital expenditures or offer new services. CON was originally imposed on the states by Congress as part of the 1974 National Health Planning and Resources Development Act. That law required every state to adopt CON procedures or lose federal health funding. Eventually, every state except Louisiana complied. Congress realized the failure of CON and repealed the requirement in 1982. Since then, 12 states have repealed CON programs and 17 others have removed CON requirements for hospitals.

Certificate-of-Need is based on the dubious economic theory that increased supply and competition will increase prices. At one time, there might have been some justification for the idea. At the time CON was developed, federal Medicare and Medicaid reimbursement policies, traditionally a driving force behind health care price increases, were based on a "cost-plus" calculation, meaning that providers could recover their full costs--no matter how high. That virtually eliminated price-based competition from the medical marketplace. However, Medicare and Medicaid no longer reimburse on a "cost-plus" basis. Since 1983, the government has reimbursed on a fixed-price basis (the DRG system). In addition, other third-party payers have become increasingly sensitive to health care costs. As a result, price competition among providers has increased dramatically.

Today, there is no evidence that CON reduces medical costs. In fact, there is considerable evidence that CON increases the cost of health care. It does so in three ways:

1) Administrative costs

The CON program itself imposes substantial costs on both health care providers and the government. Since its inception, federal and state governments have spent more than \$1 billion administering the program. For providers, preparing and defending a CON application can be a time-consuming and expensive process. Needless to say, the extra cost is later passed along to consumers.

2) Lack of competition

CON requirements erect barriers to market entry, thereby reducing competition among health care providers. In effect, existing providers are granted a monopoly. Providers frequently attempt to use the CON process to obstruct would-be competitors. The impact of entry barriers is made even worse because the new provider seeking to enter the market is often more innovative and cost-effective than are established providers. Some health care economists estimate that CON barriers to market entry increase hospital costs by as much as 5 percent.

3) Shortages

Where CON requirements have produced a shortage of a particular health care service, prices for those services that are available are certain to rise. At the same time, consumers may be forced to shift to alternative services that are often more expensive. For example, a shortage of nursing home beds may lead to longer stays in acute care hospital facilities.

The Federal Trade Commission estimates that CON regulations increase the cost of hospital care nationwide by more than \$1.3 billion annually.

Certificate-of-Need programs also reduce access to health care for those who need it most. In particular, public hospitals serving the inner-city poor often lack the legal and political resources necessary to compete for technology in a CON environment. There is even evidence that CON restrictions may ultimately lead to higher patient mortality.

It is time to realize that Soviet-style central planning is as big a failure in health care as in all other aspects of the economy. States should repeal their CON requirements.

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Michael D Tanner is director of health and welfare studies at the CATO Institute in Washington, DC.

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Table 1-2
COMPARISON OF NUMBER AND SCOPE OF HEALTH CARE FACILITIES & SERVICES COVERED IN STATES WITH CON PROGRAMS

| RANK ¹ | STATE ² | Acute Care | Air Ambulance | Amb Surg Ctrs | Burn Care | Business Cmpts | Cardiac Cath. | CT Scanners | Gamma Knives | Home Health | ICF/MR | Lithotripsy | Long Term Care | Med Off Bldg | Mobile HiTech | MRI Scans | Neo-nat Int Care | Obstetric Svcs | Open Heart Svcs | Organ Transplant | PET Scans | Psychiatric Svcs | Rad Therapy | Rehab | Renal Dialysis | Res Care Fac | Subacute | Substance Abuse | Swing Beds | Ultrasound | Capital Threshold | Other Services ³ | | | | | | | |
|-------------------|--------------------|------------|---------------|---------------|-----------|----------------|---------------|-------------|--------------|-------------|--------|-------------|----------------|--------------|---------------|-----------|------------------|----------------|-----------------|------------------|-----------|------------------|-------------|-------|----------------|--------------|----------|-----------------|------------|------------|-------------------|-----------------------------|---|---|---|---|---|---|---|
| 31.2 | ME | X | X | X | X | | X | X | X | X | X | X | X | | X | X | X | X | X | X | X | X | X | X | X | | X | X | X | X | | | | | | | | | |
| 30.8 | WV | X | | X | X | X | X | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | X | X | X | X | X | | | | | | | |
| 27.6 | GA | X | | X | X | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | | | | X | X | | | | | | |
| 27.5 | CT | X | X | X | X | X | X | X | X | X | X | X | X | | X | X | X | X | X | X | X | X | X | X | | | | | | | | X | X | | | | | | |
| 27.0 | AK | X | X | X | X | | X | X | X | X | X | X | X | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | | |
| 22.5 | VT | X | X | X | X | X | X | X | X | X | X | X | X | | X | X | X | X | X | X | X | X | X | X | X | | | | | | | X | X | | | | | | |
| 21.0 | MO | X | | X | | | X | | X | X | X | X | X | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | | |
| 20.9 | SC | X | | X | | | X | | X | X | X | X | X | | X | X | X | X | X | | X | X | X | X | | | | | | | | | X | | | | | | |
| 19.8 | MS | X | | X | | | X | | X | X | X | X | X | | | X | | | X | | X | X | X | X | X | X | | | | | | | X | | | | | | |
| 18.4 | NC | X | X | X | X | | X | X | X | X | X | X | X | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | |
| 18.4 | IL | X | | X | X | | X | | X | X | X | X | X | X | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | |
| 17.1 | NJ | X | | | X | | X | | X | X | X | X | X | | X | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | |
| 16.2 | KY | X | | X | | | X | | X | X | X | X | X | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | |
| 16.1 | DC | X | | X | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | |
| 15.3 | MD | X | | X | X | | X | | X | X | X | X | X | | | X | X | X | X | X | X | X | X | X | | | | | | | | | | | X | X | | | |
| 15.2 | MI | X | X | X | | | X | X | X | | | X | X | | X | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | X | X | | | |
| 15.2 | RI | X | | X | | | X | X | X | | | X | X | | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | X | X | | | |
| 15.0 | HI | X | X | X | X | | X | X | X | X | X | X | X | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | |
| 13.6 | TN | X | | X | | | X | X | X | X | X | X | X | | | X | X | | | X | X | X | X | X | | | | | | | | | | | X | X | | | |
| 13.2 | NY | X | | X | X | | X | X | X | X | X | X | X | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | |
| 12.6 | WA | X | | X | X | | X | | X | X | X | X | X | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | |
| 12.0 | AL | X | | X | | | X | | X | X | | X | X | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | |
| 11.7 | NH | X | | X | | | X | X | | | | X | X | | X | X | | | X | | X | X | X | X | | | | | | | | | | | | X | X | | |
| 8.4 | AR | | | | | | | | | X | X | X | X | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | | |
| 8.4 | FL | X | | | X | | | | | X | X | X | X | | | | X | | X | X | X | X | X | | | | X | X | X | X | X | X | X | X | X | X | X | | |
| 8.1 | IA | | | X | | | X | | | X | | X | X | | | | | | X | X | X | X | X | | | | | | | | | | | | | X | X | | |
| 8.0 | VA | X | | X | | | X | X | X | | X | X | X | | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | X | X | |
| 7.0 | OK | | | | | | | | | X | X | X | X | | | | | | | | | X | | | | | | | | | | | | | | X | X | | |
| 6.3 | MT | | | X | | | | | | X | X | X | X | | | | | | | | | | | X | | | | | | | | | | | | | X | X | |
| 5.1 | MA | | X | X | | | | | X | | | X | X | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | |
| 4.9 | NV | X | | X | | | | | | X | | X | X | | | | | | | | | | | X | | | | X | X | | | | | | | | X | X | |
| 4.8 | DE | X | | X | | | X | | | | X | X | X | | | | | | | | X | | X | | | | | | | | | | | | | | X | X | |
| 4.4 | WI | | | | | | | | | X | | X | X | | | | | | | | | | | | | | | X | | | | | | | | | X | X | |
| 1.0 | OH | | | | | | | | | | | X | X | | | | | | | | | | | | | | | | | | | | | | | | X | X | |
| 0.6 | OR | | | | | | | | | | | X | X | | | | | | | | | | | | | | | | | | | | | | | | X | X | |
| 0.6 | NE | | | | | | | | | | | X | X | | | | | | | | | | | X | | | | | | | | | | | | | X | X | |
| 0.4 | LA | | | | | | | | | X | | X | X | | | | | | | | | | | | | | | | | | | | | | | | | X | X |

This chart is adapted from the American Health Planning Association's annual graphic, last updated in AHPA's 2000 Directory of Health Planning Policy & Regulatory Agencies (11th ed.), which compares the "National Relative Scope and Reviewability Threshold of CON Regulated Services" among the states. The 2000 version of AHPA's graphic contained some errors with regard to Maryland's services, which have been corrected in Staff's adaptation. Consequently, the "severity" index as calculated according to several factors, including number of services regulated and level of capital review threshold, may not precisely reflect Maryland's "weight" or "severity" according to AHPA's formula, compared to other CON states. However, the chart's relative position of Maryland's CON program--which does not cover a significant number of health care facilities and services regulated by many other states--would still be in the middle range of CON programs, nationwide.

** Any capital expenditure for LTC

¹ No. of services x weight as determined by the Missouri CON Program.
² Including the District of Columbia.
³ Services in addition to those most often CON-regulated.



Source: "An Analysis and Evaluation of Certificate of Need Regulation in Maryland", Phase I Final Report to the Maryland General Assembly; January 1, 2001. Barbara G. McLean, Interim Executive Director.

**JOINT HOUSE AND SENATE HEALTH COMMITTEES
HEARINGS ON CERTIFICATE OF NEED LAWS
(STATE OF GEORGIA)**

**TESTIMONY OF DAVID A. COOK
DIRECTOR OF GOVERNMENT RELATIONS
MEDICAL ASSOCIATION OF GEORGIA**

September 2, 1997

Thank you Chairman Middleton and Chairman Childers for holding these hearings on this most important issue and for providing me with the opportunity to speak to you and the Committee members from the physicians' perspective. My name is David Cook and I represent the Medical Association of Georgia comprised of some 8,200 Georgia physicians.

The Medical Association of Georgia supports substantial reform of Georgia's Certificate of Need laws. Our position is based on a fundamental premise: that competition in a free and fair market is the best way to achieve quality health services at the lowest possible cost.

Certificate of Need laws were enacted in 1979 to restrain the cost of hospital and other health care services by regulating the number of facilities that may be built and the type of services that may be offered. In general, these government-sanctioned barriers have not been effective in restraining costs or even hospital investments. Because those with certificates are the only players in the market, they are not pressured to deliver high quality care at the lowest price. Basic economic principles indicate that artificial barriers on competition increase costs.

The fact that Certificate of Need laws have not worked is confirmed in the various studies already mentioned. Further evidence of the dissatisfaction with CON regulations is seen in the national trend to repeal such laws. Perhaps the strongest evidence that CON regulations are not working is found in the testimony you just heard: that Georgia's hospitals are operating at 55% excess capacity. It is rare that artificial restraints on competition benefit the consumers, our patients.

Even if you believe that Certificate of Need laws were appropriate two decades ago, the reasons underpinning enactment of the laws are no longer relevant in today's health care market. Let me give you three examples of how dramatically the health care market has changed in the past 20 years.

First, CON laws were enacted at a time when there was very little competition in the health care market. The same cannot be said of today's healthcare marketplace where competition is fierce.

Second, dramatic changes in reimbursement methodologies have turned provider incentives upside down. In 1979, hospitals were paid on a "cost plus" basis. This guaranteed that hospitals would be paid for every service provided and encouraged overutilization of services. The more the better. Today, hospitals are paid by "Diagnostic Related Groups" (DRG's) which is a set sum for the diagnosed condition regardless of the number of tests or procedures performed. The fewer the services the better.

Finally, we are in the midst of redefining "quality" as it relates to health care. Where hospitals

once measured quality by the number of procedures performed or the availability of the latest technology, quality is now being measured by outcomes achieved.

In sum, the health care market is not what it was in 1979.

The Medical Association of Georgia supports repeal of certificate of need laws except in a few narrow areas that deserve special consideration. The first is in the area of long term care facilities. Unlike many other areas of health care, Medicaid currently pays 80%+ of all nursing home services making this area very nearly a mini "single payor" system. As a result, nursing homes have not historically faced the same kind of competition that hospitals face. Thus, market forces will not work and a different strategy, including the possibility of retaining CON for nursing homes, should be considered.

We also appreciate the important role that caring for the indigent population has in this debate. I would like to take this opportunity to remind you that physicians, not hospitals, treat and care for patients. It is the physician that is called at 3:00 in the morning to come to the hospital to treat the patient. It is the physician who provides his services, often free of charge.

In a recent survey conducted by the Medical Association of Georgia, our members said that they incurred, on average, \$50,000 in charity care (care for which there was no expectation of compensation) per year and some \$91,000 in bad debt (services for which there is an expectation of compensation but an inability to collect) per year.

Recent reductions in Medicare and Medicaid reimbursement rates have exacerbated the problem. In FY 1996, the Governor proposed, and the General Assembly agreed, to cut Medicaid's physician reimbursement rates by some \$21.5 million per year. Last year (FY 97), physicians suffered an additional \$7 million in cuts. That is an annual reduction of \$29 million in payments to Georgia physicians for the same level of services previously provided. **Physicians' services, which account for the smallest percentage (17%) of provider expenditures, took a whopping 36% of all cuts to Medicaid providers.**

In addition, the Balanced Budget Act of 1997 will squeeze some \$5.8 billion from physician Medicare services over the next five years. The real kicker is that Medicaid reimbursement rates are tied to Medicare rates. (Currently Medicaid pays physicians 87% of the Medicare reimbursement rate known as RBRVS). Since Medicaid reimbursement rates for physician services are directly tied to Medicare rates, the new cuts in Medicare will result in even further reductions in Medicaid reimbursement rates.

Traditionally, physicians have shifted the costs of providing indigent care to the private sector. With the onslaught of managed care, physicians are becoming less able to shift these costs to private payors. Hospitals have an Indigent Care Trust Fund to help defray the costs of indigent patients, but physicians have no similar funding mechanism. The problem of providing physician services to indigents has now reached crisis proportions.

Thus, when looking at the question of indigent care, I would urge you to keep in mind who actually provides the care and treatment of indigent patients. I would also suggest that if the market continues to ratchet down physician reimbursements, some accommodation will be necessary to assure continued care for the indigent population.

On a final note, I want to underscore the points made by Dr. Tedesco and Dr. Skelton related

to Graduate Medical Education. Prior to this year, Graduate Medical Education was funded through Medicare. Recent federal legislation has changed this and new sources of funding are necessary to continue training doctors. The Senate is currently considering ways to continue funding medical education here in Georgia.

But the problem is not only with access to funds. Medical education, by definition, requires access to patients. It has been said that it is easier to obtain a certificate of need if you can demonstrate a contribution to medical education in Georgia. It has also been said that concentration of specific types of services makes it easier to train residents. Yet these CON solutions do not address a real problem: that is, managed care companies are driving patients from teaching institutions because they do not provide the cheapest care. A more realistic approach would be to require all managed care companies to make some commitment to medical education, whether in the form of monetary contributions, a guaranteed supply of patients, or both.

I know I have used the time allotted and so I'll stop here and answer any questions you or the committee may have. Once again, I thank you for the opportunity to appear before you.

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[Go to State Representative Don Parsons Home Page](#)

Web Posted By . . .

INTELIVIEW WIRELESS

FISCAL NOTE

STATE OF ALASKA
2002 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: CSHB 474 (CRA)
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: _____
 Title Alaska Coastal Wildlife Refuge BRU _____
 Component _____
 Sponsor Representative Green _____
 Requester House C&RA Component No. _____

Expenditures/Revenues (Thousands of Dollars)

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

| OPERATING EXPENDITURES | FY 2003 | FY 2004 | FY 2005 | FY 2006 | FY 2007 | FY 2008 |
|------------------------|------------|------------|------------|------------|------------|------------|
| Personal Services | | | | | | |
| Travel | | | | | | |
| Contractual | | | | | | |
| Supplies | | | | | | |
| Equipment | | | | | | |
| Land & Structures | | | | | | |
| Grants & Claims | | | | | | |
| Miscellaneous | | | | | | |
| TOTAL OPERATING | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

| | | | | | | |
|-----------------------------|--|--|--|--|--|--|
| CAPITAL EXPENDITURES | | | | | | |
|-----------------------------|--|--|--|--|--|--|

| | | | | | | |
|-------------------------------|--|--|--|--|--|--|
| CHANGE IN REVENUES () | | | | | | |
|-------------------------------|--|--|--|--|--|--|

FUND SOURCE (Thousands of Dollars)

| | | | | | | |
|---|------------|------------|------------|------------|------------|------------|
| 1002 Federal Receipts | | | | | | |
| 1003 GF Match | | | | | | |
| 1004 GF | | | | | | |
| 1005 GF/Program Receipts | | | | | | |
| 1037 GF/Mental Health | | | | | | |
| Other (Specify Type--Do not abbreviate) | | | | | | |
| TOTAL | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Estimate of any current year (FY2002) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2003 budget proposal:

POSITIONS

| | | | | | | |
|-----------|--|--|--|--|--|--|
| Full-time | | | | | | |
| Part-time | | | | | | |
| Temporary | | | | | | |

ANALYSIS: (Attach a separate page if necessary)

Prepared by: Lorali Carter, HC&RA Committee Aide
 Division: _____
 Approved by: _____
 Agency: _____

Phone 465-6588
 Date/Time 3/19/02 12:58 PM
 Date 3/19/2002

Line 10, insert after "and Fire Island." :

Except for the public right-of-way and utility corridor created in this subsection and identified in the management plan, for a realignment of the right-of-way for the new Seward Highway, and for a realignment of the right-of-way for the Alaska Railroad, the state shall not acquire or create a right-of-way or other easement for surface transportation below the crest of the coastal bluff or below Campbell Lake without the prior approval of the legislature by law.

Passed



REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 19

MEMORANDUM

DATE: March 19, 2002
TO: George Utermohle, Legislative Legal Services
FROM: Lorali Carter, House C&RA Committee Aide
RE: Draft CS for HB 474

Please incorporate the following amendment in a draft committee substitute for HB 474.

This bill was passed out of HC&RA as amended. If possible, I hope to have the final version to the Chief Clerk later this afternoon.

Thanks.

Alaska State Legislature

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DEPT. OF CORRECTIONS
DEPT. OF LAW

Representative Joe Green

District 10

Sponsor Statement for House Bill 474

"An Act relating to public rights-of-way and easements for surface transportation affecting the Anchorage Coastal Wildlife Refuge."

The Alaska State Legislature created the Potter Point State Game refuge in 1971, later expanding it to form the Anchorage Coastal Wildlife Refuge (ACWR) in 1988. ACWR runs 16 miles along Anchorage's coastline, from Point Woronzof to Potter Marsh.

The ACWR is one of few coastal salt marshes in Cook Inlet and is heavily used by waterfowl and shore birds. In addition, other animals call the refuge home including coyotes, bears, moose, lynx and hares.

House Bill 474 recognizes the value of ACWR to the people of Anchorage and seeks to protect this fragile habitat from further human encroachment by prohibiting any additional trails or roads that would affect the refuge without Legislative approval.

Alaska State Legislature

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Representative Joe Green
District 10

To: Rep. Kevin Meyer
Rep. Carl Morgan

From: Rep. Joe Green

Date: Feb. 25, 2002

RE: Scheduling House Bill 474

Please schedule House Bill 474 for a hearing in the House Community and Regional Affairs Committee at your earliest convenience.

I have attached a sponsor statement and a current copy of the bill for your review. I have not prepared a sponsor statement as the bill is fairly short and simple, but I can do so if you would like to see one.

If you have any questions, please call Laura Achee in my office at xt. 6585.



FIRE FROM EARTH

So-called "earthquake lights" are nothing new. The ancient Japanese and Greeks wrote about them. What's new is the possibility that scientists may be able to duplicate them in the lab and, perhaps, learn to predict earthquakes.

Monday in Life & Change

LIFE Arts

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SUNDAY, JANUARY 20, 2002

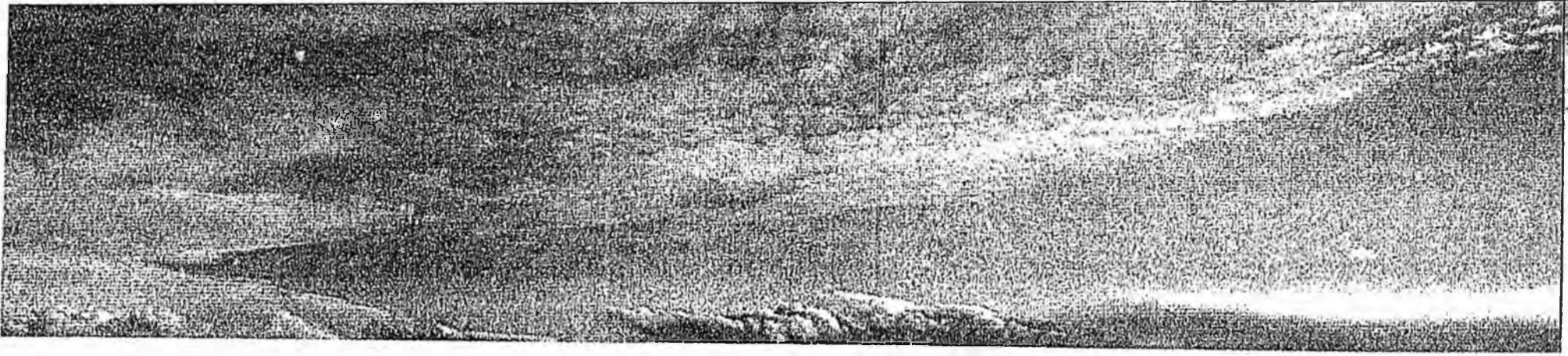
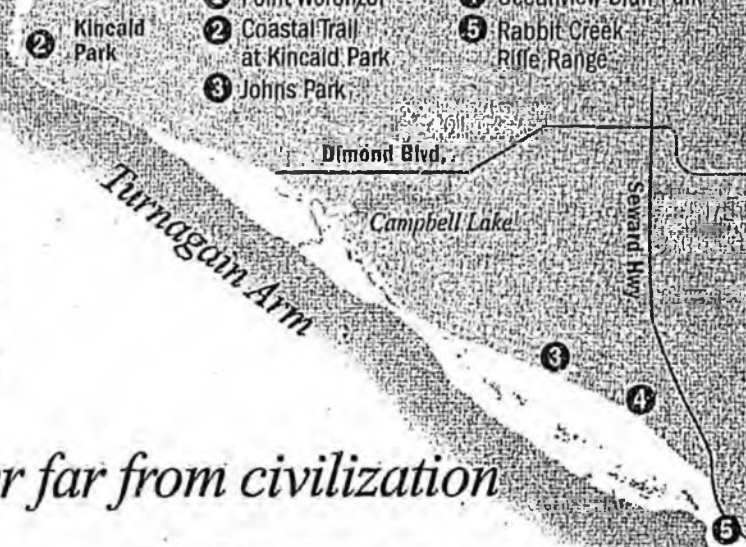
Hidden Coastline

Anchorage refuge is a wildlife crossroads that's never far from civilization

1 Anchorage Coastal Wildlife Refuge

The Anchorage Coastal Wildlife Refuge encompasses 32,000 acres that border Turnagain Arm and extend west into the Arm. It was established in 1988 to protect wildlife and was set aside for public use and enjoyment. Some major access points to the refuge are shown here.

- 1 Point Woronzof
- 2 Coastal Trail at Kincaid Park
- 3 Johns Park
- 4 Oceanview Bluff Park
- 5 Rabbit Creek Rifle Range



Like a row of postholes partly filled with snow, the big tracks crossed the melt-slicked crust near the bank of Campbell Creek. They angled along the steep slope of willow and alder, skirting the broad, white flat that forms the bulk of the Anchorage Coastal Wildlife Refuge.

Clearly, some large animal had passed recently, following a foraging route nearly hidden from people in the expensive homes on top of the bluff. But what could it be?

Refuge manager Rick Sinnott, on a three-mile coast walk to look for winter life, called the tracks somewhat "weird" for the second week of January.

"I'd say it looked like a bear if I didn't know they were sleeping. I don't know."

But the mystery tracks weren't alone. Day-old lynx prints padded along the same route, recording a quest for snowshoe hares. Moose had passed too, leaving snapped buds and gnawed trunks. Also puckering the snow highway were fresh coyote tracks, old magpie and

raven scratches, muskrat push-ups, and etchings that hinted at squirrels, weasels and voles.

Suddenly, three coyotes trotted into view, crossing the snow a little farther from the trees. A squad of chortling ravens dogged them, one drifting overhead, one landing in front, another prancing to the side.

Full winter or not, Anchorage's coastal fringe was hopping.

BEYOND POTTER MARSH

Rarely visited and hardly known, a strip of mostly undeveloped public land rims Anchorage's west and southwest shore, buffering Alaska's largest coastal city from the sea. It runs for 16 miles from Point Woronzof to Potter Creek,

almost all of it within the coastal refuge.

The refuge was founded in 1971 and expanded in 1988 to about 32,500 acres. Most people know it from visiting Potter Marsh, hunting ducks or exploring over the bluff from the Tony Knowles Coastal Trail. But the refuge's heart

may beat strongest between the Oceanview neighborhood and Kincaid Park, a 10-mile stretch of woods, seeps, marsh, creek bottoms and tidal flats. A surprising concentration of wildlife calls it home.

Where private property or other public land doesn't overlap, the refuge begins near the 20-foot elevation contour. It descends through a succession of habitats until vegetation gives way to intertidal mud that yawns toward the horizon. On some maps, this vast offshore expanse appears almost like Anchorage's shadow, a nether world that spends half the time submerged.

In spring and summer, huge congregations of cranes, geese and ducks converge. The June air jangles with the cries of 10,000 screeching birds. But take a look during January — say, from the overlook at the end of Johns Road or from the Kincaid Park motocross fence — and you might think of desolation, a frozen plain ending in a gobble of silt-blackened bergs, a place as uninviting as an ice cap.

But it's no dead zone. Instead, winter has shrunk the action to its essence — a traveling path where habitats overlap, what biologists call an ecotone.

"There really seems to be a defined movement corridor between the toe of the bluff and the outer edge of the woods," Sinnott said. "The bluff and the marsh kind of channel everything together."

Few people see this. Of four defined legal access points between the Rabbit Creek Rifle Range and Kincaid Park, one drops off a sheer bluff and another slips unmarked between two houses in a quiet cul-de-sac. Even Johns or Oceanview Bluff parks offer parking for only a few vehicles at a time.

All that could change under a proposal to extend the Coastal Trail from Kincaid to Potter. But would a stream of walkers,

skiers, joggers and bikers — and their dogs — drive off or harm the wild animals? That's one of the issues fueling an argument among residents, biologists and trail advocates.

Sinnott said his agency is looking for ways to avoid or minimize conflict with wildlife. There may be places a trail shouldn't go, for example. Or a trail below the bluff might need to be elevated or screened.

DISCOVERIES

While tracking problem black bears near the refuge last fall, Sinnott began to keep track of other animal sign. As snow deepened and ponds froze, he kept returning, partly to gather data for trail planners and partly to document the surprising intensity of winter activity.

Since October, he's visited the coastal refuge eight times after snowfalls, logging 30.3 miles on the ground and scores of ob-

In spring and summer, huge congregations of cranes, geese and ducks converge. ... But look during January ... and you might think of desolation.

servations. He's made a few startling discoveries.

For one thing, he found tracks of people and dogs crossing into the refuge from a dozen access points, some public and some private. Though prohibited, snowmachines had regularly crossed into the refuge from the Campbell Lake neighborhood, racing over the flats between Point Campbell and Oceanview. But humans seldom roamed right below the bluff.

That's where muskrats pushed up breathing holes from inside frozen ponds. Lynx prowled the woods with the densest populations of snowshoe hares. Moose bedded down just inside the tree line or followed the benches left long ago by slumping earth.

During October and November, at least two black bears meandered the route. Since then, Sinnott has found sign of at least five coyotes as well as several coyote bedding sites under low-hanging spruce. Sometimes the coyotes rendezvoused in the open, trampling the snow in what he called a "hoedown."

At one such gathering, he found a depression the size of a snowshoe hare that was spotted with blood, suggesting that one thoughtful canine had brought fresh food to the party.

SOUNDS OF CIVILIZATION

Even with its carousing coyotes and stealthy lynx, the refuge never fully escapes the city.

At Oceanview Bluff Park, a trail hardened by people and their dogs led toward the sea. Along its route, spruce-birch forest turned to willow, willow to brush, brush to frozen marsh broken by stands of dead, bone-white trees. This human trail finally passed a rusting 55-gallon drum and stopped where the icy flats began. A red plastic gas can hanging from a branch in the last dead tree presented the only bright color in a moonscape.

The landward view was jarringly different. From a mile out, scores of big houses looked like fortifications along the bluff. The air filled with the shouts of sledding children in Oceanview, gunfire at the Rabbit Creek Rifle Range, the roar of cars on the Seward Highway.

But the winter wildlife still came. A lone moose foraged in the brush a half-mile off. In the old, gnarled crust near the sledding hill, animals had pounded a trail along the slope beneath the Alaska Railroad. So many tracks cratered the snow, it looked as if there had been a stampede.

Farther up the coast, in a tangled woods at the base of the bluff in Johns Park, this

overlap of human and animal life continued. Red squirrels had skittered across the forest floor, leaving thousands of tiny, intricate tracks in a dusting of new snow. Moose had stomped past a rusting hulk that had been a sedan. Near a half-buried tire, a raven had landed, pranced forward a few steps and taken off.

WILDLIFE ENCOUNTERS

The three coyotes halted and stared at Sinnott and two companions. The animals appeared healthy: ears erect, thick brown-gray coats, bushy tails. After continuing at the same unhurried pace, they crossed the creek and again halted. Two smaller coyotes sat on their haunches like dogs, while the largest zigzagged through frozen sedges and hummocks with nose to the ground. The ravens skittered to driftwood and watched.

A mother coyote demonstrating the fine art of vole hunting for her pups? She found nothing. After a moment, the trio moved on, ravens flapping after them.

Sinnott led on to the northwest. A half-mile farther, the coyote tracks converged on the exposed backbone and flesh of a beluga whale, long since washed ashore and frozen in place under snow. Five vertebrae arched from the depression scratched from the ice, and sinews of flesh lay twisted on the stained surface. Coyotes and ravens had been trying to feed, but the ice was too hard.

An inventory of animal sign continued along the bluff until Sinnott reached the wreckage of rusting cars and debris below the Kincaid motocross area: coyote beds, lynx tracks, seeps littered with magpie tracks.

In the middle of one frozen pond, wads of frozen grass and stems surrounded a small open hole. Judging from the open water, a muskrat must have gnawed through the ice that morning, taking in fresh air and a snack of tubers.

In the woods at the bluff's toe, the animal trail continued along a distinct shelf, leaving a snow ditch as hard as a sidewalk. A broken tree branch stabbed out at shoulder height.

Snarled in the sharp tip was a tuft of curly brown hair.

Bear hair.

The biologist fingered the stuff, marveling at bruin sign in January. Surely it had been left last summer?

He shrugged. "Maybe those were bear tracks back there along the creek," he said.

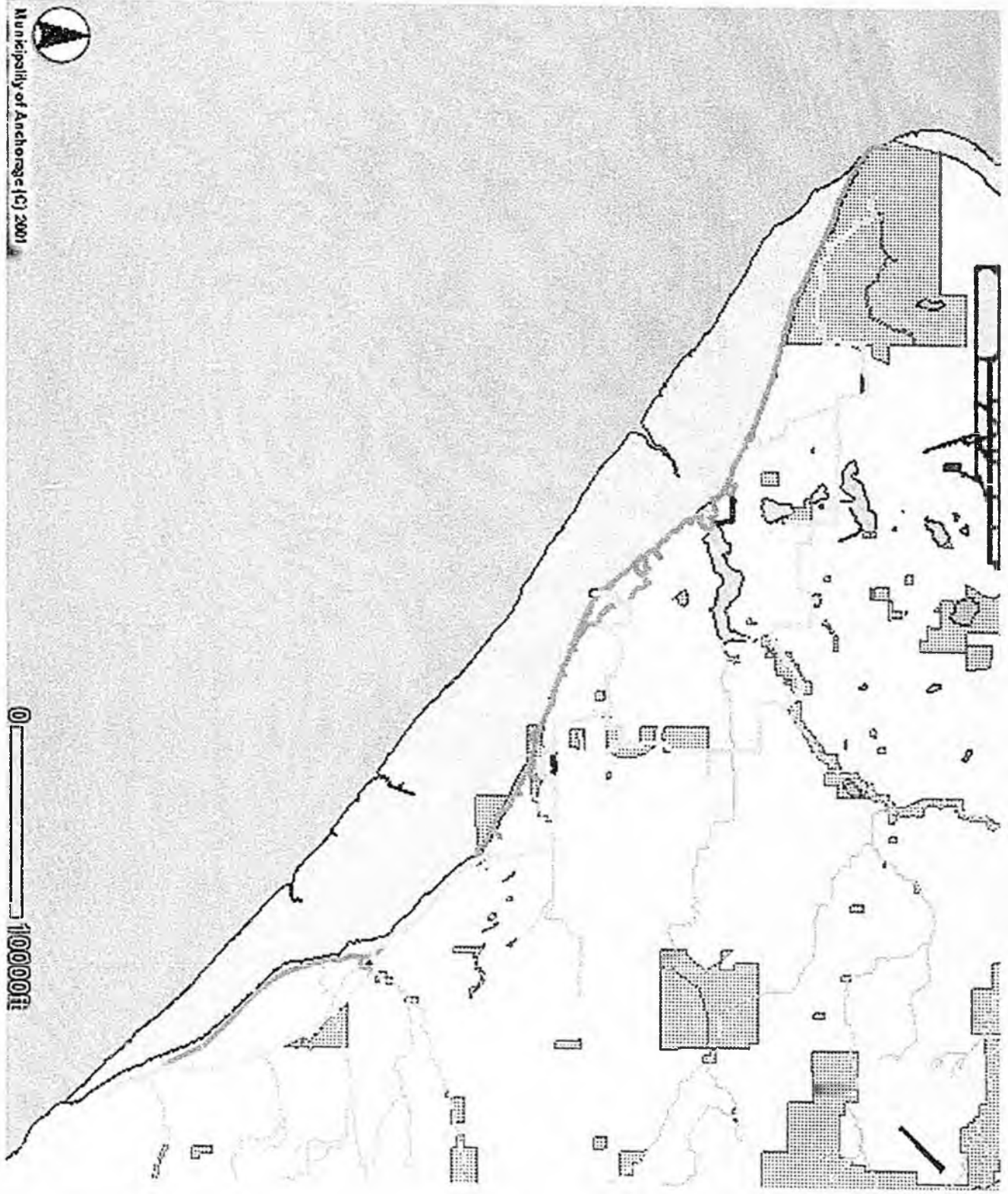
Along this coast, animals set their own schedule.

Even with its carousing coyotes and stealthy lynx, the refuge never fully escapes the city.

Municipality of Anchorage (C) 2001



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- Gold Alternative
- Oriigo Alternative
- Road Alternative
- Streams
- Airports
- 1
- 2
- Parks
- Land/Volator
- Lands
- Coastal Wetlands
- Water