

SB

251

Alaska State Legislature

Senator Con Bunde
District P

Vice Chair: Senate Finance Committee
Chair: Senate Labor & Commerce Committee



During Session:
State Capitol
Juneau, AK 99801-1182
(907) 465-4843

During Interim:
716 W. Fourth Avenue
Anchorage, AK 99501-2133
(907) 269-0181

MEMORANDUM

DATE: Thursday, February 2, 2006
TO: Senator Dyson, Chair, Senate Health & Social Services Committee
FROM: Senator Con Bunde
RE: Hearing Request for SB 251 Postsecondary Student Meningitis Immunization

I respectfully request a hearing before the Senate H&SS Committee on SB 251
re: Postsecondary Student Meningitis Immunization

In summary, SB 251

- exempts post secondary educational institutions without dormitory facilities (day-school type instruction) from requirement to distribute information to its prospective students regarding meningitis
- reduces unnecessary paperwork for students and administrators in these "day-school" type programs
- would ensure that they be exempted from the notification requirement currently in place, while insuring that students who will be utilizing school residential facilities are advised of related health risks prior to taking up residence there

In 2005, the passage of HB 185 required post-secondary schools to distribute information to prospective students regarding meningitis and retrieve their confirming signatures verifying their receipt of this information. This action was deemed necessary because dormitories make for an ideal breeding ground for meningitis bacteria due to the close proximity of the students. The consequence of HB 185 is that now post-secondary schools without dormitories are also required to distribute this information and collect signatures even when the threat of meningitis is reduced.

Attached please find SB 251 sponsor statement, background documents and letters of support. If you have any questions or need additional documents, please contact Jane Alberts in my office at 465-3844.



Alaska State Legislature

Senator Con Bunde
Senate District P

Vice Chair: Senate Finance Committee
Chair: Senate Labor & Commerce Committee

Sponsor Statement
SB 251
Postsecondary Students Meningitis Immunization

Meningococcal disease is a seriously contagious, but preventable bacterial infection that can quickly impair or even be fatal if gone unnoticed. It spreads through the air or from person to person through oral contact or sharing of items. Given that knowledge, it is quite obvious that college dormitories would be an ideal breeding ground for meningitis. In order to better inform students of this risk, legislation was enacted in 2005 to require that post-secondary education facilities inform its students of the risks of meningitis and retrieve signed documentation that the student has received this information. This is a provision that was newly enacted with the passage of HB 185 in 2005.

A consequence of this legislation is that now even post-secondary schools that do not have on-campus dormitories or overnight facilities must disseminate related advisory information, obtain signed statements acknowledging receipt of the information by each student, and retain these records on file. This would include "day school" type programs and short-course programs such as software training or other similar avocational workshops where students are on site only for their instruction. The schools and training facilities in question do not offer residential living options, making the application of this notice and records retention requirement inappropriate to the circumstance. Doing so creates an undue administrative burden for the short-course and nonresidential school administrators and the students they serve.

SB 251 would ensure that they be exempted from the notification requirement currently in place, while insuring that students who will be utilizing school residential facilities are advised of related health risks prior to taking up residence there.

MENINGITIS

Know Your Risk

Learn About Vaccination

Important Notice:

Information in this handout has been gathered from the Alaska Postsecondary Student Immunization Act (HB185), signed into law effective May 18, 2005. Additional information was gathered from the Alaska Department of Health and Social Services' Division of Public Health and the Web site of the American College Health Association at http://www.acha.org/projects_programs/meningitis. The Alaska Commission on Postsecondary Education (ACPE) cannot provide medical information and is not responsible for any medical information provided to schools or to students. For questions specific to meningitis, immunization, and related diseases, please consult a qualified medical professional.

Did you know?

- **Meningococcal disease** is a contagious but largely preventable bacterial infection that most often leads to meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or a condition called meningococcal septicemia, which is an infection of the blood.
- **Meningococcal disease is caused** by bacteria called *Neisseria meningitidis* that are spread person-to-person through the air (usually by sneezing or coughing), through direct contact with an infected person, such as oral contact with shared items like cigarettes or drinking glasses, or through intimate contact, such as kissing. This disease is not as contagious as things like the common cold or the flu, and it is not spread by casual contact or by simply breathing the air where a person with meningitis has been.
- **Meningococcal disease is a serious illness** that can lead to death within a few hours of onset; one out of ten cases is fatal, and in one out of seven survivors it can lead to severe and permanent disabilities, such as brain damage, hearing loss, seizures, or limb amputation.

What are the symptoms of meningococcal disease?

- High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age of 2 years. A rash may also develop over parts of the body, or the entire body. Other symptoms include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. These symptoms can develop over several hours, or they may take 1 to 2 days. As the disease progresses, seizures may develop. If you notice these symptoms – in yourself, friends, or others – you should contact your college health service or local hospital immediately.

Who is at risk for meningococcal disease?

- Anyone can get meningococcal meningitis, but scientific evidence suggests that college freshmen living in campus housing are at moderately increased risk to get this disease when compared to the general college population. The reasons for this increased risk are still not known for certain, but factors may include such things as crowded living situations, bar patronage, active or passive smoking, irregular sleep patterns, and sharing personal items.

- Other risk groups include infants and young children, household contacts to a person with meningococcal disease, refugees from parts of the world with high rates of meningococcal disease, laboratory workers who work with this bacteria, and military recruits.

Are there vaccines against meningococcal disease?

- Yes, there are two safe and effective vaccines that protect against four strains of the bacteria that cause meningococcal disease – serogroups A, C, Y, and W135. Immunization against meningococcal disease will decrease the risk of contracting the illness from these meningococcal strains.

How can meningococcal disease be prevented?

- **Many cases of meningococcal disease can be prevented.** The Centers for Disease Control and Prevention and the American College Health Association recommend that all first-year students living in residence halls be vaccinated against meningococcal disease. All other college students under the age of 25 years who wish to reduce their risk for the disease may choose to be vaccinated.
- **Vaccination is safe and effective.** It protects against four of the five most common strains (or types) of bacteria that cause meningitis. Approximately 70 to 80 percent of cases in the college age group are caused by strains that are potentially vaccine-preventable. The most commonly reported adverse reactions among adolescents and adults in clinical studies were pain at the injection site, headache, and fatigue. These respond to simple measures (ibuprofen or acetaminophen) and resolve spontaneously within a few days.

For More Information

To learn more about meningitis and immunization, visit the websites of the American College Health Association, www.acha.org/meningitis, and the Centers for Disease Control and Prevention, www.cdc.gov/ncidod/diseases/submenus/sub_meningitis.htm.

I have received a copy of this notice on meningococcal disease.

I have received an immunization against meningococcal disease.

Student Name

Student Signature

Date

Frequently Asked Questions and Answers about Meningococcal Disease

Important Notice:

Information in this handout has been gathered from the Alaska Postsecondary Student Immunization Act (HB185), signed into law effective May 18, 2005. Additional information was gathered from the Alaska Department of Health and Social Services' Division of Public Health and the Web site of the American College Health Association at http://www.acha.org/projects_programs/meningitis. The Alaska Commission on Postsecondary Education (ACPE) cannot provide medical information and is not responsible for any medical information provided to schools or to students. For questions specific to meningitis, immunization, and related diseases, please consult a qualified medical professional.

I. What is meningococcal disease?

Meningococcal disease is a rare, but potentially fatal, bacterial infection, and most commonly leads to meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or meningococcal septicemia, an infection of the blood.

II. What causes meningococcal disease?

Meningococcal disease is caused by *Neisseria meningitidis*, a leading cause of bacterial meningitis in older children and young adults in the United States. There are five types of bacteria (or serogroups) for meningococcal disease that circulate worldwide: A, B, C, Y, and W-135. Evidence shows approximately 70 to 80 percent of cases in the college age group are caused by serogroup C, Y, or W-135, which are potentially vaccine-preventable.

The number of cases caused by each type varies by location. For instance, type A rarely causes cases in the United States but is the most common cause of epidemics in Africa and Asia. Different age groups appear to be disproportionately affected by different types. Type B is the most common type in infants and recently was associated with cases in Oregon. In Alaska, 56% of cases were due to type B between 1999 and 2004. Type Y causes the majority of cases in those 65 years and older. Type C is associated with outbreaks in communities and schools, including colleges and universities. The proportion of disease caused by different types of the bacteria also changes over time.

III. How many people get meningococcal disease each year?

Meningococcal disease strikes 1,400 to 3,000 Americans each year and is responsible for approximately 150 to 300 deaths. Adolescents and young adults account for nearly 30 percent of all cases of meningitis in the United States. Approximately 100 to 125 cases of meningococcal disease occur on college campuses each year, and five to 15 students will die as a result.

IV. How serious is meningococcal disease?

Meningococcal infection is contagious and progresses very rapidly. It can easily be misdiagnosed as the flu or other minor febrile infections, and, if not treated early, meningitis can lead to death or permanent disabilities. One in seven of those who survive will suffer these long-term side effects, such as brain damage, hearing loss, seizures, or limb amputation.

V. How is meningococcal disease spread?

Meningococcal disease is spread person-to-person through the air by respiratory droplets (e.g., coughing, sneezing). The bacteria also can be transmitted through direct contact with an infected person, such as oral contact with shared items like cigarettes or drinking glasses, and through kissing. Although contagious, this disease is not as contagious as things like the common cold or the flu, and it is not spread by casual contact or by simply breathing the air where a person with meningitis has been.

VI. What are the symptoms of meningococcal disease?

High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age of 2 years. A rash may also develop over parts of the body, or the entire body. Other symptoms include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. These symptoms can develop over several hours, or they may take 1 to 2 days. As the disease progresses, seizures may develop.

Students who notice these symptoms in themselves, friends or others should contact their college health service or hospital immediately.

VII. What are the complications of meningococcal disease?

If not treated early, meningococcal disease can lead to death or permanent disabilities. One in seven of those who survive will suffer long-term side effects, such as brain damage, hearing loss, seizures, or limb amputation.

VIII. Who is at risk of getting meningococcal disease?

Anyone can get meningococcal disease, however certain groups are at higher risk. These include infants, adolescents, and college students, particularly those living in residence halls. Disease rates decline after infancy, but begin to rise again in early adolescence, peaking between the ages of 15 and 20 years.

Due to lifestyle factors, such as crowded living situations, bar patronage, active or passive smoking, irregular sleep patterns, and sharing of personal items, some college students may be more likely to get meningococcal disease than the general college population.

Certain conditions also increase a person's susceptibility to the disease. Persons with immature or damaged immune systems are at increased risk. Respiratory tract infections also increase a person's risk of getting the disease. There also may be certain genetic factors that increase the risk of infection.

IX. Who should be vaccinated?

The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) and the American College Health Association (ACHA) recommend that to the following groups be vaccinated:

- All first-year students living in residence halls
- Undergraduate students 25 years of age or younger who wish to reduce their risk for the disease may choose to be vaccinated
- Students with medical conditions that compromise immunity (e.g., HIV, absent spleen, antibody deficiency, chemotherapy, immuno-suppressants)
- Other groups (non-college age) are recommended for vaccination
 - Students at the time of high school entry
 - Young adolescents at the pre-adolescent doctor visit (11 to 12 years of age)
 - Travelers to endemic areas of the world
 - Lab workers with potential exposure to meningococcus

X. Why should college students consider getting the meningococcal vaccine?

Meningococcal vaccination is recommended by ACIP and ACHA for all first-year students living in residence halls. Data also show an increased incidence of meningococcal disease among adolescents and young adults, including college students. Additionally, in persons 15 to 24 years of age, 70 to 80 percent of cases are caused by vaccine-preventable strains.

XI. How effective is vaccination?

The meningococcal vaccine provides protection against four of the five types of *N. meningitidis* bacteria that cause meningococcal disease in the United States – types A, C, Y, and W-135. In persons 15 to 24 years of age, 70 to 80 percent of cases are caused by potentially vaccine-preventable strains.

XII. Is vaccination safe? Are there any adverse side effects?

The vaccine is safe and effective, and adverse reactions are mild and infrequent. The most commonly reported reactions by adolescents and adults in clinical studies were pain at the injection site, headache, and fatigue. These respond to simple measures (ibuprofen or acetaminophen) and resolve spontaneously within a few days.

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB251-EED-ACPE-02-03-06
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Education
 Title An Act relating to immunization for meningitis of RDU ACPE
postsecondary students residing on campus. Component Program Admin. & Operations
 Sponsor (S)Labor & Commerce
 Requester (S) HES Component No. 2738

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
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 (FY2006) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

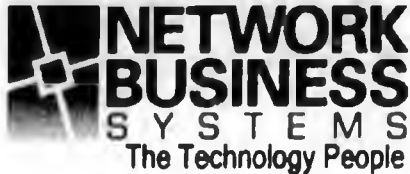
ANALYSIS: (Attach a separate page if necessary)

This bill amends language to require Alaska postsecondary institutions to provide notice regarding meningococcal disease and maintain records of notice only to students who intend to reside in campus housing.

The Commission would implement by providing due notice to Alaska institutions and amending this requirement within its institutional authorization compliance review program.

Prepared by: Diane Barrans, Executive Director
 Division: Executive Office
 Approved by: Diane Barrans, Executive Director
 Agency: Alaska Commission on Postsecondary Education

Phone 465-6740
 Date/Time 2/3/06 11:45 AM
 Date 2/3/2006



Scott Thorson, CEO
1835 South Bragaw Street, Suite 425
Anchorage, Alaska 99508

(907) 272-2888 (Phone)
(907) 272-7117 (Fax)

scott@nbsys.com
www.nbsys.com

February 16, 2006

Senator Fred Dyson
State Capitol, Room 121
Juneau, AK 99801-1182

Dear Senator Dyson:

I am writing to you as Health, Education and Social Services Chair to ask for your support of Senate Bill 251. This bill may not look like much when compared with other more weighty issues you will be dealing with during the current legislative session, but to many who run post secondary education training facilities it will solve a problem that has grown into a very thorny issue. I urge you to support this bill and help move it to the Senate floor for a vote.

Last year the legislature passed House Bill 185 which required all post secondary institutions in Alaska, without exception, to collect a meningitis disclosure form from each student. These forms must be distributed, signed by each student, collected and maintained in a filing system for an undetermined period of time. While I think the original intent of the bill was good, the unintended consequences of this bill are objectionable, and they are causing unnecessary problems for students and post secondary schools throughout Alaska.

Senate Bill 251 makes changes to the statutes limiting compliance only to institutions that maintain dormitories as part of their infrastructure. This makes sense because dormitories are what the original bill seemed designed to regulate. Without SB 251, all post secondary schools in Alaska will have to comply. Fight schools, real estate schools, trade schools, religious academies, tribal colleges and any other school that is not in the K-12 system will have to comply with these requirements unless SB 251 becomes law.

Many of our students do not like to sign this document primarily because they feel it is an invasion of their privacy. I tend to agree with their assessments because the form asks them to disclose whether or not they have had their meningitis shot. I am not comfortable gathering this information and storing it for the long term. I don't need to know about this information to effectively deliver classes.

Our classes are no different than any 5 or 6 hour business meeting that takes place all over Alaska every day. Our students do not understand why they need to sign these forms, many times they feel their privacy is violated and they do not see any value in toward resolving meningitis problems in Alaska. I find it sort of ironic that under current Federal and Alaska law, people with AIDS have more medical privacy than a student sitting in a Word class in our classroom. It would be one thing if this procedure made Alaska safer from meningitis, but in reality these requirements in schools without dormitories do nothing toward preventing this disease. It also needlessly increases our costs.

Once again, please support this bill so it can be enacted into law. Thank you for your consideration.

Sincerely,

Scott Thorson
CEO



north star computing

COMPUTER RESOURCE CENTER

815 2nd AVENUE, Suite 100, Fairbanks, AK 99701

Phone: (907) 452-7325 Fax: (907) 452-6717

<http://www.nsctraining.com> Email: staff@nsctraining.com

- Training
- Consulting
- Rentals
- Testing Center

nsc

Jane Alberts
(907) 465-4843

RE: Meningitis bill (SB 251) The bill is scheduled for a hearing on this coming Monday, February 27 at 1:30 PM.

I have been with this post secondary school for 11 years. The intent of the original bill (House Bill 185) was to require post secondary institutions with students staying in dormitories to make a disclosure to their students about meningitis and to collect information about which students have been immunized. The way the original bill was written required the Commission on Post Secondary Education to extend this requirement to ALL post secondary institutions in Alaska, not just those with dormitories.

I run classes that are less than 80 hours and most of our classes are only 6-9 hours long. The requirement to collect these forms infringes on a student's right to privately maintain their medical information. The post secondary institution is required to keep a record of this disclosure for each student for an indefinite period of time. With students coming and going on a regular basis and most students only returning once within the year, this requirement poses a large burden on small institutions financially to copy the forms, in space to maintain the forms, and the manpower to collect and file the forms.

I do not see any value in requiring post secondary training facilities to collect this information. My institution is no different than the ice rink and I am not required to sign a form before using that facility!

It angers my students to have to disclose such information and it takes class time away from what they are here to learn.

The Commission on Post Secondary Education (the regulatory agency charged with enforcing these regs) agrees that these requirements are not effective in stopping meningitis except for those institutions that have dormitories.

The Department of Health and Social Services also supports doing away with this requirement for institutions without dormitories. They do not see any value in making institutions without dormitories comply with these regulations in their fight against meningitis.

Requiring post secondary institutions without dormitories to collect this information does not resolve the problem (advising students about the problems meningitis causes) that was trying to be solved.

If you have any questions, please feel free to contact me 907-452-7325

Sincerely,

Lisa Shaffer
President

WOSTMANN & ASSOCIATES, INC.

06

/son
oom 121
01-1182

Reference No: 06020025

/son,

you as Health, Education and Social Services Chair to ask for your support of Senate Bill 251. I urge you to support
move it to the Senate floor for a vote.

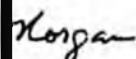
Legislature passed House Bill 185 which required all post secondary institutions in Alaska, without exception, to collect
disclosure form from each student. These forms must be distributed, signed by each student, collected and maintained
in for an undetermined period of time. While I think the original intent of the bill was good, the unintended
consequences of this bill are objectionable and onerous, and they are causing unnecessary problems for students and post
secondary institutions throughout Alaska.

Wostmann & Associates began providing post secondary training classes in December 2005. Our first class consisted of a 2-day, 8
hour course on Project Management that was held at the Centennial Hall in Juneau. There were 8 students enrolled and the
course was in the lecture style of training. Our goal is to provide similar short, intensive training sessions in other Information
Technology areas. These classes will target information technology managers throughout the state and are designed to be given
in the evening so that busy professionals can obtain useful work skills in a short period of time.

In our new endeavor for our company, we were surprised when the Postsecondary Education Commission required us to
collect and maintain the meningitis disclosure form from each student. Although we can understand the importance of
discussions about the dangers of meningitis, we do not believe that the current requirement for the collection and
maintenance of this information is appropriate for a firm of our size and type of training we offer. We do not believe that our students
are more susceptible to contracting meningitis than any other public sector or private sector employee that attends all day
classes, conferences, or trade meetings throughout the State every day.

When the legislature makes changes to the statutes limiting compliance only to institutions that maintain dormitories as part of their
operations, it makes sense because dormitories are what the original bill seemed designed to regulate. Without SB 251, all
schools in Alaska will have to comply. Fight schools, real estate schools, trade schools, religious academies, tribal
schools, or other school that is not in the K-12 system will have to comply with these requirements unless SB 251 becomes
law.

I hope you will support this bill so it can be enacted into law. Thank you for your consideration.



Wostmann & Associates, Inc.

Results through Information Technology

26 Seward Street, Suite 210 • Juneau, AK 99801 • Phone: (907) 586-6167 • Fax: (907) 586-2996

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB 251
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: University of Alaska
 Title Postsecondary Student Meningitis Immunization RDU _____
 Component _____
 Sponsor _____
 Requester _____ Component No. _____

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
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 (FY2006) cost: 0.0
 Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill would have no fiscal impact on the University.

Prepared by: Pat Pitney
 Division: University of Alaska
 Approved by: Pat Pitney
 Agency: University of Alaska

Phone 907-450-8191
 Date/Time 2/27/06 12:00 AM
 Date 2/27/2006

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB251-EED-ACPE-02-03-06
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Education
 Title An Act relating to immunization for meningitis of RDU ACPE
postsecondary students residing on campus. Component Program Admin. & Operations
 Sponsor (S)Labor & Commerce
 Requester (S) HES Component No. 2738

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
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 (FY2006) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill amends language to require Alaska postsecondary institutions to provide notice regarding meningococcal disease and maintain records of notice only to students who intend to reside in campus housing.

The Commission would implement by providing due notice to Alaska institutions and amending this requirement within its institutional authorization compliance review program.

Prepared by: Diane Barrans, Executive Director
 Division Executive Office
 Approved by: Diane Barrans, Executive Director
 Agency Alaska Commission on Postsecondary Education

Phone 465-6740
 Date/Time 2/3/06 11:45 AM
 Date 2/3/2006

**ASSOCIATED GENERAL CONTRACTORS of ALASKA**

8005 HATHORN STREET • ANCHORAGE, ALASKA 99518
TELEPHONE (907) 561-5354 • FAX (907) 562-6118

February 24, 2006

Senator Fred Dyson
Chairman, Senate Health, Education & Social Services
State Capitol (MS 3100)
Juneau, AK 99801-1182

Re: SB 251

Dear Senator Dyson:

On behalf of the Associated General Contractors of Alaska and its more than 600 affiliated member companies, I am writing to you as Health, Education and Social Services Chair to ask for your support of Senate Bill 251.

Last year the legislature passed House Bill 185 which required all post secondary institutions in Alaska, without exception, to collect a meningitis disclosure form from each student. These forms must be distributed, signed by each student, collected and maintained in a filing system for an undetermined period of time. While AGC believes that the original intent of HB 185 was good, the unintended consequences of this bill are objectionable and they are causing unnecessary problems for students and post secondary schools throughout Alaska.

AGC offers safety and quality control classes to members of the construction industry. We are a trade association, not an educational association, and our focus is on skills upgrades by means of short term, targeted training programs. We offer no degrees nor do we have a staff of instructors. Our goal is to help members of the construction industry deal with complex issues that are normally outside the normal province of their firms.

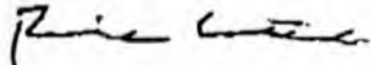
Senate Bill 251 makes changes to the current statute by limiting compliance only to institutions that maintain dormitories as part of their normal infrastructure. This approach is appropriate because dormitories were the target HB 185 seemed designed to regulate. Without SB 251, all post secondary schools and training programs in Alaska will have to comply. Fight schools, real estate schools, trade schools, religious academies, tribal colleges and any other school that is not in the K-12 system will have to comply with these requirements unless SB 251 becomes law.

FAIRBANKS
P.O. BOX 60005 • FAIRBANKS, AK 99706
TELEPHONE (907) 452-1809

SOLDOTNA
43335 KALIFONSKI BEACH ROAD, STE. 32 • SOLDOTNA, AK 99669
TELEPHONE (907) 262-8535

Once again, please support this bill so it can be enacted into law. Thank you for your consideration.

Sincerely,



Richard Cattanach
Executive Director



**STATE OF ALASKA
OFFICE OF THE GOVERNOR**

BILL ANALYSIS

DEPARTMENT Health & Social Services	DIVISION Public Health	BILL NUMBER SB 251	SPONSOR SENATE (L&C)
SHORT TITLE OF BILL RELATING TO IMMUNIZATION FOR MENINGITIS OF STUDENTS RESIDING ON CAMPUS			
DEPARTMENT POSITION Support			
PREPARED BY Richard Mandsager, M.D.	DATE 02/03/2006	COMMISSIONER'S SIGNATURE Karleen Jackson	DATE 02/07/2006

SUMMARY

OTHER AGENCIES AFFECTED BY BILL University of Alaska Commission of Postsecondary Education	CONSTITUENT GROUP(S) AFFECTED BY BILL College students living in dorms, and their families
ORGANIZATIONAL SUPPORT FOR BILL University of Alaska	ORGANIZATIONAL OPPOSITION TO BILL Unknown

FISCAL IMPACT NONE FISCAL NOTE ATTACHED

BACKGROUND/LEGISLATIVE INTENT

This legislation amends last year's HB185, which was signed into law in May 2005. This new bill requires that, of all college students in Alaska, only those "who intend to reside in campus housing" must sign a form indicating they have been immunized against meningitis or have received information warning of its dangers.

Last year's bill required all college students in Alaska to sign the form. Because meningitis rates, though extremely low, may increase in group living situations, it makes sense to limit the law just to students who will live in campus housing.

ANALYSIS OF BILL/PROGRAM EFFECTS

This bill has no direct impact on the DHSS. In fact, this bill and last year's bill will do little to affect the meningitis rate in Alaska. Of the 40 cases of meningococcal disease reported in Alaska from 1999 - 2004, 38% (15 of 40) were children less than 5 years of age. This proportion increases to 60% (24 of 40) of reported cases when all children through age 18 are included. During the same five-year period, just nine reports (23%) were received for persons 17-24 years of age, which encompasses the typical college years. In addition, the vast majority of reported Alaska cases were the serogroup B strain, which is not contained in available meningitis vaccines, including the new conjugate meningococcal vaccine recommended last year by a federal advisory committee on immunization practices. It should be noted, though, that such policies in other states, where other meningitis strains are more typical, could increase protection for Alaskans attending college Outside.

AMENDMENTS PROPOSED

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL COMMENTS OR ANALYSIS.

SENATE COMMITTEE REPORT First Committee of Referral

DATE: 1/30/06

FURTHER:

Date of 5-Day Notice: _____
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 2.27.06

Health, Education and Social Services Committee considered

SENATE BILL NO. 251

SB 251 POSTSEC. STUDENT MENINGITIS IMMUNIZATION

"An Act relating to immunization for meningitis of postsecondary students residing on campus."

and recommends:

- be replaced with _____ CS _____ (_____)
- adopt previous _____ CS _____ (_____)
- attached amendment(s)
- adopt Letter of Intent by _____ Committee
- further referral to _____ Committee

CS Senate Bill:
 Same Title
 New Title

SCS House Bill:
 Same Title
 Technical Title Change
 New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
EED	2/3			x	
VA	2/3			x	

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>[Signature]</i>			✓	
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
CHAIR: <i>[Signature]</i>	✓			