

LEG. FINANCE - BILLS 1983 - 1984 2020

SB 98 cont. - SB 99

2020

- ANHS.

The following table summarizes their proposed hepatitis B Detection Surveillance and Control Program for Alaska Natives.

3 Year Proposed Budget

<u>Item</u>	<u>Year One</u>	<u>Year Two</u>	<u>Year Three</u>	<u>Total</u>
Personnel	385.0	300.0	316.0	901.0
Travel	294.0	147.0	294.0	735.0
Supplies	172.0	172.0	172.0	516.0
Equipment	15.0	-0-	-0-	15.0
Vaccine	-0-	405.0	518.0	923.0
	(with year-end FY 82 monies already bought)			
Total	766.0	1024.0	1300.0	3090.0

Population at High Risk for HBV
(excludes Military and Native Populations)

The assumptions are made that the Native population, as well as the military, will be handled by the ANHS (Alaska Native Health Service) and the military health system respectively.

Various population groups are at high risk; they may be so for a variety of reasons, ranging from geographic location, occupation, sexual practices to life style.

The following chart illustrates the types, numbers and rationales. This is followed by summary tables elaborating on numbers to be screened and numbers for potential vaccination. (numbers rounded off to nearest twenty-five for ease)

1)	EMS workers (non-native, non-military)	1500
2)	Health Care Workers (long term care)	1400
3)	Hospital staff (exc. Federal Hospitals)	3500
4)	Harbor view, already screened, vacc. on 1/26/83	0
5)	Developmentally disabled (500 staff, 200 clients)	700
6)	Hemodialysis and hemophiliacs (patients & family)	200
7)	Gay community, est. 9600 (Anch., Fairbanks, Juneau)	7800
8)	Illicit injectable drug users (600-700)	650
9)	Household and sexual contacts of known carriers 2000-3000 (allowing for double reporting)	2500
10)	Corrections inmates (first study shows not at high risk)	0
11)	To identify newborn infants of mothers who are carriers	8000

EMT's	1500 x 90% =	1350
L.T. Care Workers	1400 x 90% =	1250
Hospital Workers	3500 x 90% =	3150
Dev. disabled staff & patients	700 x 80% =	550
Hemodialysis, hemophiliacs & staff	200 x 90% =	175
Gay community est. 9600 (Anch., Fairbanks, Juneau)	7800 x 20% =	1550
Illicit injectable drug users	650 x 20% =	125
Household and sexual contacts, carriers	2500 x 85% =	2125
Correction inmates	0	
Newborns of carriers	8000 x 0.3% =	25
	26,250	10,300

(rounded-off figures)

INDIAN Health Service

26,250 estimated to be screened (exclusive of IHS program). This will not include other people not included above who will ask for test.

39% (est. 8,700) susceptibles to be vaccinated.

The above needs to be done within the next 16 months, (FY 1984, plus last 4 months of FY 83).

APPENDIX

Methodologies Used

- 1) EMS population figures from Section of EMS, DPH, reduced by eliminating Natives.

Health care workers population (long term care) taken from State Health Plan Data Appendix.
- 2) Hospital staffs (exclusive ANHS and Military) taken from State Health Plan Data Appendix.
- 3) Developmentally disabled patients and staff members given by Division of Mental Health.

Harborvie. staff and clientele already done by Division of Public Health.
- 4) Hemodialysis patients and staff, hemophiliacs numbers supplied by Section of Family Health, DPH.
- 5) Gay community numbers arrived at by figuring male population (non-native and non-military) between ages of 15 and 65; taking 10% of that number. Number used was calculating numbers for Anchorage, Fairbanks and Juneau. 1980 census for numbers of sex, racial and age characteristics was used.
- 6) Numbers of illicit injectable drug users was furnished by Office of Alcoholism and Drug Abuse.
- 7) Contacts of household and sexual contacts was estimated trying to eliminate double reporting of ones that would be counted under any of the above categories.
- 8) Numbers of corrections' inmates is counted as zero because study we did shows them not to be at high risk at this time. We screened over 350 long term males. Many of new ones will have been screened under one of the aforementioned programs.
- 9) There are about 10,000 births in the State annually; 2000 of them are Native and can be excluded from this listing.

Assumptions are many --

- a) It is difficult to accurately predict numbers that will accept screening and/or vaccination. Probably the screening numbers may be as much as 10-20% under our figures.
- b) For vaccination the percentages used were to allow for varying numbers of susceptibles and also refusal to accept vaccine.
- c) The percentage used for calculating male homosexual population was received from homosexual physician in Anchorage plus articles in medical journals.

- d) This program is considerably different than any other immunization program. The cost of the test and the exorbitant cost of the vaccine makes it necessary to screen rather than to vaccinate carte blanche.
- e) In addition, it is necessary to test to identify carriers (HBV surface antigen bearers) in order that testing for liver cancer can be done.

MEMORANDUM OF UNDERSTANDING

I. Statement of Introduction

The State of Alaska, Department of Health and Social Services, Division of Public Health and the United States Public Health Service, Indian Health Service, Alaska Area Native Health Service intend to enter into a memorandum of understanding to cooperatively develop and deliver a preventative program of Hepatitis B Virus infection control in Alaska.

Hepatitis B Virus (HBV) infection is a significant health problem in Alaska, especially in the highly susceptible Alaska Native Community. The recently available hepatitis B vaccine is an effective tool to control this important infection and to prevent the HBV related complications of liver cirrhosis, primary hepatic cancer and vasculitis.

A Hepatitis B Immunization and Control Program is a complicated one, and multifaceted activities are required at all organizational levels by several agencies to make it successful. Therefore, it is the desire of the Alaska Native Health Service and the Division of Public Health to coordinate available financial resources, personnel, laboratory services and professional expertise for implementation of a quality Hepatitis B Immunization and Control Program in an expeditious and cost-effective manner and to designate major administrative priority to the Program.

Implementation and accomplishment of the Hepatitis B Control Program depends upon the availability of continued State of Alaska funding and USPHS funding. Lack of funding would invalidate or necessitate modification of this understanding.

II. Areas of Agreement

A. Needs

1. At risk individuals need to be identified through expert analysis of appropriately obtained blood sera.
 - a. adequate laboratory facilities and technical capabilities are necessary to perform a large number of serologic determinations.
 - b. specialized personnel are necessary to obtain blood specimens from all individuals in entire rural Alaska Communities and who can separate serum, accurately identify specimens and ensure arrival at the laboratory expeditiously and intact.
2. Data systems need to be accessible and able to provide:
 - a. census data
 - b. demographic identification of all specimens
 - c. integration of individual serological and immunization data into the medical record.

- d. lists of susceptible individuals
 - e. lists of susceptible individuals by risk category
 - f. lists of individuals who are HBs Ag carriers.
 - g. the established data system would provide the above data on an ongoing basis.
3. As much as possible, the immunization phase of the Hepatitis B Immunization and Control Program needs to be integrated into existing vaccine delivery programs.
 - a. Initially, the immunization phase needs coordinated efforts from public health nurses, specifically employed supplemental personnel, Community Health Aides and Alaska Native Health and Native Health Corporation health care providers.
 - b. Specialized care provided to newborns and infants of HBs Ag positive mothers needs to be provided in the hospitals at the time of delivery and the times when routine care coincides with established hepatitis B immunization protocols.
 4. Sera aliquots from specimens needed by CDC need to be provided with demographic and serologic data to the CDC, Alaska Investigations Division.
 - a. to establish a sera bank
 - b. to provide cancer screening with alpha-fetoprotein determinations on all HBs Ag positive individuals.

B. Risk Priorities

1. Infants born to HBs Ag positive carriers.
2. Household contacts of HBs Ag carriers.
3. Rural Alaska communities with a HBs Ag carrier rate of 5 percent or greater.
4. Individuals and staff in institutions for the mentally retarded.
5. Renal hemodialysis patients and hemophiliacs.
6. Active male homosexuals.
7. Health care providers having frequent blood contact.
8. Identified high risk prison groups.
9. Illicit injectable drug users.

C. Agency Interactions

1. To meet the high risk needs in the Alaska Native Community, the Alaska Native Health Service intends to enter into a contract with the State of Alaska.
 - a. to develop and maintain a Hepatitis B Control Program in cooperation with the ANHS Project Officer and the CDC-AID Director.
 - b. to identify and vaccinate high risk Alaska Natives.
 - (1) household contacts of known HBs Ag+ carriers
 - (2) village residents of known villages with 5 percent or greater HBs Ag+ carriers.
 - (3) high risk villages in Western Alaska with first priority to the Yukon-Kuskokwim Delta Area.
 - c. the contract will be written immediately and implementation start as soon as possible.
2. Coordination of the Hepatitis B Immunization and Control Program will be cooperatively directed by the Chief, Communicable Disease Control Section and the Chief, Community Health Services.
 - a. Monthly meetings involving key persons will occur
 - b. Records of discussion and decisions made in the monthly meetings will be appropriately distributed.
 - c. A periodic information circulation will be published.
3. Free access and exchange of Hepatitis B epidemiologic information will be shared between the State of Alaska, Alaska Native Health Service and the Centers for Disease Control.

D. Specific Responsibilities

1. The State of Alaska Division of Public Health will be responsible for the administration of Hepatitis B vaccine. The vaccine will be administered by public health nurses, supplemental personnel, and other health care providers as needed.
2. Initial hepatitis preventive care and care that coincides with routine preventive care of newborns and infants will be provided by the Alaska Native Service or contract physicians.
3. Sera aliquots with demographic and serologic data will be sent to CDC, Alaska Investigation division by the State Laboratory.
4. Alpha Fetoprotein determinations will be performed by the CDC, Alaska Investigations Division.

Serologic determinations for the clinical needs of the Alaska Native Health Service and for the prenatal screening of Alaska Native Service beneficiaries will be provided by the Clinical laboratory of the ANMC.

6. In consultation with appropriate experienced CDC persons, the Laboratory Section, Division of Public Health, State of Alaska will develop the capability and quality assurances to assume responsibility for all the serologic screening necessary to conduct the Hepatitis B Immunization and Control Program.
7. In consultation with the appropriate CDC and PCIS persons the State of Alaska will develop an accessible and acceptable computer service to conduct the Hepatitis B Immunization and Control Program in the State Northern Regional Laboratory in Fairbanks.
8. The administration of the Hepatitis B Infection and Control Program will be the responsibility of the State of Alaska.
9. Evaluation of the impact of the Hepatitis B Infection and Control Program on the beneficiaries of the Alaska Native Health Service will be a responsibility of appropriate Alaska Native Health Service personnel. The State of Alaska Division of Public Health will evaluate the effect of the Program on the overall state population.

III. Renewal/Modification Clause

This Memorandum of Understanding is in effect for three (3) years unless modification or termination is issued with thirty (30) days advance notice by the offices of the original signers.

IV. Conclusion

Although the need to begin Hepatitis B Infection prevention and control is urgent, actions in program development and delivery must hold to the following principles;

1. Cooperation and trust
2. Open communication
3. Quality assurance
4. Rational planning.

Signatures:

B. A. Day
Director, Alaska Area Native Health Services

January 27, 1983

E. S. Roberson
Director, Division of Public Health, State of Alaska

Jan. 28, 1983

Robert London Smith
Commissioner, State of Alaska Department of Health & Social Services

January 28, 1983

IMPORTANT INFORMATION
ABOUT HEPATITIS B AND HEPATITIS B VACCINE

Please read this carefully

WHAT IS HEPATITIS B?

Although Hepatitis B is an unpredictable disease with a variety of presentations and outcomes, most patients recover. Persistence of viral infection (the chronic carrier state) occurs in 5 to 10% of persons who become infected with hepatitis B virus. Acute Hepatitis B infection may be symptomatic and can incapacitate a person for weeks to months or lead to complications or chronic sequelae. However, 50 to 60% of all Hepatitis B infections are subclinical, asymptomatic, and usually undetected. These cases have a greater risk of progression to chronic sequelae. Chronic sequelae of Hepatitis B infection include:

- Chronic carrier state -- develops in 6-10% of adult patients who have Hepatitis B.
- Chronic persistent hepatitis - generally benign.
- Chronic active hepatitis - major late complication; occurs in 3-5% of cases; often progresses to cirrhosis.
- Cirrhosis - an estimated 11% of deaths due to cirrhosis are associated with Hepatitis B. (4000/year)
- Liver Cancer - the relative risk for carriers is 273 times greater than for non-carriers (800 die/year from Hepatitis B related liver cancer)

There is no specific treatment and no known cure for Hepatitis B. The new vaccine can help prevent Hepatitis B.

HEPATITIS B VACCINE

The Immunization Practices Advisory Committee (ACIP) USPHS, has identified certain populations at risk of HBV infection and has recommended vaccination for appropriate members of the following groups:

ACIP recommendations for vaccination against Hepatitis B infection	
.health-care workers	.classroom contacts of deinstitutionalized mentally retarded
.hospital staff	HBV carriers who behave aggressively.
.clients and staff of institutions for the mentally retarded	.special high-risk populations from areas where Hepatitis B is highly endemic
.hemodialysis patients	Indochinese and Haitian refugees
.homosexually active males	Alaskan Eskimos
.illicit injectable drug users	.inmates of long-term correctional facilities
.recipients of certain blood products	
.household and sexual contacts of HBV carriers	

Persons at substantial risk of Hepatitis B infection who are demonstrated or judged likely to be susceptible should be vaccinated.

VACCINATION: Vaccination consists of 3 intramuscular doses of vaccine. The second and third doses should be given 1 and 6 months, respectively, after the first. Vaccine doses administered at longer intervals than those stipulated provide equally satisfactory protection, but optimal protection is not conferred until after the third dose. The duration of protection and the need for booster doses have not yet been determined.

Vaccination of individuals who possess antibodies against HBV from a previous infection is not necessary but will not cause adverse effects. The vaccine produces neither therapeutic nor adverse effects in Hepatitis virus carriers.

POSSIBLE SIDE EFFECTS FROM THE VACCINES:

Adverse Reactions: Hepatitis B vaccine is generally well tolerated. No serious adverse reactions attributable to vaccination have been reported during the course of clinical trials involving administration of Hepatitis B vaccine to over 6,000 individuals. Approximately half of all reported reactions were injection-site soreness. Other less common local reactions have included erythema, swelling, warmth, or induration. These signs and symptoms of local inflammation are generally well tolerated and usually subside within 2 days of vaccination.

Low-grade fever (less than 101°F) occurs occasionally and is usually confined to the 48-hour period following vaccination. Although uncommon, fever over 102°F has been reported. Systemic complaints, including malaise, fatigue, headache, nausea, dizziness, myalgia, and arthralgia, are infrequent and have been limited to the first few days following vaccination. Rash has been reported rarely.

As with any vaccine, there is the possibility that broad use of the vaccine could reveal rare adverse reactions not observed in clinical trials.

WARNING -- SOME PERSONS SHOULD NOT TAKE THIS VACCINE WITHOUT CHECKING WITH A DOCTOR:

.Hepatitis B vaccine is not known to cause special problems for pregnant women or their unborn babies. However, doctors usually avoid giving any drugs or vaccines to pregnant women unless there is a specific need. Pregnant women should check with a doctor before taking Hepatitis B vaccine.

.Those who are sick right now with something more serious with a cold.

QUESTIONS: If you have any questions about Hepatitis B vaccination, please ask us now or call your doctor or health department before taking the vaccine.

REACTIONS: Anyone receiving vaccine who gets sick and seeks medical help in the 4 weeks after vaccination should report this to the facility which provided the vaccine.

Division of Public Health
State of Alaska
January 7, 1983

STANDING ORDERS
Hepatitis B Vaccine

<u>Type of Vaccine</u>	<u>Age</u>	<u>Dosage</u>
Hepatitis B	3 months through life	3 doses i.m.; given on days 0, 1 month later and 6 months after 1st dose.

	Initial	1 mo.	6 mo.
3 months to 10 yrs.	0.5ml	0.5ml	0.5ml
> - 10 yrs.	1.0ml	1.0ml	1.0ml
Dialysis and Immuno-compromised	2.0ml*	2.0ml*	2.0ml*

* Two 1.0 ml doses given at different sites, i.m.

1. Store vials at 2-8°C. (35.6 - 46.4°F)
2. Shake well before using.
3. DO NOT FREEZE
4. Provide Hepatitis B Vaccine information sheet to each person before vaccination.

Contraindications: Hypersensitivity to any component of the vaccine.

- Precautions:
1. Not recommended for use in pregnant women. Ask if woman is pregnant. If answer is no, vaccine may be administered.
 2. Not recommended at present for use in children below the age of 3 months.

- Indications:
1. Indicated for immunization against infection caused by all known subtypes of Hepatitis B virus.
 2. Vaccination is recommended in persons 3 months of age or older who are at substantial risk of infection with Hepatitis B virus.
 3. Groups and individuals to be vaccinated are designated by the Medical Epidemiologist, Division of Public Health or his designee.

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
SECTION OF COMMUNICABLE DISEASE CONTROL

ROOM 222, MAGNAY BUILDING
338 DENALI STREET - ANCHORAGE 99501

January, 1983

HEPATITIS B AND HEPATITIS B VACCINE

I certify that I have been provided information about Hepatitis B. I am aware that I may be at increased risk of contracting Hepatitis B infection because of my work or my residence. I have had an opportunity to ask questions about Hepatitis B and to discuss Hepatitis B with staff at this facility. I understand that I can have my blood tested free of charge to see if I have been infected with Hepatitis B in the past or whether I could become infected with Hepatitis B in the future. I understand that I can also be vaccinated against Hepatitis B free of charge and that vaccination can protect me from becoming infected with Hepatitis B in the future. I understand that this program is entirely voluntary but that the Division of Public Health strongly recommends that I have my blood tested and, if I have not been infected with Hepatitis B in the past, that I receive Hepatitis B vaccine.

I do not wish to have my blood tested for Hepatitis B.

I do not wish to be vaccinated against Hepatitis B.

(Signature)

(Date)

(Witness)

CSSB-96 Hepatitis B Funding

- Sec. 1 Appropriates \$250.0 to the Department of Health and Social Services for the inoculation program.
- Sec. 2 Reduces 1982 Permanent Fund Hold-Harmless appropriation to DHSS by \$250.0 for the purpose of Section 1.
- Sec. 3 Lapse date: June 30, 1984
- Sec. 4 Effective date: Immediately

STATE FUNDING REQUIREMENTS for FY83-FY87

FY 83	\$250.0
FY 84	500.0
FY 85	600.0
FY 86	700.0
FY 87	700.0

TOTAL 2,750.0

FEDERAL FUNDING REQUESTS

FY 83	\$500.0	(Alaska Native Health Service - RECEIVED)
	500.0	(ANHS, FY82 year-end funds, RECEIVED...vaccine purchased with these funds)
FY 84	1,000.0*	(REQUEST - although only \$500.0 currently appears in fed. budget proposal)
FY 85	1,000.0	(REQUEST)

TOTAL 3,000.0 (Fed. Funding only through FY85 by agreement)

* You have written to Congressional delegation asking for full \$1 million federal funding for FY84. Gov. Sheffield is going to write also.

* Department of Health has prepared a Federal Budget Impact Fund request for \$500.0, in event Feds. only come across with \$500.0 for 1984.

***This is a 4-5 year program designed to get the hepatitis program under control. If the Feds do not come across with their portion of the funds, the State will have to pick up the remaining costs for program to be effective. Following 1987, DHSS will continue to operate a maintenance program but does not anticipate more funding. The program will be merged with their on-going services.



Official Business

Alaska State Legislature

Senate

Committee on Finance

Pouch V
State Capitol
Juneau, Alaska 99811

February 17, 1983

Gene Dusek, Associate Director
Office of Management and Budget
Office of the Governor

Dear Gene:

Attached is a copy of the proposed committee substitute for SB 96, reducing the Permanent Fund hold-harmless appropriation by \$250,000 and reappropriating those funds to the Department of Health and Social Services to fund the hepatitis B inoculations program.

Senator Sackett, the original sponsor of the legislation, would very much appreciate a letter from you or the appropriate spokesperson in the Governor's office acknowledging that this approach for funding the inoculation program meets with the Governor's approval.

Use of the committee substitute for SB 96, as opposed to introducing new legislation, should expedite the bill through the legislative process so that it can be transmitted to the Governor quickly.

Although no date for hearing the substitute in committee has been set your participation at the hearing would be appreciated.

Thanks for your help. Please call me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Max Gifford".

Max Gifford
Administrative Aide

attachment: CSSB 96 (Finance)

FEB 23 1983

BILL SHEFFIELD
GOVERNOR



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

February 24, 1983

The Honorable John C. Sackett
Senator
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Senator Sackett:

The proposed approach for funding the hepatitis B inoculations program contained in CSSB 96 should expedite approval of the funding for this important program. Accordingly, we will delete this item from the FY 83 appropriations transfer bill the Administration is preparing.

The identification of the funding sources for appropriation bills is a vital element in our State government's demonstration of fiscal responsibility. Thank you for your help.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Sheffield".

Bill Sheffield
Governor

Introduced: 1/31/83
Referred: Health, Education and
Social Services and Finance

<u>Funding Information</u>	
General Fund	\$250,000
Other Funds	-0-
	<u>\$250,000</u>

1 IN THE SENATE

BY SACKETT

2

SENATE BILL NO. 96

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - FIRST SESSION

5

A BILL,

6

For an Act entitled: "An Act making a special appropriation to the Department of Health and Social Services for inoculations for hepatitis B; and providing for an effective date."

7

8

9

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

11 * Section 1. The sum of \$250,000 is appropriated from the general fund
12 to the Department of Health and Social Services for inoculations for
13 hepatitis B.

14 * Sec. 2. The unexpended and unobligated portion of the appropriation
15 made by this Act lapses into the general fund June 30, 1984.

16 * Sec. 3. This Act takes effect immediately in accordance with AS 01.-
17 10.070(c).

COMMITTEE REPORT
SENATE

FURTHER:

2/8/83

Date: 3/1/83

Mr. President:

The Committee on FINANCE has had SB NO. 96

Special appropriation to the Department of Health and Social Services for inoculations for Hepatitis B; a/c. date

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for SB 96 (Finance) same title
 new title
- and recommends do pass
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

MEMBERS HAVING
OTHER RECOMMENDATIONS:

[Signature]

CHAIRMAN

Original sponsor: Sackett

Funding Information	
General Fund	\$250,000
Other Funds	-0-
	<u>\$250,000</u>

1 IN THE SENATE BY THE FINANCE COMMITTEE

2 CS FOR SENATE BILL NO. 96 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act reducing a fiscal year 1983 appropriation and
7 making a special appropriation to the Department of
8 Health and Social Services for inoculations for
9 hepatitis B; and providing for an effective date."

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

11 * Section 1. The sum of \$250,000 is appropriated from the general fund
12 to the Department of Health and Social Services for inoculations for hepa-
13 titis B.

14 * Sec. 2. Section 14, ch. 139, SLA 1982, page 14, line 1st is amended to
15 read:

	APPROPRIATION	GENERAL	OTHER
	ITEMS	FUND	FUNDS
18 SB 842 Providing for Permanent			
19 Fund Dividends - Appropriated			
20 to the Department of Health and			
21 Social Services	<u>12,616,500</u>	<u>12,548,200</u>	68,300
	[12,866,500]	[12,798,200]	

23 * Sec. 3. The unexpended and unobligated portion of the appropriation
24 made by this Act lapses into the general fund June 30, 1984.

25 * Sec. 4. This Act takes effect immediately in accordance with AS 01.-
26 10.070(c).

Introduced: 1/31/83
Referred: Health, Education and
Social Services and Finance

Funding Information
General Fund \$250,000
Other Funds -0-
\$250,000

1 IN THE SENATE

BY SACKETT

2

SENATE BILL NO. 96

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

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For an Act entitled: "An Act making a special appropriation to the Department of Health and Social Services for inoculations for hepatitis B; and providing for an effective date."

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17 10.070(c).

FEB 23 1983

BILL SHEFFIELD
GOVERNOR



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

February 24, 1983

The Honorable John C. Sackett
Senator
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Senator Sackett:

The proposed approach for funding the hepatitis B inoculations program contained in CSSB 96 should expedite approval of the funding for this important program. Accordingly, we will delete this item from the FY 83 appropriations transfer bill the Administration is preparing.

The identification of the funding sources for appropriation bills is a vital element in our State government's demonstration of fiscal responsibility. Thank you for your help.

Sincerely,

A handwritten signature in dark ink, appearing to read "Bill Sheffield".

Bill Sheffield
Governor

POSITION PAPER

SENATE BILL NO. 96

"An Act making a special appropriation to the Department of Health and Social Services for inoculations for hepatitis B; and providing for an effective date."

Sponsor: Sackett

This bill appropriates \$250,000 SGF to the Department of Health and Social Services for inoculations for hepatitis B and provides for an immediate effective date.

Background

A. The Disease

Hepatitis B is a disease caused by a virus. Disease severity can range from inapparent infection to a fulminating process leading quickly to death. There is currently no specific treatment against the virus.

Once infected, individuals may become chronic carriers of the virus, i.e., continue to be infected and to be able to spread infection to others. Moreover, chronic carriers of hepatitis B virus (HBV) are subject to complications including primary liver cancer with a nearly 100% mortality rate unless detected early or polyarteritis nodosa, a serious inflammatory disease of arteries with a 30% mortality rate. It is estimated that 20-25% of chronic HBV carriers will develop chronic active hepatitis with cirrhosis.

B. Prevalence

Both the rates of infection and the rates of chronic HBV carriers are known to be very high in certain Native groups in Alaska, particularly the Yupik-speaking groups in the Bethel area. In some villages which have been surveyed, the infection rate has been found to be as high as 73.1%.

Less is known about prevalence in other Native groups but there are reasons to suggest that rates are probably higher than among non-natives.

Other groups at high risk of HBV infection include: health and hospital care providers; hemodialysis patients; recipients of blood products, laboratory workers; dentists and allied dentist personnel; homosexuals; illicit users of injected drugs; staff and residents in institutions for the mentally retarded; sexual and household contacts of HBV carriers; newborn infants whose mothers are HBV carriers; and immigrants from geographic areas with a high incidence of HBV such as Southeast Asian refugees.

C. Vaccine

In November, 1981 a vaccine against hepatitis B was licensed for use in individuals 3 months of age or older. Vaccine is administered to high risk groups in three doses over a six month period. The vaccine is estimated to be 80-95% effective in protecting susceptible individuals. Duration of protection, and consequently the need for booster doses, is not known.

The vaccine is expensive (current cost is \$95.55 for sufficient vaccine for the three-dose course for one individual). Because of the high vaccine cost and because the vaccine is of no value to individuals already infected, pre-vaccination blood testing of potential recipients is recommended. Cost of blood testing is estimated at \$10-15 per test. To these costs must be added cost of vaccine distribution and administration plus data processing.

D. Existing programs

In the current fiscal year, DHSS undertook screening and vaccination of high risk groups in state institutions including Harborview Developmental Center, The Alaska Psychiatric Institute and State Correctional Centers.

The Alaska Native Health Service (ANHS) in cooperation with the federal Center for Disease Control has undertaken a vaccination program in the Bethel area villages where prevalence studies have been conducted. They have also used federal fiscal year-end monies (\$500,000 for FFY 1982) to purchase additional vaccine.

Proposed program

The proposed activities during FY 83 involve close correlation with the Alaska Native Health Service hepatitis B program. Emphasis will be placed on screening of the highest risk population who will not be reached by the ANHS. Susceptibles will receive vaccine.

Position

The Department is strongly supportive of funding in FY 83 which would permit intensification of the program in the current fiscal year. However, the Governor's Office is submitting a delete-add supplemental for \$250.0 utilizing funds already appropriated for Permanent Fund Hold Harmless. Thus, costs of HBV program activities in FY 83 could be absorbed without additional appropriation.

Recommended by: E. S. Rabeau M.D./DB
E. S. Rabeau, M.D., Director
Division of Public Health

Date: Feb 3, 1982

Approved by: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and Social Services

Date: 2/7/83

COMMITTEE REPORT
SENATE

1/31/83

FURTHER: FINANCE

Date: 2/7/83

Mr. President:

The Committee on HESS has had SENATE BILL NO 96

Special appropriation to the Department of Health and Social Services for inoculations for hepatitis B; eff. date.

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass do not pass
- do pass with attached amendments(s) same title
- replace with CS for _____ new title
- and recommends _____
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Carl Joseph

V. Fischer

Paul Frede

MEMBERS HAVING
OTHER RECOMMENDATIONS:

² Rich Halford No Rec.

Carl Joseph
CHAIRMAN

~~CSHB 93~~
(Fin)
SB 96

Hepatitis B Virus (HBV)

HBV infection is becoming a significant health problem in Alaska, especially in the highly susceptible Alaska Native community and, in particular, the Yupik Eskimo.

Hepatitis B infection is usually caused by prolonged close and intimate contact with a carrier and/or infected blood or blood products or serous discharges.

Complications of HBV infection can be many e.g. polyarteritis nodosa (serious inflammatory condition of the arteries) with a 30% mortality rate; primary hepatocellular carcinoma (PHC), has the highest incidence in the U.S.A. Estimated 10% of HBV chronic carriers will develop HPC; chronic active hepatitis with cirrhosis (CAH) will develop in 20 to 25% of chronic HBV carriers.

People at high risk include:

- Yupik Eskimos and to a lesser variable extent other Alaskan Natives
- Health and hospital care providers
- Hemodialysis patients
- Recipients of blood products
- Laboratory workers
- Dentists and allied dental personnel
- Gay communities
- Illicit injectable drug users
- Staff and patients of mentally retarded institutions
- Sexual and household contacts of known carriers
- Newborn infants of mothers who are HBV carriers
- Southeast Asian groups

~~In late November 1981 a request for a supplemental appropriation of about 800,000 dollars to initiate a HBV program was sent to the Governor's Office. It never reached the legislature.~~

Normally the State provides and totally runs immunization programs for all State residents. Due to shortage of funds, high cost of HBV program and availability of some funds to ANHS in their budget ANHS (Alaska Native Health Service) and the State (Division of Public Health) are coordinating a joint effort. A Memorandum of Understanding has been jointly developed by both agencies covering many issues e.g.

- (a) Public Health Nurses will assist ANHS personnel where possible in screening initial vaccination and particularly follow-up vaccination.
- (b) If ANHS cannot hire people because of locale of fund allocation of last \$500,000, they will contract with us to provide all the necessary program people and activities.

- (c) In predominantly Native communities their screening teams will screen all citizens. We will be responsible for the lab testing of non-natives and will make arrangements for vaccination or replacement of vaccine if they do it.
- (d) ANHS and the State will use common forms e.g. info sheet, indications for blood-testing, vaccination, refusal-for-vaccination form. These forms are being edited for both parties.

The attached report gives necessary funding for a control program.

Because of the economics, a control program rather than an eradication program is proposed at this time. The purpose of such a program is to identify foci of infection and wall it off (break the chain of infection) by vaccinating the appropriate susceptibles.

Enclosed also is a document in which the population for an urban non-military, non-native program will go hand in glove with the rural predominantly native program.

We cannot estimate the cost of vaccine down the road but guess it will drop fairly precipitously within five years.

REPORT ON HEPATITIS B

The following action program outline is of two parts; an HBV program to control non-native population, one to coordinate a joint ANHS/State program and a total for a State-wide program conducted by the State.

Personnel required to handle project for the non-native, non-military Alaska population:

Project supervisor	21A	41.7
Clerk IV	9B	19.5
Microbiologist II	16A	34.0
2 Nurse Practitioners or equiv.	18A (34 x 2)	68.0
		163.2
Computer Programmer		32.0
		195.2

4 Months Program (March thru June, 83) FY 84 Program

Personnel	48.8	195.2
PCIS	25.0	10.0
Lab	50.0	90.0
Travel	38.0	91.0
Vaccine	80.0	112.0
Equipment, Misc.	8.2	1.8
	250.0	500.0

Much of the vaccinations would be handled by PHN's, health centers and by staffs of institutions. Screening i.e. blood collection, likewise would be done by health care facilities and private practitioners to a great extent. Much of the non-native possible high risk populations may be clustered around the various cities.

These program logistics are in addition to the program proposed by the ANHS. They anticipate expenditure of one million dollars a year for three years.

The total cost of a State-wide program is about 5 3/4 million dollars through June, 1987. It is based on State funding of \$250.0 balance of present fiscal year, \$500.0 FY 84, \$600.0 FY 85, \$700.0 FY 86, \$700.0 FY 87 along with the ANHS expenditure of 3 1/4 million over first three years of above activity. It is anticipated that these dollars would be turned over to the State through contract to get Alaskan Natives to a maintenance level. If, for any reason, the Federal monies were not appropriated, it would require additional State funding. ANHS received \$500,000 FY 82 year end monies and they purchased vaccine sufficient for the first year of the program. They received \$500.0 in their FY 83 appropriation which is \$265.0 less than their indicated program need. They envision 60,000 patients screened and 19,000 vaccine recipients over the three years. They plan for a staff of 10 persons - we would reduce this to 8 persons if we do (hopefully) the program.

The following table summarizes their proposed Hepatitis B Detection Surveillance and Control Program for Alaska Natives.

3 Year Proposed Budget

<u>Item</u>	<u>Year One</u>	<u>Year Two</u>	<u>Year Three</u>	<u>Total</u>
Personnel	385.0	300.0	316.0	901.0
Travel	294.0	147.0	294.0	735.0
Supplies	172.0	172.0	172.0	516.0
Equipment	15.0	-0-	-0-	15.0
Vaccine	-0-	405.0	518.0	923.0
	already bought (with year-end FY 82 monies)			
Total	766.0	1024.0	1300.0	3090.0

5240

Population at High Risk for HBV
(excludes Military and Native Populations)

The assumptions are made that the Native population, as well as the military, will be handled by the ANHS (Alaska Native Health Service) and the military health system respectively.

Various population groups are at high risk; they may be so for a variety of reasons, ranging from geographic location, occupation, sexual practices to life style.

The following chart illustrates the types, numbers and rationales. This is followed by summary tables elaborating on numbers to be screened and numbers for potential vaccination. (numbers rounded off to nearest twenty-five for ease)

1)	EMS workers (non-native, non-military)	1500
2)	Health Care Workers (long term care)	1400
3)	Hospital staff (exc. Federal Hospitals)	3500
4)	Harborview, already screened, vacc. on 1/26/83	0
5)	Developmentally disabled (500 staff, 200 clients)	700
6)	Hemodialysis and hemophiliacs (patients & family)	200
7)	Gay community, est. 9600 (Anch., Fairbanks, Juneau)	7800
8)	Illicit injectable drug users (600-700)	650
9)	Household and sexual contacts of known carriers 2000-3000 (allowing for double reporting)	2500
10)	Corrections inmates (first study shows not at high risk)	0
11)	To identify newborn infants of mothers who are carriers	8000

ENT's	1500 x 90% =	1350
L.T. Care Workers	1400 x 90% =	1250
Hospital Workers	3500 x 90% =	3150
Dev. disabled staff & patients	700 x 80% =	550
Hemodialysis, hemophiliacs & staff	200 x 90% =	175
Gay community est. 9600 (Anch., Fairbanks, Juneau)	7800 x 20% =	1550
Illicit injectable drug users	650 x 20% =	125
Household and sexual contacts, carriers	2500 x 85% =	2125
Correction inmates	0	
Newborns of carriers	8000 x 0.3% =	25
	26,250	10,300

(rounded-off figures)

26,250 estimated to be screened (exclusive of IHS program). This will not include other people not included above who will ask for test.

39% (est. 8,700) susceptibles to be vaccinated.

The above needs to be done within the next 16 months, (FY 1984, plus last 4 months of FY 83).

APPENDIX

Methodologies Used

- 1) EMS population figures from Section of EMS, DPH, reduced by eliminating Natives.

Health care workers population (long term care) taken from State Health Plan Data Appendix.
- 2) Hospital staffs (exclusive ANHS and Military) taken from State Health Plan Data Appendix.
- 3) Developmentally disabled patients and staff members given by Division of Mental Health.

Harborview staff and clientele already done by Division of Public Health.
- 4) Hemodialysis patients and staff; hemophiliacs numbers supplied by Section of Family Health, DPH.
- 5) Gay community numbers arrived at by figuring male population (non-native and non-military) between ages of 15 and 65; taking 10% of that number. Number used was calculating numbers for Anchorage, Fairbanks and Juneau. 1980 census for numbers of sex, racial and age characteristics was used.
- 6) Numbers of illicit injectable drug users was furnished by Office of Alcoholism and Drug Abuse.
- 7) Contacts of household and sexual contacts was estimated trying to eliminate double reporting of ones that would be counted under any of the above categories.
- 8) Numbers of corrections' inmates is counted as zero because study we did shows them not to be at high risk at this time. We screened over 350 long term ones. Many of new ones will have been screened under one of the aforementioned programs.
- 9) There are about 10,000 births in the State annually; 2000 of them are Native and can be excluded from this listing.

Assumptions are many --

- a) It is difficult to accurately predict numbers that will accept screening and/or vaccination. Probably the screening numbers may be as much as 10-20% under our figures.
- b) For vaccination the percentages used were to allow for varying numbers of susceptibles and also refusal to accept vaccine.
- c) The percentage used for calculating male homosexual population was received from homosexual physician in Anchorage plus articles in medical journals.

- d) This program is considerably different than any other immunization program. The cost of the test and the exorbitant cost of the vaccine makes it necessary to screen rather than to vaccinate carte blanche.
- e) In addition, it is necessary to test to identify carriers (HBV surface antigen bearers) in order that testing for liver cancer can be done.

MEMORANDUM OF UNDERSTANDING

I. Statement of Introduction

The State of Alaska, Department of Health and Social Services, Division of Public Health and the United States Public Health Service, Indian Health Service, Alaska Area Native Health Service intend to enter into a memorandum of understanding to cooperatively develop and deliver a preventive program of Hepatitis B Virus infection control in Alaska.

Hepatitis B Virus (HBV) infection is a significant health problem in Alaska, especially in the highly susceptible Alaska Native Community. The recently available hepatitis B vaccine is an effective tool to control this important infection and to prevent the HBV related complications of liver cirrhosis, primary hepatic cancer and vasculitis.

A Hepatitis B Immunization and Control Program is a complicated one, and multifaceted activities are required at all organizational levels by several agencies to make it successful. Therefore, it is the desire of the Alaska Native Health Service and the Division of Public Health to coordinate available financial resources, personnel, laboratory services and professional expertise for implementation of a quality Hepatitis B Immunization and Control Program in an expeditious and cost-effective manner and to designate major administrative priority to the Program.

Implementation and accomplishment of the Hepatitis B Control Program depends upon the availability of continued State of Alaska funding and USPHS funding. Lack of funding would invalidate or necessitate modification of this understanding.

II. Areas of Agreement

A. Needs

1. At risk individuals need to be identified through expert analysis of appropriately obtained blood sera.
 - a. adequate laboratory facilities and technical capabilities are necessary to perform a large number of serologic determinations.
 - b. specialized personnel are necessary to obtain blood specimens from all individuals in entire rural Alaska Communities and who can separate serum, accurately identify specimens and ensure arrival at the laboratory expeditiously and intact.
2. Data systems need to be accessible and able to provide:
 - a. census data
 - b. demographic identification of all specimens
 - c. integration of individual serological and immunization data into the medical record.

- d. lists of susceptible individuals
 - e. lists of susceptible individuals by risk category
 - f. lists of individuals who are HBs Ag carriers.
 - g. the established data system would provide the above data on an ongoing basis.
3. As much as possible, the immunization phase of the Hepatitis B Immunization and Control Program needs to be integrated into existing vaccine delivery programs.
- a. Initially, the immunization phase needs coordinated efforts from public health nurses, specifically employed supplemental personnel, Community Health Aides and Alaska Native Health and Native Health Corporation health care providers.
 - b. Specialized care provided to newborns and infants of HBs Ag positive mothers needs to be provided in the hospitals at the time of delivery and the times when routine care coincides with established hepatitis B immunization protocols.
4. Sera aliquots from specimens needed by CDC need to be provided with demographic and serologic data to the CDC, Alaska Investigations Division.
- a. to establish a sera bank
 - b. to provide cancer screening with alpha-fetoprotein determinations on all HBs Ag positive individuals.

B. Risk Priorities

1. Infants born to HBs Ag positive carriers.
2. Household contacts of HBs Ag carriers.
3. Rural Alaska communities with a HBs Ag carrier rate of 5 percent or greater.
4. Individuals and staff in institutions for the mentally retarded.
5. Renal hemodialysis patients and hemophiliacs.
6. Active male homosexuals.
7. Health care providers having frequent blood contact.
8. Identified high risk prison groups.
9. Illicit injectable drug users.

C. Agency Interactions:

1. To meet the high risk needs in the Alaska Native Community, the Alaska Native Health Service intends to enter into a contract with the State of Alaska.
 - a. to develop and maintain a Hepatitis B Control Program in cooperation with the ANHS Project Officer and the CDC-AID Director.
 - b. to identify and vaccinate high risk Alaska Natives.
 - (1) household contacts of known HBs Ag+ carriers
 - (2) village residents of known villages with 5 percent or greater HBs Ag+ carriers.
 - (3) high risk villages in Western Alaska with first priority to the Yukon-Kuskokwim Delta Area.
 - c. the contract will be written immediately and implementation start as soon as possible.
2. Coordination of the Hepatitis B Immunization and Control Program will be cooperatively directed by the Chief, Communicable Disease Control Section and the Chief, Community Health Services.
 - a. Monthly meetings involving key persons will occur.
 - b. Records of discussion and decision made in the monthly meetings will be appropriately distributed.
 - c. A periodic information circulation will be published.
3. Free access and exchange of Hepatitis B epidemiologic information will be shared between the State of Alaska, Alaska Native Health Service and the Centers for Disease Control.

D. Specific Responsibilities

1. The State of Alaska Division of Public Health will be responsible for the administration of Hepatitis B vaccine. The vaccine will be administered by public health nurses, supplemental personnel, and other health care providers as needed.
2. Initial hepatitis preventive care and care that coincides with routine preventive care of newborns and infants will be provided by the Alaska Native Service or contract physicians.
3. Sera aliquots with demographic and serologic data will be sent to CDC, Alaska Investigation division by the State Laboratory.
4. Alpha Fetoprotein determinations will be performed by the CDC, Alaska Investigations Division.
5. Serologic determinations for the clinical needs of the Alaska Native Health Service and for the prenatal screening of Alaska Native Service beneficiaries will be provided by the Clinical laboratory of the ANHC.

6. In consultation with appropriate experienced CDC persons, the Laboratory Section, Division of Public Health, State of Alaska will develop the capability and quality assurances to assume responsibility for all the serologic screening necessary to conduct the Hepatitis B Immunization and Control Program.
7. In consultation with the appropriate CDC and PCIS persons the State of Alaska will develop an accessible and acceptable computer service to conduct the Hepatitis B Immunization and Control Program in the State Northern Regional Laboratory in Fairbanks.
8. The administration of the Hepatitis B Infection and Control Program will be the responsibility of the State of Alaska.
9. Evaluation of the impact of the Hepatitis B Infection and Control Program on the beneficiaries of the Alaska Native Health Service will be a responsibility of appropriate Alaska Native Health Service personnel. The State of Alaska Division of Public Health will evaluate the effect of the Program on the overall state population.

III. Renewal/Modification Clause

This Memorandum of Understanding is in effect for three (3) years unless modification or termination is issued with thirty (30) days advance notice by the offices of the original signers.

IV. Conclusion

Although the need to begin Hepatitis B Infection prevention and control is urgent, actions in program development and delivery must hold to the following principles;

1. Cooperation and trust
2. Open communication
3. Quality assurance
4. Rational planning.

Signatures:

B. A. [Signature]
 Director, Alaska Area Native Health Services

January 27, 1983

E. S. [Signature]
 Director, Division of Public Health, State of Alaska

Jan. 28, 1983

R. L. [Signature]
 Commissioner, State of Alaska Department of Health & Social Services

January 28, 1983

IMPORTANT INFORMATION
ABOUT HEPATITIS B AND HEPATITIS B VACCINE

Please read this carefully

WHAT IS HEPATITIS B?

Although Hepatitis B is an unpredictable disease with a variety of presentations and outcomes, most patients recover. Persistence of viral infection (the chronic carrier state) occurs in 5 to 10% of persons who become infected with hepatitis B virus. Acute Hepatitis B infection may be symptomatic and can incapacitate a person for weeks to months or lead to complications or chronic sequelae. However, 50 to 60% of all Hepatitis B infections are subclinical, asymptomatic, and usually undetected. These cases have a greater risk of progression to chronic sequelae. Chronic sequelae of Hepatitis B infection include:

Chronic carrier state - develops in 5-10% of adult patients who have Hepatitis B.

Chronic persistent hepatitis - generally benign.

Chronic active hepatitis - major late complication; occurs in 3-5% of cases; often progresses to cirrhosis.

Cirrhosis - an estimated 11% of deaths due to cirrhosis are associated with Hepatitis B. (4000/year)

Liver Cancer - the relative risk for carriers is 273 times greater than for non-carriers (800 die/year from Hepatitis B related liver cancer)

There is no specific treatment and no known cure for Hepatitis B. The new vaccine can help prevent Hepatitis B.

HEPATITIS B VACCINE

The Immunization Practices Advisory Committee (ACIP) USPHS, has identified certain populations at risk of HBV infection and has recommended vaccination for appropriate members of the following groups:

ACIP recommendations for vaccination against Hepatitis B infection

- | | |
|--|---|
| .health-care workers | .classroom contacts of deinstitutionalized mentally retarded |
| .hospital staff | HBV carriers who behave aggressively. |
| .clients and staff of institutions for the mentally retarded | .special high-risk populations from areas where Hepatitis B is highly endemic |
| .hemodialysis patients | Indochinese and Haitian refugees |
| .homosexually active males | Alaskan Eskimos |
| .illicit injectable drug users | .inmates of long-term correctional facilities |
| .recipients of certain blood products | |
| .household and sexual contacts of HBV carriers | |

Persons at substantial risk of Hepatitis B infection who are demonstrated or judged likely to be susceptible should be vaccinated.

VACCINATION: Vaccination consists of 3 intramuscular doses of vaccine. The second and third doses should be given 1 and 6 months, respectively, after the first. Vaccine doses administered at longer intervals than those stipulated provide equally satisfactory protection, but optimal protection is not conferred until after the third dose. The duration of protection and the need for booster doses have not yet been determined.

Vaccination of individuals who possess antibodies against HBV from a previous infection is not necessary but will not cause adverse effects. The vaccine produces neither therapeutic nor adverse effects in Hepatitis virus carriers.

POSSIBLE SIDE EFFECTS FROM THE VACCINES:

Adverse Reactions: Hepatitis B vaccine is generally well tolerated. No serious adverse reactions attributable to vaccination have been reported during the course of clinical trials involving administration of Hepatitis B vaccine to over 6,000 individuals. Approximately half of all reported reactions were injection-site soreness. Other less common local reactions have included erythema, swelling, warmth, or induration. These signs and symptoms of local inflammation are generally well tolerated and usually subside within 2 days of vaccination.

Low-grade fever (less than 101°F) occurs occasionally and is usually confined to the 48-hour period following vaccination. Although uncommon, fever over 102°F has been reported. Systemic complaints, including malaise, fatigue, headache, nausea, dizziness, myalgia, and arthralgia, are infrequent and have been limited to the first few days following vaccination. Rash has been reported rarely.

As with any vaccine, there is the possibility that broad use of the vaccine could reveal rare adverse reactions not observed in clinical trials.

WARNING - SOME PERSONS SHOULD NOT TAKE THIS VACCINE WITHOUT CHECKING WITH A DOCTOR:

.Hepatitis B vaccine is not known to cause special problems for pregnant women or their unborn babies. However, doctors usually avoid giving any drugs or vaccines to pregnant women unless there is a specific need. Pregnant women should check with a doctor before taking Hepatitis B vaccine.

.Those who are sick right now with something more serious with a cold.

QUESTIONS: If you have any questions about Hepatitis B vaccination, please ask us now or call your doctor or health department before taking the vaccine.

REACTIONS: Anyone receiving vaccine who gets sick and seeks medical help in the 4 weeks after vaccination should report this to the facility which provided the vaccine.

STANDING ORDERS
Hepatitis B Vaccine

<u>Type of Vaccine</u>	<u>Age</u>	<u>Dosage</u>
Hepatitis B	3 months through life	3 doses i.m.; given on days 0, 1 month later and 6 months after 1st dose.

	Initial	1 mo.	6 mo.
3 months to 10 yrs.	0.5ml	0.5ml	0.5ml
> - 10 yrs.	1.0ml	1.0ml	1.0ml
Dialysis and Immuno-compromised	2.0ml*	2.0ml*	2.0ml*

* Two 1.0 ml doses given at different sites, i.m.

1. Store vials at 2-8°C. (35.6 - 46.4°F)
2. Shake well before using.
3. DO NOT FREEZE
4. Provide Hepatitis B Vaccine information sheet to each person before vaccination.

Contraindications: Hypersensitivity to any component of the vaccine.

- Precautions:
1. Not recommended for use in pregnant women. Ask if woman is pregnant. If answer is no, vaccine may be administered.
 2. Not recommended at present for use in children below the age of 3 months.

- Indications:
1. Indicated for immunization against infection caused by all known subtypes of Hepatitis B virus.
 2. Vaccination is recommended in persons 3 months of age or older who are at substantial risk of infection with Hepatitis B virus.
 3. Groups and individuals to be vaccinated are designated by the Medical Epidemiologist, Division of Public Health or his designee.

STATE OF ALASKA

JAY S. HALMICHOD, GOVERNOR

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
SECTION OF COMMUNICABLE DISEASE CONTROL

ROOM 222, MAGWAY BUILDING
338 DENALI STREET, ANCHORAGE 99501

January, 1983

HEPATITIS B AND HEPATITIS B VACCINE

I certify that I have been provided information about Hepatitis B. I am aware that I may be at increased risk of contracting Hepatitis B infection because of my work or my residence. I have had an opportunity to ask questions about Hepatitis B and to discuss Hepatitis B with staff at this facility. I understand that I can have my blood tested free of charge to see if I have been infected with Hepatitis B in the past or whether I could become infected with Hepatitis B in the future. I understand that I can also be vaccinated against Hepatitis B free of charge and that vaccination can protect me from becoming infected with Hepatitis B in the future. I understand that this program is entirely voluntary but that the Division of Public Health strongly recommends that I have my blood tested and, if I have not been infected with Hepatitis B in the past, that I receive Hepatitis B vaccine.

I do not wish to have my blood tested for Hepatitis B.

I do not wish to be vaccinated against Hepatitis B.

(Signature)

(Date)

(Witness)

Offered: 5/18/83
Referred: Finance

Original sponsor: Sackett

Funding Information
General Fund \$65,000
Other Funds -0-
 \$65,000

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

1 IN THE SENATE

2 HOUSE CS FOR SENATE BILL NO. 97 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making a supplemental appropriation to the
7 Department of Health and Social Services for payment
8 as a grant to Bethel Social Services, Inc.; and
9 providing for an effective date."

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

11 * Section 1. The sum of \$65,000 is appropriated from the general fund
12 to the Department of Health and Social Services for payment as a grant to
13 Bethel Social Services, Inc. for the operation of the Bethel Receiving Home
14 during the fiscal year ending June 30, 1983.

15 * Sec. 2. The appropriation made by this Act shall be disbursed in
16 accordance with AS 37.05.316.

17 * Sec. 3. This Act takes effect immediately in accordance with AS 01.-
18 10.070(c).

The following individuals are expected to testify on
HCS SB 97 (HESS):

Max Gifford, staff to Senator Sackett, sponsor

A representative of the Department of Health and Social
Services may testify



Bethel Social Services, Inc.

• A PRIVATE NON-PROFIT CORPORATION •

November 5, 1982

Senator John Sackett
P. O. Box 29
Ruby, Alaska 99678

Dear Senator Sackett:

This letter is to follow-up on our recent conversation regarding the cost of care dilemma that the Bethel Receiving Home is now in.

Bethel Social Services, Inc., opened the original Receiving Home in 1969 in an old B.I.A. building. This project was closed on 1976 as the building was simply not licensable. At the request of many State agencies, especially the Department of Corrections, Bethel Social Services, Inc., built a new receiving home with a combination of borrowed funds and Criminal Justice monies. This facility was constructed at great financial risk to the Corporation with assurances from the State that it would be fully utilized.

Our cost of care was set at \$55.63 based on the proposed budget divided by 75% of the number of licensed beds. Thus began the cost of care rate of having to lose money to get the cost of care rate up to make money. The following circumstances have prevailed at the Bethel Receiving Home in regard to the cost of care:

1. When the new home was opened in 1980, the cost of care rate was set too low because the anticipated usage AS ESTIMATED BY THE STATE fell below the actual usage.
2. With the exception of one facility which has donated labor, the Bethel Receiving Home has had the lowest cost of care rate throughout the State.
3. The Bethel Receiving Home has lost money each year. It failed to lose enough money, however, to raise the cost of care rate substantially to make money.
4. We have always been opposed to the cost of care method of setting rates. It rewards the inefficient. However, the interim method of freezing the rates will cause the Bethel Receiving Home to close. Our rate has been frozen

at the lowest receiving home rate in the State with the exception of the Sitka Home which has donated labor, we understand.

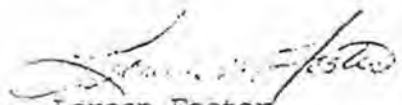
5. We were not aware that there had even been a change in the process until three months after it went into effect.
6. We are requesting the legislature set a cost of care rate for the Bethel Receiving Home at \$115.00 per day. Our current rate is \$75.52 per day. The \$115.00 is the average rate taken from averaging the rates from the receiving homes in Anchorage, Juneau, Nome and the North Slope. In essence we are saying that it should cost us an average of what the other facilities are providing care for. With sound management, this rate will allow the Bethel Receiving Home to provide care and reduce it's indebtedness.

Just to clarify the relationship between Bethel Social Services, Inc. and the Bethel Receiving Home, Inc. --- Bethel Social Services, Inc. operated the old receiving home. The building was owned by the Bureau of Indian Affairs. Bethel Social Services, Inc. built and owns the new receiving home and is the parent corporation and registered agent for Bethel Receiving Home, Inc., which operates the Bethel Receiving Home. (Without the two separate entities, there is no provision for paying the lease on the building under cost of care regulations.)

We are also enclosing a copy of the current rates for facilities throughout the State and a table of information pertinent to the Bethel Receiving Home's operations during the past three fiscal years. We have been in contact with John Pugh, Division of Youth & Family Services, and are trying to keep him abreast of our request through the legislature.

Please let us know if we can provide you with any additional information.

Sincerely,



Loreen Foster
Administrative Director

cc: John Pugh, Director, Div. of Youth & Family Services
Chet Adkins, President, Board of Directors

Encl: (2)

DEC 27 1982

Handwritten initials



Bethel Social Services, Inc.

• A PRIVATE NON-PROFIT CORPORATION •

December 7, 1982

Mr. Lee Stoops
Aide to Senator Sackett
Pouch V
Juneau, Alaska 99811

Dear Lee,

As per our phone conversation on December 3, 1982, please find enclosed the letter which we delivered to Senator Sackett on November 5, 1982 when he was visiting in Bethel. I will attempt to clarify the urgent request from the legislature for a supplemental budget request for the Bethel Receiving Home. With the constant escalation of real operational costs, it has been a battle trying to achieve a cost of care level that allows us to recoup the true costs of the program. We feel we have reached our limit on how much we can jeopardize the corporation for one project.

As you can see from the summary of operations table, we have lost a total of \$31,680. on this project as of June 1982. We had hoped to have the cost of care rate raised this fiscal year and were unaware of the freeze that is now in effect. I have requested an audit from the Dept. to get the cost of care rate raised, but that request was denied. It seems that we are audited bi-annually and this is not our year.

If our rate for FY'83 were \$115., which is the average rate in this state for comparable services, we could recoup some of this money and would not be faced with the possibility of closing this facility. We believe that the Receiving Home does play an important role in Bethel, and without it many children would have to be placed outside the area and at a much higher cost to the state.

If there is anything further you require, please contact me. We are anxiously awaiting an answer to this dilemma.

Sincerely,

Loreen M. Foster
Administrative Director
Bethel Social Services, Inc.

SUMMARY OF OPERATIONS
 BETHEL RECEIVING HOME
 FEBRUARY, 1980—JUNE, 1982

PERIOD	TOTAL EXPENDITURES	EXCESS OF EXPENDITURES OVER REVENUES	TOTAL KID DAYS	COST OF RATE	ACTUAL COST OF CARE
Feb - June, 1980	\$39,728.	(\$8,883.) (Losses covered by Crimi- nal Justice Start-up Funds)	695 (audited)	\$53.63	\$57.16
July, 1980- June, 1981	\$126,061.	(\$3,520.)	1,903	\$64.02	\$66.24
July, 1981- June, 1982	\$131,768.	(\$28,121.)	1,350	\$75.52	\$97.61

TOTAL SUPPLIMENTAL BUDGET REQUEST FOR FY' 83:

- 1) Difference between current rate at \$75.52 and requested rate of \$115. = \$39.48 per day
 - 2) Multiplied by the average child care days per year = 1640
- Total Request \$ 65,000.

Alaska State Legislature

SENATOR

John C. Sackett

CO-CHAIRMAN
SENATE FINANCE COMMITTEE

MEMBER

COMMUNITY & REGIONAL AFFAIRS COMMITTEE
LABOR & COMMERCE COMMITTEE
BUDGET & AUDIT COMMITTEE
REGULATION REVIEW COMMITTEE



Senate

HOME ADDRESS
P.O. BOX 11
RUBY, ALASKA 99768

WHILE IN JUNEAU
POUCH V
JUNEAU, ALASKA 99811
TELEPHONE 465-3753

Monday, May 16, 1983

The Honorable Al Adams
Chairman-House Finance Committee
Pouch V
Juneau, Alaska 99811

Dear Representative Adams:

SB-97, making a supplemental appropriation to the Department of Health for payment as a grant to Bethel Social Services for the operation of the Bethel Receiving Home, was passed out of the House Health, Education, and Social Services Committee this afternoon.

The funds correct a mistake made last year by the passage of CCSHB-357 (Chapter 138, SLA 1982), which established daily rate payments authorized by the placement of children in various residential care facilities by the Department of Health. Testimony received based on inaccurate information resulted in a daily rate substantially lowered than what should have been authorized. The rate approved was at \$75.52 per day, per child, when in fact, the rate should have been \$115.0 per day, per child. The loss to Bethel Social Services receiving home during the year is \$65,000.

I would appreciate your attention to the importance of this bill and would ask that the bill be scheduled as soon as possible before the House Finance Committee.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "John C. Sackett".

JOHN C. SACKETT
Co-Chair, Senate Finance

JCS/mg

Offered: 5/18/83
Referred: Finance

Original sponsor: Sackett

Funding Information
General Fund \$65,000
Other Funds -0-
\$65,000

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

1 IN THE SENATE

2

HOUSE CS FOR SENATE BILL NO. 97 (HESS)

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6

For an Act entitled: "An Act making a supplemental appropriation to the
7 Department of Health and Social Services for payment
8 as a grant to Bethel Social Services, Inc.; and
9 providing for an effective date."

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

11 * Section 1. The sum of \$65,000 is appropriated from the general fund
12 to the Department of Health and Social Services for payment as a grant to
13 Bethel Social Services, Inc. for the operation of the Bethel Receiving Home
14 during the fiscal year ending June 30, 1983.

15 * Sec. 2. The appropriation made by this Act shall be disbursed in
16 accordance with AS 37.05.316.

17 * Sec. 3. This Act takes effect immediately in accordance with AS 01.-
18 10.070(c).

COMMITTEE REPORT
SENATE

FURTHER:

FINANCE

1/31/83

Date: 3/7/83

Mr. President:

The Committee on HESS has had SENATE BILL NO. 97

Supplemental appropriation to the Department of Health and Social Services for payment as a grant to Bethel Social Services, Inc.; eff. date

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

- may* do pass do not pass
- do pass with attached amendments(s)
- replace with CS for _____ same title
 new title
- and recommends _____
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Rep. Joseph

Rich Haldred

[Signature]

Joseph Chair
CHAIRMAN

Introduced: 1/31/83
Referred: Health, Education and
Social Services and Finance

Funding Information
General Fund \$65,000
Other Funds -0-
\$65,000

1 IN THE SENATE

BY SACKETT

2

SENATE BILL NO. 97

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6 For an Act entitled: "An Act making a supplemental appropriation to the
7 Department of Health and Social Services for payment
8 as a grant to Bethel Social Services, Inc.; and
9 providing for an effective date."

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

11 * Section 1. The sum of \$65,000 is appropriated from the general fund
12 to the Department of Health and Social Services for payment as a grant to
13 Bethel Social Services, Inc. for the operation of the Bethel Receiving Home
14 during the fiscal year ending June 30, 1983.

15 * Sec. 2. The appropriation made by this Act shall be disbursed in
16 accordance with AS 37.05.315 - 37.05.319.

17 * Sec. 3. This Act takes effect immediately in accordance with AS 01.-
18 10.070(c).



Bethel Social Services, Inc.

• A PRIVATE NON-PROFIT CORPORATION •

November 5, 1982

Senator John Sackett
P. O. Box 29
Ruby, Alaska 99678

Dear Senator Sackett:

This letter is to follow-up on our recent conversation regarding the cost of care dilemma that the Bethel Receiving Home is now in.

Bethel Social Services, Inc., opened the original Receiving Home in 1969 in an old B.I.A. building. This project was closed in 1976 as the building was simply not licensable. At the request of many State agencies, especially the Department of Corrections, Bethel Social Services, Inc., built a new receiving home with a combination of borrowed funds and Criminal Justice monies. This facility was constructed at great financial risk to the Corporation with assurances from the State that it would be fully utilized.

Our cost of care was set at \$55.63 based on the proposed budget divided by 75% of the number of licensed beds. Thus began the cost of care rate of having to lose money to get the cost of care rate up to make money. The following circumstances have prevailed at the Bethel Receiving Home in regard to the cost of care:

1. When the new home was opened in 1980, the cost of care rate was set too low because the anticipated usage AS ESTIMATED BY THE STATE fell below the actual usage.
2. With the exception of one facility which has donated labor, the Bethel Receiving Home has had the lowest cost of care rate throughout the State.
3. The Bethel Receiving Home has lost money each year. It failed to lose enough money, however, to raise the cost of care rate substantially to make money.
4. We have always been opposed to the cost of care method of setting rates. It rewards the inefficient. However, the interim method of freezing the rates will cause the Bethel Receiving Home to close. Our rate has been frozen

at the lowest receiving home rate in the State with the exception of the Sitka Home which has donated labor, we understand.

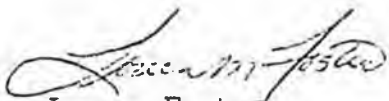
5. We were not aware that there had even been a change in the process until three months after it went into effect.
6. We are requesting the legislature set a cost of care rate for the Bethel Receiving Home at \$115.00 per day. Our current rate is \$75.52 per day. The \$115.00 is the average rate taken from averaging the rates from the receiving homes in Anchorage, Juneau, Nome and the North Slope. In essence we are saying that it should cost us an average of what the other facilities are providing care for. With sound management, this rate will allow the Bethel Receiving Home to provide care and reduce it's indebtedness.

Just to clarify the relationship between Bethel Social Services, Inc. and the Bethel Receiving Home, Inc. --- Bethel Social Services, Inc. operated the old receiving home. The building was owned by the Bureau of Indian Affairs. Bethel Social Services, Inc. built and owns the new receiving home and is the parent corporation and registered agent for Bethel Receiving Home, Inc., which operates the Bethel Receiving Home. (Without the two separate entities, there is no provision for paying the lease on the building under cost of care regulations.)

We are also enclosing a copy of the current rates for facilities throughout the State and a table of information pertinent to the Bethel Receiving Home's operations during the past three fiscal years. We have been in contact with John Pugh, Division of Youth & Family Services, and are trying to keep him abreast of our request through the legislature.

Please let us know if we can provide you with any additional information.

Sincerely,



Loreen Foster
Administrative Director

cc: John Pugh, Director, Div. of Youth & Family Services
Chet Adkins, President, Board of Directors

Encl: (2)

SUMMARY OF OPERATIONS
 BETHEL RECEIVING HOME
 FEBRUARY, 1980—JUNE, 1982

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July, 1980- June, 1981	\$126,061.	(\$3,520.)	1,903	\$64.02	\$66.24
July, 1981- June, 1982	\$131,768.	(\$28,121.)	1,350	\$75.52	\$97.61

IN-STATE INSTITUTIONAL CARE RATES

PROVIDER	NAME	FY83 RATE	EFFECTIVE DATE	PROVISIONAL FY82 RATE	FY82 AUDITED
004996	ALASKA BAPTIST FAM SVS CTR	\$117.02	7/1/82	\$117.02	
232007	ACS RECEIVING HOME	149.85	7/1/82	149.85	\$189.44
001455	ACS AQUARIUS HOUSE	107.60	7/1/82	107.60	106.61
002122	ACS COLLETTI HOUSE	117.51	7/1/82	117.51	118.79
001394	ACS JESSE LEE	165.46	7/1/82	165.46	134.70
001398	ACS RABBIT CREEK	166.40	7/1/82	166.40	168.84
001098	ACS NORTH STAR	103.55	7/1/82	103.55	102.61
004227	BETHEL GROUP HOME	59.06	7/1/82	59.06	57.72
231001	BETHEL RECEIVING HOME	75.52	7/1/82	75.52	
003339	BOOTH MEMORIAL	146.90	7/1/82	146.90	
001404	COVENANT HIGH SCHOOL	51.16	7/1/82	43.26	
004287	HILLTOP HOME	85.53	7/1/82	85.53	
001409	JUNEAU RECEIVING HOME	106.17	7/1/82	106.17	
004404	KENAI COMM CARE CTR	91.74	7/1/82	91.74	
236007	KETCH. INTENSIVE CARE UNIT	152.56	7/1/82	152.56	
004594	KETCHIKAN TEEN HOME I	74.26	7/1/82	74.26	69.59
236001	KETCHIKAN TEEN HOME II	81.61	7/1/82	81.61	69.59
001843	KODIAK BAPTIST MISSION	61.61	7/1/82	61.61	61.43
001037	KODIAK BAPTIST MISSION	61.61	7/1/82	61.61	61.43
005412	NOME RECEIVING HOME	116.97	7/1/82	116.97	109.20
233001	NORTH SLOPE BOROUGH REC HME	168.35	7/1/82	170.80	170.80
001004	NORTH STAR CHILDRENS HOME	62.25	7/1/82	62.25	
004247	PRESBYTERIAN HOSPITALITY HSE	111.98	7/1/82	111.98	
232005	"R" HOUSE			111.98	
001414	ST. MARYS MISSION			8.33	
005398	ST. JUDE CENTER, INC.	72.33	7/1/82	72.33	
005556	SITKA RECEIVING HOME	40.66	7/1/82	40.66	
001918	TURNING POINT BOYS RANCH	105.37	7/1/82	105.37	

Clay Row

ACS

ANCH/WILLOW

BETHEL

ACS Receiving Home
C/O AK Childrens Services
1200 E. 27th
Anchorage, AK 99504

Booth Memorial Home
C/O Salvation Army
Box 3-063
Anchorage, AK 99504

Bethel Receiving Home
Box 271
Bethel, AK 99559

#232007
\$149.85/day
07-01-82

#003330
\$146.90/day
07-01-82

#231001
\$75.52/day
07-01-82

ACS Aquarius House
C/O AK Childrens Services
1200 E. 27th
Anchorage, AK 99504

Hilltop Home Inc
P.O. Box 10-2223
Anchorage, AK 99511

Bethel Group Home
P.O. Box 385
Bethel, AK 99559

#001455
\$149.85/day
07-01-82

#004287
\$85.53/day
07-01-82

#004227
\$59.06/day
07-01-82

ACS Colletti House
C/O AK Childrens Services
1200 E. 27th
Anchorage, AK 99504

Turning Point Boy Ranch
Mile 68 Parks Highway
Willow, AK 99688

NOME

Nome Receiving Home
Box 1033
Nome, AK 99762

#002122
\$117.51/day
07-01-82

#001918
\$105.37/day
07-01-82

#005412
\$109.20/day
07-01-82

FAIRBANKS

OUT OF STATE

ACS Jesse Lee
C/O AK Childrens Services
1200 E. 27th
Anchorage, AK 99504

PHH-Receiving Home
C/O Pres. Hospitality House
1401 Kellum Street
Fairbanks, AK 99701

Excelsior Youth Center
15151 E. Quincy Avenue
Denver, CO 80015

#001394
\$165.46/day
07-01-82

#232005
\$111.98/day
07-01-82

#247011
\$64.77/day
07-01-81

ACS North Star
C/O AK Childrens Services
1200 E. 27th
Anchorage, AK 99504

PHH-Treatment Unit
C/O Pres. Hospitality House
1401 Kellum Street
Fairbanks, AK 99701

Griffith Center
1546 Cole Blvd. #225
Golden, CO 80401

#001098
\$103.55/day
07-01-82

#004247
\$111.98/day
07-01-82

#247004
\$78.90/day
10-23-81

ACS Rabbit Creek Grp Hm
C/O AK Childrens Services
1200 E. 27th
Anchorage, AK 99504

BARROW
North Slope Borough Rec. Hm.
Box 69
Barrow, AK 99723

Turnstyle
1220 Laredo Street
Aurora, CO 80011

#001393
\$166.40/day
07-01-82

#233001
\$170.80/day
07-01-82

#247009
\$33.36/day
08-07-81

FAIRBANKS

NOME/KOTZEBUE/BARROW

BETHEL

Foster Care: ages 12-19	\$18.97/day	\$22.65/day	\$21.86/day
Emergency Foster Care: (all ages)	\$23.71/day	\$28.31/day	\$27.32/day

Bethel Receiving Home



Superior Court
State of Alaska
FOURTH JUDICIAL DISTRICT
P.O. BOX 130
BETHEL, ALASKA
99559

CHAMBERS OF
CHRISTOPHER R. COOKE, PRESIDING JUDGE

PHONE: (907) 543-2298

November 1, 1982

Mr. John Pugh, Director
Division of Family and
Youth Services
Pouch H-05
Juneau, Alaska 99811

Re: Bethel Receiving Home

Dear Mr. Pugh:

It has come to my attention that the Bethel Receiving Home is in serious financial trouble. The home is operating at a substantial loss and will soon be forced to close unless additional revenue can be secured.

The Receiving Home provides temporary shelter for juveniles detained in delinquency proceedings and emergency foster care for children in need of aid. Loss of the Receiving Home would have a great adverse impact upon the Alaska Court System and this region since it is the only facility of its type in this area.

Without the Receiving Home, juveniles detained in delinquency proceedings would have to be housed in the substandard Bethel City Jail and, at great expense and inconvenience, McLaughlin Youth Center in Anchorage. Emergency foster homes for neglected or abused children would have to be found on a case-by-case basis. This would constitute a giant step backward for the juvenile justice system in this region and for the local and regional operations of your department.

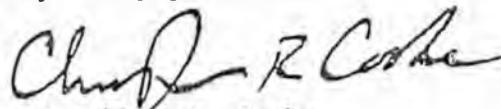
One reason for the Receiving Home's financial plight is the cost of care rate paid by your department. Currently that rate is \$75.52 per day while comparable facilities in Nome, Juneau and Anchorage receive

Mr. John Pugh
Page Two
November 1, 1982

\$116.97, \$106.17 and \$149.85, respectively. The Receiving Home would be financially viable if their daily rate were in the vicinity of \$100.00 or if bed space could be provided to your agency on a monthly retainer basis.

I would appreciate your prompt attention to this situation. If the Bethel Receiving Home is forced to close, this community, the 56 villages of our region, and both our agencies will suffer. With your cooperation I hope that such a drastic result can be avoided.

Very truly yours,



Christopher R. Cooke
Superior Court Judge

CRC/bn

cc: ✓ Senator John Sackett
Representative Tony Vaska
David E. Arnold
Gloria Hawkins
Bob Buttane
Loreen Foster
Don Constantine
Jim Shanks
Laurie Otto

COMMITTEE REPORT
HOUSE

FURTHER:

Date: _____

Mr. Speaker:

The Committee on _____ has had _____

under consideration and reports it back as follows:

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for _____ same title
- and recommends _____ new title
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation Zero Fiscal Note Attached
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

Offered: 3/11/83
Referred: Rules

Original sponsors: Sackett, Ferguson
and Mulcahy

<u>Funding Information</u>	
General Fund	\$30,400,000
Other Funds	-0-
	<u>\$30,400,000</u>

1 IN THE SENATE BY THE FINANCE COMMITTEE

2 CS FOR SENATE BILL NO. 98 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making supplemental appropriations for finan-
7 cial assistance to municipalities, unincorporated
8 communities, and other recipients; and providing for
9 an effective date."

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

11 * Section 1. The sum of \$25,000,000 is appropriated from the general
12 fund to the Department of Revenue for the municipal assistance fund
13 (AS 43.20.016(a)) for distribution to municipalities for the fiscal year
14 ending June 30, 1983.

15 * Sec. 2. The sum of \$2,500,000 is appropriated from the general fund
16 to the Department of Community and Regional Affairs for the unincorporated
17 community assistance grants authorized by sec. 2, ch. 60, SLA 1981 for
18 payment during the fiscal year ending June 30, 1983.

19 * Sec. 3. The sum of \$2,900,000 is appropriated from the general fund
20 to the miscellaneous services account (AS 29.89.080) for distribution under
21 AS 29.89 and AS 29.95.010(b) to municipalities and other recipients for the
22 fiscal year ending June 30, 1983.

23 * Sec. 4. The unexpended and unobligated portions of the appropriations
24 made by this Act lapse into the general fund June 30, 1983.

25 * Sec. 5. This Act takes effect immediately in accordance with AS 01.-
26 10.070(c).

Cook
3/10/83

Original sponsors: Sackett, Ferguson
and Mulcahy

Funding Information

General Fund	\$21,500,000	<i>30,100,000</i>
Other Funds	-0-	
	<u>\$21,500,000</u>	<i>30,100,000</i>

1 IN THE SENATE

BY THE FINANCE COMMITTEE

2 CS FOR SENATE BILL NO. 98 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making supplemental appropriations for finan-
7 cial assistance to municipalities, unincorporated
8 communities, and other recipients; and providing for
9 an effective date."

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

11 * Section 1. The sum of ^{*25,000,000*} ~~\$16,100,000~~ is appropriated from the general
12 fund to the Department of Revenue for the municipal assistance fund
13 (AS 43.20.016(a)) for distribution to municipalities for the fiscal year
14 ending June 30, 1983.

15 * Sec. 2. The sum of \$2,500,000 is appropriated from the general fund
16 to the Department of Community and Regional Affairs for the unincorporated
17 community assistance grants authorized by sec. 2, ch. 60, SLA 1981 for
18 payment during the fiscal year ending June 30, 1983.

19 * Sec. 3. The sum of \$2,900,000 is appropriated from the general fund
20 to the miscellaneous services account (AS 29.89.080) for distribution under
21 AS 29.89 and AS 29.95.010(b) to municipalities and other recipients for the
22 fiscal year ending June 30, 1983.

23 * Sec. 4. The unexpended and unobligated portions of the appropriations
24 made by this Act lapse into the general fund June 30, 1983.

25 * Sec. 5. This Act takes effect immediately in accordance with AS 01.-
26 10.070(c).

27 *3/11/83 - #45 - called Lynn Barnes*
28 *to run the original copy*

Introduced: 1/31/83
Referred: Community and Regional
Affairs and Finance

<u>Funding Information</u>	
General Fund	\$2,500,000
Other Funds	-0-
	<u>\$2,500,000</u>

BY SACKETT, FERGUSON
AND MULCAHY

1 IN THE SENATE

2

SENATE BILL NO. 98

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6 For an Act entitled: "An Act relating to a supplemental appropriation to
7 the Department of Community and Regional Affairs for
8 the unincorporated community assistance program; and
9 providing for an effective date."

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

11 * Section 1. The sum of \$2,500,000 is appropriated from the general
12 fund to the Department of Community and Regional Affairs for the unincorpor-
13 rated community assistance grants authorized by sec. 2, ch. 60, SLA 1981.

14 * Sec. 2. This Act takes effect immediately in accordance with AS 01.-
15 10.070(c).

Offered: 4/26/83
Referred: Rules

Original sponsor: Kerttula by request

Funding Information
General Fund \$274,000
Other Funds -0-
\$274,000

1 IN THE SENATE . BY THE FINANCE COMMITTEE

2 CS FOR SENATE BILL NO. 99 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making a supplemental appropriation to the
7 Office of the Governor, division of elections; and
8 providing for an effective date."

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

10 * Section 1. The sum of \$274,000 is appropriated from the general fund
11 to the Office of the Governor to pay for increased fiscal year 1983 operat-
12 ing costs in the division of elections.

13 * Sec. 2. The unexpended and unobligated portion of the appropriation
14 made by this Act lapses into the general fund June 30, 1983.

15 * Sec. 3. This Act takes effect immediately in accordance with AS 01.-
16 10.070(c).

Offered: 4/26/83
Referred: Rules

Original sponsor: Kerttula by request

<u>Funding Information</u>	
General Fund	\$274,000
Other Funds	-0-
	<u>\$274,000</u>

1 IN THE SENATE

BY THE FINANCE COMMITTEE

2

CS FOR SENATE BILL NO. 99 (Finance)

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6

For an Act entitled: "An Act making a supplemental appropriation to the
Office of the Governor, division of elections; and
providing for an effective date."

7

8

9

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

10

* Section 1. The sum of \$274,000 is appropriated from the general fund
to the Office of the Governor to pay for increased fiscal year 1983 operat-
ing costs in the division of elections.

11

12

13

* Sec. 2. The unexpended and unobligated portion of the appropriation
made by this Act lapses into the general fund June 30, 1983.

14

15

* Sec. 3. This Act takes effect immediately in accordance with AS 01.-

16

10.070(c).

COMMITTEE REPORT
SENATE

FURTHER:

1/31/81

Date: _____

Mr. President:

The Committee on FINANCE has had SENATE BILL NO. 99

Special appropriation to the Office of the Governor for operational expenses of the Alaska Railroad Transfer Advisory Commission; eff. date

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for _____ same title
 new title
- and recommends _____
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

Levy
4/21/83.

Original sponsor: Kerrettula by request

Funding Information

General Fund	\$274,000
Other Funds	-0-
	<u>\$274,000</u>

1 IN THE SENATE

BY THE FINANCE COMMITTEE

2 CS FOR SENATE BILL NO. 99 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

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7 Office of the Governor, division of elections; and
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12 ing costs in the division of elections.

13 * Sec. 2. The unexpended and unobligated portion of the appropriation
14 made by this Act lapses into the general fund June 30, 1983.

15 * Sec. 3. This Act takes effect immediately in accordance with AS 01.-
16 10.070(c).

ATTACHMENT B

DIVISION OF ELECTIONS
POUCH A+
JUNEAU, ALASKA 99811-9974

OFFICE OF THE GOVERNOR

PHONE (907) 586-6181

M E M O R A N D U M

DATE: February 4, 1983

TO: Pete McDowell
Director
Office of Management & Budget

THROUGH: Stephen McAlpine
Lieutenant Governor

FROM: Mary Lou Meiners
Director of Elections

After a thorough analysis of the current financial situation in the Division of Elections, it is apparent that a supplemental appropriation will be required to allow day-to-day operation of this division in the immediate future.

It appears that we will be facing a deficit of approximately \$326,900 by June 30, 1983. The Lieutenant Governor has been apprised of this deficit. He has analyzed the situation and is in complete support of this supplemental request.

This deficit was caused by a number of factors, the foremost being fiscal irresponsibility on the part of the division's previous director and deputy director. The preparation of the FY 83 budget occurs approximately one year before the 1982 elections. In budgetary planning, several vital election operations were not considered.

Approximately \$191,000 was committed for services necessary for the successful conduction of elections, without regard to the lack of funding for those services. This \$191,000 includes \$141,000 of data processing expenses, an expenditure of \$40,000 for audits of the election programs, and \$10,000 for various expenses including the programming of the back-up vote counting equipment utilized by the Fairbanks election districts.

The Official Election Pamphlet is produced by the Division of Elections, and although careful consideration was taken in estimating its cost of production, the costs came to

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LT. GOV'S OFFICE

\$53,000 over the budgeted amount. Two factors which contributed to this deficit were the cost overruns by the printers of the pamphlet and the unforeseen necessity to print an additional pamphlet due to the reapportionment of the State into 27 election districts.

The remaining shortfall was caused by the record turnout in both the Primary and General Elections, as well as the unprecedented registration activity. All costs required to conduct an election were increased by this unanticipated participation of the electorate.

The Division currently has a number of commitments to various vendors throughout the State. The majority of these expenses resulted from the General Election and as yet have not been paid.

In addition, there are three contracts that have not yet been paid. Currently, these contracts are being reviewed. The majority of the work has been completed on these contracts with the exception of a vital, ongoing maintenance contract. This maintenance contract with David George & Associates is absolutely necessary to provide all backup for voter registration and other pertinent data information on voters throughout the State.

In anticipating the needs of the Division for the remaining months of this fiscal year, we deem the expenditures requested in the FY 83 supplemental request necessary.

The overexpenditures caused by insufficient budgetary planning for the elections will preclude the implementation of the planned vote-counting automation of several larger Alaskan communities, unless this supplemental budget request is approved.

The FY 83 budget included appropriations for the purchase of eight PEPs units - micro-computers capable of automating areas of the state which presently use hand-marked ballots. It also included funds to purchase 315 ballot punches for use in those areas. To date, only 2 of the units have been purchased.

The conversion to computer ballots for the communities of Kenai, Valdez, Palmer, Kodiak, Sitka and Ketchikan remains one of the Division's highest priorities. The conversion must occur in this fiscal year if the municipalities are to

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change their election procedures and ordinances, and have an opportunity to use the system prior to the 1984 statewide elections. All travel, contractual services and equipment purchases relating to this conversion are considered in this supplemental request.

This supplemental appropriation is necessary for the maintenance of day-to-day operation of the division; and also provides for the improvement of our current vote counting methods in preparation for the 1984 statewide elections.

SUPPLEMENTAL APPROPRIATION

\$ 663.3	Anticipated Expenditures 2/1/83 - 6/30/83
* -442.9	Less (100) Personal Services
220.4	Anticipated Expenditures in budget categories 200 - 500
+109.6	Obligations as of 1/31/83
330.0	Total deficit <i>of + anticipated & exps</i>
-274.0	Supplemental requested
56.0	Deficit in budget categories 200 - 500
- 52.9	Transfer of excess from (100) Personal Services
3.1	
- 2.9	Less monies available on 1/31/83 in 200 - 500
\$.2	Rounding error

* As of 1/31/83 we had \$442.9 remaining in the (100) Personal Services Category. When we originally requested a supplemental, (of \$326.9) a salary projection had not been completed. When Office of Management and Budget completed the projection it showed an excess of \$52.9. Our original request of \$326.9 was then reduced to \$274.0. As soon as we receive the supplemental, the \$52.9 will be transferred into the (300) Contractual Services category to offset the difference.

PRIMARY AND GENERAL ELECTION FIGURES

*FY 82 and FY83

	<u>PRIMARY</u>	<u>GENERAL</u>
100 Personal Services	\$ 258,205	\$ 258,205
200 Travel and Moving	45,104	38,074
300 Contractual Services	965,955	1,273,223
400 Commodities	16,580	20,102
500 Equipment	<u>112,976</u>	<u>92,937</u>
Total Each Election	\$1,398,820 \div 139,153 voters \$ 10.05 per vote	\$1,682,537 \div 199,558 voters \$ 8.44 per vote
TOTAL PRIMARY AND GENERAL		\$3,081,357

*FY 82 figures which were coded 220 and 230 (Primary and General election) were included in the above figures.

Note: \$98,000 was incorrectly coded to Reapportionment on Current Year Authorizations. This figure has been divided between the Primary and General Election in the above figures since it is a data processing charge from David George and Associates.

All bills from Xerox for telecopiers have not yet been received. They are estimated under Equipment.

Anticipated Expenditures
2/1/83 - 6/30/83

100	<u>Personal Services</u>	<u>442.9</u>
200	<u>Travel</u>	<u>14.8</u>
	1. <u>Director to field offices</u>	
	Juneau to Nome-Anch-Fbx-	
	Juneau, air fare	800
	4 days per diem X \$80	360
		1,160
	2. <u>Supervisors meeting in Juneau</u>	
	Nome-Juneau-Nome X 1 person	632
	Anch-Juneau-Anch X 2	800
	Fbx-Juneau-Fbx X 2	800
	4 days per diem X 5 X \$80	1,600
		3,832
	3. <u>Field Travel-trips to precincts</u>	
	with specific election board	
	problems; trips for director to	
	the regional offices as needed.	
	10. trips X \$400	4,000
	3 days X 10 trips X \$80	2,400
		6,400
	4. <u>PEPS Training & Orientation</u>	
	Juneau-Anch-Kodiak-Anch-	
	Juneau X 2 X \$570	1,140
	Anch-Kodiak-Anch X 1	190
	3 days X 2 X \$80	480
		1,810
	Transportation-driving	140
	Anch-Kenai-Anch	140
	Anch-Mat-Su-Anch	
	Anch-Valdez-Anch	
	Juneau-Ketchikan-Juneau	
	3 people X \$164	492
	3 X 1 day X \$80	240
		732
	Juneau-Sitka-Juneau	
	3 X \$164	492
	3 X 1 X \$80	240
		732
300	<u>Contractual Services</u>	<u>90.6</u>
310	<u>Communications</u>	
	<u>Zenith numbers</u>	
	\$244/mo. X 6 mo. X 4 numbers	5,856
	Long distance-based on average	
	\$3113/mo. X 6 mo.	18,678

5289

	<u>Local phones</u>	
	\$200/mo. X 6 mo. X 4 offices	4,000
	<u>Postage</u>	
	\$5688/mo. X 6 mo.	34,128
	(includes mailing of purge notifications and voter cards).	
	Total 310 Communications	62,622
320	Printing and Advertising	
	<u>Ballot and Notice Printings</u>	
	\$100 X 2 ballots (simple question)	200
	\$300 X 4 ballots (multi candidate)	1,200
	\$100 X 4 notices (multi-precinct election)	400
	<u>Misc. printing costs</u>	500
	<u>Advertising</u>	
	Required advertising for 6 elections	
	Position vacancy notices	
	Regulations and precinct changes	2,000
	Total 320 Printing and Advertising	4,300
345	Service Agreements	
	Pitney Bowes	340
	Xerox	972
	IBM	1,140
	Total 345 Service Agreements	2,500
360	Equipment Rental	
	IBM	5,430
	Pitnev Bowes	1,117
	Copiers	3,090
	Total 360 Equipment Rental	9,640
390	Contractual Services	
	399 <u>Payments to election boards</u> for 6 elections	
	\$893 X 6	5,358
	<u>Registrar payments</u>	
	2000 changes/mo. X 6 X .50¢	6,000
	Total 390	11,358

*397 Anticipated freight charges were inadvertently left out of anticipated expenses.

400	<u>Commodities</u> \$200/mo. X 4 offices X 5 mo.	<u>4.0</u>
500	<u>Equipment</u> <u>PEPS units</u> -micro-computers for ballot counting. 6 units X \$10,000/unit	<u>111.0</u> 60,000
	<u>Ballot punches for PEPS precincts</u> 315 punches X \$155	48,825
	IBM Dictating Equipment	2,100
	Hill-Donnelly Street Cross Ref.	64
Total Anticipated Expenditures 2/1/83-6/30/83		<u>663.3</u>



Alaska State Legislature Senate

OFFICIAL BUSINESS
RULES COMMITTEE

JAN FAIKS
POUCH V
JUNEAU, ALASKA 99811
(907) 465-3770

February 22, 1983

To: Senate Finance Committee

From: Jan Faiks, Senator

RE: SB 99, Special Appropriation to the Office of the Governor for operational expenses of the AK Railroad Transfer Advisory Commission.

Commissioner of Transportation/Public Facilities Dan Casey has advised me that there is no need to proceed with this bill at this time. The expenses of the Advisory Commission are being paid by the office of the Governor; all expenses of the Commission have been paid to date. There is some controversy over who and how much the executive director should be paid. Commissioner Casey would like a couple more weeks to try and resolve this problem.

Introduced: 1/31/83
Referred: Finance

<u>Funding Information</u>	
General Fund	\$75,000
Other Funds	-0-
	<u>\$75,000</u>

1 IN THE SENATE

BY KERTTULA BY REQUEST

2

SENATE BILL NO. 99

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6

For an Act entitled: "An Act making a special appropriation to the Office

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of the Governor for operational expenses of the

8

Alaska Railroad Transfer Advisory Commission; and

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providing for an effective date."

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

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* Section 1. The sum of \$75,000 is appropriated from the general fund

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to the Office of the Governor for operational expenses of the Alaska Rail-

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road Transfer Advisory Commission established by sec. 1, ch. 128, SLA 1982.

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* Sec. 2. The unexpended and unobligated portion of the appropriation

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made by this Act lapses into the general fund June 30, 1984.

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* Sec. 3. This Act takes effect immediately in accordance with AS 01.-

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10.070(c).