

LEGISLATIVE FINANCE-HOUSE/SENATE FINANCE COMM. FILES 8879

SB 408 cont. - SB 415 676 267

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: An Act requiring report of Fetal Alcohol Syndrome
 Sponsor: Sen. Binkley, et al
 Requestor: House Finance Committee

Agency Affected: Health & Social Services
 BRU: State Health Services
 Components: Epidemiology

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
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FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: House Finance Committee Phone: 465-3727
 Division: Co-Chairman Ron Larson Date: 5/5/90
 Approved by Commissioner: Co-Chairman Lyman Hoffman Date: 5/5/90
 Agency: *Lyman Hoffman*

Distribution (by preparer):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

Original sponsor(s): SEN. BINKLEY, Zharoff, Coghill, Pourchot, Eliason,
Faiks, Jones, Pearce, Adams, Kelly

1 IN THE SENATE BY THE FINANCE COMMITTEE

2 CS FOR SENATE BILL NO. 408 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 SIXTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act requiring health care providers to report
7 cases of fetal alcohol syndrome; and relating to
8 reports by the Department of Health and Social Ser-
9 vices concerning common diseases of public health
10 significance."

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

12 * Section 1. AS 18.05.020 is amended by adding a new subsection to
13 read:

14 (b) The report required under (a) of this section must include a
15 description of the geographical distribution of incidences of common
16 diseases of public health significance reported to the department
17 under regulations adopted to implement AS 18.05.040(a)(1).

18 * Sec. 2. AS 18.05.044(b) is amended to read:

19 (b) The information shall be furnished on forms prescribed by
20 the department, but no person with an impairment or the parent or
21 guardian of a person with an impairment may be compelled to furnish or
22 consent to furnishing information requested for the case registry. A
23 private or governmental organization, institution, or individual may
24 not furnish information to the registry without the written consent of
25 the person with the impairment or the parent or guardian of that
26 person. This subsection does not apply to reports of fetal alcohol
27 syndrome required under AS 18.05.048.

28 * Sec. 3. AS 18.05 is amended by adding a new section to read:

29 Sec. 18.05.048. REPORTS OF FETAL ALCOHOL SYNDROME. (a) A

1 physician, nurse, or other health care professional who treats a child
2 with fetal alcohol syndrome shall report the child's condition to the
3 department orally or on a form provided by the department promptly
4 after first discovering or suspecting the existence of the condition.
5 Each report must give the birth date, geographical area of residence,
6 sex, and race of the child diagnosed as having the condition, and the
7 name and address of the health care professional making the report.

8 (b) Written reports made under this section and transcriptions
9 of oral reports made under this section are confidential and are not
10 subject to public inspection or copying under AS 09.25.110 - 09.25.-
11 120.

12 (c) The commissioner shall annually report to the legislature by
13 January 31 concerning the incidence of fetal alcohol syndrome in the
14 state as reported under this section. The report may not include
15 personally identifying information, but must include the geographical
16 distribution of the condition and any other information considered
17 important by the commissioner.

18 (d) The commissioner may adopt regulations to implement this
19 section.



Alaska State Legislature

SENATE

Committee on Finance

Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

May 2, 1990

TO: Representative Lyman Hoffman, Co-Chairman
House Finance Committee

FROM: Senator John Binkley *John*

RE: CSSB 408 (Fin) - requiring health care providers to report cases of fetal alcohol syndrome; and relating to reports by the Department of Health and Social Services concerning common diseases of public health significance

I would appreciate your consideration of scheduling CSSB 408 (Fin) at the earliest possible time.

CSSB 408 (Fin) would make fetal alcohol syndrome a reportable condition in the State of Alaska. Currently, physicians are required to report certain diseases, either by telephone or in writing to the Office of Epidemiology.

The Indian Health Service in Alaska began surveying Alaska Native children for incidence of Fetal Alcohol Syndrome in 1985. Based on early reports which indicated alarmingly high rates, an area-wide FAS Prevention Program was established in cooperation with the Alaska Native Health Board.

Currently IHS pediatricians are diagnosing children at either the Alaska Native Medical Center in Anchorage or at a regional pediatric clinic. Where the pediatrician feels a second opinion is needed the child is referred to a FAS Diagnostic Clinic which is held twice a year at ANMC. A pediatric dysmorphologist conducts these clinics. Physicians from the private sector refer non-native patients to one of the Alaska Genetics Clinics, held every other month in various locations which include Anchorage, Fairbanks, Juneau, Ketchikan, Sitka, or Bethel for diagnosis.

No one in Alaska knows how large the problem may be among the non-Native population because, to date, the state has taken no action to begin to identify the problems. By requiring physicians and other health providers to report FAS, as they encounter children with the birth defect, we would begin to be better equipped to plan for those children who will impact our educational and other social service systems.

Thank you for your consideration.

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Health & Social Services
 Title: An Act requiring report of BRU: State Health Services
Fetal Alcohol Syndrome
 Sponsor: Binkley, et al Components: Epidemiology
 Requestor: Senate HESS

EXPENDITURES/REVENUES:

(Thousands of Dollars)

OPERATING	FY 91	FY92	FY93	FY94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	5.0	5.0	5.0	5.0	5.0	5.0
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	5.0	5.0	5.0	5.0	5.0	5.0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	5.0	5.0	5.0	5.0	5.0	5.0
FEDERAL FUNDS						
OTHER						
TOTAL	5.0	5.0	5.0	5.0	5.0	5.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary) FY90 fiscal impact is "0."
 Contract cost associated with reporting, computerization, data analysis, communication, mailing, form and legislative report duplication: \$5.0.

Prepared by: Dwayne Peoples Phone: 465-3090
 Division: Division of Public Health Date: 2/23/90
 Approved by Commissioner: Myra M. Munson Date: _____
 Agency: Department of Health and Social Services

Distribution (by preparer):

Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

Changes in CSSB 408 (Fin)
 have no fiscal impact.
 This fiscal note is
 appropriate. 3/13/90

THE FOLLOWING DOCUMENT HAS
NOT BEEN FILMED BUT IS
AVAILABLE IN THE ORIGINAL
FILE

**DISEASE REPORTING
AND
RAPID TELEPHONIC REPORTING
SYSTEM (RTR)**



RECEIVED JAN 13 1988

**Section of Epidemiology
Division of Public Health
Department of Health and Social Services
State of Alaska
1988**

DISEASE REPORTING IN ALASKA RAPID TELEPHONIC REPORTING SYSTEM

**Section of Epidemiology
Division of Public Health
Department of Health and Social Services
State of Alaska**

September 1988

Disease reporting has resulted in identification of numerous outbreaks. Rapid investigations and institution of control measures have prevented morbidity and mortality. We count on your support to report diseases of public health importance in the future.

The Section of Epidemiology, Alaska Division of Public Health, uses a **Rapid Telephonic Reporting (RTR) System** in Alaska. With rapid and complete disease reporting, we can provide information and control measures necessary to prevent or control diseases of public health importance.

REPORTABLE DISEASES (7 AAC 27.005 - 27.017)

The list of diseases required to be reported was revised in January 1984. Reportable diseases are listed on page 5. The regulations are included on page 6. All reports are confidential.

Public health nurses, physicians, other health care providers, and laboratories are required by state law to phone their morbidity reports to a toll-free number in Anchorage, where an automatic recorder will tape the report. These reports are reviewed by the medical epidemiologists in the Section of Epidemiology.

Diseases may be reported by dialing 561-4234 (Anchorage area). A tape recorder, which operates 24 hours a day, will record your report. For those outside the Anchorage area, simply call the long distance operator and ask for 478-1700. The operator will connect you to the recording machine in the Anchorage office. This service is toll-free.

HOW TO USE THE RAPID TELEPHONIC REPORTING SYSTEM

1. We suggest that physicians designate one of their staff members (e.g., nurse or office manager) to coordinate and maintain disease reporting from their offices. In multi-physician clinics having one person do the reporting works well.
2. When a physician or other health care provider suspects or diagnoses a reportable disease, he/she routes the patient's medical record directly to the person designated for reporting.
3. The report coordinator then takes the baseline data from the patient's medical record and records it on the Rapid Telephonic Report Log (attached). As soon as possible, or at least once a week, the coordinator phones the information to the Section of Epidemiology.

ANCHORAGE AREA telephone 561-4234.

OUTSIDE ANCHORAGE AREA dial local operator and ask for 478-1700.

4. An automatic telephone recorder in the Section of Epidemiology answers each call with a recorded message. Your report is recorded on tape. If you pause longer than fifteen seconds at any one time, the call is automatically disconnected. To minimize the time required of the person reporting, make your telephonic report as brief as possible by following the Rapid Telephonic Report Log located at the back of this book.
5. The Section of Epidemiology clerk transcribes the disease reports, which are then reviewed by the medical epidemiologists in the Section of Epidemiology. Needed control measures will be initiated and contact with the referring physician will be undertaken as indicated. Reported information will be sent to you in the Epidemiology Bulletin.

If you have any questions, please call (collect) the Section of Epidemiology, Anchorage, Alaska (561-4406).

****POINTS TO REMEMBER****

When filling out the Rapid Telephonic Report Log from the patient's chart, please fill in all the columns completely. This will enable you to report complete information on the RTR.

When reporting, speak slowly and clearly. Be certain to **SPELL** the patient's full name, and report in the same sequence as indicated on the report log.

Please report by name. Do not report by hospital number only. **INFORMATION IS CONFIDENTIAL.** Names are required to be reported by law.

Report once a week whether or not you have a disease to report. If we do not hear from your reporting station for a period of two weeks, we will be contacting you to inquire about the reason you are failing to report.

Rapid telephonic reports should be called in once a week even if there is nothing positive to report. If this occurs, simply identify yourself and say, 'I have nothing to report for the preceding week.'

Questions will invariably arise as to how certain you should be of a diagnosis before reporting the case. We ask you to report a case even if the diagnosis is in doubt. In other words, if you **suspect** the presence of a certain disease, then report it. We can arrange with you for specific diagnostic tests or call you back for more information. Err on the side of **over-reporting**.

A medical epidemiologist is available at all times for consultation regarding public health problems. He/she can be reached by calling the Section of Epidemiology (collect) at 561-4406.

If you have trouble using the Rapid Telephonic Reporting System for any reason, please call the Section of Epidemiology at 561-4406 (Anchorage).

The RTR works 24 hours per day.

If a significant public health problem occurs, please call immediately (561-4406).

ALL REPORTS ARE CONFIDENTIAL.

INSTRUCTIONS FOR REPORTING SEXUALLY TRANSMITTED DISEASES

Disease: Indicate whether the patient was treated for gonorrhea or syphilis. If treated for syphilis, please indicate at what stage of the disease.

Laboratory Confirmed: Under this heading, check 'yes' only when the laboratory test confirms the diagnosis. Check 'no' when a laboratory test was not done or results are not yet known.

CONTACTS OF CASES OF SEXUALLY TRANSMITTED DISEASES SHOULD NOT BE REPORTED ON THE RAPID TELEPHONIC REPORTING SYSTEM.

SECTION OF EPIDEMIOLOGY--ASSISTANCE

EPIDEMIOLOGY BULLETIN

Periodic summaries of reported information and results of epidemiologic investigations will be sent to all physicians, public health nurses, local health officials, and other health care providers in the Epidemiology Bulletin. The Epidemiology Bulletin is available free-of-charge upon request. Please contact the Section of Epidemiology to be placed on the mailing list.

For most diseases, the basic information requested in the RTR Log is all that is necessary. For some diseases, the physician or designated staff member will be contacted to obtain necessary additional information.

Further assistance may be obtained by calling the Section of Epidemiology, Anchorage (561-4406). Assistance available includes:

- Epidemiologic investigations.
- Infectious disease consultation.
- Consultation on diseases related to occupation or to environmental exposure to toxic or hazardous material.
- Contact interviewing of patients with sexually transmitted diseases.
- Information on and assistance in obtaining diagnostic laboratory tests.

REPORTABLE DISEASES

● Diseases required to be reported when SUSPECTED or DIAGNOSED

Acquired Immune Deficiency Syndrome (AIDS)	Pertussis
Amebiasis	Plague
Anthrax	Poliomyelitis
Botulism	Psittacosis
Brucellosis	Rabies
Campylobacter	Reye's Syndrome
Cholera	Rheumatic Fever
Diphtheria	Rubella
Echinococcus	Rubeola
Encephalitis	Salmonella
Giardia	Shigella
Gonorrhea	Smallpox
Hepatitis (A or B)	Syphilis
Hepatitis (non-A - non-B)	Tetanus
Legionnaire's Disease	Trichinosis
Leprosy	Tuberculosis
Malaria	Tularemia
Meningitis (Viral and Bacterial)	Typhoid
Mumps	Yellow Fever
Paralytic Shellfish Poisoning	Yersinia

- Epidemics or outbreaks of unusual number of cases of any infectious disease and severe reactions to any vaccine.
- Diseases which are known or suspected to be related to environmental exposure to toxic-hazardous material.
- Diseases which may possibly arise as a result of a worker's occupation.

Suspected cases of the following are **PUBLIC HEALTH EMERGENCIES**. Please call 561-4406 (if outside the Anchorage area, call collect) immediately.

ANTHRAX	RABIES
BOTULISM	RUBELLA
DIPHTHERIA	RUBEOLA
MENINGOCOCCAL MENINGITIS	SMALLPOX
PARALYTIC SHELLFISH POISONING	TETANUS
POLIO	

ALASKA ADMINISTRATIVE CODE

CHAPTER 27. PREVENTIVE MEDICAL SERVICES

ARTICLE 1. CONTROL OF DISEASES OF PUBLIC HEALTH SIGNIFICANCE (7 AAC 27.005 - 7 AAC 27.080)

7 AAC 27.005. REPORTING BY HEALTH CARE PROVIDERS.

(a) The following common diseases of public health significance must be reported by the physician, nurse, or other health care professional who prescribes for or attends a person with these diseases or suspected diseases: amebiasis, botulism, brucellosis, campylobacter, diphtheria, giardia, gonorrhea, hepatitis (type A or B, or non-A - non-B), legionnaire's disease, meningitis, mumps, paralytic shellfish poisoning, pertussis, psittacosis, Reye's Syndrome, rheumatic fever, rubella, rubeola, salmonella, shigella, syphilis, trichinosis, tuberculosis, tularemia, typhoid, yersinia, severe reactions to any vaccination, and epidemic outbreaks or unusual incidences of communicable disease.

(b) The following rare diseases of public health significance must be reported by the physician, nurse, or other health care professional who prescribes for or attends a person with these diseases or suspected diseases: acquired immune deficiency syndrome (AIDS), cholera, echinococcus, encephalitis, leprosy, malaria, poliomyelitis, plague, rabies, smallpox, tetanus, and yellow fever.

(c) Reports must be submitted to the Department of Health and Social Services, division of public health, orally or on a form provided by the division of public health promptly after first discovering or suspecting the existence of the disease or disease outbreak. Each report must give the name, address, age, sex, and race of the person diagnosed as having the reported disease and the name and address of the health care provider reporting the disease.

(d) Outbreaks or unusual incidences of diseases which are known or suspected to be related to exposure to environmental toxic or hazardous material must be reported by the physician, nurse, or other health care professional who prescribes for or attends those affected. (Eff. 8/21/74, Reg. 51; am 9/20/75, reg. 55; am 3/28/84, Reg. 89)

Authority: AS 18.05.040(1)

7 AAC 27.007. REPORTING BY LABORATORIES.

(a) Public, private, military, hospital, or other laboratories performing serologic, immunologic, microscopic, biochemical, or cultural tests within the State of Alaska must report evidence of the following diseases of public health significance at the time of identification or suspected identification: amebiasis, anthrax, botulism, brucellosis, campylobacter, cholera, diphtheria, echinococcus, enteropathogenic Escherichia coli, giardia, gonorrhea, hepatitis (Type A or B), influenza, Legionella pneumophilia, leprosy, leptospirosis, malaria, meningitis, meningococcal disease, mumps, pertussis, plague, poliomyelitis, psittacosis, rabies (human or animal), rubella, rubeola, salmonella, shigella, smallpox, syphilis, tetanus, trichinosis, tuberculosis, tularemia, typhus, yellow fever, and Yersinia enterocolitica.

(b) Reports must be submitted to the Department of Health and Social Services, division of public health, orally or on a form provided by the division of public health, or on a legible copy of the original laboratory report form promptly after the examination or test is performed. Each notification must give the date and result of the test performed, the name or identification code sufficient to identify the patient to the health care provider, and, when available, the age of the person from whom the specimen was obtained, and the name and address of the health care provider for whom the examination or test was performed.

(c) When acting on the basis of information received from laboratory notification, the division of public health will not, except in instances of overriding public health considerations, contact the patient without first requesting and obtaining the permission of the physician or other health care provider.

(d) All laboratory notifications required by this section are confidential and are not open to public inspection. (Eff. 8/21/74, Reg. 51; am 9/20/75, Reg. 55; am 3/28/84, Reg. 89)

Authority: AS 18.05.040(1)

7 AAC 27.008. REPORTING BY HOSPITALS.

To maintain accurate incidence rates of cancer, and to assist planning and evaluation of cancer control programs, all hospitals licensed in the State of Alaska shall report newly diagnosed cancer cases, with the exception of noninvasive skin cancers, to the Division of Public Health. Reports shall be submitted at least once a year on forms provided by the department, and shall include as a minimum the name, age, sex, race, community of residence, date of diagnosis, and primary site. (Eff. 9/20/75, Reg. 55)

Authority: AS 18.05.040(1)

7 AAC 27.010. CONTROL OF COMMUNICABLE DISEASES IN MAN.

(a) The provision on methods of control of communicable diseases outlined in the Control of Communicable Diseases in Man, American Public Health Association, Thirteenth Edition, 1981, are adopted by reference as the regulations governing "Preventive Measures," "Control of Patients, contacts and the Immediate Environment," and "Epidemic Measures."

(b) The provisions of (a) of this section are not applicable to the control of rabies in animals or on the reporting of diseases of public health significance. (Eff. 6/10/62, Reg. 6; am 8/21/74, Reg. 51; am 3/28/84, Reg. 89)

Authority AS 18.05.040(1)

7 AAC 27.015. OCCUPATIONAL HEALTH DUTIES.

The division of public health may investigate places of employment and study conditions which might be responsible for ill health of industrial workers or their families. (Eff. 3/28/84, Reg. 89)

Authority AS 18.05.040

7 AAC 27.016. RIGHT OF INSPECTION.

The division of public health may have access to any establishment and records of any establishment in the discharge of its official duties in accordance with law. (Eff. 3/28/84, Reg. 89)

Authority AS 18.05.040

7 AAC 27.017. REPORTING OF DISEASE.

Diseases which are known or suspected to be a result of a worker's occupation must be reported to the division of public health by the physician, nurse, or other health care professional who prescribes for or attends the person with the disease. (Eff. 3/28/84, Reg. 89)

Authority AS 18.05.040

7 AAC 27.020. CONTROL OF ANIMAL DISEASES TRANSMISSIBLE TO HUMANS.

(a) Quarantine. The standards for quarantine are

(1) Whenever any case of rabies or other animal disease dangerous to the health of human beings is reported as existing in any area, the Department of Health and Social Services will make an investigation as to whether the disease exists and as to the probable area of the state in which man or animal is endangered by it. If the Department of Health and Social Services, in conjunction with the Department of Natural Resources, finds that any such disease exists, a quarantine will be declared against all of those animals which are designated in the quarantine order within the area specified in the order. If the quarantine is for the purpose of preventing the spread of rabies, the order will contain a warning to the owners of animals within the quarantined area to confine on the owner's premises or tie down all animals so as to prevent biting. After such an order is issued, any animal found running at large in the quarantined area or known to have been removed from or to have escaped from the area may be destroyed by a peace officer or by a person designated by the Department of Health and Social Services.

(2) Following the order of quarantine, the Department of Health and Social Services, in conjunction with the Department of Natural Resources, will make a thorough investigation as to the extent of the disease, the probable number of persons and animals exposed, and the area found to be involved.

(3) During the period for which any quarantine order is in force, all peace officers are empowered to kill, or, in their discretion to capture and hold for further action by the Department of Health and Social Services and the Department of Natural Resources all animals in a quarantined area not held in restraint on private premises.

(4) For the purposes of paragraphs (1), (2) and (3) of this subsection, "quarantine" is the strict confinement upon the private premises of the owners under restraint by leash, chain, closed cage, or paddock of all animals specified by the order.

(b) Rabies Vaccination. The standards for animal rabies vaccination are

(1) The "Compendium of Animal Rabies Vaccines," prepared by the National Association of State Public Health Veterinarians, Inc. (1983), is adopted by reference to govern the use of animal rabies vaccines.

(2) The Rabies Vaccination Certificate, developed by the National Association of State Public Health Veterinarians, Inc., is adopted as the only valid rabies vaccination certificate. These certificates will be supplied by the Department of Health and

Social Services.

(3) Rabies vaccination of dogs and cats is required in accordance with schedules in the "Compendium of Animal Rabies Vaccines" as adopted in (1) of this subsection. Evidence of such a vaccination is to be recorded on the Standard Vaccination Certificate specified in (2) of this subsection. At the time of vaccination, the owner or keeper of a dog vaccinated must be given a metal tag bearing the Standard Vaccination Certificate number and the expiration date of the period of immunity. The tag must be affixed by the owner or keeper to a collar or harness and must be worn by the dog for which the certificate is issued except that the dog need not wear the tag while harnessed in a dog team or while participating in organized training or competition.

(4) A rabies vaccination is valid only when performed by or under the direct supervision of a licensed veterinarian, or by an individual approved by the Department of Health and Social Services as qualified to administer the vaccine and for whom the approval is in the best interests of the state in carrying out the purposes of this section and sec. 30 of this chapter. The availability of a licensed veterinarian will not of itself preclude this approval.

(5) Sale of rabies vaccine to any person or entity other than a licensed veterinarian, veterinary biologic supply firm, or public agency is prohibited.

(6) Any dog or cat not vaccinated in compliance with this subsection may be confiscated and either vaccinated or destroyed. Owners of confiscated animals are subject to payment of costs of confiscation, boarding, and vaccination, as well as any other penalties established by a municipality under AS 29.48.035.

(c) Impoundment or Destruction of Animals. The standards for impounding or destroying animals which may be rabid are

(1) A dog or cat vaccinated in accordance with (b)(3) of this section which bites a person must be placed under observation for 10 days, except that a clinically ill or stray animal which does so may be destroyed immediately and submitted to the Department of Health and Social Services or to a laboratory designated by the department for rabies testing.

(2) A dog or cat not vaccinated in accordance with (b)(3) of this section which bites a person may be destroyed immediately and submitted to the Department of Health and Social Services or to a laboratory designated by the department for rabies testing.

(3) A free-ranging wild animal which bites a person must be destroyed immediately and submitted to the Department of Health and Social Services or to a labo-

ratory designated by the department for rabies testing.

(4) An unvaccinated dog or cat bitten by a known rabid animal may be destroyed immediately. If the bitten animal has a current rabies vaccination, as defined in the "Compendium of Animal Rabies Vaccines" under (b)(1) of this section, the animal must be immediately revaccinated and confined a minimum of 30 days. (Eff. 6/10/62, Reg. 6; am 8/21/74, Reg. 51; am 6/21/78, Reg. 66; am 3/28/84, Reg. 89)

Authority AS 18.05.040

7 AAC 27.030. EXPORT AND INTRASTATE TRANSPORTATION OF ANIMALS.

(a) Areas of Infection. Whenever the commissioner of health and social services finds that animals of any kind in a specific area are afflicted with a disease contagious to man and are liable to spread that disease from the area so as to endanger the public health he will, in his discretion, declare it an area of infection. No person may, after the date of that declaration, transport or offer for transportation into or within the State of Alaska any such animal from the area described in the declaration, except with the permission of and in accordance with precautions against the spread of the disease specified by the Department of Health and Social Services.

(b) Rabies Vaccination for Intrastate Travel. No dog or cat may be transported by public intrastate transportation unless the owner or custodian of the animal shows that the animal has an unexpired rabies vaccination. Proof of an unexpired rabies vaccination is the date on the metal tag worn by the animal bearing the Standard Vaccination Certificate number, as required by sec. 20(b)(3) of this chapter, or the date on the Standard Vaccination Certificate required by sec. 20(b)(2) of this chapter, or an affidavit from a person authorized to administer the vaccine stating that the animal has a current rabies vaccination. (Eff. 6/10/62, Reg. 6; am 8/21/74, Reg. 51; am 6/21/78, Reg. 66)

Authority AS 18.05.040(1)

7 AAC 27.040. IMPORTATION OF DOGS.

(a) Every dog imported into the state shall be accompanied by a health certificate issued within 30 days of importation by a licensed veterinarian in the state of origin, and a copy of the certificate shall be forwarded immediately to the state veterinarian of Alaska. The certificate must show that the dog is free from rabies or any communicable disease and has not recently been exposed to any such disease; also, it must give the breed, sex and age, point of origin and destination, and the names and post office addresses of consignee and consignor. If the dog has been vaccinated, the health certificate must include the date of vaccination.

(b) Dogs shall have been properly vaccinated with rabies vaccine within six months prior to the date of importation into the state and may, at the discretion of the commissioner of natural resources, be subject to quarantine at destination for a period of not less than 60 days following arrival within the state.

(c) This section does not apply to any dog passing through the state nor to any dog within the state for temporary stay for exhibition or breeding purposes when the dog is kept properly under control of the owner or custodian. (Eff. 6/10/62, Reg. 6; am 8/21/74, Reg. 51)

Authority AS 18.05.040(1)

Rapid Telephonic Reporting System Report Log

Week Ending

Mon	Day	Year		

Name of Patient <input style="width: 100%;" type="text"/>				Date of Birth <input style="width: 100%;" type="text"/>			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic		Marital Status <input type="checkbox"/> Unknown <input type="checkbox"/> Never Mar <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Reporting Agency <input type="checkbox"/> Unknown <input type="checkbox"/> Private <input type="checkbox"/> City/State <input type="checkbox"/> Military <input type="checkbox"/> USPHS/IHS <input type="checkbox"/> CHA		
Disease <input style="width: 100%;" type="text"/>				Onset/Diagnosis <input style="width: 100%;" type="text"/>			Lab Confirmed <input type="checkbox"/> Y <input type="checkbox"/> N		Patient Interview <input type="checkbox"/> Y <input type="checkbox"/> N		# Contacts <input style="width: 20px;" type="text"/>	Report Date <input style="width: 100%;" type="text"/>		
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SENATE FINANCE COMMITTEE REPORT

DATE: 4/20/90

FURTHER:

DATE TURNED INTO OFFICE: 4/21/90

The Finance Committee considered

SB 409

Relating to training for teachers and certain school officials.

and recommended:

replace with _____ CS _____
 or adopt _____ CS _____

same title
 new title
 technical
title change
(HB only)

attached amendment(s)

_____ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

ATTACHES NEW FISCAL NOTE(S):

fiscal note(s) _____
Dept/Date: _____

zero fiscal note(s) _____

appropriation-no fiscal note

APPROVES PREVIOUS:

fiscal note(s) _____
Dept/Date: _____

zero fiscal note(s) _____

SIGNING DO PASS:

OTHER RECOMMENDATIONS:

1. John P. ... DO PASS

2. File ... (NO PASS)

Co-Chairs: Signatures and Recommendations

STATE OF ALASKA
1990 LEGISLATIVE SESSION

BILL VERSION: SB 409 (a)
PUBLISH DATE: 2/23/90

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: Training for Teachers and certain State Officials
Sponsor: Binkley
Requestor: Senate CERA

Agency Affected: Education
BRU: Educational Program Support
Components: Office of the Director

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL	15.0	2.0	2.0	2.0	2.0	2.0
CONTRACTUAL	35.5	13.0	13.0	13.0	13.0	13.0
SUPPLIES	3.0					
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	30.0	30.0	30.0	30.0	30.0	30.0
MISCELLANEOUS						
TOTAL OPERATING	83.5	45.0	45.0	45.0	45.0	45.0

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	83.5	45.0	45.0	45.0	45.0	45.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

See attached analysis.

Prepared by: Toni Kabler Jones
Division: Educational Program Support

Phone: 465-2830
Date: 2/21/90

Approved by Commissioner: William G. Demmert
Agency: Education

Date: 2/21/90

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor

1031

Narrative Outline - Fiscal Note for SB 409

FY'91

Personal Services	-0-	
Travel	15,000	Task Force: Nine (9) members at three (3) meetings to determine content of the inservice training module for serving FAS/FAE students.
Contractual	35,500	Phone/audio conference, phone contact with other states, task force members, and in-state school districts, other agencies, and task force members development of training program. (2,500) Development of Training materials; trainer for pilot training and summer academies - identify experts and materials to provide training (15,000). Print and duplicate materials for all the school districts (15,000). Postage for sending materials to school districts (3,000).
Commodities	3,000	Supplies, and purchasing copyright of training materials.
Grant	30,000	June '91 Summer Academies (Fairbanks, Anchorage, Juneau) Training of Trainers/Scholarships to school districts.

Total 83,500

FY'92-'96 (each year)

Travel	2,000	Subsequent years inservice training related travel, technical assistance to school districts, and revisions to the training module and materials.
Contractual	13,000	Phone/audio conference (2,500) Print materials, updating/revision of materials for school district use. (7,500) Postage (2,000) Purchase of copyright (1,000)
Grant	30,000	Scholarships for school districts to participate in Summer Academy Training or for accessing trainers through the Talent Bank to provide staff in-service training in their district.

Total \$45,000

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: An Act relating to Training for Teachers and Certain School Officials
 Sponsor: Binkley
 Requestor: _____

Agency Affected: Health & Social Services
 BRU: _____
 Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
---------	-----	-----	-----	-----	-----	-----

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

FY 90 fiscal impact is "0."

Prepared by: Sally Mead Phone: 561-4211
 Division: Office of Prevention Date: _____
 Approved by Commissioner: Myra M. Munson Date: 2/2/90
 Agency: Department of Health & Social Services

Distribution (by preparer):

Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

BY SEN. BINKLEY, Zharoff, Coghill, Eliason, Pearce, Adams

1 IN THE SENATE

2

SENATE BILL NO. 409

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

SIXTEENTH LEGISLATURE - SECOND SESSION

5

A BILL

6 For an Act entitled: "An Act relating to training for teachers and certain
7 school officials."

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

9 * Section 1. AS 14.20 is amended by adding a new section to read:

10

ARTICLE 8. REQUIRED TRAINING.

11

Sec. 14.20.680. TRAINING REQUIRED FOR TEACHERS AND OTHER SCHOOL

12

OFFICIALS. (a) A school district or regional educational attendance
13 area shall train each teacher, administrator, counselor, and special-
14 ist on the needs of individual students who have alcohol-related
15 disabilities. The training must utilize the best available educa-
16 tional technology and include an overview of medical and psychological
17 characteristics associated with alcohol-related disabilities, family
18 issues, and the specific educational needs of students with alcohol-
19 related disabilities.

20

(b) A newly hired teacher, administrator, counselor, or special-

21

ist who has not previously received the training required under (a) of
22 this section shall receive the required training within 45 days after
23 the first day the teacher, administrator, counselor or specialist
24 begins to work.

25

* Sec. 2. APPLICABILITY. Teachers, administrators, counselors, and

26

specialists employed by a school district or regional educational atten-

27

dance area on the effective date of this Act shall receive the training

28

required under AS 14.20.680(a), enacted by sec. 1 of this Act, before

29

July 1, 1992. Notwithstanding AS 14.20.680(b), enacted by sec. 1 of this

1 Act, a teacher, administrator, counselor, or specialist who is hired by a
2 school district or regional educational attendance area after the effective
3 date of this Act, but before July 1, 1992, shall receive the training
4 required by AS 14.20.680(a), enacted by sec. 1 of this Act, at any time
5 before July 1, 1992.



Alaska State Legislature

SENATE

Committee on Finance

Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

April 19, 1990

TO: Senate Finance Committee Members

FROM: Senator John Binkley

RF: Senate Bill 409 - Relating to training for teachers
and certain school officials

SB 409 would require school districts and REAA's to train teachers and other school personnel on alcohol-related birth defects. This would include special educational needs.

Children with alcohol-related birth defects, both Fetal Alcohol Syndrome and Fetal Alcohol Effects, show symptoms of hyperactivity, poor coordination, and noncompliance. In school they require constant supervision, have difficulty with change, require additional classroom structure, and have extremely low attention spans.

Not all of these children are referred to special education. Not all of these children are developmentally disabled. Yet all of these children present special challenges to parents, teachers, and other care providers.

The Department of Education has responded to SB 409 with a plan to develop training materials for inservice instruction, to be implemented during the 1991-1992 school year.

The bill is supported by NEA, Alaska Association of School Boards, the Department of Education, the Office of Prevention, Tanana Chiefs Conference, Rural CAP, AFN, Village Participation Conference, the FAS/FAE Support Network in Alaska.

Senate Bill 409

**Relating to training for teachers
and certain school officials**

Sectional

Section 1. Amends AS 14.20 under Required Training for Education Statutes to add a new section.

AS 14.20.680 (a) School districts and REAA's would be required to train teachers, administrators, counselors, and other school specialists on medical and psychological effects of alcohol-related disabilities and on the specific educational needs of these children.

AS 14.20.680 (b) Newly hired employees would be required to be trained within 45 days.

Section 2. Applicability.

Current employees, including those employed at the time of enactment, and those hired after enactment but before July 1, 1992, shall be trained before July 1, 1992.



NEA-ALASKA

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March 26, 1990

TO: Senator Rick Uehling and Senator John Binkley, Co-Chairs, and members of the Senate Finance Committee

FROM: Don Oberg, NEA-Alaska

RE: SB 409, "An Act relating to training of teachers and certain school officials"

NEA-Alaska supports passage of Senate Bill 409.

The appalling rate of alcohol abuse in Alaska makes it imperative that something be done to deal with secondary results of that abuse as it manifests itself in classrooms throughout the state.

Educational Employees are concerned about those children who suffer from Fetal Alcohol Syndrome, or exhibit aberrant behavior associated with living in households with alcoholics, and symptoms of alcoholism in the children themselves.

NEA-Alaska believes that an appropriate route for providing this needed training would be the use of existing inservice training days, so that teachers would not have to bear the burden of additional financial cost or impairment of job security.

In addition, NEA-Alaska believes the proposed legislation should include significant penalties for districts not complying with this requirement.

The problems of alcohol abuse in Alaska are tremendous. The reality of raising future generations of people whose formative years are already endangered by the alcoholism of their families brings to mind the specter of a calamity too frightening to be ignored.

NEA-Alaska supports speedy passage of SB 409.

LE03/SB409/dl

Second Chance

As Drug Babies Grow Older, Schools Strive To Meet Their Needs

A Los Angeles Program Deals With Behavior Extremes, Short Attention Spans

Lots of Old-Fashioned Love

By CATHY TROST

Staff Reporter of THE WALL STREET JOURNAL

LOS ANGELES—The children look like a casting call for Sesame Street, but they carry unseen burdens.

One slim, six-year-old boy sits on the floor with his classmates happily singing an alphabet song. Two years ago, he used to throw hour-long tantrums. He would build a tower of blocks, then shout that it was on fire and knock it down. Last year, while classmates watched the space shuttle blast off on television, he banged on his desk and cried.

What little his teachers know of his background helps explain some of his problems. While pregnant with him, his mother used alcohol, cocaine and PCP. After he was born, she would abandon him from time to time in deserted buildings. Once, a building exploded in flames when he was inside. "He had an area in the schoolroom where he could just go and cry," says a social worker at his school.

The troubled boy is part of a pilot project here for children exposed to drugs in their mothers' wombs. These 30 or so preschoolers and kindergarteners represent the advance guard of a generation of drug babies who are growing up and starting school. The project's goal is to provide early help to children who are of normal intelligence but considered at high risk for developmental, behavioral and learning problems.

A Growing Issue

Researchers are just now beginning to uncover a web of problems related to prenatal exposure to crack and other drugs, though much still is not known of the long-term effects. A child's ability to learn may be impaired. Fine motor skills may be hampered. A child may have difficulty developing strong attachments for others. Extremes of behavior are common, from apathy to aggression, passivity to hyperactivity, indiscriminate trust to extreme suspicion.

"These are vulnerable kids who won't make it in a classroom where at four you're supposed to know how to print your name and all the ABCs," says Carol Cole, one of the teachers in the program. "Their preschool and kindergarten environments need to be more protective."

The numbers of afflicted children are multiplying, especially in drug-laden urban areas. Within a few years, 40% to 60% of the children in some inner-city schools will have been prenatally exposed to drugs, predicts Judy Howard, clinical professor of pediatrics at the University of California, Los Angeles, School of Medicine, whose research helped spark the project.

Even the suburbs and the urban enclaves of the well-to-do are likely to see the effects of the drug epidemic in their classrooms soon. A 1988 survey of 36 urban and suburban hospitals found that 11% of the newborns had been exposed to drugs in the womb.

A Family Destroyed by Drugs

Most schools are ill-prepared to handle, much less nourish, such children. Drug-exposed children may look normal, but their disabilities often frustrate teachers who may not be familiar with their backgrounds. To help spread the lessons it is learning, the program's administrators opened their classrooms to a reporter, requesting only that children's names not be used.

On a recent day, the classroom at the Salvin Special Education School crackles with the combustible energy of three- and four-year-olds pushing dolls in strollers and hurtling down slides. A girl crawls on a visitor's lap. She says playing outside and coloring are her favorite things to do.

.... NEXT PAGE

She is being raised by her 50-year-old father, who teachers say started using heroin at age 13. Her 26-year-old mother has to go to meetings because she uses drugs, the child says. Her grandmother died of AIDS, contracted from her husband, a drug addict.

Teachers say the little girl is doing well in school, but her actions sometimes betray a wellspring of frustration. Once, a teacher recalls, the child was playing in a sandbox when she got upset. She reached into her sock and pretended to pull out a knife to jab at a boy's face.

Blank Stares and Tantrums

Drugs and violence are familiar to these children. Circle-time talks sometimes include the news of a mother's jailing or a parents' fight. "To pretend that it's not a reality is to deny them," says Ms. Cole, the teacher. She recalls the time two preschoolers argued over a wagon and one angrily threw the other the sign of the Crips, a notorious drug gang.

Another time, she asked her class for the name of the "special house that caterpillars make before they become beautiful butterflies."

"It starts ca-ca-ca," she hinted.

"Cocaine!" one of the boys proudly replied.

Teachers also see more subtle signs of the children's drug exposure and fragmented lives. A girl demands to be left alone, bumps into walls, or stares blankly into space. A boy screams and throws him-

Second Chance: Schools Strive To Meet Needs of Drug Babies

Continued From First Page

self on the floor because he wants to be picked up but can't express himself.

This is the first day of school for a chunky three-year-old in pink and white barrettes and a pink corduroy jumper. Though she is very bright, the girl's language skills lag those of others her age by about six months. Her coordination is poor, too. Simply building a tower of blocks is a struggle.

These children also carry the scars of their unstable home lives. Many have been abandoned or taken away from their biological parents, then bumped from home to home. Exposed in the womb to heroin, cocaine and PCP, one boy was taken from his mother by the state after his sister was born addicted. By age three, he has been in six different homes and now lives in a group home staffed by nine care-givers.

On the average, the children in the pilot project have been placed in three different homes; some have been shuffled through as many as seven or eight. Not one of the eight children in Vicky Ferrara's kindergarten class lives with his or her biological mother, though some of the mothers drift in and out of their children's lives. Most of the children are being reared by foster parents or grandparents.

"That kind of 'who's going to take care of me' gets translated into difficulty making transitional changes, even from art class to the playground," says Ms. Cole. She believes such insecurity could mean difficulties later in making commitments, from jobs to relationships.

Motherless Boys

In the classroom, two three-year-old boys dressed identically in shorts and suspenders play quietly. The boys share a foster mother who cares for four preschoolers and six infants in two group homes. All of the children, Elouise Dangerfield, the foster mother, says, have been "touched by drugs."

One of the boys was born prematurely to a drug addict who hasn't seen her son since he was a few months old. As a baby, he was plagued with respiratory problems and other ailments that kept him hospitalized for six weeks.

The other boy's mother gave him up at birth. His father has been in jail for most of his life. At birth, the boy suffered seizures that doctors thought were linked to his mother's drug use; he spent time on breathing monitors and sedatives. "He was the kind of child who had nightmares in his sleep," says Mrs. Dangerfield.

Mrs. Dangerfield says the boys have thrived in the program. In an ordinary classroom, teachers wouldn't have been able to handle the boys' temper tantrums or short attention spans, she says.

Costly Care

Children are referred to the program by hospitals, social service agencies and foster care providers. But only a tiny number

teachers and five aides. All the children are seen regularly by a social worker, a psychologist, a pediatrician, a speech and language therapist, and a physical education teacher. Parents and care-givers are invited to attend a support program.

Caring for drug-damaged children demands an extraordinary commitment from the staff—in and out of the classroom. Some ferry children to after-school parties they normally would have missed for lack of transportation. Others spend long hours with children's families or caseworkers.

But such care is costly. The Los Angeles Unified School District pays up to \$18,000 a year to educate each of these children. In contrast, it pays an average \$4,000 a year per child in its regular classrooms.

A Dose of Love

"It's worth it in line with what we are learning," says Phillip Callison, the district's assistant superintendent for special education. Among the lessons gleaned from the two-year-old project: Routine is crucial. Abrupt transitions from one activity to another can be unsettling. Lots of old-fashioned love helps immeasurably.

Educators across the nation are hoping to apply some of these lessons in their own school districts. Representatives of several school districts have sought information from the project's teachers and administrators.

The results here are hopeful. The boy who was terrified of fires and explosions turned out to be a gifted child; his talents are emerging as he becomes more secure at school and with a loving foster family. He is the first in the program to be adapted into a regular first grade. Two others have graduated into a regular kindergarten.

Ms. Ferrara, the kindergarten teacher, says the biggest change is that the children "are now able to discuss their feelings, needs and wants" rather than misbehave in frustration. When one girl first came to the class, "she went to 20 different toys in 20 minutes," flinging them around, says Ms. Ferrara. "Now, she has whole themes in her play." It also helps that her sixth foster home has been a success.

It's story time for the preschoolers, and a teacher is reading a fairy tale to a four-year-old girl in a red dress, red socks and patent-leather shoes. "They lived happily ever after," the teacher concludes. Then she pauses, and adds, "I hope that happens to you."

WALL STREET JOURNAL
DEC. 27, 1989

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HOUSE COMMITTEE REPORT *File*

(11)

Date Referred: May 2, 1990
(FINANCE added 5/2)

FURTHER REFERRALS:

Date of Committee Action: 5/6/90

The FINANCE Committee considered:

SB 409

SENATE BILL NO. 409

SCHOOL TRAINING FOR ALCOHOL BIRTH DEFECTS

"An Act relating to training for teachers and certain school officials."

RECOMMENDATIONS:

- be replaced with HCS SB 409 (HESS) the same title
 a new title
- have attached amendment(s)
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(S):
(Dept)

APPROVES PREVIOUS:

(Date/Dept)

- fiscal impact _____
- zero fiscal note _____
- zero with analysis _____

- fiscal note(s) 2/23/90 ED
- zero fiscal note(s) 2/23/90 HESS
- zero fn/analysis _____

SIGNING DO PASS:

SIGNING:

(Check approp. column)

Do Not Pass No Rec Amend

[Signature] Hoffman

[Signature] Swackhammer

[Signature] Brown

[Signature] Koponen

[Signature] Ummu

SIGNING:	Do Not Pass	No Rec	Amend
<u>[Signature]</u> Larson	X		
<u>[Signature]</u> Barnes	X		
<u>[Signature]</u> Phillips			✓
<u>[Signature]</u> Riesen			✓

[Signature] Larson
Chairman's Signature
[Signature] Hoffman

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: An Act relating to Training for Teachers and Certain School Officials
Sponsor: Binkley
Requestor: _____

Agency Affected: Health & Social Services
BRU: _____
Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

FY 90 fiscal impact is "0."

Prepared by: Sally Mead Phone: 561-4211
Division: Office of Prevention Date: _____
Approved by Commissioner: Myra M. Tunson Date: 2/2/90
Agency: Department of Health & Social Services

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

**STATE OF ALASKA
1990 LEGISLATIVE SESSION**

BILL VERSION: SB 409 (a)
PUBLISH DATE: 2/23/90

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: Training for Teachers and
certain State Officials
Sponsor: Binkley
Requestor: Senate C&RA

Agency Affected: Education
BRU: Educational Program Support
Components: Office of the Director

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL	15.0	2.0	2.0	2.0	2.0	2.0
CONTRACTUAL	35.5	13.0	13.0	13.0	13.0	13.0
SUPPLIES	3.0					
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	30.0	30.0	30.0	30.0	30.0	30.0
MISCELLANEOUS						
TOTAL OPERATING	83.5	45.0	45.0	45.0	45.0	45.0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	83.5	45.0	45.0	45.0	45.0	45.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

See attached analysis.

Prepared by: Toni Kabler Jones Phone: 465-2830
Division: Educational Program Support Date: 2/21/90
Approved by Commissioner: William G. Demmert Date: 2/21/90
Agency: Education
Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor

1082

Narrative Outline - Fiscal Note for SB 409

FY'91

Personal Services	-0-	
Travel	15,000	Task Force: Nine (9) members at three (3) meetings to determine content of the inservice training module for serving FAS/FAE students.
Contractual	35,500	Phone/audio conference, phone contact with other states, task force members, and in-state school districts, other agencies, and task force members development of training program. (2,500) Development of Training materials; trainer for pilot training and summer academies - identify experts and materials to provide training (15,000). Print and duplicate materials for all the school districts (15,000). Postage for sending materials to school districts (3,000).
Commodities	3,000	Supplies, and purchasing copyright of training materials.
Grant	30,000	June '91 Summer Academies (Fairbanks, Anchorage, Juneau) Training of Trainers/Scholarships to school districts.
<u>Total</u>	<u>83,500</u>	

FY'92-'96 (each year)

Travel	2,000	Subsequent years inservice training related travel, technical assistance to school districts, and revisions to the training module and materials.
Contractual	13,000	Phone/audio conference (2,500) Print materials, updating/revision of materials for school district use. (7,500) Postage (2,000) Purchase of copyright (1,000)
Grant	30,000	Scholarships for school districts to participate in Summer Academy Training or for accessing trainers through the Talent Bank to provide staff in-service training in their district.
<u>Total</u>	<u>\$45,000</u>	

Original sponsor(s): SEN. BINKLEY, Zharoff, Cognill, Eliason, Pearce,
Adams, Faiks, Sturgulewski, Frank, Jones, Pourchot, Kelly, Uehling, Halford

1 IN THE SENATE BY THE HESS COMMITTEE
2 HOUSE CS FOR SENATE BILL NO. 409 (HESS)
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 SIXTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to training for teachers and certain
7 school officials."

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

9 * Section 1. AS 14.20 is amended by adding a new section to read:

10 ARTICLE 8. REQUIRED TRAINING.

11 Sec. 14.20.680. TRAINING REQUIRED FOR TEACHERS AND OTHER SCHOOL
12 OFFICIALS. (a) A school district or regional educational attendance
13 area shall train each teacher, administrator, counselor, and special-
14 ist on the needs of individual students who have alcohol or drug
15 related disabilities. The training must utilize the best available
16 educational technology and include an overview of medical and psycho-
17 logical characteristics associated with alcohol or drug related dis-
18 abilities, family issues, and the specific educational needs of stu-
19 dents with alcohol or drug related disabilities.

20 (b) A newly hired teacher, administrator, counselor, or special-
21 ist who has not previously received the training required under (a) of
22 this section shall receive the required training within 45 days after
23 the first day the teacher, administrator, counselor or specialist
24 begins to work.

25 * Sec. 2. APPLICABILITY. Teachers, administrators, counselors, and
26 specialists employed by a school district or regional educational atten-
27 dance area on the effective date of this Act shall receive the training
28 required under AS 14.20.680(a), enacted by sec. 1 of this Act, before
29 July 1, 1992. Notwithstanding AS 14.20.680(b), enacted by sec. 1 of this

1 Act, a teacher, administrator, counselor, or specialist who is hired by a
2 school district or regional educational attendance area after the effective
3 date of this Act, but before July 1, 1992, shall receive the training
4 required by AS 14.20.680(a), enacted by sec. 1 of this Act, at any time
5 before July 1, 1992 or within 45 days after the teacher, administrator,
6 counselor, or specialist began work, whichever is later.



Alaska State Legislature

SENATE

Committee on Finance

Official Business

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

May 2, 1990

TO: Representative Lyman Hoffman, Co-Chairman
House Finance Committee

FROM: Senator John Binkley *John*

RE: HCSSB409 (HESS) - Relating to training for teachers
and certain school officials

I would appreciate your consideration of scheduling HCSSB409 (HESS) at the earliest possible time.

HCSSB409 (HESS) would require school districts and REAA's to train teachers and other school personnel on alcohol and drug related birth defects. This would include the special educational needs of the children.

Children with alcohol and drug related birth defects show symptoms of hyperactivity, poor coordination, and noncompliance. In school they require constant supervision, have difficulty with change, require additional classroom structure, and have extremely low attention spans.

Not all of these children are referred to special education. Not all of these children are developmentally disabled. Yet all of these children present special challenges to parents, teachers, and other care providers.

The Department of Education has responded to SB 409 with a plan to develop training materials for inservice instruction, to be implemented during the 1991-1992 school year.

The bill is supported by NEA, Alaska Association of School Boards, the Department of Education, the Office of Prevention, Tanana Chiefs Conference, Rural CAP, AFN, Village Participation Conference, the FAS/FAE Support Network in Alaska.

Thank you for your consideration.

The Crack Children

Their troubles don't end in infancy. As cocaine babies grow up, health and social workers are discovering a whole new set of drug-related problems.

Arthur was already 3 days old when his aunt found him in the Houston garage where his crack-addicted mother had abandoned him. Arthur's aunt adopted him, but at 13 months, he was so wild that his aunt called him "possessed." She brought him to a special program for infants sponsored by Houston's Mental Health and Mental Retardation Authority. There, he would not let his teacher, Geynille Agee, come closer than eight feet before he began hurling toys at her. Two years later Agee thinks she has made a little progress with the boy; he can now walk calmly down the hall holding his aunt's hand—something he could never do before.

Christina, another 3-year-old in the Houston program, does not like to be touched. Her teacher tried gently rubbing the child's skin with soft toys. Most made Christina shrink away. Finally, Christina became interested in puzzles, but rather than pick up the pieces herself, she would gingerly hold her teacher's wrist while the woman put the pieces together.

Arthur and Christina (not their real names) are among the oldest of a generation of children across the country who share a terrible heritage—their mothers all smoked crack while they were pregnant. A few years ago crack-exposed babies made headlines when they began showing up in intensive-care nurseries. Then, the struggle was just to get them out of the hospital. Now, experts say, their problems appear to be long term—and far more difficult to solve.

The first wave of crack babies is just approaching school age, and educators are frustrated and bewildered by their behavior. "They operate only on an instinctual level," says Agee of her students. "They eat and sleep, eat and sleep. Something has been left out." Sometimes withdrawn, these children may have trouble playing or even talking with other kids. Some have tremors or periods when they seem to tune out the world. No one yet knows how to undo the damage caused by a pregnant woman's drug use. Some teachers predict that special-education programs like the one in Houston will soon be swamped with crack children. "We need experts to deal with them immediately," says a spokesper-

son for the city's mental-health authority. "But who will be the experts? We are all having to learn about this one together."

There's no question that the need is tremendous. According to a major national study of the problem, about 11 percent of all newborns—375,000 babies annually—have been exposed to drugs in utero. Crack cocaine is the primary addiction of pregnant women, although many use other drugs as well. The doctor who conducted



EUGENE RICHARDS—MAGNUM

Tragic start: Pregnant crack user

Damage Done

- At least 375,000 babies are born annually to mothers who use drugs.
- One survey estimates that the number of drug-exposed infants has more than tripled since 1985.
- Cocaine cuts the flow of nutrients and oxygen to the fetus, causing deformities and growth impairment.
- Drug-exposed 2-year-olds have trouble concentrating, interacting with groups and coping with structured environments.

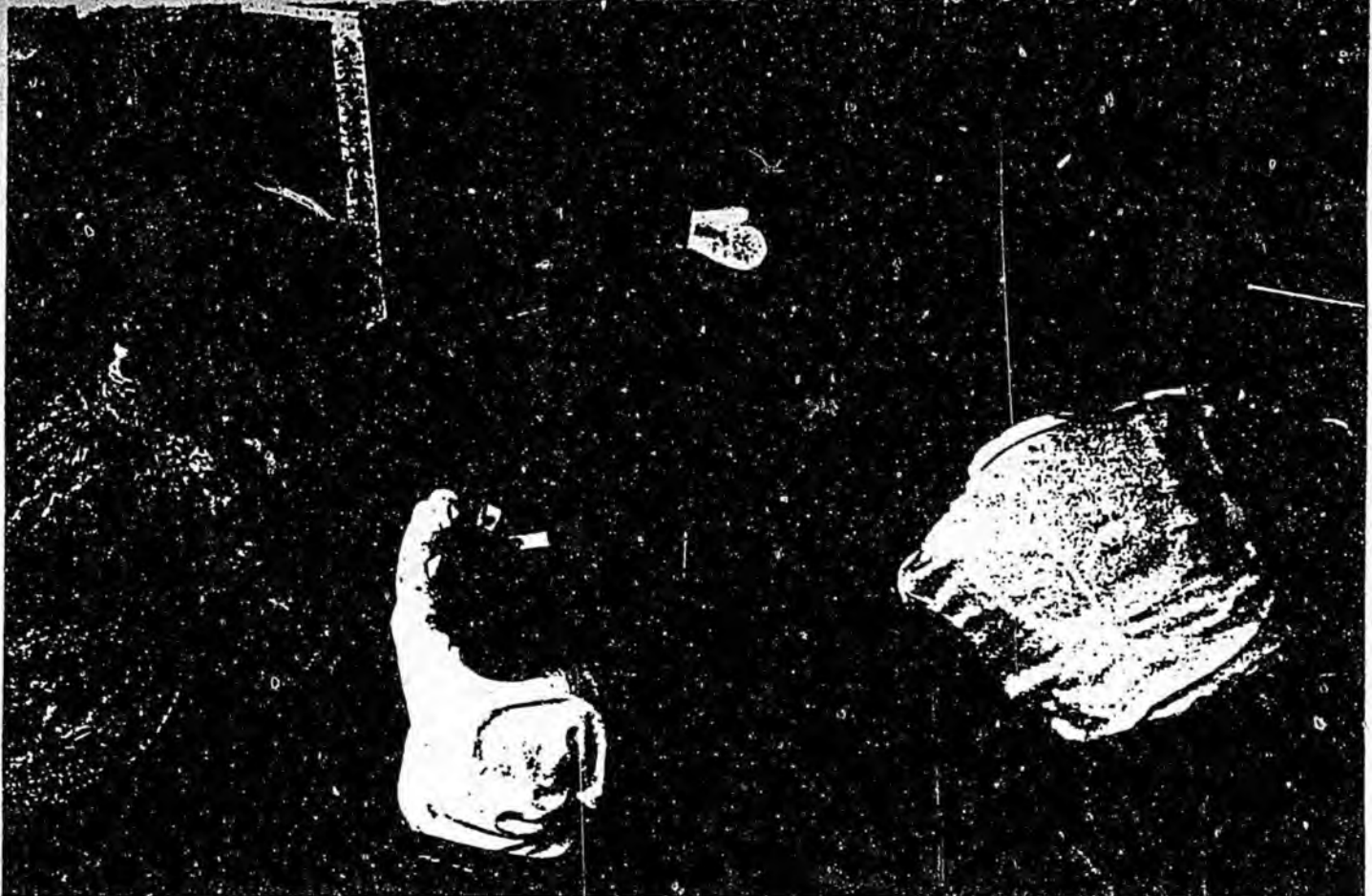
that 1988 study, Ira Chasnoff, president of the National Association for Perinatal Addiction Research and Education, thinks his results probably understate the problem because a mother's drug use can be hard to detect. Drug screening is not routine in many hospitals, and even with testing, crack use is not always obvious.

Without reliable testing, doctors must look for other clues. For example, pregnant crack addicts may not visit a doctor until they actually go into labor and are ready to deliver—and sometimes not even then. "When a patient comes in with no history of prenatal care, we automatically start wondering if there's been drug abuse," says Dr. Ezra Davidson of King-Drew Medical Center in Los Angeles. Davidson, who is also president of the American College of Obstetricians and Gynecologists, estimates that a quarter of the babies coming into his hospital's intensive-care nursery have drug-related problems.

Many of these babies start their lives with serious handicaps. They are likely to be born prematurely, says Dr. Gordon B. Avery of Children's National Medical Center in Washington, D.C., and may weigh as little as two pounds. "They get hit with everything other premature babies do—*plus*," Avery says. Compared with other preemies, they're more likely to have hydrocephaly (water on the brain), poor brain growth, kidney problems and apnea (when babies suddenly stop breathing). They are also more likely to have suffered an infarct of the brain—similar to a stroke.

Birth defects: And that's only the beginning. Doctors who have followed the progress of crack babies now believe their drug-related birth defects may contribute to major developmental difficulties. Dr. Judy Howard of the UCLA School of Medicine, who has studied hundreds of crack children, says that they are hard to care for almost from the moment of birth. They may be either extremely irritable or very lethargic, have poor sucking abilities that hamper feeding and irregular sleep patterns. As they grow older, they may be hyperactive, slow in learning to talk and have trouble relating to other people—just like Arthur and Christina, the youngsters in the Houston program.

As part of her research, Dr. Howard com-



PHOTOS BY LESTER SLOAN—NEWSWEEK

pared preemies born to crack users with other (noncrack) preemies. Even at the age of 18 months, after receiving good medical care and educational therapy, the crack kids were in bad shape. They tended to hit their toys or throw them around the room, without apparent motive or provocation. "Their facial expressions appeared flat and joyless and their body language did not demonstrate enthusiasm," says Howard, who points out that children who can't or won't play with toys are missing an important avenue of development. "The kids have an impairment that makes them disorganized in everything they do," she says. Doctors haven't been able to pinpoint the exact reason for these problems, but they suspect neurological damage. Howard says it's as if the part of the brain that "makes us human beings, capable of discussion or reflection," has been "wiped out."

Early Intervention: So far, there are only a handful of programs dedicated to helping crack children. At the Salvin Special Education School in Los Angeles, teacher Carol Cole says her two-year-old program is still experimental; every day she and her colleagues try to figure out new ways to help the kids. Early intervention and individual attention seem to be crucial. There are no more than eight 3- and 4-year-olds in each class with as many as three teachers. Much of the day is taken up with regular preschool activities—songs, games, art projects. But the school also has a pediatrician, psychologists, social workers and speech and language specialists. They're all ready



to help with the problems caused not only by the mothers' crack use, but also by the youngsters' often chaotic home lives. In some of their families, drug use is still a factor. That puts these kids at high risk for abuse and neglect. Doctors also suspect that the children may be seriously injured just by breathing the crack-filled smoke in their homes. Cole says that the continuity

Doing what they can: Teachers with crack kids at the Salvin School

and routine at school help the kids feel secure. They also get lots of opportunities to talk about things that may be bothering them. "We acknowledge what exists," says Cole. "We talk about the specifics of their lives. And they feel safe when they know we know."

Lost generation: As America's crack problem worsens, health and social workers are left with only two options: get mothers into treatment programs in time to protect their babies, or prepare to deal with a steady stream of troubled children. Unfortunately, many drug facilities exclude pregnant women; in one recent study of programs in New York City, 54 percent wouldn't let these mothers in. And once children are born to crack mothers, the problems become even more daunting. "We simply can't take all these babies away from their mothers," says Dr. Loretta Finnegan of Jefferson Medical College in Philadelphia, who has worked with pregnant addicts for many years. "Where are we going to put them?" In addition to stepping up—and paying for—drug enforcement and drug treatment, the country now must confront a whole new facet of the crack epidemic: an entire generation that may never be free of the scourge.

BARBARA KANTROWITZ with PAT WINGERT in Washington, NONNY DE LA PEÑA in Houston, JEANNE GORDON in Los Angeles and TIM PADGETT in Chicago

Anchorage Daily News
April 22, 1990

Alaskans should lead the attack against fetal alcohol syndrome

616 0287 0391

"Sally," like many children who suffer from Fetal Alcohol Syndrome (FAS), had a special affection for animals.

The perfect job for Sally, thought Dr. Ann Streissguth, a nationally known FAS expert at the University of Washington, would be working with a veterinarian.

Sally got a job bathing animals and cleaning out animal cages. She managed to hold down this job for a year — which Streissguth says is "probably the record we've ever had of a child with FAS holding a job."

As a result of the brain damage she suffered from her mother's alcohol abuse during pregnancy, Sally couldn't focus on tasks. She couldn't remember from one day to the next how to do jobs like sweeping the floor in front of the animal hospital.

Like many FAS young people, Sally loved to make friends and talk with them. But her constant socializing distracted other employees from their work.

With the right education, young adults

JUDITH KLEINFELD

with FAS might do much better. But we know little about what works for them.

A rural teacher put it squarely, "I've got two kindergarten children with FAS, and more are coming up. What do I do?"

I had never seen a study on educating FAS children so I called experts around the country to find out what was going on. The answer is "hardly anything."

The best work available is a report by Ann Streissguth and her colleagues, A Manual on Adolescents and Adults with Fetal Alcohol Syndrome with Special Reference to American Indians, commissioned by the Indian Health Service. But it doesn't focus on education.

In this study, Streissguth followed up 61 adolescents and adults who had been diagnosed as having FAS or its less extreme form, Fetal Alcohol Effects (FAE).

"Of the 61 patients," she says, "none of

them were living independently. We found terrible problems. They weren't able to work. They weren't able to care for their children.

"We found that the schools weren't meeting their needs. They were often getting kicked out of school not because they couldn't read or write but for behavior problems.

"It was the behavior problems that the schools couldn't stand and which the job programs couldn't stand and which their employers couldn't stand."

Teachers often had the wrong reactions about how to work with FAS children. Many, for example, wanted to avoid "labeling" these children for fear that the diagnosis would make people expect too little from them.

The serious problems Streissguth found are not inevitable. The outlook might be considerably better if we knew more about how to educate FAS/FAE children.

Under the leadership of Sen. John Bink-

ley of Bethel, Alaska is emerging as a pioneer in efforts to combat alcohol-related birth defects. Binkley has introduced legislation to increase public awareness of the problem, treat pregnant women who abuse alcohol, and educate teachers. It's impressive legislation.

But we need to do more than spread knowledge of how to educate FAS/FAE children. The basic knowledge isn't there to spread. With the highest rate of FAS/FAE in the country, Alaska should pioneer in producing this research.

An Alaskan FAS/FAE parent group has been started and publishes a useful newsletter. Contact Chris Jackson, FAS Education Coordinator, P.O. Box 74612, Fairbanks, Alaska 99707, 456-1101.

□ Judith Kleinfeld is head of the Department of Education, Fairbanks Faculty, College of Rural Alaska at the University of Alaska Fairbanks.

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SENATE FINANCE COMMITTEE REPORT

DATE: 5/3/90

FURTHER:

DATE TURNED INTO OFFICE: _____

The Finance Committee considered SB 413

Relating to eligibility for receiving a career education student loan.

and recommended:

- replace with _____ CS _____ same title
- or adopt _____ CS _____ new title
- attached amendment(s) technical
- _____ letter of intent adopted title change (HB only)

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

Bill died in Committee.

ATTACHES NEW FISCAL NOTE(S):
Dept/Date:

APPROVES PREVIOUS:
Dept/Date:

fiscal note(s) _____

fiscal note(s) _____

zero fiscal note(s) _____

zero fiscal note(s) _____

appropriation-no fiscal note

SIGNING DO PASS:

OTHER RECOMMENDATIONS:

1. _____ 2. _____
Co-Chairs: Signatures and Recommendations

SENATE COMMITTEE REPORT
FIRST COMMITTEE OF REFERRAL

DATE: 1/29/90

FURTHER: Finance

Date of 5-Day Notice: 4/26/90
(in accordance with Uniform Rule 23)

DATE TURNED INTO OFFICE: 5/3/90

H E S S Committee considered SB 413

"An Act relating to eligibility for receiving a career education student loan."

and a majority of the committee recommends do pass

and recommended:

- replace with _____ CS _____ same title
- attached amendment(s) new title
- _____ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

ATTACHES NEW FISCAL NOTE(S):
Department(s)/Date:

Department(s)/Date:

fiscal note(s) _____

zero fiscal note(s) _____

appropriation-no fiscal note

Governor's bill w/fiscal note

SIGNING DO PASS:

OTHER RECOMMENDATIONS:

[Signatures]

Paul Smith (Do Pass)
Chair: Signature and Recommendation

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Education
 Title: Eligibility for Receiving a
Career Education Student Loan BRU: Postsecondary Education
 Sponsor: Senator Binkley Components: Program Administration/
 Requestor: Senate Hess Student Loan Operations

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Jane Byers Maynard/Executive Director Phone: 465-2854
 Division: Alaska Commission on Postsecondary Education Date: February 14, 1990

Approved by Commissioner: _____ Date: _____
 Agency: _____

- Distribution (by preparer) :
- Legislative Finance
 - Legislative Sponsor
 - Requestor
 - Office of Management and Budget
 - Impacted Agency(ies)

Introduced: 1/29/90
Referred: HESS and Finance

6-1813A

BY SEN. BINKLEY, Zharoff, Eliason, Jones, Adams

1 IN THE SENATE

2 SENATE BILL NO. 413

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 SIXTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to eligibility for receiving a
7 career education student loan."

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

9 * Section 1. AS 14.43.125 is amended by adding a new subsection to
10 read:

11 (d) A person may not be awarded a scholarship loan under
12 AS 14.43.090 - 14.43.160 to attend a career education course that
13 includes training in the sale, distribution, preparation, or service
14 of alcoholic beverages, unless the career education course includes at
15 least six hours of training in alcohol-related birth defects.
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SENATE FINANCE COMMITTEE REPORT

DATE: 4/24/90

DATE TURNED INTO OFFICE: 7/28/90

The Finance Committee considered

SB 414

"An Act relating to commitment to treatment programs for pregnant women who are alcoholics."

and recommended:

- replace with _____ CS _____
 - or adopt _____ CS _____
 - attached amendment(s)
 - _____ letter of intent adopted
- same title
 - new title
 - technical title change (HB only)

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

ATTACHES NEW FISCAL NOTE(S):

Dept/Date:

Fiscal note(s) SFC/DCR 4/28/90
25.0

zero fiscal note(s) _____

APPROVES PREVIOUS:

Dept/Date:

fiscal note(s) DCR 25.0 4/27/90

zero fiscal note(s) Courts 2/21/90
DHSS 2/21/90

appropriation-no fiscal note

SIGNING DO PASS:

Paul Frank

OTHER RECOMMENDATIONS:

None No Rec

Paul V. Stauff No Rec

James W. ... - No!!
James W. ... - do not pass

1. John B. ... 2. Rich ... (No Rec)
Co-Chairs: signatures and recommendations

STATE OF ALASKA
1990 LEGISLATIVE SESSION

BILL VERSION: SB 414 (c)
PUBLISH DATE: 4/24/90

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: "An Act relating to commitment to treatment for pregnant women who are alcoholics..."
Sponsor: Senator Binklev
Requestor: Senate HESS
Agency Affected: Department of Law
BRU: Legal Services
Components: Operations

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	25.0	50.0				
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	25.0	50.0	-0-	-0-	-0-	-0-

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	25.0	50.0	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Please see the attached analysis.

Prepared by: Richard I. Pegues, Director Phone: 465-3672
Division: Administrative Services Date: February 27, 1990
Approved by Commissioner: Richard I. Pegues /FOR/ Douglas B. Bailly, Attorney General Date: February 27, 1990
Agency: Department of Law

Distribution (by preparer):

Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Dept of Administration
 Title: Commitment to alcoholic treatment pograms for pregnant women BRU: Public Defender Agency
 Sponsor: Senator Binkley Components: Third Judicial District
 Requestor: Senate Finance

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	25.0	50.0	7.5	7.7	7.9	8.1
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	25.0	50.0	7.5	7.7	7.9	8.1

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	25.0	50.0	7.5	7.7	7.9	8.1
FEDERAL FUNDS						
OTHER						
TOTAL	25.0	50.0	7.5	7.7	7.9	8.1

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Senator Rick Uehling, Co-chairman Phone: 465-4821
 Division: Senate Finance Committee Date: April 28, 1990

Approved by Commissioner: _____ Date: _____
 Agency: _____

Distribution (by preparer):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

CONTINUATION of FISCAL NOTE ANALYSIS

For Bill/Resolution No. SB 414

This bill amends AS 47.37, the state's Uniform Alcoholism and Intoxication Treatment Act, to provide for the involuntary commitment of women who are pregnant, and unless committed, are likely to harm a fetus by the continued use of alcohol.

The Act currently provides for an initial commitment period of 30 days, but also provides for up to two 90 day recommitment periods if an alcoholic is still likely to inflict physical harm on another person. The bill extends the recommitment period to a pregnant women if the likelihood of physical harm to another or continued harm to the fetus still exists. The bill goes even further; however, by providing that the Department of Health and Social Services shall seek a court order for commitment to continue until the woman is no longer pregnant if after examination it is determined that the likelihood still exists that, without further commitment, the women will continue using alcohol in a way that is likely to inflict harm on the fetus.

There has been and there is a growing awareness throughout the state of the terrible injuries to fetuses known as Fetal Alcohol Syndrome. This bill seeks to prevent or reduce FAS injuries. In doing so, it appears the bill would have the effect of establishing certain rights for unborn children as a matter of government policy, which have not, heretofore, been recognized under state law.

A major policy change of this magnitude will unquestionably be challenged in the courts, as an unlawful infringement on women's rights. And the issue will likely be joined by pro choice and anti-abortion groups. It is expected that the bill, if enacted, will be attacked on equal protection grounds because only women could be committed under the bill's provisions. The Department of Law therefore expects that it would have to prepare for a constitutional challenge, which would require the services of outside counsel legal scholars in order to defend against such a challenge. The department estimates that about 500 hours of outside assistance would be required, at an approximate cost of \$150 dollars per hour. The cost has been spread between FY91 and FY92, although the timing of a challenge is in the hands of a challenger and not the state.

The department also has three areas of concern, which are discussed briefly below. One, involuntary commitment, except for protective custody for incapacitation, requires a court order. Due to budget restrictions, the Department of Law is not able to handle any substantial number of new commitments that might result if the bill is approved. In some areas, municipal attorneys already handle these proceedings due to the department's existing caseload and its limited staff. Because data is not available that would indicate expected caseloads, fiscal impact costs for commitment proceedings cannot be estimated at this time. To the extent that the bill causes a measurable workload increase, the increase could not be handled unless additional resources are made available to the department. In view of the equal protection issue, proceedings could be extensive.

Two, because commitment would be authorized under the bill on the basis of the harm likely to be caused to the fetus by the continued use of alcohol, some increase in expert medical examinations and testimony will be required. Currently, this cost is primarily borne by the Department of Health and Social Services or the local grantee agencies that operate treatment facilities. Although the cost of such an increase cannot now be measured, it could here again be substantial because of the equal protection issue and a resulting requirement for convincing medical evidence.

Three, most of the facilities to which alcoholic and committed for treatment are already filled to capacity. The bill would not only establish a whole new class of persons who would be subject to commitment, but it could also substantially increase the period of commitment and effectively reduce the space available in treatment facilities. As a practical matter, commitment cannot take place without such facilities.

FISCAL NOTE

REQUEST:

Revision Date: _____	Agency Affected: _____	Alaska Court System
Title: <u>An Act relating to commitment to</u>	BRU: _____	Trial Courts
	<u>treatment programs for pregnant women...</u>	
Sponsor: <u>Binkley, Zharoff, Coghill, Pourchot...</u>	Components: _____	
Requestor: <u>HESS</u>		

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 90	FY 91	FY 92	FY 93	FY 94	FY 95
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

General Funds	0.0	0.0	0.0	0.0	0.0	0.0
Federal Funds						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

No fiscal impact.

Prepared by: Jan Strandberg, General Counsel
 Division: Alaska Court System

Approved by: Arthur H. Snowden, II, Administrative Director
 Agency: Alaska Court System

Phone: 264-8228
 Date: 02/21/90

Date: 02/21/90

Distribution (by preparer):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management & Budget
 Impacted Agency(ies)

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Health & Social Services
 Title: Relating to commitment to BRU: _____
treatment programs for pregnant women . . .
 Sponsor: Binkley Components: _____
 Requestor: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
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FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

Fiscal impact for FY90 is "0".

Prepared by: Katherine Kelly, Director Phone: 465-3090
 Division: Division of Public Health Date: _____

Approved by Commissioner: Myra M. Munson Date: 2/21/90
 Agency: Department of Health & Social Services

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

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Although the Department has submitted a "0" fiscal note on this legislation, we believe that this fiscal note deserves additional explanation.

Few individuals are involuntarily committed to alcohol programs under the current commitment law. This occurs for two reasons. First, there are few available beds in treatment programs into which the individual can be committed. In the absence of a bed, the commitment does not take place. Secondly, the commitment law has been criticized by some as very difficult to use. These individuals claim that, regardless of the availability of space in treatment programs, few individuals are able to be committed.

The Department's "0" fiscal note assumes that if a pregnant woman is committed, she will either fill a bed that is already being paid for through State funds or bump an individual off an existing waiting list for the treatment slot. If no bed is available, we assume that the commitment will either not be sought or will not be granted. To the extent that the existing commitment law is changed or that sufficient additional treatment capacity becomes available, additional state funds to pay for this treatment may be necessary.

The Department wishes to emphasize that our "0" fiscal note does not imply that additional resources are not needed to provide appropriate programs for pregnant women who abuse alcohol. The peculiarities of the commitment law, rather than our assessment of available resources, have dictated the submission of this fiscal note. The Department recognizes that additional resources are needed to develop appropriate alcohol treatment services for pregnant women and we have included an increment in the FY 91 budget to expand these services.

BY SEN. BINKLEY, Zharoff, Coghill, Pourchot, Eliason, Faiks, Adams, Kelly

1 IN THE SENATE

2

SENATE BILL NO. 414

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

SIXTEENTH LEGISLATURE - SECOND SESSION

5

A BILL

6 For an Act entitled: "An Act relating to commitment to treatment programs

7

for pregnant women who are alcoholics."

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

9 * Section 1. AS 47.37.190(a) is amended to read:

10 (a) After a hearing initiated by petition of a spouse or guard-
11 ian, a relative, the certifying physician, or the administrator in
12 charge of an approved public treatment facility, a person may be
13 committed to the custody of a private or public facility by the
14 superior court. The petition shall allege that the person is an
15 alcoholic who habitually lacks self-control in using alcoholic bever-
16 ages and that the person (1) is pregnant and, unless committed, is
17 likely to harm the fetus by continued use of alcohol; (2) has
18 threatened, attempted to inflict, or inflicted physical harm on an-
19 other and that unless committed is likely to inflict physical harm on
20 another; or (3) [(2)] is incapacitated by alcohol. A refusal to
21 undergo treatment does not constitute evidence of lack of judgment as
22 to the need for treatment. The petition shall be accompanied by a
23 certificate of a licensed physician who has examined the person within
24 two days before submission of the petition, unless the person whose
25 commitment is sought has refused to submit to a medical examination,
26 in which case the fact of refusal shall be alleged in the petition.
27 The certificate shall set out the physician's findings in support of
28 the allegations of the petition.

29 * Sec. 2. AS 47.37.200(c) is amended to read:

1 (c) A person committed under AS 47.37.190 - 47.37.200 shall
2 remain in the custody of a private or public facility for treatment
3 for a period of up to 30 days. At the end of the 30- day period, the
4 person shall be discharged automatically unless the office, before the
5 expiration of the period, obtains a court order for recommitment upon
6 the grounds set out in AS 47.37.190(a) for a further period of up to
7 90 days. If a person has been committed because the person is an
8 alcoholic likely to inflict physical harm on another or is an alco-
9 holic pregnant woman whose continued alcohol use is likely to harm her
10 fetus, the office shall apply for recommitment if after examination it
11 is determined that the likelihood of physical harm on another or
12 continued harm to the fetus still exists.

13 * Sec. 3. AS 47.37.200(d) is amended to read:

14 (d) A person recommitted under (c) of this section who has not
15 been discharged by the private or public facility before the end of
16 the 90-day period shall be discharged at the expiration of that period
17 unless the office, before expiration of the period, obtains a court
18 order on the grounds set out in AS 47.37.190(a) for recommitment for a
19 further period not to exceed 90 days. If a person has been committed
20 because the person is an alcoholic likely to inflict physical harm on
21 another or is an alcoholic pregnant woman whose continued alcohol use
22 is likely to harm her fetus, the office shall apply for recommitment
23 if after examination it is determined that the likelihood of physical
24 harm on another or continued harm to the fetus still exists. No more
25 than two recommitment orders may be permitted under (c) and (d) of
26 this section unless the person is pregnant. If the person is pregnant
27 and has been recommitted for two 90-day periods under (c) and (d) of
28 this section, the department shall seek a court order for commitment
29 to continue until the woman is no longer pregnant if after examination

1 it is determined that the likelihood still exists that, without fur-
2 ther commitment, the woman will continue using alcohol in a way that
3 is likely to inflict harm on the fetus.

4 * Sec. 4. AS 47.37.200(g) is amended to read:

5 (g) A person committed to the custody of the office for treat-
6 ment shall be discharged at any time before the end of the period for
7 which the person has been committed if one or more [EITHER] of the
8 following conditions is met:

9 (1) when a pregnant woman committed on the grounds of
10 likelihood of infliction of harm to the fetus is no longer considered
11 an alcoholic or is no longer pregnant;

12 (2) when an alcoholic committed on the grounds of likeli-
13 hood of infliction of physical harm on another is no longer considered
14 an alcoholic or the likelihood of the person inflicting physical harm
15 no longer exists; or

16 (3) [(2)] when, in the case of an alcoholic committed on
17 the grounds of the likelihood of infliction of physical harm on an-
18 other, either

19 (A) further treatment will not be likely to bring
20 about significant improvement in the person's condition, or

21 (B) treatment is no longer adequate or appropriate.

22 * Sec. 5. AS 47.37.220(a) is amended to read:

23 (a) Patients in any approved treatment facility under this
24 chapter shall be granted reasonable opportunities for adequate consul-
25 tation with counsel [,] and for continuing contact with family and
26 friends, including the use of telephone facilities, consistent with an
27 effective treatment program. A pregnant patient shall be granted
28 reasonable opportunities for adequate consultation with a physician or
29 other health care practitioner of the patient's choice; this consul-

1 tation may occur either inside or outside the treatment facility, at
2 the patient's discretion.



Official Business

Alaska State Legislature

SENATE

Committee on Finance

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

April 25, 1990

TO: Senate Finance Committee

FROM: Senator John Binkley *John*

RE: SB 414 - Relating to commitment to treatment programs for pregnant women who are alcoholics

SB 414 is one of a package of bills which target the problems of Fetal Alcohol Syndrome. It would provide for petition for commitment to a treatment center of an alcoholic pregnant person whose continued use of alcohol will likely harm the fetus.

There is no obvious right or wrong as we consider the rights of the mother and the rights of the child under our laws, but the consequences for the child of continued alcoholic drinking during the critical months of his or her development are staggering. A child born with Fetal Alcohol Syndrome has been damaged for life, with enormous medical problems, irreversable educational consequences, and social and daily living skills far below other children and adults. There are women in Alaska who have produced three, four, even as many as seven Fetal Alcohol Syndrome Child. When this happens I believe it is the appropriate and responsible action for society to intervene.

Alaska's alcohol commitment statutes are difficult under any circumstances, and would not be used to commit women who are casual or social drinkers. The commitment statutes provide a civil remedy, they would not put pregnant women in jail. SB 414 would provide an important tool where all other means of intervention had failed.

The average cost to society for each FAS child born in Alaska is more than \$1.4 million, although with the miracles of modern science the medical bills of a severely damaged infant can easily top that figure in a matter of months. Estimating 29 FAS children born each year, we are looking at an encumbered societal cost of nearly \$40 million. If we add Fetal Alcohol Effect children that cost skyrockets to \$104 million.

RE: Senate Bill 414 - Relating to commitment to treating
programs for pregnant women who are alcoholics

Sectional Analysis

Section 1. Amends AS 47.37.190(a).

Adds a new provision under commitment statutes for alcoholism to allow for the petition for commitment to the custody of a private or public facility of a person who is alcoholic and is pregnant, and unless committed, is likely to harm the fetus by continued use of alcohol.

All protections under the current system remain in place. A physician who has examined the person within two days before submission must certify to the advisability of commitment.

Section 2. Amends AS 47.37.200(c).

Adds language to recommitment statute "an alcoholic pregnant woman whose continued use is likely to harm her fetus" and requires a finding of the likelihood of physical harm on another or continued harm on the fetus still exists.

Section 3. Amends 47.37.200(d).

Includes "an alcoholic pregnant woman whose continued alcohol use is likely to harm her fetus" in second recommitment. Provides for an exception to existing prohibition against more than two recommitments in the case of a person who is pregnant.

Section 4. Amends AS 47.37.200(g).

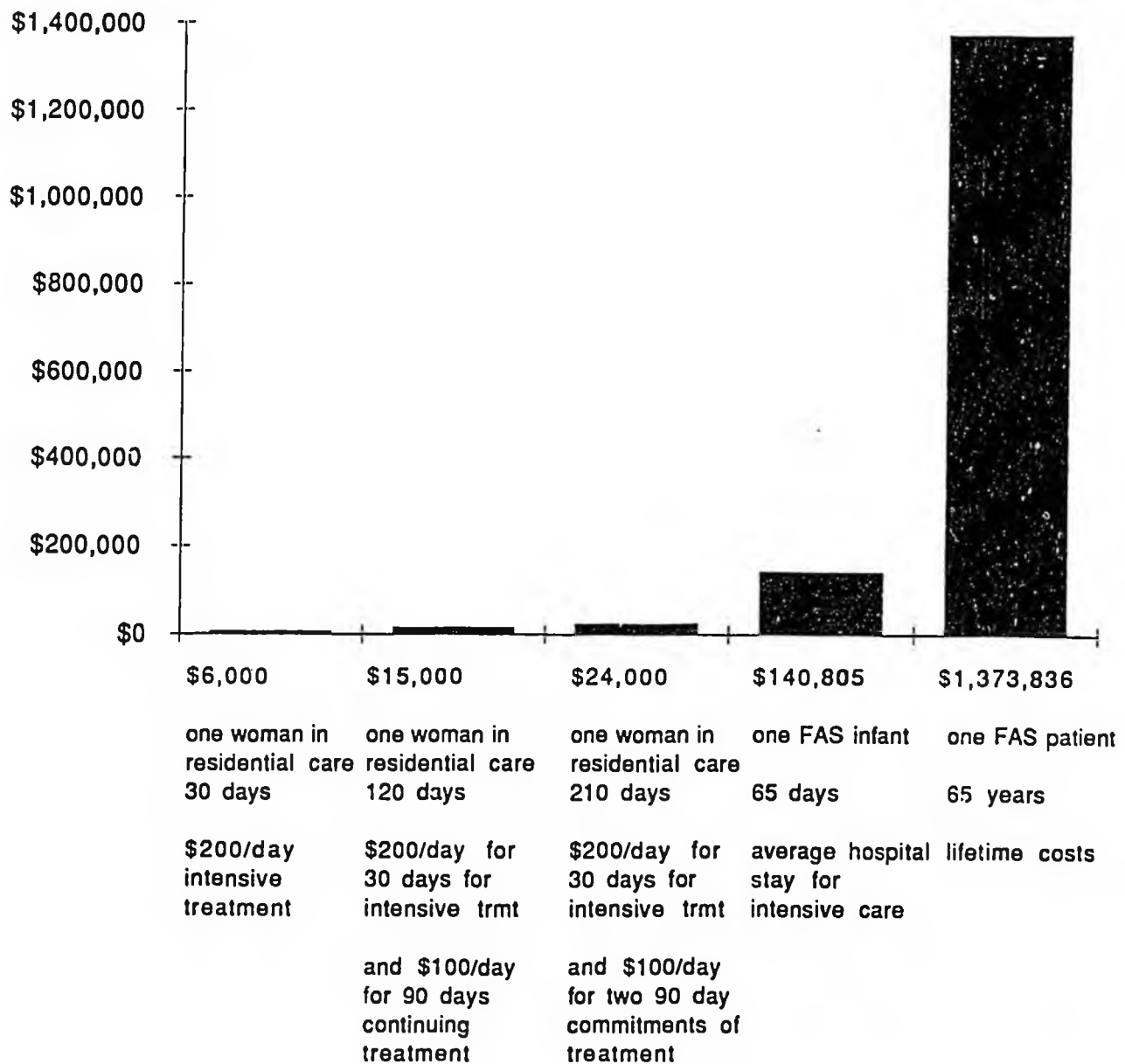
Adds a new paragraph (1) to provide for discharge of a person committed "on the grounds of likelihood of infliction of harm to the fetus" is no longer considered an alcoholic or is no longer pregnant.

Following sections have been renumbered accordingly.

Section 5. Amends AS 47.37.220(a).

Provides that a pregnant patient committed under this chapter shall be granted reasonable access to a doctor or other health care provider of the patient's choice, either inside or outside the treatment facility.

Costs of Treatment as Compared with Costs of FAS



Bill would reduce birth of FAS babies

OPINION

by Sen. John Binkley
for the Tundra Times

JUNEAU — We can take an important step to reduce the number of Fetal Alcohol Syndrome babies born in Alaska if my bill providing for involuntary commitment of pregnant alcoholic women passes the Legislature. But one thing we won't be doing is putting drinking moms in jail.

It's understandable that people unfamiliar with this legislation might think the police will be prowling the bars, looking for pregnant women to haul off to jail if this bill passes. That's not true.

And even if an alcoholic woman did find herself in court under this law, she wouldn't be sent to jail. The judge would be able to order her to check into a residential alcohol treatment program.

Here's exactly what the bill — Senate Bill 414 — would do as it is currently written:

If a pregnant woman is showing signs of serious alcoholism, the bill allows the court to be petitioned to determine whether she needs professional help to avoid harming the baby she is carrying. And, while there is plenty of evidence to show that even a couple of drinks a day during pregnancy can cause some damage to the baby's health, this bill is aimed only at the hard core alcoholic, not the casual drinker.

The only people who could make a complaint in court against the woman would be her spouse, guardian, relative, a doctor or the administrator of a treatment facility. Because the bill also requires a doctor to file a certificate supporting the court petition, we've tried to protect against a situa-

tion where an angry husband or relative files an unjustified complaint.

The doctor must have examined the woman sometime within the two days prior to the petition being submitted to the court, or must have at least given her the opportunity to reject a physical examination.

If, after reviewing the evidence and the physician's certificate, the court decides that only intervention can prevent damage to the baby, the judge can then order the woman committed to a private or public facility for treatment of alcoholism.

The commitment period would be 30 days, with provisions for extension until the baby is born if the court is convinced during a second hearing that there is a need for continuing treatment.

As the treatment goes on, the patient would be provided reasonable opportunities to see the doctor of her choice.

And even if an alcoholic woman did find herself in court under this law, she wouldn't be sent to jail. The judge would be able to order her to check into a residential alcohol treatment program.

probably is true, but medical research has documented the fact that the brain is developing through the whole term of the pregnancy.

So even if the mother didn't stop drinking until the latter stages of her pregnancy, the child would still have a chance of having fewer defects than if the alcohol abuse were allowed to continue right up until birth.



And, at any point during the treatment period, if the woman either is determined to be no longer alcoholic or she is no longer pregnant, she would be released.

Most mothers obviously want to take good care of their babies from the moment they find out they're pregnant, and they don't need or deserve anybody from the state telling them how to do it. But alcohol and drug addiction can override that natural protective instinct, and helping those mothers addicted to alcohol protect their babies is the aim of this bill.

Some would say we have no right to intervene in a pregnant woman's life. I'd point out that we already have laws on the books making it illegal to provide alcohol or drugs to children from the moment they are born. Shouldn't we provide that same protection — if only in the most serious cases of alcohol abuse by the mother — in the months before the child is born?

Others might argue that by the time a woman is obviously pregnant and her alcohol abuse is documented well enough to go to court, the fetus has already been damaged. That some damage already would have occurred

Finally, some opponents of this bill would argue that it would discourage women from seeking medical care during pregnancy, out of fear that the doctor might file a complaint to get her committed to an alcohol program. But again, this bill is aimed only at the most serious abusers, and we've found that many pregnant women who are seriously alcoholics don't get proper medical care during their pregnancy anyway.

Fetal Alcohol Syndrome saddles a child with lifelong defects that are directly attributable to the mother's behavior. And since most these mothers have no financial resources, they create expensive financial problems we end up paying for. It costs an average of \$1140,000 just to get a newborn FAS child through the period of intensive care it requires at birth and \$1.4 million to care for it over a lifetime.

When I filed this bill, I thought a lot about a woman in Southcentral Alaska who has had seven FAS babies. All of those children are in foster families now, and the last we heard, this woman is pregnant again.

If we had had this law on the books, we might have been able to save not only her first FAS baby from some degree of damage, but the other six as well. Being committed to a treatment program might have brought an end to her alcohol abuse for good, and those other six babies could have been born healthy.

I don't claim to have written the perfect bill in this or any other case, but it will be debated and people surely will offer changes as it makes its way through the Legislature's committee process. An important part of that process is public input, and if you've got ideas on this subject, I encourage you to contact us.

Right now there are about 30 FAS babies being born every year in Alaska. This bill won't save them all, but it would at least give us the hope of saving some of them.

The people who advocate forcing pregnant women to abstain from drinking come from within the communities dealing with a problem of nightmarish proportions. Still, this is very shaky ground. Once a woman decides to carry a child to term, to produce another human being, has she also the right to inflict on that person Adam's life? Because his mother drank, Adam is one of the earth's damaged. Did she have the right to take away Adam's curiosity, the right to take away the joy he could have felt at receiving a high math score, in reading a book, in wondering at the complexity and quirks of nature? Did she have the right to make him an outcast among children, to make him friendless, to make of his sexuality a problem more than a pleasure, to slit his brain, to give him violent seizures?

It seems to me, in the end, that she had no right to inflict such harm, even from the depth of her own ignorance. . .

And for those still outraged at this position, to those so sure, so secure, I say the same thing I say to those who would not allow a poor woman a safe abortion and yet have not themselves gone to adoption agencies and taken in the unplaceable children, the troubled, the unwanted:

If you don't agree with me, then please, go and sit beside the alcohol-affected while they try to learn how to add. My mother . . . who works with disabled children . . . does this every day. Dry their frustrated tears. Fight for them in the society they don't understand. Tell them every simple thing they must know for survival, one million, two million, three million times. Hold their heads when they have unnecessary seizures and wipe the blood from their bitten lips. Force them to take medicine. Keep the damaged of the earth safe. Love them. Watch them grow up to sink into the easy mud of alcoholism. Suffer a crime they won't understand committing. Try to understand lack of remorse. As taxpayers, you are already paying for their jail terms, and footing the bills for expensive treatment and education. Be a victim yourself, beat your head against a world of brick, fail constantly. Then go back to the mother, face to face, and say again: *"It was your right."*

Louise Erdrick
from the Foreword to
The Broken Cord
by Michael Dorris

5/1/90 2(15)

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: "An Act relating to commitment to treatment programs for pregnant women ..."
Sponsor: Senator Binklev
Requestor: Senate HESS

Agency Affected: Dept. of Administration
BRU: Public Defender Agency
Components: Third Judicial District

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	66.2	68.2	70.2	72.3	74.5	76.7
TRAVEL						
CONTRACTUAL	25.0	50.0	7.5	7.7	7.9	8.1
SUPPLIES						
EQUIPMENT	3.0	-0-	-0-	-0-	-0-	-0-
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	94.2	118.2	77.7	80.0	82.4	84.8

CAPITAL						
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REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	94.2	118.2	77.7	80.0	82.4	84.8
FEDERAL FUNDS						
OTHER						
TOTAL	94.2	118.2	77.7	80.0	82.4	84.8

POSITIONS:

FULL-TIME	1.0	1.0	1.0	1.0	1.0	1.0
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary) FY 90 impact is zero.

The obvious intent of SB 414 is to provide protection for the unborn fetus in situations where a pregnant woman is abusing alcohol. While this is a laudable objective, implementation of such legislation would raise serious constitutional questions regarding the rights of women.

(continued)

Prepared by: John B. Salemi, Public Defender Phone: 279-7541
Division: Public Defender Agency Date: _____

Approved by Commissioner: Frank Baxter Date: 4/26/90
Agency: Department of Administration

- Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

**SFC revised.
Allowed only
Contractual Funding.**

CONTINUATION of FISCAL NOTE ANALYSIS

For Bill/Resolution No. SB 414

While facially a noncriminal piece of legislation, the effect of SB 414 is to criminalize the use of alcohol among pregnant women. This bill imposes a significant restriction of liberty based on the individual's status as an abuser of alcohol. "Status offenses" have previously been deemed unconstitutional by the United States Supreme Court. For example, one cannot be punished for the mere fact that he or she is a narcotics addict. Additionally, the philosophical and political debate concerning the rights of a fetus, when life begins, etc. will play itself out in the courts if this legislation is enacted. If implemented, the Public Defender Agency will undoubtedly carry the burden of constitutional litigation in these cases. Incidences of fetal alcohol syndrome are on the rise. These cases present themselves disproportionately in the lower socio-economic strata. As such the vast majority of individuals who might be committed under this law would be entitled to Public Defender representation.

In that a strong constitutional attack will be necessary there will be a noticeable fiscal impact on the Public Defender Agency. Such an attack will include extensive evidentiary hearings at the trial court level and appellate court briefing and argument. Considerable expense will be involved in that experts in the medical field will be required both as consultants and as expert witnesses.

Even if the bill were to be found constitutional, the procedural mechanism which provides for this type of commitment will involve considerable time and expense on the part of the attorney charged with representing the woman who is the subject of each potential commitment. Over the period of the pregnancy, the statute allows the state to request three separate 90-day periods of commitment. There will be hearings on each of these three occasions to determine the appropriateness of continued commitment. Prior to the hearings the defense will need to contract with an independent medical expert to evaluate the client to determine the potential for continued alcohol abuse, efforts at rehabilitation, indicators of any damage to the fetus and so on. Evaluations of this nature are expensive. The hearings themselves will be lengthy. Because the client is subject to the equivalent of incarceration these matters will take on the aura of a trial. It is doubtful the litigation will be conciliatory. If this legislation is enacted, the Public Defender Agency will require additional contractual money to advance the constitutional concerns at the trial court and appellate levels. Assuming the statute passes constitutional muster the state will then begin "prosecuting" these cases on what is expected to be a fairly regular basis. Although it is

CONTINUATION of FISCAL NOTE ANALYSIS

For Bill/Resolution No. SB 414

difficult to determine an accurate estimate of these kinds of cases, as mentioned previously fetal alcohol syndrome is a growing problem in Alaska. This very well could be a commonly used vehicle for committing pregnant women who have an alcohol problem. It appears that at least one additional attorney position will be required to handle the increased load created by such legislation. This is especially true in light of the fact that many of these cases will be sent to the one attorney who now does all mental health commitment hearings in Anchorage. As mental health commitment cases have risen dramatically in recent years, this additional burden could not be absorbed without further resources being placed within the agency.

BUDGET ANALYSIS

(The constitutional challenge to this bill will require 25.0 in FY 91 and 50.0 in FY 92.)

Personal Services	-	66.2
Contractual	-	25.0
Equipment (one time)	-	<u>3.0</u>
TOTAL		94.2

S

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SENATE FINANCE COMMITTEE REPORT

DATE: 5/1 /90

FURTHER: _____

DATE TURNED INTO OFFICE: 5/4/90

The Finance Committee considered

SB 415

Relating to conduct of legislators, legislative employees, former legislators and legislative employees, and to the Select Committee on Legislative Ethics.

and recommended:

replace with _____ CS SB 415 (Fin) same title
 or adopt _____ CS _____ new title
 attached amendment(s) technical title change (HB only)
 _____ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

ATTACHES NEW FISCAL NOTE(S):

Dept/Date:

APPROVES PREVIOUS:

Dept/Date:

2 fiscal note(s) _____
SK/LAA 193.5
APOC 184.5

fiscal note(s) _____

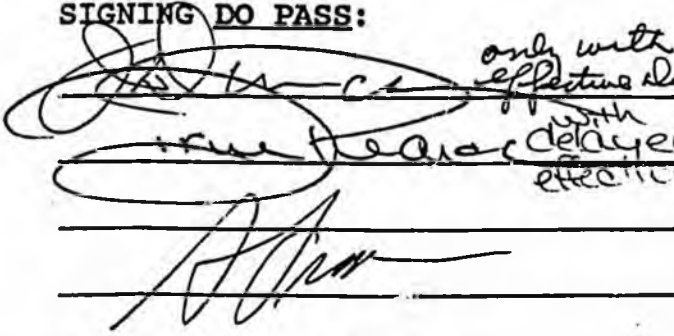
zero fiscal note(s) _____

zero fiscal note(s) _____

appropriation-no fiscal note

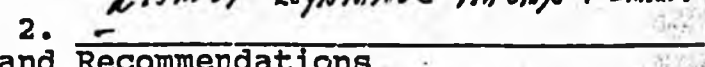
SIGNING DO PASS:

OTHER RECOMMENDATIONS:

only with delayed effective date included
with delayed effective dates


John Lee (No Rec)
Paul Finke (Do Not Pass)
legislative pay raise and without legislative findings & ethical principle

1. 

2. 

Co-Chairs' Signatures and Recommendations
ONLY WITH DELAYED EFFECTIVE DATE INCLUDED

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: Act establishing a
Legislative ethics commission
Sponsor: Senator Pourchot
Requestor: Senate Finance

Agency Affected: Legislative Affairs Agency
BRU: Legislative Council
Components: Council and Subcommittees
Legislative Ethics Commission

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	85.0					
TRAVEL	36.0					
CONTRACTUAL	24.0					
SUPPLIES	3.0					
EQUIPMENT	20.5					
Publication	20.0					
Phones, Postage	5.0					
MISCELLANEOUS						
TOTAL OPERATING	193.5	*	*	*	*	*

CAPITAL	0					
---------	---	--	--	--	--	--

REVENUE	0					
---------	---	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	193.5					
FEDERAL FUNDS						
OTHER						
TOTAL	193.5					

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

This fiscal note funds the commission from January 1, 1991 through June 30, 1991.

*Funding in succeeding years will be included in the legislative budget.

Prepared by: Senator Rick Uehling, Co-chairman Phone: 465-4821
Division: Senate Finance Committee Date: May 4, 1990

Approved by Commissioner: _____ Date: _____
Agency: _____

Distribution (by prepare):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: An act establishing a legis-
lative ethics commission
Sponsor: Sen. Pourchot
Requestor: Senate Finance

Agency Affected: Dept. of Administration
BRU: AK Public Offices Commission

Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	150.4	151.2	155.7	160.2	164.9	170.0
TRAVEL	3.5	0	2.0	0	0	0
CONTRACTUAL	16.3	16.3	16.3	16.3	16.3	16.3
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	8.0	0	0	0	0	0
LAND & STRUCTURES	6.3	6.3	6.3	6.3	6.3	6.3
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	184.5	173.8	180.3	182.8	187.5	192.6
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

GENERAL FUND	184.5	173.8	180.3	182.8	187.5	192.6
FEDERAL FUNDS	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	184.5	173.8	180.3	182.8	187.5	192.6

POSITIONS:

FULL-TIME	3	3	3	3	3	3
PART-TIME	1	1	1	1	1	1
TEMPORARY	0	0	0	0	0	0

ANALYSIS : (Attach a separate page if necessary)

See attached narrative.

Prepared by: Karla Forsythe, Executive Director Phone: 276-4176
Division: Alaska Public Offices Commission Date: 5/3/90

Approved by Commissioner: Rodman Wilson, Vice Chair (Acting Chair) Date: 5/3/90
Agency: Alaska Public Offices Commission

Distribution (by preparer):

Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

Changes in CSSB 415 (Fin)
have no fiscal impact.
This fiscal note is
appropriate. 5/4/90 JW

CSSB 415 Narrative

This bill includes several provisions which will create new prohibitions on campaign finance activity by legislative candidates and lobbyists. The Alaska Public Offices Commission will administer the provisions and will investigate and adjudicate alleged violations.

The campaign finance provisions prohibit misuse of campaign contributions, prohibit improper disbursement of surplus campaign funds, and restrict the time period during which funds may be raised. The lobbying provisions prohibit lobbyists from using state property or resources, and from becoming actively involved in campaign management or fundraising.

The commission anticipates it will incur startup costs as it prepares to assume its duties in administering these provisions. Staff time will have to be spent revising forms, manuals, and training materials, and preparing proposed regulation changes for commission review. All of these tasks must be accomplished at the same time that staff is handling the largest election cycle in the agency's history, since the provisions take effect November 6, 1990. Existing staff cannot undertake these startup activities while processing work generated by the election, so new positions must be filled as soon as possible. Printing and distribution costs for new materials could be absorbed with existing funds, since the commission reprints and distributes materials annually.

The commission also will receive ongoing requests for advice about interpretation of the law, including questions such as whether a planned campaign expenditure is permissible, and whether a loan is "bona fide" and therefore can be retired from surplus campaign funds. Staff will also be required to respond to increased questions from local candidates due to confusion over which set of rules apply to them. Staff will need extra funds in FY 93 (the first election during which candidates must comply with the law) to travel to locations throughout the state to conduct training seminars to help candidates comply with the new provisions.

The commission anticipates several new complaints annually alleging that a legislative candidate or a lobbyist has violated one or more of these prohibitions. Potential complaints include allegations that campaign funds have been used for a candidate's personal benefit, that a candidate has knowingly paid more than fair market value for campaign goods or more than fair market wages to family members, that a legislator has solicited contributions outside the prescribed time period, and that a lobbyist is not observing the new fundraising restrictions. The commission anticipates that one complaint annually will proceed to public hearing before the commission, the expense of which cannot be absorbed from funds currently budgeted.

The commission will need to hold a hearing in FY 91 to work on regulatory changes. The expenses of such a hearing are not funded within the current budget.

In order to meet the mandates of the new law, the commission will need to add one professional staff member (Associate Coordinator - Range 18) and one paraprofessional staff member (Paralegal - Range 16) to absorb the ongoing advice and complaint investigation workload. Because the one secretary/receptionist in the Anchorage office cannot absorb additional telephone, front counter, filing and typing tasks which will result from the increased workload, the commission also will need an additional secretary (Range 10). In order to investigate complaints about lobbyists, the single staff member in the Juneau office will require half-time clerical help throughout the year, to free her time for advice to lobbyists about application of the law to their activities, and for investigatory factfinding.

The commission's current office space in Anchorage is too small to house these new positions. Modest-sized space is available across the hall from the Anchorage office, which with minor remodeling could be made functional. The new positions will also need a total of two new computers, two desks and chairs, and telephones.

A detailed breakdown of the costs associated with administration and enforcement of this bill is attached.

Actual Costs FY91

Personnel: Range 18A \$37,548
 Range 16A \$32,580
 Range 10A \$22,140
 PT Range 08A \$10,122

Benefits Rate: .286

Insurance Rate: \$386.19

Travel: 1 regulations hearing
 & candidate training \$3500

Hearings legal fees \$12,000
 witness fees \$ 250
 subpoenas \$ 3,000
 transcripts \$ 1,000

 total \$16,250

Equipment: Computer (2) \$6244
 Desk & Chair (2) \$1200
 Phone Equipment \$ 200
 Phone Installation \$ 300

Office Space : 521 square feet x \$1.00 \$6252

FISCAL NOTE

REQUEST:

Revision Date: _____
 Title: "An Act establishing a legislative ethics commission..."
 Sponsor: Legislative Ethics
 Requestor: Senate Finance

Agency Affected: Department of Law
 BRU: Prosecution, Legal Services
 Components: Prosecution - OSPA
Legal Services - Operations

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Please see the attached analysis.

Prepared by: Richard L. Pegues, Director Phone: 465-3672
 Division: Administrative Services Date: May 3, 1990
 Approved by Commissioner: Richard L. Pegues / FOR / Douglas B. Bailey, Attorney General Date: May 3, 1990
 Agency: Department of Law

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

CONTINUATION of FISCAL NOTE ANALYSIS

For Bill/Resolution No. CSSB 415 (Leg. Ethics)

The committee substitute for SB 415 establishes a comprehensive statutory framework to govern the conduct of legislators and employees of the legislature. Implementation and administration of the proposed Act, known as the Legislative Ethics Act of 1990, would be the responsibility of the Legislative Ethics Commission, which would be established in the legislative branch of government.

Although the bill contains numerous provisions that carry criminal penalties, it is not anticipated that these provisions will cause a fiscal impact for the Department of Law. First, the ethics commission will also be responsible for providing extensive education programs for legislators and legislative employees to prevent unethical conduct. Second, past criminal violations in this area have been rare, and therefore it does not appear that the proposed Act would require additional prosecution resources.

Only one part of the Act assigns new duties to the attorney general and this part, proposed AS 24.61.575, gives the attorney general the discretionary power to independently bring civil or criminal actions relating to ethics violations, regardless of the outcome or settlement of a charge before the ethics commission. Because of the broad authority given to the commission to regulate ethical conduct, the attorney general's intervention in this arena should be infrequent.

The Act would also permit a private citizen to make a written request that the attorney commence a civil action under the attorney general's authority to bring independent actions. It is impossible to predict the number of times that such requests might be made. At some point, if these requests become numerous, it may become necessary for the legislature to provide additional civil legal resources to the department to handle these requests.

Original sponsor(s): SEN. POURCHOT/Select Committee on Legislative Ethics

1 IN THE SENATE BY THE FINANCE COMMITTEE
2 CS FOR SENATE BILL NO. 415 (Finance)
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 SIXTEENTH LEGISLATURE - SECOND SESSION
5 A BILL
6 For an Act entitled: "An Act establishing a legislative ethics commission
7 and standards of conduct for legislators, candidates
8 for the legislature, and legislative employees,
9 former legislators and employees, and lobbyists;
10 requiring financial disclosures by legislators,
11 candidates for the legislature, and certain legisla-
12 tive employees; amending legislators' compensation
13 and allowances; and providing for an effective date."
14 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:
15 * Section 1. SHORT TITLE. This Act may be known as the Legislative
16 Ethics Act of 1990.
17 * Sec. 2. AS 24 is amended by adding a new chapter to read:
18 CHAPTER 61. LEGISLATIVE ETHICS ACT OF 1990.
19 ARTICLE 1. PURPOSE AND LEGISLATIVE FINDINGS.
20 Sec. 24.61.010. PURPOSE. This chapter is enacted to
21 (1) assure the integrity of representative government and
22 sustain the confidence and trust of the people of this state in their
23 representatives, the legislature as a whole, and the legislative
24 process;
25 (2) provide a comprehensive and unified statement of the
26 ethical principles, considerations, and obligations inherent in the
27 public trust theory of government service and establish specific
28 standards of conduct to ensure that those entrusted with public au-
29 thority avoid conduct that might undermine the people's respect for

1 the legislature; and

2 (3) establish a positive, effective, and comprehensive
3 ethics program that is clear, practical, and fair.

4 Sec. 24.61.015. LEGISLATIVE FINDINGS. The legislature finds
5 that

6 (1) high moral and ethical standards among public servants
7 in the legislative branch of government are essential to the conduct
8 of fair, open, and responsive representative government;

9 (2) the people of this state need and deserve a legislature
10 led by outstanding public servants whose devotion and commitment to
11 pursuing the public interest through established democratic processes
12 outweigh any competing personal or political considerations;

13 (3) state government relies heavily on part-time citizen
14 public servants; it is, therefore, essential to attract talented and
15 principled people willing to provide their time and energy to the
16 state, often with substantial personal and financial sacrifices;

17 (4) the best way to attract the right people is to ensure
18 that the government is respected for its honesty and integrity and
19 that the rules governing their conduct during and after leaving public
20 service are as clear, fair, and complete as possible; the rules,
21 however, should not impose unreasonable or unnecessary burdens that
22 will discourage citizens from entering or staying in government ser-
23 vice;

24 (5) the political culture of the state is the product of a
25 unique blend of history, geography, climate, population, and ethnic
26 influences that must be taken into account in the development of rules
27 and standards regulating the conduct of legislators, legislative
28 employees, and those who work regularly with the legislature;

29 (6) the state's commitment to the notion of a citizen

1 legislature requires that legislators be drawn from all parts of
2 society; they cannot and should not be without personal and financial
3 interests in the decisions and policies of government, and they are
4 expected and permitted to earn outside income;

5 (7) as a result of the state's small population and close
6 sense of community, most legislators and legislative employees have a
7 network of relationships in and outside the legislature that creates
8 potential conflicts of interest;

9 (8) the state's vast size requires frequent travel, usually
10 by air, which increases the expense and burden of public service;

11 (9) the state's cultural diversity is reflected in gift-
12 giving and hospitality customs that may clash with standards prohibit-
13 ing acceptance of gratuities;

14 (10) it is important to preserve the vitality of the state's
15 culture and citizen involvement by assuring that standards of conduct
16 acknowledge real and practical needs of individual legislators and
17 legislative employees without compromising vital universal notions of
18 public service ethics, including the principle that public office is a
19 public trust;

20 (11) upon taking the oath of office, legislators enter into
21 a special trust with the people of the state involving extraordinary
22 powers and equally extraordinary legal and moral obligations; one
23 aspect of these obligations requires that those entrusted with public
24 authority unfailingly demonstrate that they are worthy of the public's
25 respect and are devoted to maintaining the absolute integrity of
26 government;

27 (12) effective democratic government depends on the will-
28 ingness of the people to exercise responsible citizenship by voluntary
29 compliance with laws and by active participation in the democratic

1 process; when the public's trust in and respect for government is
2 high, citizens are more likely to fully participate by voting, becom-
3 ing better informed, and becoming more active in public debate and
4 discourse in a way that engenders civic pride and makes government
5 more representative, more responsive, and more effective;

6 (13) unethical or illegal behavior by a legislator or legis-
7 lative employee tends to diminish the stature of the legislature and
8 produce cynicism that erodes public confidence in government; thus,
9 all who serve the legislature have a solemn responsibility to avoid
10 improper conduct and prevent improper behavior by colleagues and
11 subordinates;

12 (14) the principles of public service ethics pervading this
13 chapter view the ethical obligations of public servants in a positive
14 way; high standard of conduct and specific regulations to enforce
15 them are not driven by negative assumptions about the character of
16 those who serve government, but as expressions of the need for clarity
17 and uniformity about the higher duties of public service and the noble
18 dimension of democracy;

19 (15) no code of conduct, however comprehensive, can antici-
20 pate all situations in which the principles and standards apply, nor
21 can it prescribe behaviors that are appropriate to those situations;
22 in addition, laws and regulations regarding ethical responsibilities
23 cannot legislate morality, eradicate corruption, or eliminate bad
24 judgment;

25 (16) legislators and legislative employees who are committed
26 to the ethical principles embodied in the public trust concept of
27 government must exercise considerable discretion and judgment so as to
28 adhere to the spirit of the rules and laws; in exercising this judg-
29 ment it is essential to recognize that an act is not ethical simply

1 because it is legal and that conduct is not proper simply because it
2 is permissible;

3 (17) legislative decisions must be made in a context of
4 clashing interests; the growing effect of state laws and regulations
5 creates incentives for competing special interests to seek to influ-
6 ence the election and policy-making processes through organized advoca-
7 cy and through the use of campaign contributions;

8 (18) the cost of running for office has risen dramatically
9 in recent years; as a result, many public officials, including legis-
10 lators, spend an increasing amount of time negotiating with special
11 interests in a way that may unduly enlarge the voice and power of
12 those interests;

13 (19) legislators and legislative employees must be extremely
14 cautious and circumspect about accepting a gratuity or favor, especi-
15 ally from persons or entities that have a substantial interest in
16 their legislative, administrative, or political actions; even where
17 there is a genuine personal friendship, the acceptance of personal
18 benefits from those who could gain advantage by influencing official
19 actions raises suspicions that tend to undermine public trust;

20 (20) therefore, the state needs a comprehensive ethics
21 program that responds to the challenges of the contemporary political
22 climate, preserves and protects the integrity of the legislative
23 process, and respects the needs of those who serve the legislature.

24 ARTICLE 2. STANDARDS OF CONDUCT.

25 Sec. 24.61.100. MISUSE OF OFFICE FOR PRIVATE GAIN: GENERAL
26 PRINCIPLE. Inherent in the concept that public office is a public
27 trust is the principle that legislators and legislative employees
28 refrain from using or attempting to use their government position to
29 attain

1 (1) personal financial gain, other than official legisla-
2 tive compensation;

3 (2) benefits, advantages, or privileges not available to
4 the public at large, either for themselves, members of their immediate
5 families, or their friends; or

6 (3) political advantages where the use of office is incon-
7 sistent with the obligation to use public office only to advance the
8 public interest.

9 Sec. 24.61.110. IMPROPER BENEFIT FROM PERFORMANCE OF PUBLIC
10 DUTIES. (a) A legislator or legislative employee may not solicit,
11 agree to accept, or accept a benefit other than official compensation
12 for the performance of public duties. This subsection may not be
13 construed to prohibit lawful solicitation for and acceptance of cam-
14 paign contributions or the acceptance of a lawful gratuity under
15 AS 24.61.350. A person who violates this subsection is guilty of
16 receiving unlawful gratuities under AS 11.56.120 and is subject to
17 civil sanctions under AS 24.61.560(a).

18 (b) A legislator or legislative employee may not accept anything
19 of value under circumstances where the legislator or legislative
20 employee knows or reasonably should know that it is offered with the
21 intent to influence legislative, administrative, or political action.
22 A person who violates this subsection is guilty of receiving a bribe
23 under AS 11.56.110 and is subject to civil sanctions under AS 24.61.-
24 560(a). In this subsection, "anything of value" has the meaning given
25 to "benefit" in AS 11.56.130.

26 Sec. 24.61.120. DUTY TO REPORT IMPROPER OFFERS. (a) Legisla-
27 tors and legislative employees who receive an offer of anything of
28 value that reasonably appears to have been intended to improperly
29 influence legislative, administrative, or political action, shall

1 reject the offer and inform the person that there may be a violation
2 of bribery laws.

3 (b) If the attempt to improperly influence is clear, the person
4 receiving the offer shall report it to law enforcement authorities.

5 (c) A person who violates this section is subject to the civil
6 sanctions authorized under AS 24.61.560(a).

7 Sec. 24.61.130. MISUSE OF STATE PROPERTY AND RESOURCES FOR
8 PRIVATE GAIN OR PERSONAL ADVANTAGE. (a) A legislator or legislative
9 employee may not use public funds, facilities, equipment, mailing
10 lists, computer data, services, or any other government asset or
11 resource for a nongovernmental purpose or for the private gain or
12 advantage of either the legislator, legislative employee, or another
13 person. This subsection does not prohibit (1) the occasional and
14 limited use of state property and resources for personal purposes if
15 the use does not interfere with the performance of public duties, the
16 cost or value related to the use is so nominal that reimbursement
17 procedures would not be justified, and the use does not create the
18 appearance of impropriety or improper influence; or (2) the use of
19 mailing lists, computer data, or other information lawfully obtained
20 from a government agency and available to the public for nongovern-
21 mental purposes. A person who violates this subsection is subject to
22 civil sanctions under AS 24.61.560(a) and may be prosecuted for theft
23 under AS 11.46.

24 (b) A legislator or legislative employee may not seek, accept,
25 use, allocate, grant, or award public funds for a purpose other than
26 that approved by law, or make a false statement in connection with a
27 claim, request, or application for compensation, reimbursement, or
28 travel allowances from public funds. A person who violates this
29 subsection is subject to civil sanctions under AS 24.61.560(a) and may

1 be subject to criminal penalties under another law.

2 (c) A legislator or legislative employee may not require at any
3 time or authorize on government time a legislative employee to perform
4 personal services or assist in a private activity on government time
5 except in unusual and infrequent situations where the person's service
6 is reasonably necessary to permit the legislator or legislative em-
7 ployee to perform official duties. A person who violates this subsec-
8 tion is subject to civil sanctions under AS 24.61.560(a) and may be
9 subject to criminal penalties under another law.

10 Sec. 24.61.140. MISUSE OF STATE PROPERTY AND RESOURCES FOR
11 POLITICAL PURPOSES. (a) It is the intent of this section to ensure
12 that public resources, including funds, facilities, and personnel are
13 used only for the good of the public at large and not to further
14 partisan campaign purposes or to influence the outcome of an election;
15 that elections are fair and open and not distorted by the use of
16 public resources to the advantage of individual candidates; and that
17 taxpayers are not forced to subsidize the campaign of an incumbent
18 legislator.

19 (b) A legislator or legislative employee may not use or author-
20 ize the use of public funds, facilities, equipment, mailing lists,
21 computer data, services, or another government asset or resource for
22 the purpose of political fund raising, campaigning, or influencing an
23 election. This subsection does not prohibit the use of mailing lists,
24 computer data, or other public information lawfully obtained from a
25 government agency and available to the general public for nongovern-
26 mental purposes. A person who violates this subsection may be pros-
27 ecuted for theft under AS 11.46.

28 (c) A legislative employee may not on government time assist in
29 political party activities, campaigning, fund raising, or other

1 partisan or personal political activities. A legislator may not
2 require an employee to perform an act in violation of this subsection.

3 (d) The legislative council shall adopt policies relating to a
4 legislator's use of public funds for the production of newsletters or
5 similar publications for distribution to the legislator's constitu-
6 ents. The policies must address the form and content of these publi-
7 cations.

8 (e) Unless superseded by policies relating to the use of govern-
9 ment resources for political purposes developed by the legislative
10 council and adopted by the commission as regulations under AS 24.61.-
11 160, the following prohibitions apply:

12 (1) a legislator may not use or authorize the use of public
13 funds, property, personnel, or other resources to produce, print,
14 photocopy, publish, broadcast, or otherwise disseminate material
15 primarily intended to influence an election; this provision applies to
16 newsletters and other constituent correspondence that by their nature,
17 content, timing, or use are intended to influence an election, even if
18 the materials do not make a specific reference to the election, but
19 does not apply to newsletters and other constituent correspondence
20 that express the legislator's opinions or views on issues before the
21 legislature, or that describe the legislator's votes, legislative
22 proposals, or other legislative action.

23 (2) unless approved by the commission, public funds may not
24 be used to print or distribute a mass mailing from or about a legisla-
25 tor who is a candidate for reelection to the legislature or another
26 state office during the period beginning 60 days before the primary
27 election in which the legislator is a candidate, and ending the day
28 after a general or special election in which the legislator is a
29 candidate;