

ALASKA LEGISLATURE

1689

HOUSE and SENATE FINANCE COMMITTEE FILES, 1997-1998

	<p>contracts with the private sector; the balance is accounted for by state staff and their support costs.</p> <p>For FY98 the Legislature cut the Division's administrative budget and directed the Division to implement a process to prior authorize mental health services. To manage the consequences of these two actions the Division delayed implementation of additional managed care programs and coded contract payments for prior authorization of mental health services to the Medicaid program account.</p>
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BRU	Purchased Services		
Component	Family Preservation		
Reduction Description	<b>Reduce Community Based Family Assessment and Case Management Pilot increment.</b>		
Funding	Total funding loss	Total	(672.9)
		General Fund	(635.9)
		Federal	(37.0)
		Other	0.0

Explanation of Impact	<p>The Division of Family and Youth Services is required to investigate every report of harm received and take appropriate action to prevent further harm to children. Staff shortages have prevented DFYS from meeting this statutory responsibility. It has been necessary to prioritize reports of harm to assure response to children in greatest or most immediate risk of harm. Some reports have not received a response leaving some children at risk and delaying intervention until problems became more severe or chronic.</p> <p>To meet its responsibility to respond to <b>all</b> reports of harm the FY99 budget proposes a dual strategy. In addition to adding staff the Governor's budget requested funds for grants to pilot test an alternative response to the lowest risk reports. This alternative would consist of an assessment of child safety and family needs conducted by a community-based non-profit agency. Although the Department's investigatory responsibilities cannot be delegated an assessment can rule out the need for an investigation in low risk cases. Piloting the alternative response provided a means of assuring child safety and making services available to prevent the need for DFYS intervention and reducing the need for additional DFYS staff.</p> <p>The Governor requested funds to support pilot projects in two sites and reduced the initial staffing request by 12 positions. The House subcommittee budget eliminates over 75% of the funding for the pilots. Fairbanks and Mat-Su will be significantly impacted by this budget reduction because staffing will continue to be below the level needed to respond to all reports of harm. In FY97, 1,403 reports of harm (55% of those received) in Fairbanks could</p>
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not be investigated due to staff shortages. In Mat-Su 707 cases (67% of the total reports received) could not be investigated. These two areas were targeted for the pilot programs which would have allowed for every appropriate report of harm to be investigated or assessed for services. Without full funding for the pilot projects in these sites, staffing will continue to be inadequate to respond to low priority reports and DFYS will not be able to meet its statutory responsibility. Only one location will benefit from a pilot Dual Track project, and this will be of reduced capacity. Some children will continue to be at risk and some will undoubtedly be harmed.

BRU	Purchased Services		
Component	Family Preservation		
Reduction Description	<b>Deny Supervised Visitation increment</b>		
Funding	Total funding loss	Total	(100.0)
		General Fund	(100.0)
		Federal	0.0
		Other	0.0

**Explanation of Impact**

When children are removed from their homes and placed in foster care, it is extremely important that visits between the children and their families begin as soon as possible in order to facilitate a speedy return and to keep parents involved in planning for their children. Children are often too young to understand the reasons for separation and feel less abandoned if frequent contact with their families begins as soon as possible. Unfortunately, parents and other family members frequently do not understand a child's need for emotional support and often behave in an inappropriate and, sometimes, abusive manner. Consequently, visits must often be supervised, as is frequently ordered by the court.

DFYS is understaffed to the extent that the division is unable to meet statutory mandates to investigate all reports of harm. Supervising visits between children and their families takes a great deal of time that could be spent conducting investigations if an appropriate non-profit organization provided this service. In addition, a non-profit skilled in teaching parenting skills could make excellent use of the opportunity to impart skills to parents that may speed the return of their children to them, and observe parents' progress in meeting case plan goals. If child protection workers must supervise family visits, other critical tasks are left undone, visitation cannot occur as often as desired, and the benefit to families is reduced.

BRU	Purchased Services		
Component	Foster Care Special Need		

Reduction Description	<b>Deny Foster Parent Recruitment increment</b>		
Funding	Total funding loss	Total	(107.0)
		General Fund	(80.0)
		Federal	(27.0)
		Other	0.0
Explanation of Impact	<p>We have documented the decline in the number of available foster homes in Alaska. Due to the lack of a sufficient number of foster homes and the high number of children in the state's custody, finding a placement for a child in state's custody right now is incredibly frustrating for social workers.</p> <p>Not only is it frustrating for social workers, but it means that no real matching of the child with an appropriate family can occur. The choices are limited. This often leads to a disruption in the placement, with the child moving to yet another foster home, and sometimes with the foster parent feeling misused. Children need to feel a sense of safety and security wherever they live. When an inappropriate match occurs, no one is helped.</p> <p>The Division has not had funding dedicated solely to the recruitment of foster homes. Most of the recruiting efforts have been one-shot events, e.g., a fair booth or a newspaper advertisement when there are funds available. There has not been a comprehensive and continuous marketing approach to recruiting foster parents in Alaska. One research study showed that foster parents think about becoming a foster parent for an entire year before they finally decide to call for information on foster parenting. The one-shot event is not always effective in reaching these families. A comprehensive and continuous recruitment approach would provide more Alaskans with more information about the reality of being a foster parent and help stem the decline in the number of foster homes.</p>		

BRU	Front Line Social Workers		
Component	Front Line Social Workers		
Reduction Description	<b>Reduces the number of social work and support positions requested from 40 to 35 positions.</b>		
Funding	Total funding loss	Total	(302.7)
		General Fund	
		Federal	

	Other	
Explanation of Impact	<p>The Division of Family and Youth Services is required by law to investigate every report of harm received and take appropriate action to protect children and prevent further harm. Staff shortages have prevented DFYS from meeting this statutory responsibility. Not all reports have been investigated leaving children at risk and delaying intervention until problems became more severe or chronic and children have been harmed.</p> <p>To assure an appropriate response to all reports of harm as required by law the Governor's FY99 budget proposed adding 40 additional child protection staff (social workers, social work supervisors, and support staff) and piloting an alternative community-based family assessment approach to the lowest risk reports.</p> <p>A reduction of five child protection positions coupled with reduced funding for community-based alternatives will prevent a response to all reports of harm. Reducing the number of social workers would directly reduce the ability to investigate reports of harm and take action needed to protect children and strengthen families. In FY97, DFYS was unable to investigate 3,725 reports of harm. A social worker can investigate approximately 220-230 cases per year. A loss of 5 of the requested 40 positions could leave 1/15 of the reports of harm uninvestigated. Alternative reductions in support staff would also reduce the time social workers have to perform child protection work by requiring them to perform clerical and other support functions. Reductions in supervisory staff would reduce the level of accountability and quality of child protection actions by social workers.</p> <p>The need for additional staff has only increased since the Governor's budget was prepared. Reports of harm have increased by 13%, court actions necessary to protect children have increased by 60%, and the number of children in out-of-home care has reached an all time high (1,694 as of April 1.) Any reduction from the requested staffing level will only continue to compromise the safety of children. It will also increase the number of children in out-of-home care by delaying intervention until problems are severe or chronic, delay permanency for children, and impede the Department's ability to meet new federal mandates - potentially risking loss of up to \$10 million annually in federal funding.</p>	
BRU	State Health Services	
Component	Healthy Families	
Reduction Description	<b>Deny Healthy Families expansion until control group is established</b>	
Funding	Total funding loss (Nets impact of House cuts)	Total (1,384.8)
	Combined GF and GF/MH	General Fund (295.9)

	Additional receipt authority	Federal	77.0
	Earned DOE/DMA funds	Other (I/A)	(1,165.9)
Explanation of Impact	<p>Healthy Families Alaska is a child abuse and neglect prevention program targeted to pregnant women and parents of newborns at risk of abusing and neglecting their children. The Division of Public Health is committed to developing a control group methodology and seeking the funding that is required for such a comprehensive evaluation. However, results from a control group study will not be available for 2-3 years after initiation of the study. In the interim, without the ability to expand service capacity, many additional children will suffer preventable abuse and neglect.</p> <p>The funding level proposed by the House subcommittee for FY99, will allow no growth within existing programs for the coming year. It is expected by June 30, 1998, all local agencies will have enrolled the maximum number of families their existing staff can serve. Without additional funding, no new families will be able to be enrolled until a current family exits the program. Since service is offered for up to five years, a minimum number of slots will become available. This ceiling will preclude enrollment of at risk families in the communities served, who are now pregnant or becoming new parents, and limit access to services that may give them the skills and coping mechanisms they need to avoid abusing and neglecting their children. This reduces significantly, in the communities currently served, the options health care providers and other service providers have for obtaining help for families at risk before abuse takes place</p> <p>Additionally, within the House subcommittee proposal, there is no ability to expand the program to the three additional communities planned for in the original increment. Child abuse and neglect are serious problems in every community in the state and without the ability to expand to additional communities, large numbers of communities statewide will not have access to these services.</p> <p><b>Summary of Impacts:</b></p> <ol style="list-style-type: none"> <li>1) No ability for existing programs to serve additional families (\$850.0)</li> <li>2) No expansion to additional, high need communities (\$450.0)</li> </ol>		

BRU	State Health Services		
Component	Epidemiology		
Reduction Description	<b>Reduction of the Childhood Immunization Initiative</b>		
Funding	Total funding loss	Total	(150.0)
		General Fund	(\$150.0)
		Federal	
		Other	

Explanation of Impact	<p>With this reduction in the childhood immunization initiative, the Department will not be able to have a significant impact on immunization of Alaskan children and improve Alaska's standing in the nation. Only 69% of Alaskan infants (0-2 years) get all their immunizations. With other states increasing their emphasis on childhood immunizations, Alaska will probably continue to remain 48<sup>th</sup> in the nation or fall to a lower level.</p> <p>Without the media campaign, education of parents will be hampered. This media education was to make the parents aware that children needed to be fully immunized before their third birthday and to inform them of the newly recommended vaccine and the schedule for them. Critical components of an effective immunization program:</p> <ol style="list-style-type: none"> <li>1. the vaccines, their in-state shipping and supplies;</li> <li>2. health care providers to deliver the vaccines; and</li> <li>3. increased public demand for immunization through media campaign.</li> </ol> <p>This reduction will mean that the third critical component of the program will be missing.</p>
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BRU	State Health Services		
Component	Community Health/Emergency Medical Services		
Reduction Description	<b>Reduction of the Tobacco User Reduction Project</b>		
Funding	Total funding loss	Total	(400.0)
		General Fund	(400.0)
		Federal	
		Other	

Explanation of Impact	<p>The reduced funding would eliminate plans for a statewide education campaign, which is an integral part of an effective tobacco prevention and control program. The tobacco industry spends millions of dollars each year marketing their products. Counter-advertising has been shown to be an effective tool in prevention and reduction of tobacco use particularly among youngsters..</p> <p>The Governor's FY99 budget request provides Local Community Support, \$325.0, Public Awareness Education Campaign, \$175.5, Enforcement, \$124.5, and Program Evaluation, \$25.0. With this reduction the Department will only be able to partially fund the Local Community Support portion of the increment.</p> <p>The reduced funding in the Local Community Support will mean that the local community tobacco prevention and control coalitions will not be able to have the originally envisioned significant and lasting effects in their communities as they struggle with policy issues in their community. These communities will not be able to implement to the extent anticipated in the increment request the reduction in youth access to tobacco, creating tobacco free environments,</p>
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	<p>tobacco cessation and decreasing tobacco advertising and promotion. Enforcement is working. The Department of Law reports that in the last six months since enforcement efforts commenced, many vendors have taken significant steps to reduce youth access. Reduced funding would mean that there would be no increase for enforcement. In the past year, the Attorney General's Office has conducted numerous criminal prosecutions against vendors selling tobacco products to minors. Without this increased funding the Attorney General's Office will not be able to take on any additional workload for prosecuting tobacco law violations or the civil tobacco vendor license revocation proceedings.</p> <p>There would be no funding to evaluate the state's prevention efforts. Technical assistance for local communities will not take place. No surveys which would form the basis for the outcome performance measures would be conducted.</p>
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BRU	Administrative Services		
Component	Unallocated Reduction		
Reduction Description	<b>Agency Wide Travel Reduction</b>		
Funding	Total funding loss	Total	(150.0)
		General Fund	(150.0)
		Federal	
		Other	
Explanation of Impact	<p>Much of the department's travel is entirely or partially paid out of non-GF dollars; therefore it is difficult to determine an immediate distribution of this cut. Much of the impact will most likely be in general and central program administrative units.</p> <p>While the cuts are designated as reductions to travel, most programs will consider all line items in the budget and balance travel cuts with other agency operations.</p>		

BRU	Administrative Services		
Component	Unallocated Reduction		
Reduction Description	<b>Retirement Incentive Program Savings</b>		
Funding	Total funding loss	Total	(500.0)
		General Fund	(500.0)
		Federal	
		Other	

<p>Explanation of Impact</p>	<p>The projected real net savings from the Retirement Incentive Program for the department has been overstated by the inclusion of the net savings for Harborview Development Center (\$732,985 other funds). Harborview Development Center closed in FY98. There is no FY 99 funding for Harborview in the budget so any budget cut based on the net savings for Harborview would have to be borne by other components.</p> <p>The total projected GF net savings for FY99 is \$312.1. (For detail see Summary by Component of the RIP Net Savings on the next page.)</p> <p>RIP is a management tool used to reduce expenditures and balance budgets. In keeping with this intent, the department used FY97/98 Retirement Incentive Plans to reduce overall operating costs in order to absorb some of the budget cuts in FY98. These cuts carry over into the FY 99 base budget.</p> <p>A budget cut based on projected RIP savings, of this magnitude, would constitute an unallocated budget cut which would result in service reductions in programs.</p>
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**Summary by Component of the OMB RIP Status Report**

Div.	Component	Sum of Est. FY 99 NET SAVINGS GF	Sum of Est. FY 99 NET SAVINGS Other
ADA	ADA Administration	17,147	6,342
DAS	Administrative Support Services	-3,785	-3,224
DFYS	DFYS Central Office	11,248	18,352
DFYS	Fairbanks Youth Facility	16,904	0
DFYS	Johnson Youth Center	12,123	0
DFYS	McLaughlin Youth Center	22,982	0
DFYS	Northern Region	40,707	39,111
DFYS	Southcentral Region	37,285	23,838
DFYS	Southeastern Region	17,133	19,320
DMA	Hearings and Appeals	10,392	10,392
DMHDD	Alaska Psychiatric Institute	74,789	11,175
DMHDD	Harborview Developmental Center	0	732,985
DPA	Alaska Work Programs	5,877	6,627
DPA	Eligibility Determination	31,085	32,354
DPA	Fraud Investigation	-3,388	-3,821
DPA	Quality Control	14,021	14,593
DPH	Chief of Lab & Radiological Services	7,603	2,401
	<b>Totals</b>	312,124	910,445

DH&SS FY99 Impact of House Finance Sub-Committee

BRU	Administrative Services		
Component	Personnel and Payroll		
Reduction Description	<b>Deny Additional Personnel Position</b>		
Funding	Total funding loss	Total	(109.2)
		General Fund	(36.3)
		Federal	(50.9)
		Interagency Receipts	
		Other	(22.0)
Explanation of Impact	<p>An area of major concern for the department is the recruitment and hiring of social workers for the Division of Family and Youth Services recruitment. Current personnel staffing levels do not provide the resources to adequately respond to the full scope of recruitment, examining and classification needs of a department of over 2,200 positions. A significant portion of the workload is generated by DFYS. During the period of 7/1/97 to 9/5/97, <b>30 recruitment efforts</b> occurred for job classes used either exclusively or in the vast majority by DFYS.</p> <p>The impact of this cut could be delays in filling the vacant and new positions which are needed to maintain and improve Child Protective Services in Alaska. A new position to perform DFYS classification, recruitment and examining work will improve the ability of DFYS to fulfill its mission, "To protect children at risk of abuse and neglect..".</p> <p>Many of the DFYS job classes typically generate hundreds of applications. For example, in July, 1996, 226 applications for Social Worker I-III; in August, 1996, 262 for JPO I-IV; in January, 1997, 543 for the Youth Facility classes (Youth Counselor I-III, Unit Leader, YC Superintendent I-II); and in March, 1997, 377 for Social Services Associate I-III and Social Worker I-V. Considerable overtime has been required to handle this examining load.</p> <p>Several DFYS classes have complex and difficult to apply minimum qualifications (MQs) and/or experience rating devices (to determine score) requiring as much as an hour to examine and score a single application. Between 7/1/96 and 9/5/97, DFYS generated 20% of the overall classification work accomplished during this time. Since 3/1/93, 24% of all delegated classification activity has been for DFYS. DFYS has substantial systemic classification work which must occur, including that associated with major restructuring currently in progress in the division. MQs and rating devices for several job classes require substantial revision. All of these activities require significant classification, recruitment, and examining activity.</p>		

BRU	Administrative Services		
Component	COMPASS Community Grants		
Reduction Description	<b>Deny Increment for COMPASS Grants</b>		
Funding	Total funding loss	Total	(200.0)
		General Fund	(200.0)
		Federal	
		Other	
Explanation of Impact	<ul style="list-style-type: none"> <li>• COMPASS stands for <b>COM</b>munity <b>P</b>artnerships for <b>A</b>ccess, <b>S</b>olutions, and <b>S</b>uccess. COMPASS is a system reform initiative to remove barriers and focus on comprehensive services for young children.</li> <li>• FY98 funding for COMPASS was denied. The COMPASS Communities have attempted to keep the projects initiated in FY97 alive but without this funding the communities will not be able to continue indefinitely. This reduction of funding severely impedes the success of these communities' efforts to improve results for Alaska's children.</li> <li>• The integration of education, health, and social services on the community level is encouraged through COMPASS. The approach with communities is for them to be responsible for analyzing problems, designing solutions, and implementing efforts.</li> <li>• 13 COMPASS communities out of 49 community proposals were awarded in FY 97.</li> <li>• Phase I of FY97 funding included travel of seven community members from each of the COMPASS communities to attend the COMPASS Institute (co-sponsored with the Danforth Foundation).</li> <li>• Phase II funding is based on the COMPASS Communities' Action Agendas that were developed by each community team at the COMPASS Institute. Each community receives a small amount of funding for their efforts to improve results for children in their community.</li> </ul>		

Draft letter of intent for deleted GRM funding:

It is the intent of the Legislature that funding for the general relief medical (GRM) program is deleted from the FY 99 operating budget for the following reasons: [ See attachments A -1 & A - 2 ]

A major portion of GRM funding has been used to pay for free elective abortions and abortion related services, yet most states and the federal government do not pay for this category of abortions. [ See attachment A - 3 ]

According to numbers compiled by the State's office of vital statistics, the birthrate in Alaska has dropped from 21.3 live births per 1,000 population in 1988 to 16.6 per 1,000 in 1996, and the actual number of live births has dropped from 11,483 in 1988 to 9,999 in 1997, while the number of State-funded free abortions rose from 463 in 1988 to 843 in 1997. This is an increase of 82 percent in the number of abortions, while live births dropped by 13 percent over the same period. When compared to the falling statewide birthrate, the State's policy of funding abortions could be considered an insidious means by which State government is, in fact, inhibiting the growth of certain minority elements of its population. [ See attachments B-1 & B-2 ]

In a 1994 settlement agreement, the DHSS agreed to ignore many of its own abortion regulations, yet these regulations were originally promulgated in order to protect the public. The stipulation in this agreement was entered into in a very short period of time and with little or no legislative input.

[ See attachment C ]

The State has failed to document that women who receive free, State-funded abortions under GRM also receive correct medical information, as required by 12 AAC 40.070, describing the negative physical and emotional side effects of the radical medical procedure used to expel the fetus, thus

leaving the State vulnerable to legal action for the cost of patients who become psychologically unbalanced as a result of the abortion.

[ See attachment D ]

The State may be further vulnerable to legal action because DHSS has not followed its own regulations covering GRM abortions, including: 7 AAC 47.200, requiring a physician to certify the abortion is medically necessary; 12 AAC 40.080, requiring a woman seeking a GRM abortion to be examined by an Alaska-licensed physician before she travels out of state for the abortion; 12 AAC 40.100, requiring a second doctor's opinion before an abortion is performed on a fetus older than 12 weeks; and AS 18.16.010, which requires the woman seeking a GRM abortion to be domiciled or physically present in Alaska for at least 30 days before the abortion. [ See attachment D ]

Many of the State's regulations pertaining to free, State-funded abortions were developed before Roe v. Wade and are therefore not relevant to the financial situations of those seeking abortions nearly 30 years later. With the most recent Permanent Fund Dividend, every couple responsible for the conception of a fetus would have had more than \$2,600 available for their personal needs, over and above any other government welfare and/or Native corporation dividends. In light of this situation, it flies in the face of common sense and the accepted notion of what constitutes "poverty" to suggest the State should continue to provide free abortions for the "poor."

[ See attachment D ]

The State's policy of providing free elective abortions also constitutes an incentive for irresponsible males who, after helping to conceive a child, encourage or even coerce the mother to have it aborted for free. The lure of having the state take care of his problem for free, compared to providing a lifetime of support for a live child, is undoubtedly a powerful inducement.

[ See attachment E ]

The State may unknowingly be participating in funding partial birth abortions, a procedure which is abhorrent and repulsive to the majority of the people of Alaska.

The State's policy of free abortions further creates horror stories for the families of young girls who, after obtaining secret abortions without their parents knowledge or approval, suffer from deep psychological problems into their adult lives.

There is little or no verification that those seeking free abortions from the State actually meet the minimal income requirements of State law or regulations (7 AAC 47.150), yet the policy of State-funded abortions continues to target poor persons and evidence shows that over the years the State's policy of funding abortions has been designed to get rid of so-called undesirables. Reference DHSS testimony and fiscal note on HB 234.

[ See attachment F - 1 ]

The GRM program appears to have allowed a significant flow of Permanent Fund hold harmless funding to take place supporting abortion and abortion-related services. It is unconscionable that every Alaskan's Permanent Fund Dividend is directly reduced to pay for free abortions.

The State should not continue to have a policy of terminating the children of the poor, immigrants, or those on welfare with the express purpose of keeping down the cost of State-funded social programs, or for social engineering purposes.

[ See attachment F - 2 ]

Statistics from DHSS show that between 1988 and 1996, 32 percent of all State-funded abortions were of Alaskan Natives, a rate twice that of their portion of the overall population, and three times the rate of abortions of White children. Further, African-American children are aborted at a rate of

five times that of White children. This amounts to a de facto program of ethnic cleansing.

[ See attachment G ]

It is deplorable that the policy of free, State-funded abortions has significantly reduced the future representation in the Legislature for Alaskan Natives. Alaska Natives living in the rural areas of the State stand to lose at least one seat in the Alaska House of Representatives due to redistricting following the census of 2000.

This policy of State-funded abortions of Natives over the past two decades has killed as many as 4,000 unborn Native children, with an additional untold loss of hundreds more due to spontaneous abortions caused by scarring of the uterus that occurred during previous abortion operations. These numbers only mirror the lost generation of young Alaskan Natives who would now be marrying and raising a third generation lost to abortions, all because they have been labeled as "poor." Over the coming decades State-funded abortions would continue to shrink the population of Alaskan Natives who would support a subsistence lifestyle, thereby diminishing efforts to protect subsistence or assert sovereignty rights in a statewide election on these issues.

A policy of State-funded abortions with a disproportionate number of Alaskan Native abortions amounts to a de facto campaign of genocide, but one in which the tiny victims are not seen, which is the moral equivalent of the genocide evidenced at Nuremberg after WWII or more recently in Bosnia-Herzegovina.

After extensive review of the decline in Alaska's population of infants under four years old, the decline in the natural growth rate of minority populations, the unacceptable ratio of minority abortions compared to Whites, and the State's questionable role and rationale for its abortion

policies, the Legislature finds it repugnant, abusive and intolerable to continue to use State funding for such purposes.

It is further the intent of the Legislature that, inasmuch as the Governor, the Legislature, and the federal government have increased funding for adoption, pregnancy prevention, and parenting early development services for low-income Alaskans, through such programs as "Smart Start," that this is a higher and better use of state dollars than paying to abort the children of the poor.

It is further the intent of the Legislature that the Governor and the Department of Health and Social Services should refrain from seeking to fund elective abortions through any other revenue source or program.

# STATE OF ALASKA

TONY KNOWLES, GOVERNOR

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES

### DIVISION OF MEDICAL ASSISTANCE

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March 3, 1998

The Honorable Representative Terry Martin  
Alaska State Legislature  
State Capitol Room 427  
Juneau, Alaska 99801-1182

Dear Representative Martin:

You have raised several questions about some noted discrepancies regarding the data presented by the Division in its FY97 Annual Report.

1. You have asked about the difference between the unduplicated eligibles for the State Only Programs on page 23 of the FY97 Annual Report as compared to the number of GRM eligibles shown on page 5 of the report. The State Only Programs data on page 23 include the General Relief Medical, Permanent Fund Dividend Hold Harmless and the Alaska Longevity Bonus Hold Harmless programs.
2. You also asked what is included in the 887.8 Abortion XIX expenditure listed as FY97 Actuals on page 35 of the Annual Report; for example, would that amount include all costs associated with the abortion? See the answer to question #3.
3. You have questioned the difference between the amount shown as abortion expenditures on page 35 of the Annual Report compared to the document we previously provided you entitled "Abortion Services by Category of Service FY97" which show a cost for abortions of 506.6.

There are several very important differences between the numbers presented in these two reports. The first difference revolves around the composition of the two numbers. The "Abortion Services by Category of Service FY97" report is limited to expenditures which carry a procedure or diagnosis code indicating abortion. Costs such as transportation, pharmacy, laboratory or accommodation do not carry either an abortion procedure or diagnosis code and are not included in the report. The expenditures in the Annual Report are from the state accounting system and includes a quarterly transfer of expenditures for the abortion client's costs within 2 weeks of the abortion procedure from the related medicaid category of service to the GRM Abortion XIX colocation code 956. These transfers were initiated a number of years ago as a result of federal reviews of abortion services to limit the expenditure of federal funds around this issue.

Attachment 'A1'

Representative Terry Martin  
March 10, 1998  
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The second difference is that the expenditure information presented in the Annual Report is based upon the date that claims were paid. Therefore, in the Annual Report, the expenditure information reflects all expenditures made during FY97 irrespective of when the medical service was provided. The expenditure information presented in the "Abortion Services by Category of Service FY97" report is based upon the date the services were provided irrespective of when the claims were actually paid. Across all medical assistance providers there is a lag on average of from 1 to 5 months from the date a service is provided until the claim is submitted by the provider and paid by the medical assistance program. Therefore, the transfers noted in the previous paragraph are based on date of service but made quarterly on the claims payment system. Which further distorts the difference between the numbers in the two reports.

Each report has been developed to serve specific purposes. As a result the information between the two is not very comparable. The Annual Report is designed to present information around what did the Medical Assistance program pay for during the fiscal year. The Medical Assistance program reports expenditures to the Alaska State Accounting System based upon the date that claims were paid. Therefore, all claims paid during FY97 are reported as expenditures of FY97. This allows for fast and timely comparison of a fiscal year's expenditures with the appropriation for the same period. This is the perspective of from which most policy makers and reviewers view the Medical Assistance program's activities.

The "Abortion Services by Category of Service FY97" report generated each year is designed to answer the question: during the fiscal year how many abortions were provided and at what cost? This report takes a snapshot in time well after the close of the fiscal year. Therefore, most of the expenditures reported were paid during FY97; but some of the expenditures were actually paid from FY98. Again this is because we are counting the number of times that procedure or diagnosis code occurred during a fiscal year.

4. What is the relationship of the number of 856 GRM eligibles listed on page 5 of the Annual Report and the 843 number of unduplicated recipients listed on the abortion report we previously provided you? The 856 GRM eligibles listed in the Annual Report does not include the 843 Medicaid clients receiving abortion services.

As a result of your questions the Division will be examining the transfer process and the criteria used for opportunities to increase federal participation in some of these costs.

Sincerely,



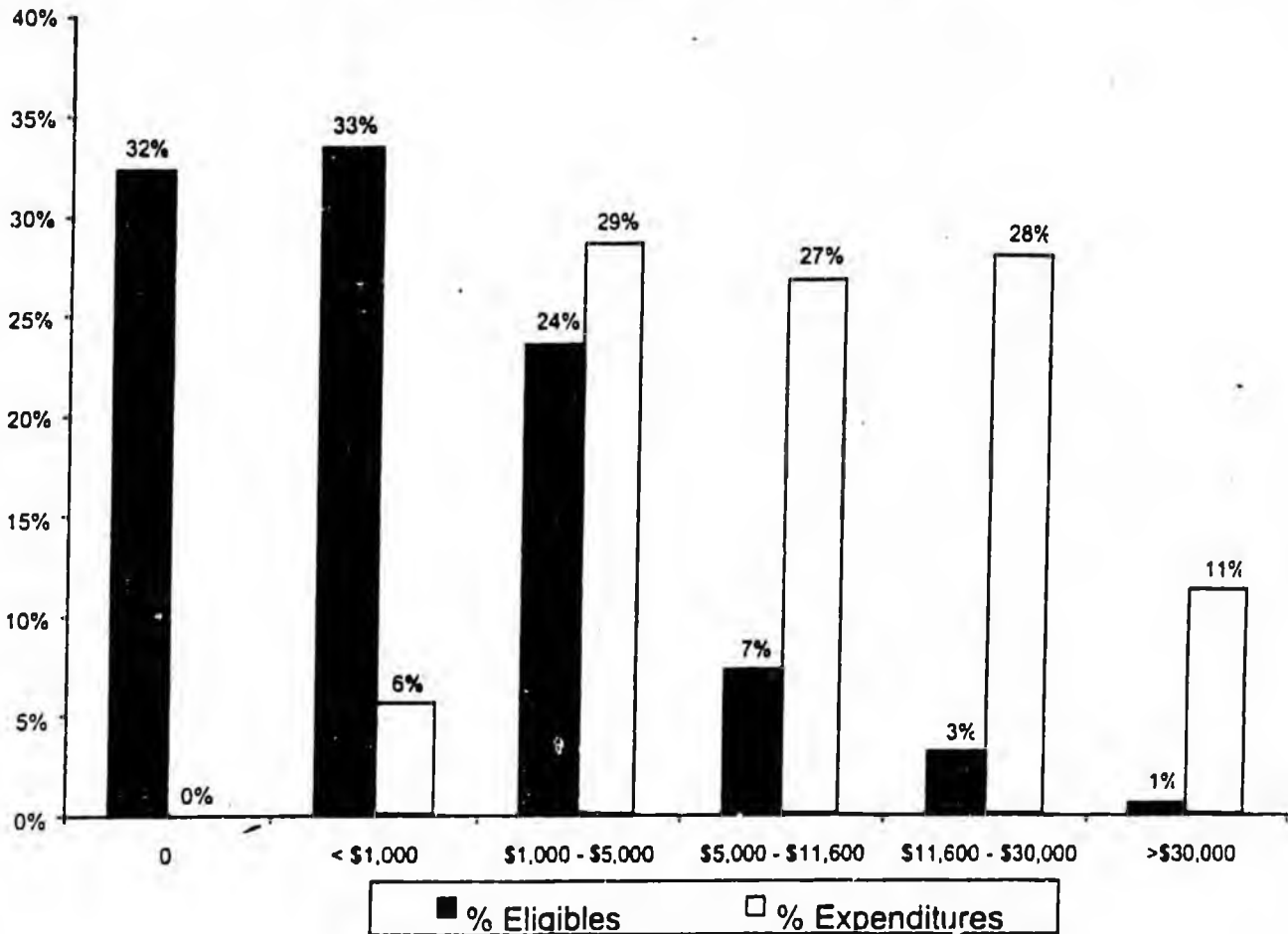
Bob Labbe  
Director

Acct	Category of Service	FY96 Actuals	FY97 Actuals
	<b>TOTAL ALL MEDICAID SERVICES</b>	<b>326,276.2</b>	<b>349,170.3</b>
<b>GENERAL RELIEF MEDICAL</b>			
<b>GRM HOSPITAL</b>			
900	Inpatient Hospital	1,113.8	684.3
905	Outpatient Hospital	0.2	0.2
	<b>TOTAL GRM HOSPITAL</b>	<b>1,114.0</b>	<b>684.5</b>
930	<b>GRM PHYSICIANS SERVICES</b>	<b>1,080.4</b>	<b>1,148.6</b>
	<b>TOTAL GRM PHYSICIANS SERVICES</b>	<b>1,080.4</b>	<b>1,148.6</b>
<b>GRM OTHER SERVICES</b>			
939	GRM Other Services	0.0	0.0
940	Pharmaceuticals XIX	0.0	0.0
941	Pharmaceuticals GRM	394.7	488.4
942	Transportation	91.7	118.7
943	Dental Care XIX	0.0	0.0
944	Dental Care GRM	3.5	3.6
947	Pros Device-Medical Equipment	19.2	20.8
950	Independent Labs	16.3	19.3
951	Nursing Home Care	(60.0)	13.3
955	Family Planning	2.8	2.3
956	Abortion XIX	654.8	887.8
957	Sterilization (ALL OTHER)	23.2	18.2
958	Abortion GRM	4.8	4.4
	<b>TOTAL GRM OTHER SERVICES</b>	<b>1,151.0</b>	<b>1,576.8</b>
989	TPL Recovery Contract	16.3	2.9
	<b>TOTAL TPL RECOVERY CONTRACT</b>	<b>16.3</b>	<b>2.9</b>
	<b>TOTAL ALL GRM SERVICES</b>	<b>3,361.7</b>	<b>3,412.9</b>
<b>ALASKA LONGEVITY BONUS HOLD HARMLESS</b>			
790	ALB Hold Harmless	29.4	43.3
	<b>TOTAL ALB HOLD HARMLESS</b>	<b>29.4</b>	<b>43.3</b>
<b>PERMANENT FUND DIVIDEND HOLD HARMLESS</b>			
750	PFD Hold Harmless Non-Facility	122.8	139.4
760	PFD Hold Harmless Facilities	390.0	314.0
	<b>TOTAL PFD HOLD HARMLESS</b>	<b>512.8</b>	<b>453.4</b>
	<b>TOTAL MEDICAL ASSISTANCE</b>	<b>330,180.1</b>	<b>353,079.8</b>

# State Only Programs

The following graph and table illustrate the distribution of expenditures for the state funded General Relief Medical (GRM), Permanent Fund Dividend Hold Harmless (PFDHH), and Alaska Longevity Bonus Hold Harmless (ALBHH) programs. The data demonstrates that 65% of eligibles during FY97 required less than \$1,000 in services to be paid. These expenditures were mostly for physician services and prescription drugs. The data also shows that 1% of the eligibles required \$30,000 or more in expenditures. The majority of this cost can be attributed to inpatient hospital services.

**FY97 State Funded Medical Assistance Programs  
Expenditure Distribution by Eligible**



Expenditure Category	Unduplicated Eligibles*	Percent Eligibles	Percent Expenditures	Average Annual Expenditure Per Eligible
0	522	32%	0%	\$0
< \$1,000	540	33%	6%	\$332
\$1,000 - \$5,000	381	24%	29%	\$2,421
\$5,000 - \$11,600	117	7%	27%	\$7,373
\$11,600 - \$30,000	50	3%	28%	\$18,045
> \$30,000	9	1%	11%	\$40,310
	1,619	100%	100%	\$1,995

\* Eligibles count based on having a GRM or Hold Harmless eligibility segment in SFY97. Expenditure amounts are based on services rendered in SFY97 and paid for between 7/1/96 and 9/30/97.

	GRM		PFDHH		Medicaid	
FY97 Eligibles	856		764		87,977	
Race Distribution	White	79%	White	47%	White	45%
	Black	9%	Alaska Native	42%	Alaska Native	37%
	Hispanic	3%	Black	4%	Black	6%
	Asian	3%	Asian	2%	Hispanic	4%
	Unknown	2%	Hispanic	2%	Asian	3%
	Alaska Native	2%	American Indian	1%	Unknown	2%
	Pacific Islander	2%	Unknown	1%	Pacific Islander	2%
	American Indian	1%			American Indian	1%
Age	21-44	61%	21-44	75%	21-44	27%
	45-64	36%	45-64	13%	6-14	24%
	15-20	2%	65+	5%	1-5	19%
			15-20	3%	15-20	10%
			6-14	2%	0	7%
			1-5	1%	65-	6%
					45-64	6%
Eligibles by location	Anchorage	46%	Anchorage	25%	Anchorage	34%
	Fairbanks	11%	Fairbanks	7%	Fairbanks	7%
	Wasilla	8%	Wasilla	6%	Wasilla	5%
	Juneau	4%	Palmer	5%	Juneau	3%
	Palmer	4%	Emmonak	2%	Palmer	3%
	North Pole	3%	Kodiak	2%	Ketchikan	2%
	Soldotna	3%	Kipnuk	2%	Kenai	2%
	Ketchikan	2%	Togiak	2%	Soldotna	2%
	Sitka	2%	Nunapitchuk	2%	North Pole	2%
	Homer & Eagle River	1%	Delta Junction	2%	Kodiak	2%
	Kodiak & Big Lake	1%	Soldotna	2%	Homer	1%
Expenditure by Category of Service	Physician	41%	Nursing Home	65%	Hospital	34%
	Hospital	34%	Hospital	13%	Physician	17%
	Pharmacy	15%	Physician	9%	Nursing Home	12%
	Other	6%	Pharmacy	5%	Physician	17%
	Transportation	3%	Mental Health Clinics	3%	Mental Health Clinics	10%
	Nursing Home	1%	Other	3%	Other	8%
			Transportation	2%	Pharmacy	7%
					Waivers	5%
					EPSDT	4%
					Transportation	3%
Expenditures	\$3,412,364.51		\$453,441.69		\$349,170,283.57	

## **Public Funding**

Fifteen states fund abortion for women in their state medical assistance programs in all or most circumstances (AK, CA, CT, HI, ID, IL, MA, MN, MT, NJ, NY, OR, VT, WA, WV).

Five states fund abortion in cases of life endangerment, rape, incest or under specified health circumstances (IA, MD, NM, VA, WI).

Twenty-seven states and the District of Columbia exclude abortion from their state medical assistance programs except in cases of life endangerment, rape or incest (AZ, AR, CO, DE, DC, FL, GA, IN, KS, KY, LA, ME, MI, MO, NE, NV, NH, NC, ND, OH, OK, PA, RI, SC, TN, TX, UT, WY).

Three states exclude abortion from their state medical assistance program except when the woman's life is endangered (AL, MS, SD). These states are not in compliance with federal law prohibiting participating states from excluding abortion from the Medicaid program in cases of life endangerment, rape or incest. FY 1998 Dep't of Labor Appropriations Act, Pub. K, No. 105-78, Tit. V, §§ 509, 510.

Two states (AZ, NM) specifically require that a minor obtain the consent of one parent prior to obtaining a publicly funded abortion. In Arizona, a minor may not obtain a publicly funded abortion in cases of rape or incest without the consent of one parent and documentation that the crime has been reported to the proper authorities.

In New Mexico, an unemancipated minor may not obtain a publicly funded abortion without the written consent of one parent unless the attending physician and an independent counselor certify that the minor is mature and well informed enough to make her own decision and that an abortion is in her best interests.

Source NARAL Foundation, 1998

## State Laws Affect Abortion Numbers in Michigan and Virginia

What's behind the drop in the number of abortions nationwide? The Centers for Disease Control and Prevention (CDC) attributes the decline to increased use of condoms, a claim repeated by the mainstream media.

A closer look at the statistics suggests that pro-life efforts played a bigger role than news reports indicated.

The CDC announced in December that there were 1,210,883 abortions in 1995, down 4.5 percent from the previous year. The *New York Times* reported that most experts attributed the decline to "increased--and more effective--use of contraception and the aging of the baby boomers."

The *Times* article also surveyed city and state health departments and found that in 1996, the number of abortions increased dramatically in some communities but not others.

The difference can be explained, at least in part, by looking at individual states.

In Michigan, for example, abortion rates have been in steady decline for a decade. The trend began when the state cut off Medicaid funding for abortion in 1988. Then in 1990 the state required minors to notify their parents before an abortion, and abortion rates among teenage girls fell 35 percent.

A 1996 ad campaign encouraged women in the midst of crisis pregnancies to call a toll-free number for referral to a CFC. As a result Michigan's abortion rate fell yet again. Ed Rivet, executive director of Michigan Right to Life, said he's most heartened by the decline in teen abortions.

"It's very, very encouraging, because it means these young women won't fall into the repeat abortion trap like so many women have over the past 15 years," Rivet said. Repeat abortions account for 48 percent of all abortions in Michigan.

\*Virginia, on the other hand, has seen its abortion rate increase every year. One reason is that there have been no new restrictions on access to abortion--no parental notification, and no "right to know" laws requiring clinics to explain abortion's risks to patients. (Twelve states have such laws.)

Virginia might soon see its abortion rate reverse, however. A parental notification law took effect last July.

Robin DeJarnette, government relations director for Virginia's Family Foundation, said the law may already be having an effect. "There are problems with accurate reporting here," she said, "but it looks like the abortion rate is going down this year."

Source - Tom Hess, *Citizen*, February 1998

\* Note - does this sound like Alaska?

From: Steve Coerper <stevekerp@juno.com>

### State Supreme Court Upholds Abortion Ruling

On Friday, October 3, the North Carolina Supreme Court upheld as constitutional the current eligibility restrictions on the State Abortion Fund. The court's decision in *Rosie J. v. N.C. Dept. of Human Resources* echoes a prior ruling of the Superior Court. At issue were the following eligibility restrictions passed by the General Assembly in 1995:

"Eligibility for services of the State Abortion Fund shall be limited to women whose income is below the federal poverty level, as revised annually, and who are not eligible for Medicaid. The State Abortion Fund shall be used to fund abortions only to terminate pregnancies resulting from cases of rape or incest, or to terminate pregnancies that, in the written opinion of the doctor licensed to practice medicine in North Carolina, endanger the life of the mother."

The plaintiffs argued these restrictions violate the N.C. Constitution. The Supreme Court determined the main issue as being one of the State paying for the "medical care" of some and not for others (i.e. paying for abortions for those who qualify under the above restrictions but not for those who don't.) In its ruling, the Court clearly stated that "No person has the constitutional right to have the State pay for medical care." In addition, the Court found that indigent women (those whose income is below the federal poverty level) do not receive "extraordinary protection" as a class under the Constitution, and that state funded abortions are not a right protected by the Constitution.

Furthermore, as we have recently reported, North Carolina paid for up to 4,600 abortions per year prior to the enactment of the above provision in 1995. In the last two years, following the passage of these restrictions, the state has paid for only ONE abortion. As the Court stated in this case, "Because of this action by the General Assembly, payment by the State for an abortion when the pregnancy is not the result of rape or incest or when the woman's life is not in danger has been virtually eliminated."

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Find more state legislative news and information at The Armchair Lobbyist  
- <http://www.prolife.org/tal>

FY	From DHSS Annual Reports*						Category of Service Report DHSS**			
	No. Recipients		Abortion Costs		Total	Abortion %	Total	Abortions		
	GRM	Medicaid	Title XIX	GRM	GRM Costs	GRM Total	Medicaid Costs	Number	Total Cost / FY	
97	856	71,179	\$887,800	\$4,400	\$3,412,864	26%	\$349,170,283	843	\$506,639	
96	760	69,608	\$654,800	\$4,800	\$3,361,700	20%	\$326,276,200	737	\$487,101	
95	646	69,739	\$631,500	\$4,400	\$4,389,400	14%	\$295,926,800	703	\$456,997	
94	680	69,631	\$592,800	\$1,500	\$7,466,400	8%	\$272,977,600	649	\$308,989	
93	603	63,663	\$351,200	\$2,000	\$6,188,500	6%	\$224,142,100	814	\$389,658	
92	862	57,251	\$359,700	\$4,800	\$5,820,600	6%	\$200,596,400	852	\$398,434	
91	733	47,802	\$309,100	\$7,800	\$5,592,200	6%	\$173,761,000	823	\$415,539	
90	507	40,447	\$314,400	\$7,800	\$6,067,238	5%	\$146,799,100	626	\$370,818	
89	582	37,460			\$7,706,600		\$121,021,600	729	\$423,187	
88		33,490			\$9,225,355			463	\$210,207	
87		29,319								
86		28,386								
85		19,946								
84										
83										
82										
81							\$39,218,437			
80							\$33,256,620			
79					\$6,769,100		\$38,811,695			
78					\$6,213,100		\$25,915,719			
77	2,631	11,815			\$3,743,128		\$18,608,568			
76					\$2,881,213		\$14,328,201			
75	3,300	9,770			\$2,358,080		\$9,320,753			
74	3,800	8,500			\$2,576,457		\$6,869,286			
73	5,000	7,000			\$3,675,277		\$4,447,219			
72					\$7,028,462		Medicaid Starts			
71					\$5,307,445					
70					\$3,250,159					
69					\$2,356,496					
	* Does not include transportation or other costs						**Includes transportation and other costs:			

Attachment 'A3'

Medicaid and General Relief Medical Services in Alaska

FY	From 1992 Audit Abortions		Dental GFM	Dental %GFM	glasses hearing aids	physical/ occupational therapy	Prosthetic Medical	Prosthetic %GFM	Medicaid Eligibles	Total Medical
	'Elective'	'Non-elective'								
97			\$3,600	0.11%	0	0	\$20,800	0.61%	87,977	353,079,800
96			\$3,500	0.10%	0	0	\$19,200	0.57%	87,159	330,180,200
95			\$24,200	0.55%	0	0	\$23,600	0.54%	86,445	300,981,100
94			\$19,900	0.27%	0	0	\$14,100	0.19%	83,920	281,099,300
93			\$28,100	0.45%	0	0	\$25,500	0.41%	78,418	231,033,500
92			\$20,100	0.35%	0	0	\$22,400	0.38%	69,286	208,008,100
91	877	1,167	\$8,900	0.16%	0	0	\$12,500	0.22%	57,251	182,582,900
90	674	898	\$27,200	0.45%	0	0	\$27,300	0.45%	49,622	155,092,695
89	751	924							46,090	130,630,500
88									44,872	109,526,900
87									41,559	92,899,200
86										
85										
84										
83										
82										
81										
80										
79										
78										
77										22,351,696
76									22,952	
75										11,034,251
74										9,678,712
73										8,017,103
72										7,028,462
71										5,307,445
70										3,250,159
69										2,356,496

REPRESENTATIVE  
**TERRY MARTIN**  
VICE-CHAIRMAN  
BUDGET & AUDIT COMMITTEE  
MEMBER  
HOUSE FINANCE COMMITTEE

# Alaska State Legislature

MAY 15 - JAN 15 1998  
716 W. 4TH. SUITE 200  
ANCHORAGE, AK 99501  
JAN 15 - MAY 15 465-3783  
STATE CAPITOL  
JUNEAU, AK 99801-1182



October 24, 1997

Dear Colleague:

I am sending to you a copy of a report I recently completed regarding the state's utilitarian policy of exterminating its young through publicly-funded elective abortions. You may be familiar with some of this information, as a shorter version of it was published in the Voice of the Times last month; however, it did not include the charts attached.

My purpose in sharing this information with you is to alert you to the unintended (at least, I hope they are unintended) impacts that our policy of state-funded elective abortions is having on our population. And it is my hope to start you thinking about this policy and where it may lead.

When we decide, as a so-called civilized society, to exterminate one portion of our population, regardless how we rationalize our decision, it will inevitably lead to an expansion and further degradation of human life. In other words, some in society have kept abortion legal under the argument that unborn children are not yet human beings with all the rights of living persons.

How far a stretch is it from that kind of rationale to one that says assisted suicide is okay because these people want to die? How interesting that Dr. Jack Kevorkian is now proposing to "harvest" the organs of those who he helps to die. Did he get this novel idea from the Communist Chinese, who "harvest" the organs from executed political prisoners and sell them on the open market, even here in the United States?

Santayana said, "Those who cannot remember the past are condemned to repeat it." I would refer you to a little book that came out of the eugenics movement in the early part of this century, called "The Life Devoid of Value." This book describes what constitutes a life devoid of value, at least in the opinions of its authors, and includes a list of ten character faults for which children should be put to death. Such things as clubbed feet, bedwetting and beady eyes. This disturbing little book was a huge influence on Adolf Hitler and his National Socialists, who found many reasons to exterminate millions of people.

**Attachment 'B1'**

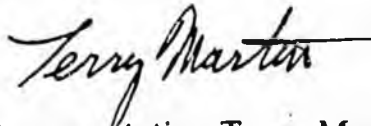
Colleagues  
October 24, 1997  
Page 2

We seem to be making this same tragic mistake. If it is the utilitarian policy of the State of Alaska to exterminate innocent life because it would cost us too much public money if the babies were born and end up on welfare, then could it also become a policy of the state to "encourage" euthanasia for old people whose lives no longer have meaning, and who are also using up valuable public resources?

We have the opportunity to stop the direction of this policy and correct our course. And we in the legislature make the policy for the state, so we have no one to point the finger at, except ourselves, if the policy marches on to its final solutions.

I hope you will read and understand what I am trying to convey in the enclosed report. If you have questions, I would welcome the opportunity to talk with you about them. Please call me at the office at 258-8169 or at home at 333-6990. Thank you, and

Best regards,

A handwritten signature in cursive script that reads "Terry Martin". The signature is written in dark ink and is positioned above the typed name.

Representative Terry Martin

TM/jwm  
enclosure

## The Utilitarian Purpose of Publicly-funded Abortions

by Representative Terry Martin

Alaskans have been subjected to a lot of fear-mongering over the last few years about the so-called "fiscal gap," but with \$22 billion in the bank and an oil industry that is happily developing new fields every day on the North Slope, I don't happen to think there is much to worry about on the fiscal front. But I would instead encourage Alaskans to shift their focus to what may be referred to as the population gap, and especially to look at the utilitarian policies of state government that help to perpetuate it.

In an article earlier this summer, I examined the drop in Alaska's population in two critical segments, the 18 to 35 year-olds and the newborn to 5 year olds. In taking a closer look at this second category, it has become manifestly evident that the policy of state-funded elective abortions is having a significant negative effect on our birthrate.

Between 1988 and 1996, the state paid for a low of 463 elective abortions in one year to a high, in 1992, of 852, for total of 6390 or a yearly average of 710. During those same years, the number of births in Alaska has fallen steadily from 11,451 in 1988 to 10,045 in 1996, or an average of 175 births per year.

When you compare the annual average of state-funded elective abortions (710) to the average annual drop in the birthrate (-175), one has to wonder what will be the long-term impacts of this utilitarian policy on Alaska, our society, and our economy.

Indeed, we are not even keeping up with a replacement rate. The accepted fertility rate to sustain a population is 2.1 children per child-bearing woman. Yet, ours hovers well below that, at about 1.6. Another important measure of the health of our society is the birth rate, defined by the number of births per 1000 population. Dropping from a high of 35.9 at the height of the baby boom in 1956, we are now at an all-time low of 16.6.

True to its roots in the eugenics movement of 100 years ago, Alaska's policy of state-funded elective abortions appears to have racist overtones, when you look at the statistics. For example, abortions of Alaska Native infants averaged 230 each year from 1988-96. That's about 32 percent of all state-funded elective abortions. Yet, the number of Alaska Natives is just under 16 percent of the state's population.

The same holds true for African-Americans. The state paid for an average of 83 abortions of black babies each year, or 11.7 percent of all state-funded abortions. Yet, blacks represent only 4.1 percent of the population.

For whites, though, the yearly average was 340 state-paid elective abortions, or about 48 percent of the total. But the overall population of Alaska is 75 percent white.

For such an onerous, utilitarian state policy, what are we gaining? What purpose is being served? One thing I have noticed is that the only significant offsetting factor to fill the void of these aborted Alaskans is a growing rate of foreign immigration. Given our low fertility rate, exacerbated by the state-paid abortions, perhaps Alaska should develop a new policy to encourage more foreign immigration to maintain our population, just as some European countries now pay for.

It seems to me that, as far as the economy is concerned, we are extremely fortunate that this foreign influx has occurred, so that we can continue to find buyers for new homes, children to fill our schools, people to buy cars and shop at local stores.

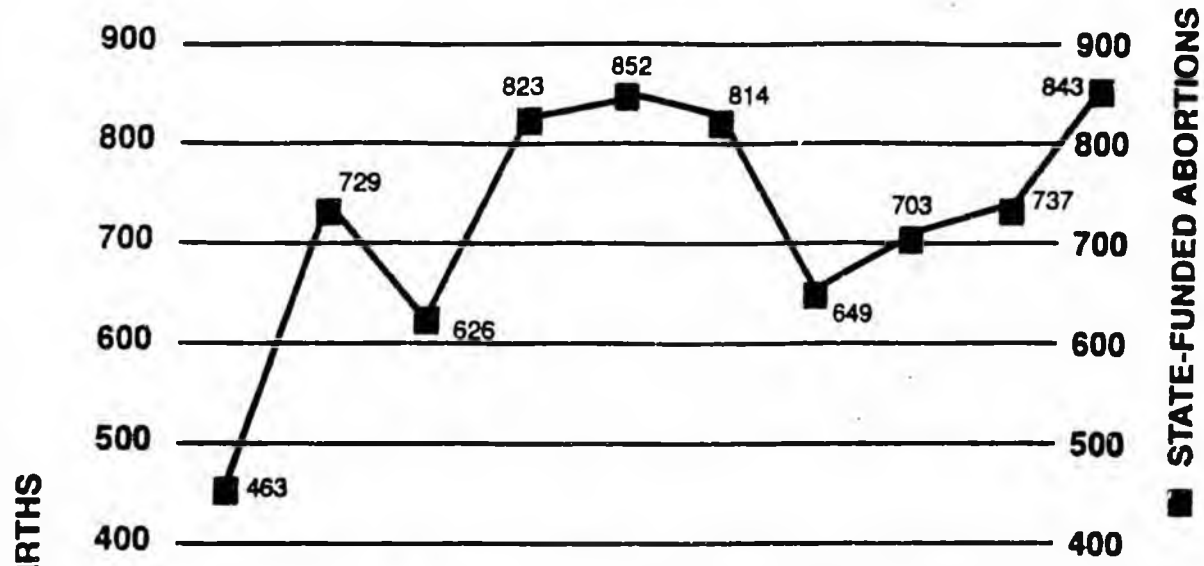
Indeed, how ironic it is that one of the biggest advocates of abortion has long been the Alaska teacher's union. Don't they realize where kindergartners come from? An NEA advocacy of abortion makes as much sense as if the Teamsters went all out to banish big trucks from the highway because they wear down the infrastructure. Sure, the roads would require less maintenance and they would be a lot safer for drivers of small cars, but where would the Teamsters work? And how would Alaskans be supplied with food, building materials, fuel for their cars and homes, and many other necessities?

Of course, teachers are not the only group depending on a continued flow of children to maintain their livelihoods. Consider the plight of day care operators, social workers and youth organizations. Consider also the irony of the testimony of Department of Health and Social Services "experts" in opposing a bill now in the Legislature--HB 234--that would stop state-funded elective abortions. They estimated that 590 of the 700+ pregnant mothers who every year come to the state for an abortion would opt instead to give birth. They are opposed to these births because, they said, it would cost the state millions of dollars when all these kids end up on welfare and other social service programs.

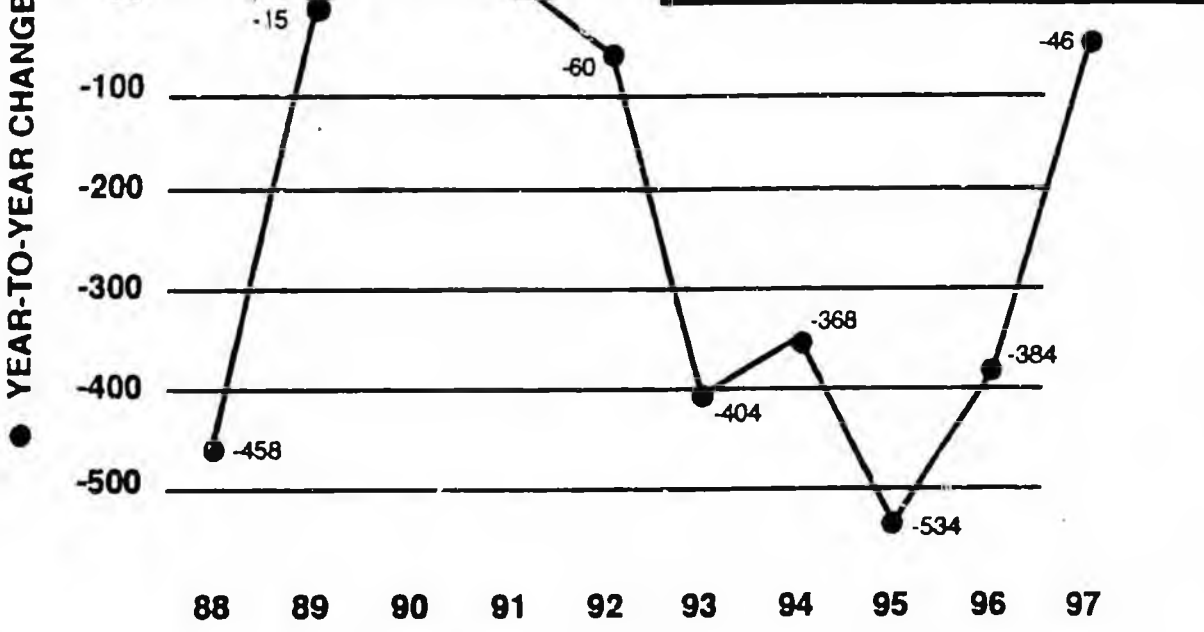
DHSS officials publicly stated that these are the children who would be abused, end up in jail, and go on welfare. That seems like a bold assumption to make. It makes one think that this utilitarian policy has already missed a lot of kids who these experts evidently think should have been aborted.

It is now time for the Legislature to stop state funding of elective abortions. This can be done without preventing anyone who wants an abortion to get one, particularly if the male involved is made to pay for it with his Permanent Fund Dividend. The vast majority of states, and the federal government, do not pay for elective abortions. Why should Alaska?

As current statistics force us to face the reality of what state funded elective abortions are doing to us, surely we can understand the impact this is having on our population and get us out of this ill-conceived public policy.



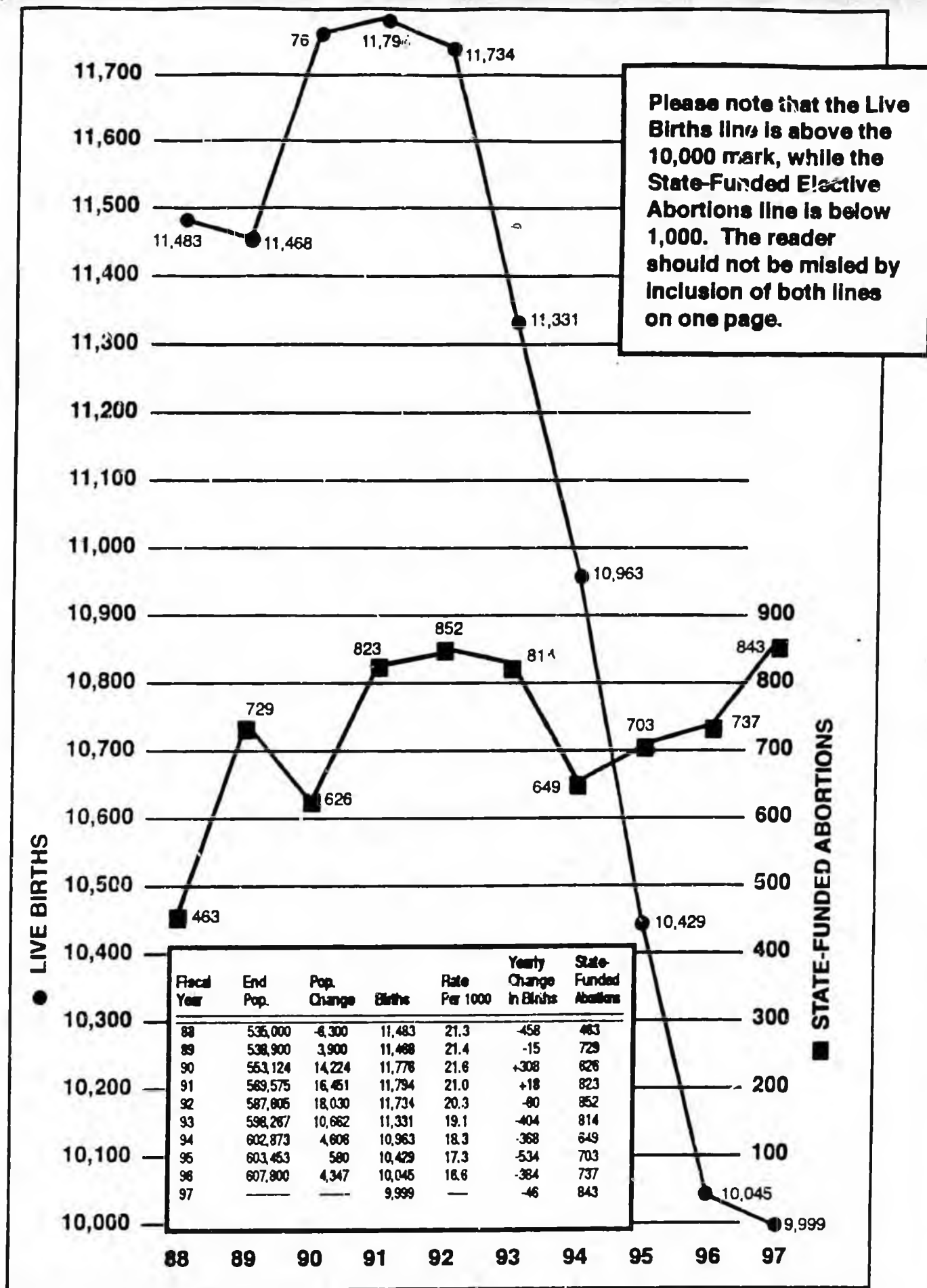
Fiscal Year	End Pop.	Pop. Change	Births	Rate Per 1000	Yearly Change In Births	State-Funded Abortions
88	535,000	-8,300	11,483	21.3	-58	463
89	538,900	3,900	11,468	21.4	-15	729
90	553,124	14,224	11,778	21.6	+308	626
91	569,575	16,451	11,794	21.0	+18	823
92	587,806	18,030	11,734	20.3	-60	852
93	598,287	10,682	11,331	19.1	-404	814
94	602,873	4,608	10,963	18.3	-368	649
95	603,453	580	10,429	17.3	-534	703
96	607,800	4,347	10,045	16.6	-384	737
97			9,999		-46	843



**YEAR-TO-YEAR CHANGE IN NUMBER OF LIVE BIRTHS COMPARED TO STATE-FUNDED ABORTIONS, 1988-96**

Years Shown are Fiscal Years (July 1- June 30)

Prepared by the Office of Representative Terry Martin • Source: Alaska Departments of Labor and Health and Social Services



**LIVE BIRTHS COMPARED TO STATE-FUNDED ABORTIONS, 1988-96**

Prepared by the Office of Representative Terry Martin • Source: Alaska Departments of Labor and Health and Social Services  
Revised 1/98

**ALASKA BIRTHRATES: 1970-1996**

Alaska Statewide	End Population	Population Change	Births	Rate per 1,000
July 1, 1969-70	308,500		7,190	
July 1, 1970-71	319,600	11,100	7,710	24.6
July 1, 1971-72	329,800	10,200	6,880	21.2
July 1, 1972-73	336,400	6,600	6,840	20.5
July 1, 1973-74	348,500	12,100	6,760	19.7
July 1, 1974-75	384,100	35,600	7,150	19.5
July 1, 1975-76	409,800	25,700	7,740	19.5
July 1, 1976-77	418,000	8,200	8,230	19.9
July 1, 1977-78	411,600	-6,400	8,590	20.7
July 1, 1978-79	413,700	2,100	9,030	21.9
July 1, 1979-80	419,700	6,000	9,310	22.3
July 1, 1980-81	433,800	14,000	9,906	24.7
July 1, 1981-82	463,400	31,400	10,781	24.9
July 1, 1982-83	497,600	32,400	11,723	25.3
July 1, 1983-84	522,000	24,400	12,319	24.8
July 1, 1984-85	541,300	17,600	12,727	24.4
July 1, 1985-86	547,600	6,300	12,556	23.2
July 1, 1986-87	537,800	-9,800	11,941	21.8
July 1, 1987-88	531,000	-6,800	11,451	21.3
July 1, 1988-89	534,400	3,400	11,408	21.5
July 1, 1990-91	569,575	19,532	14,819	21.2
July 1, 1991-92	587,605	18,030	11,734	20.3
July 1, 1992-93	598,287	10,662	11,331	19.1
July 1, 1993-94	602,873	4,606	10,963	18.3
July 1, 1994-95	603,453	580	10,429	17.3
July 1, 1995-96	607,800	4,347	10,045	16.6

**Total Births in Alaska/Medicaid Births**

	1989	1990	1991	1992	1993	1994	1995	1996	1997
Total Births	11,656	11,901	11,688	11,715	11,073	10,590	10,236	10,035	9,999
Medicaid Births	2,587	3,221	3,823	4,228	4,220	3,999	4,152	4,660	**
% of Births to Medicaid Recipients	22%	27%	33%	36%	38%	38%	41%	46%	**
Change in Number of births	205	245	-213	27	-642	-483	-354	-201	-36
Number of GRM abortions*	729	626	823	852	814	649	703	737	843
Birth Rate	21.5	21.2	20.3	20.3	19.1	18.3	17.3	16.6	**

\*Note: According to Legislative Audit No. 06-4416-92, July, 1992, these GRM abortion numbers should be 200 - 300 per year higher. These disputed numbers are said to be 'non-elective' procedures.

\*\* Numbers not available

Information from DHSS Annual reports and Alaska birthrates.

Table 1.5 Population by Race and Tribal Group, Alaska and U.S., 1980, 1990

	Alaska April 1 1990	% of 1990	Alaska April 1 1980	% of 1980	Alaska Change 1980-90	% of Change 1980-90	U.S. April 1 1990	% of 1990	U.S. April 1 1980	% of 1980	U.S. Change 1980-90	% of Change 1980-90	Alaska as % of U.S. 1990
<b>Total</b>	550,043	100.0	401,851	100.0	148,192	36.9	248,709,873	100.00	226,545,805	100.00	22,164,068	8.8	0.2
<b>White</b>	415,492	75.5	309,728	77.1	105,764	34.1	189,688,070	80.30	188,371,822	83.10	11,314,448	6.0	0.2
<b>Native American</b>	65,888	15.8	34,103	16.0	21,595	33.7	1,959,234	0.80	1,420,400	0.60	538,834	37.9	4.4
Eskimo	44,401	8.1	34,144	8.5	10,257	30.0	57,152	0.03	42,182	0.00	14,990	35.8	77.7
American Indian (100% Tribal Sample 1980)	31,245	5.7	21,869	5.4	9,376	42.9	1,878,285	0.94	1,384,033	0.60	514,252	37.7	1.7
Alaska Athabaskan	11,698	2.1	8,744	2.2	2,952	33.8	13,738	0.01	10,138	0.00	3,602	35.5	85.1
Tlingit	9,448	1.7	8,764	1.7	684	39.7	13,925	0.01	9,609	0.00	4,416	46.4	67.8
Haida	1,083	0.2	894	0.2	89	9.0	1,805	0.00	1,434	0.00	371	25.9	60.0
Tsimshian	1,853	0.3	1,168	0.3	485	41.5	2,432	0.00	1,587	0.00	845	53.2	68.0
Alaska Native (Other)	568	0.1	--	--	--	--	--	--	--	--	--	--	--
Other North American Tribes	4,833	0.8	3,028	0.8	1,605	53.0	1,589,265	0.79	1,002,383	0.44	586,882	56.8	0.3
Tribe Not Reported or Specified	2,168	0.4	1,833	0.5	233	12.1	277,120	0.14	338,984	0.15	-61,864	-18.2	0.8
<b>Aleut</b>	10,052	1.8	8,090	2.0	1,962	24.3	23,797	0.01	14,182	0.00	9,635	68.0	42.2
<b>Other Races</b>	48,853	8.9	27,521	6.8	21,332	77.5	47,064,569	18.90	36,753,783	16.20	10,310,786	28.1	0.1
Black	22,451	4.1	13,144	3.3	9,307	70.8	28,988,080	12.10	26,495,025	11.70	3,491,035	13.2	0.1
Asian & Pacific Islander	19,728	3.6	8,054	2.0	11,674	144.6	7,273,882	2.90	3,800,438	1.50	3,773,223	107.8	0.3
Filipino	7,978	1.5	3,092	0.8	4,884	158.0	1,408,770	0.70	774,652	0.34	632,118	81.6	0.8
Korean	4,183	0.8	1,838	0.4	2,827	171.0	798,849	0.40	354,593	0.16	444,256	125.3	0.5
Japanese	2,068	0.4	1,595	0.4	471	29.5	847,862	0.42	700,874	0.31	146,988	20.9	0.2
Chinese	1,342	0.2	522	0.1	820	157.1	1,845,472	0.82	808,040	0.36	839,432	104.1	0.1
Other and Unknown Race	6,674	1.2	8,323	1.8	351	5.6	9,804,847	3.90	8,758,318	3.00	3,046,528	45.1	0.1
[Note persons of Hispanic Origin can be of any race]													
<b>Total Hispanic Origin</b>	17,803	3.2	9,057	2.3	8,746	96.6	22,354,059	8.99	14,608,673	6.45	7,745,386	53.0	0.1

Source: U.S. Census Bureau, 1980 and 1990 Census of Population & Housing  
Alaska Department of Labor, Research & Analysis Section, Demographics Unit.

Table 17. Race by Sex: 1900 to 1980

(For meaning of symbols, see Introduction. For definitions of terms, see appendixes A and B.)

The State

DOWN SEXES

	Persons								Percent distribution							
	Total	White	Black	American Indian	Japanese	Chinese	H. Span	Other races	Total	White	Black	American Indian	Japanese	Chinese	H. Span	Other races
1900.....	401 851	369 728	13 643	21 849	1 593	522	3 092	51 402	100 0	77 1	3 4	3 4	0 4	0 1	0 8	12 8
1970.....	308 282	234 747	8 911	16 274	914	228	1 498	35 784	100 0	78 8	3 0	5 4	0 3	0 1	0 5	11 9
1980.....	228 147	174 344	6 771	14 444	818	137	814	28 437	100 0	77 2	3 0	4 4	0 4	0 1	0 4	12 7
1950.....	128 643	92 808	(NA)	14 089	(NA)	(NA)	(?)	21 744	100 0	72 1	(NA)	11 0	(NA)	(NA)	(?)	14 9
1940.....	71 534	59 178	141	11 283	263	54	403	21 208	100 0	54 0	0 2	15 6	0 4	0 1	0 6	29 2
1930.....	59 278	48 640	134	10 935	270	24	(?)	19 243	100 0	48 3	0 2	18 5	0 5	-	(?)	32 5
1920.....	55 034	47 883	128	(NA)	312	54	(?)	24 657	100 0	50 7	0 2	(NA)	0 6	0 1	(?)	48 4
1910.....	64 354	54 020	209	11 244	913	1 209	(?)	14 381	100 0	54 4	0 3	17 5	1 4	1 9	(?)	22 3
1900.....	43 591	38 493	148	(NA)	279	3 114	(?)	29 536	100 0	48 0	0 3	(NA)	0 4	4 9	(?)	46 4

MALE

1980.....	213 041	165 589	7 678	11 020	497	238	1 438	24 181	100 0	77 7	3 4	5 2	0 3	0 1	0 8	12 3
1970.....	143 250	109 850	5 308	8 247	392	144	979	18 318	100 0	79 5	3 3	5 1	0 2	0 1	0 6	11 2
1960.....	128 811	101 194	4 301	7 412	370	91	594	14 847	100 0	78 4	3 3	5 8	0 3	0 1	0 5	11 3
1950.....	78 472	60 390	(NA)	7 218	(NA)	(NA)	(?)	11 844	100 0	74 0	(NA)	9 1	(NA)	(NA)	(?)	14 9
1940.....	43 003	35 593	52	5 788	180	41	321	11 024	100 0	59 5	0 1	13 5	0 4	0 1	0 7	25 6
1930.....	35 764	19 904	42	5 388	207	25	(?)	9 978	100 0	55 7	0 2	15 4	0 4	0 1	(?)	27 9
1920.....	34 539	20 584	43	(NA)	245	53	(?)	13 572	100 0	59 4	0 2	(NA)	0 8	0 2	(?)	31 3
1910.....	45 857	30 334	143	5 885	887	1 204	(?)	7 602	100 0	44 1	0 3	12 4	1 9	2 6	(?)	14 4
1900.....	45 872	27 293	151	(NA)	267	3 113	(?)	15 048	100 0	59 5	0 3	(NA)	0 4	4 8	(?)	32 8

FEMALE

1980.....	188 810	144 139	5 985	10 849	898	284	1 454	25 221	100 0	74 3	3 2	5 7	0 5	0 2	0 8	12 4
1970.....	137 124	104 917	3 603	8 009	524	84	519	17 468	100 0	78 0	2 4	5 8	0 4	0 1	0 4	12 7
1960.....	97 354	73 332	2 470	7 032	448	46	218	13 790	100 0	75 2	2 5	7 2	0 5	-	0 2	14 2
1950.....	49 171	32 418	(NA)	6 851	(NA)	(NA)	(?)	9 902	100 0	45 9	(NA)	13 9	(NA)	(NA)	(?)	20 1
1940.....	29 521	13 575	89	5 495	83	15	62	10 182	100 0	44 0	0 3	18 4	0 3	0 1	0 3	24 5
1930.....	23 514	8 734	74	5 347	71	1	(?)	9 245	100 0	37 2	0 3	22 8	0 3	-	(?)	39 4
1920.....	20 497	7 297	45	(NA)	47	3	(?)	13 085	100 0	35 4	0 3	(NA)	0 7	-	(?)	43 8
1910.....	18 499	6 044	44	5 559	24	3	(?)	4 779	100 0	32 8	0 4	30 1	0 1	-	(?)	34 4
1900.....	17 726	9 200	17	(NA)	12	3	(?)	14 418	100 0	16 1	0 1	(NA)	0 1	-	(?)	81 8

MALES PER 100 FEMALES

1980.....	112.8	114.9	128.7	101.6	77.6	89.8	112.7	10 6	...	...	...	...	...	...	...	...
Urban.....	109.8	111.7	122.8	91.8	77.4	82.2	104.3	91.7	...	...	...	...	...	...	...	...
Inside urbanized areas.....	107.4	109.4	117.3	85.1	75.1	81.4	92.8	87 0	...	...	...	...	...	...	...	...
Central cities.....	107.4	109.4	117.3	85.1	75.1	81.4	92.8	87 0	...	...	...	...	...	...	...	...
Urban fringe.....	-	-	-	-	-	-	-	-	...	...	...	...	...	...	...	...
Outside urbanized areas.....	113.5	114.2	137.4	95.5	84.2	84.3	115.0	9 1	...	...	...	...	...	...	...	...
Places of 10,000 or more.....	110.5	112.7	129.8	91.5	64.1	74.9	112.2	8 1	...	...	...	...	...	...	...	...
Places of 2,500 to 10,000.....	114.4	119.4	135.4	99.3	98.0	93.5	114.0	10 5	...	...	...	...	...	...	...	...
Rural.....	119.2	122.3	228.4	118.6	78.7	94.8	153.3	110 9	...	...	...	...	...	...	...	...
Places of 1,000 to 2,500.....	117.4	120.3	219.0	103.6	85.3	200.0	192.9	107 8	...	...	...	...	...	...	...	...
Other rural.....	119.6	123.1	221.0	111.8	74.4	74.2	125.5	111 7	...	...	...	...	...	...	...	...
Inside MSA's.....	107.7	109.8	117.6	85.9	73.3	80.2	93.2	87 4	...	...	...	...	...	...	...	...
Urban.....	107.4	109.4	117.3	85.1	75.1	81.4	92.8	87 0	...	...	...	...	...	...	...	...
Central cities.....	107.4	109.4	117.3	85.1	75.1	81.4	92.8	87 0	...	...	...	...	...	...	...	...
Not in central cities.....	-	-	-	-	-	-	-	-	...	...	...	...	...	...	...	...
Rural.....	120.4	119.4	223.3	124.3	...	...	...	123 8	...	...	...	...	...	...	...	...
Outside MSA's.....	114.9	119.8	154.4	104.9	81.9	90.2	122.9	104 4	...	...	...	...	...	...	...	...
Urban.....	113.3	116.2	137.4	95.5	84.2	84.3	115.0	97 1	...	...	...	...	...	...	...	...
Rural.....	119.1	122.4	220.1	110.5	77.0	103.1	155.1	110 9	...	...	...	...	...	...	...	...
1970.....	119.1	121.4	147.3	103.2	74.8	171.4	108 6	104 9	...	...	...	...	...	...	...	...
1960.....	132.3	138.0	174.1	105.4	82.4	197 8	273 4	107 7	...	...	...	...	...	...	...	...
1950.....	141.4	144.3	(NA)	105 4	(NA)	(NA)	(?)	119 4	...	...	...	...	...	...	...	...
1940.....	143.7	148.5	58.4	105 3	216 9	273 3	391 5	108 3	...	...	...	...	...	...	...	...
1930.....	152.1	227 8	83 8	104 1	391 5	2500 0	(?)	107 7	...	...	...	...	...	...	...	...
1920.....	148.5	202 1	94 9	(NA)	543 8	1744 7	(?)	103 7	...	...	...	...	...	...	...	...
1910.....	247 9	500 1	214 7	102 3	3411 5	40300 0	(?)	112 1	...	...	...	...	...	...	...	...
1900.....	258 9	632 9	648 2	(NA)	2225 0	103744 7	(?)	103 9	...	...	...	...	...	...	...	...

Included with "Other races," see appendix B.

## Summary of Stipulation

On January 20, 1993, the DHSS promulgated regulations affecting eligibility for State medical assistance for abortion.

On February 9, Planned Parenthood filed suit against the regulations.

On February 25, 1993, DHSS and Planned Parenthood reached agreement. The regulations at issue are:

7 AAC 43.140	certification of mother's life (Medicaid related)
7 AAC 43.825	Medicaid related
7 AAC 43.835	Medicaid related
7 AAC 47.170(b)	application exception for age of woman (GRM related)
7 AAC 47.200	General Relief Medical coverage, list of services
7 AAC 47.210(7)	GRM exclusions (7) elective abortion
7 AAC 47.290(3)	definitions (3) elective procedure
7 AAC 47.290(5)	(5) repealed
7 AAC 47.290(7)	(7) elective abortion
7 AAC 47.290(8)	(8) therapeutic abortion

The stipulation reads that no judgment of a psychologist or psychiatrist is required. The treating physician may use his own judgment of the woman's condition. For rape, incest, assault, or abuse, no police report or other document is required.

The treating physician's professional judgment is sufficient for payment. No audit shall review the physician's judgment that the abortion was necessary.

The level and instruments of assessment and evaluation are left to the judgment of the treating physician.

**Date: March 12, 1998**

**For more information, please call Representative Terry Martin at 465-3783.**

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IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
THIRD JUDICIAL DISTRICT

PLANNED PARENTHOOD OF ALASKA )  
INC., et al., )  
 )  
Plaintiffs, )  
 )  
v. )  
 )  
THEODORE A. MALA, Commissioner, )  
Department of Health and Social )  
Services, and the DEPARTMENT OF )  
HEALTH AND SOCIAL SERVICES, )  
STATE OF ALASKA, )  
 )  
Defendants. )

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Original Received  
APR 13 1993

Case No. 3AN-93-01228 Civil

STIPULATION

The State of Alaska, by and through its attorneys, and the Plaintiffs, by and through Joyce Bamburger, attorney for the Plaintiffs hereby agree and stipulate for the following. This stipulation shall become effective upon entry of an order by the Superior Court approving this Stipulation and will remain in effect until a final judgment on the merits is entered by the Superior Court. Should the Superior Court fail to approve this Stipulation in its entirety as set forth herein by Order, the parties agree that this Stipulation constitutes inadmissible evidence of statements made in compromise negotiations. Nothing in this Stipulation shall be construed to affect the parties' positions on the merits of this action.

1. The regulations at issue in this lawsuit are 7 AAC 43.140; 7 AAC 43.825; 7 AAC 43.835; 7 AAC 47.170(b); 7 AAC 47.200;

STIPULATION

- 1 -

EXHIBIT NO.   A    
PAGE   1   OF   4  

DEPARTMENT OF LAW/  
OFFICE OF THE ATTORNEY GENERAL  
ANCHORAGE BRANCH  
1031 W. COURTLAVILLE, SUITE 200  
ANCHORAGE, ALASKA 99501  
PHONE: (907) 266 3100

1 7 AAC 47.210(7); 7 AAC 47.290(3); 7 AAC 47.290(5); 7 AAC  
2 47.290(7); and 7 AAC 47.290(8) (herein collectively referred to as  
3 "the regulations").

4 2. The State's position is that the regulations speak  
5 for themselves and the State cannot "clarify" or otherwise impose  
6 requirements that are not currently in the regulations.

7 3. Payments for services relating to an abortion will  
8 continue to be paid by DHSS according to the regulations upon  
9 receipt of the routine bill from the health care provider.  
10 Although the regulations state abortions are to be "certified by  
11 a physician as medically necessary . . . to ameliorate a condition  
12 harmful to the woman's physical or psychological health," DHSS  
13 will not impose a requirement that this judgment be confirmed by  
14 a psychologist or psychiatrist. The treating physician performing  
15 the abortion services may rely on his or her professional judgment  
16 of the woman's condition and no particular psychological diagnosis  
17 or test is required. For those abortions "medically necessary"  
18 due to rape, incest, sexual assault or abuse, the regulations do  
19 not require the submission of a police report or any other  
20 descriptive document. Just as in most other procedures for which  
21 state funding is provided, the physician must send his or her  
22 bill, with the appropriate procedure codes indicated, to the state  
23 in order to receive payment. While the treating physician's  
24 professional judgment is sufficient for payment, nothing in the  
25 stipulation shall be construed to waive the state's right to  
26 conduct routine fiscal audits of billing practices and procedures;

STIPULATION

- 2 -

EXHIBIT NO.     A      
PAGE     2     OF     4    

DEPARTMENT OF LAW  
OFFICE OF THE ATTORNEY GENERAL  
ANCHORAGE BRANCH  
1031 W. FOURTH AVENUE, SUITE 200  
ANCHORAGE, ALASKA 99501  
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1 provided, however, just as with other services for which the state  
2 provides funding no audit shall review the physician's judgment  
3 that the service was medically necessary.

4 4. As with all other procedures for which state funding  
5 is provided, for the purposes of reimbursement, a treating  
6 physician's medical records must continue to comply 7 AAC 47.230.  
7 However, as in all procedures, the level of assessment and  
8 evaluation, as well as the instruments for assessment and  
9 evaluation, are left to the professional judgment of the treating  
10 physician. In any event, the records must contain that  
11 information customarily kept in the normal course of the treating  
12 physician's practice.

13 5. The State will continue to pay for the reasonable  
14 travel costs associated with physician visits for prescription of  
15 services and the reasonable costs of "medically necessary"  
16 abortions for eligible women as defined in the regulations, until  
17 ~~a final judgment is issued by the Superior Court.~~ JEB g

18 6. Within 10 days of the Superior Court approval of  
19 this Stipulation by entry of an Order, DHSS will ensure that this  
20 stipulation will be sent to all medicaid enrolled physicians and  
21 hospitals, and send a notice to all public assistance offices and  
22

23 ///  
24 ///  
25 ///  
26 ///

DEPARTMENT OF LAW  
OFFICE OF THE ATTORNEY GENERAL  
ANCHORAGE BRANCH  
1035 W FOURTH AVENUE, SUITE 200  
ANCHORAGE, ALASKA 99501  
PHONE: (907) 269 3100

STIPULATION

1 to all public health clinics, publish a public notice, and issue  
2 a press release for statewide dissemination.

4 DATED: Feb. 23, 1993

*Joyce Bamberger*  
Joyce Bamberger  
Cooperating Attorney  
Alaska Civil Liberties Union  
Foundation

CHARLES E. COLE  
ATTORNEY GENERAL  
For the Plaintiffs

11 DATED: February 25, 1993

By: *Cheri C. Jacobus*  
Cheri C. Jacobus  
Assistant Attorney General

14 DATED: 2-24-93

By: *Bruce M. Botelho*  
Bruce M. Botelho  
Deputy Attorney General

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STIPULATION

## Various State Laws and Regulations Relative to Medical Assistance

### 07 AAC 043.135. Sterilization.

- (a) For medicaid coverage of sterilization for family planning purposes, informed consent by the recipient is required before the sterilization is performed. Physicians must use the **division's Informed Consent for Sterilization forms available from regional offices or the central office of the division.** Other forms will not be accepted.
- (b) The **waiting period between consent and sterilization must be at least 30 days** and not more than 180 days. A waiver of the 30-day waiting period may be granted in cases of premature delivery and emergency abdominal surgery.
- (c) Consent may not be obtained from anyone in labor of childbirth, under the influence of alcohol or other drugs, or seeking or obtaining an **abortion.**
- (d) Interpreters must be provided where there are language barriers, and special arrangements must be made for handicapped individuals.
- (e) Hysterectomies performed for sterilization purposes are not covered under medicaid. Hysterectomies are covered, however, when performed for medical reasons. Recipients must be advised orally and in writing that sterility will result in order for the operation to be covered under medicaid.
- (f) Sterilization for individuals institutionalized in correctional facilities or inpatient psychiatric facilities will not be covered under medicaid.
- (g) **As a condition of receiving payment for sterilization for family planning purposes, a signed, division-approved informed consent form must be attached to the invoice of the provider seeking reimbursement.** Failure to submit this form will result in the sterilization not being covered by the division.
- (h) Recipients who have been determined by a court to be incompetent or who are under age 21 may not receive medicaid coverage for sterilization.

Eff. 8/18/79, Register 71; readopt 8/7/96, Register 139. Authority:

AS 47.05.010  
AS 47.07.030  
AS 47.07.050

### 07 AAC 043.140. Abortions.

- (a) Payment for an **abortion** will, in the department's discretion, be covered under medicaid if the physician services invoice is **accompanied by certification** that the life of the mother would be endangered if the pregnancy were carried to term.
- (b) A procedure that is not covered under this section will be covered under General Relief Medical to the extent provided in 7 AAC 47.

Eff. 8/18/79, Register 71; am 2/19/93, Register 125; readopt 8/7/96, Register 139.

Authority:

AS 47.05.010  
AS 47.07.030  
AS 47.07.040

AS 47.07.050

Editors Note:

Effective 8/7/96, Register 139, the Department of Health and Social Services readopted 7 AAC 43.140 in its entirety, without change, under AS 47.05 and AS 47.07 . Executive Order No. 72 transferred certain rate-setting authority to the department.

**07 AAC 047.30. Application Exception.**

**If, because of a medical emergency, a person is unable to apply for General Relief Medical assistance before treatment is received, the patient or a representative of the patient must make application within 30 days of discharge from the medical facility.** Failure to apply within 30 days of discharge will result in denial of coverage for services provided before the application is submitted.

**07 AAC 047.150. Determination of General Relief Financial Eligibility.**

(a) Financial eligibility for General Relief assistance exists only if the need standard exceeds monthly net income, as determined under this section.

(b) Need is determined by use of the following table:

Number of Persons	Maximum Monthly Need Standard
1	\$300
2	400
3	500
4	600
5	700

\$100 must be added for each additional person.

(c) Monthly net income is determined by

(1) counting all income earned or unearned, from any source, except payments made under the Alaska Native Claims Settlement Act, received during the calendar month in which application is made, and all income reasonably expected to be received in time to meet the specific needs (income received weekly is multiplied by 4.3, that received every two weeks by 2.15, that received twice monthly by 2, and that received monthly by 1);

(2) subtracting all payroll deductions required by the employer, including federal and state income tax, FICA, unemployment insurance, union dues, insurance premiums, and retirement, from gross earned income, and subtracting from earned or unearned income voluntary health insurance premiums which are paid for persons included in the household as described in (d) of this section; and

(3) not counting income received in the month just before the calendar month in which application is made, but considering this a resource under sec. 160 of this chapter.

(d) Persons who are included in the household, and who will therefore have their financial needs, income, and resources considered in determining financial eligibility, include the applicant, all persons related to the applicant by blood, marriage, or adoption who reside with him, and all unrelated persons

whose needs are included in the request for assistance and who would benefit directly from the requested assistance, or who would benefit directly even if their needs are not included.

**07 AAC 047.155. Determination of General Relief Medical Financial Eligibility.**

(a) **Financial eligibility for General Relief Medical assistance exists only if the household's monthly net income, as determined under this section, does not exceed the need standard in 7 AAC 47.150(b).** The applicant must provide verification of the household's income, including, for example, tax and wage statements.

(b) Except as provided in (c) of this section and in 7 AAC 47.170(b), persons who are included in the household and who will therefore have their financial needs, income, and resources considered in determining financial eligibility, include the applicant and all persons related to the applicant by blood, marriage, or adoption who, at the time of application, have continuously resided with the applicant for a period of 30 days or more and who do not maintain a separate residence from the applicant.

(c) Persons who are receiving a cash assistance grant from Aid to Families with Dependent Children, Adult Public Assistance, or Supplemental Security Income will not have their financial needs, income, or resources considered in determining the General Relief Medical assistance applicant's financial eligibility.

(d) Monthly net income is determined by

(1) counting all income earned or unearned, from any source, except Alaska Permanent Fund Dividends received during the calendar month in which application is made; (to determine monthly income, income received weekly is multiplied by 4.3, that received every two weeks by 2.15, that received twice monthly by 2, and that received monthly by 1);

(2) subtracting all payroll deductions required by the employer, including federal and state income tax, FICA, unemployment insurance, union dues, insurance premiums, and retirement, from gross earned income, and subtracting from earned or unearned income voluntary health insurance premiums which are paid for persons included in the household as described in (b) of this section; and

(3) not counting income received in the month before the month in which application is made, but considering that income a resource as described in 7 AAC 47.160.

Eff. 8/1/86, Register 99; am 2/2/87, Register 101; am 3/16/91, Register 117; am 11/20/94, Register 132; am 9/9/95, Register 135.

Authority:

AS 47.05.010

AS 47.25.120

AS 47.25.130

**07 AAC 047.170. Age at Which Applicant May Be Eligible.**

(a) Applicants 18 years of age or older may be found eligible for General Relief and General Relief Medical assistance.

(b) **An applicant under 18 years of age may apply on his or her own behalf if the applicant is living apart from parents or guardian and is managing his or her own personal financial affairs. A female applicant under 18 years of age living at home with her parents or guardian may apply without regard to her parents' or guardian's income if she is seeking a therapeutic abortion.**

**07 AAC 047.200. General Relief Medical Coverage.**

(a) The General Relief Medical program provides payment on behalf of needy persons who are eligible under the provisions of this chapter for any of the following services:

(1) major medical care as defined in 7 AAC 47.290;

(2) skilled nursing home care;

(3) intermediate nursing home care;

**(4) physician services if**

(A) related to major medical care provided in a hospital on an inpatient basis;

(B) provided in a hospital emergency room the same day on which the recipient is admitted for major medical care;

(C) provided to a recipient residing in a nursing home;

(D) provided in either an outpatient or an inpatient setting to a recipient with a diagnosis described in 7 AAC 47.271(b);

(E) provided in determining eligibility for a **therapeutic abortion**; or

(F) provided for a **therapeutic abortion**;

(5) outpatient laboratory and x-ray services provided in conjunction with a **therapeutic abortion** or nursing home care;

(6) medical transportation related to major medical care, nursing home care, or a **therapeutic abortion**;

(7) outpatient surgical center services provided in conjunction with **therapeutic abortion** or nursing home care;

(8) prescribed drugs and medical supplies for a recipient with a specific diagnosis as described in 7 AAC 47.271(b);

(9) repealed 7/1/87.

(b) Unless otherwise provided in this chapter, the medical services listed in (a) of this section are subject to the same limits placed on the amount, duration, and scope of services provided under the Medicaid program as set out in AS 47.07 or 7 AAC 43.

**07 AAC 047.210. Exclusions From General Relief Medical Program.**

Notwithstanding any other provisions contained in this chapter or 7 AAC 43, a **payment may not be made** under the General Relief Medical program for any expense

(1) that is for major medical care not determined necessary by the professional review organization on

contract with the division of medical assistance;

(2) that is for nursing home care not approved by the division of medical assistance;

(3) for items and services not properly prescribed or determined necessary by a health care practitioner;

(4) for more than 12 outpatient physician visits by a recipient in a calendar year;

(5) for outpatient physician visits that are not for a recipient with a diagnosis as described in 7 AAC 47.271(b);

(6) if persons are in the care and custody of penal facilities, including juveniles in detention facilities;

**(7) for an elective procedure, including an elective abortion;**

(8) if the expense is for the first \$50 of each day of hospital stay up to a maximum of \$200 per hospital admission for major medical care;

(9) if the expense is for a prescription drug or prescribed medical supply for a recipient who does not have a diagnosis specified in 7 AAC 47.271(b);

(10) repealed 7/1/87.

(11) for room, board or ancillary services provided in a hospital beyond the length of hospitalization stay authorized in 7 AAC 47.245.

#### **07 AAC 047.290. Definitions.**

In 7 AAC 47.010 - 7 AAC 47.290

(1) "prescribed drug" means a simple or compound substance, or mixtures of substances, prescribed for the cure, mitigation, or prevention of disease, or for health maintenance that is prescribed by a physician or other licensed practitioner of the healing arts within the scope of practice as defined and limited by federal and state law, and is dispensed by a licensed pharmacist on a valid prescription that is recorded and maintained in the pharmacist's records;

(2) "disabled" or "disability" means being unable to or the inability to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months;

**(3) "elective procedure" means a procedure that is subject to the choice or decision of the patient or physician regarding medical services that are advantageous to the patient but not necessary to prevent the death or disability of the patient, and includes an elective abortion;**

(4) "major medical care" means non-elective inpatient hospital services that cannot be performed on an outpatient basis and that are certified as necessary by the professional review organization contracted by the division of medical assistance;

(5) repealed 2/19/93;

(6) "recipient" means an individual who is financially eligible for General Relief Medical assistance and who may receive a covered medical service if determined to be eligible to receive the service;

(7) "elective abortion" means a procedure, other than a therapeutic abortion, to terminate a pregnancy;

(8) "therapeutic abortion" means the termination of a pregnancy;

(A) certified by a physician as medically necessary to prevent the death or disability of the woman, or to ameliorate a condition harmful to the woman's physical or psychological health;  
or

(B) that resulted from actions that would constitute a crime of sexual assault under AS 11.41.410 - 11.41.425, a crime of sexual abuse of a minor under AS 11.41.434 - 11.41.440, or the crime of incest under AS 11.41.450 .

#### **12 AAC 040.60. Termination of Pregnancy.**

Termination of pregnancy must be requested by the pregnant woman, unless she has been adjudged mentally incompetent or is unmarried and under 18 years of age, in which case the request must be made by her parent or guardian.

Eff. 12/20/70, Register 36; am 8/29/73, Register 47. Authority:  
AS 11.15.060 (a)  
AS 08.64.105

#### **12 AAC 040.70. Informed Consent.**

Unless otherwise provided in 12 AAC 40.060, a written informed consent shall be obtained from the patient or from any other person whose consent is required before termination of a pregnancy. Such written informed consent shall be on the patient's chart. The patient and other persons whose consent is required shall be advised of the medical implications and the possible emotional and physical sequelae of the procedure.

Eff. 12/20/70, Register 36; am 8/29/73, Register 47. Authority: AS 08.64.105

#### **12 AAC 040.80. Medical Procedures.**

The patient shall be examined by a physician licensed in Alaska, and a written record of the patient's physical and emotional health shall be prepared before performing an abortion procedure as set out in 12 AAC 40.110.

Eff. 12/20/70, Register 36; am 8/29/73, Register 47. Authority: AS 08.64.105

#### **12 AAC 040.90. Evaluation.**

The attending physician shall make an evaluation of the patient and an estimation of the duration of gestation based upon the patient's history, examination and test results. This information shall be recorded on the patient's chart.

Eff. 12/20/70, Register 36. Authority:  
AS 08.64.105

## 12 AAC 040.100. Consultation Requirements.

Abortions interrupting a pregnancy up to and including the twelfth week of gestation may be performed without consultation. Abortions performed after the twelfth week of gestation shall be preceded by consultation with another physician. The consultation shall include an opinion as to the preferred method of termination of pregnancy.

Eff. 12/20/70, Register 36; am 8/29/73, Register 47.

Authority:

AS 08.64.105

## 12 AAC 040.110. Abortion Procedures.

During the second or third trimester of a pregnancy, **acceptable procedures** include dilatation and curettage, suction aspiration of the uterus, injection of pharmacological agents, hysterectomy and hysterotomy. The exact procedure to be used will depend upon the patient's total health, age, associated disease and pathology, and anomalies such as skeletal defects and other medical indications.

Eff. 12/20/70, Register 36; am 8/29/73, Register 47. Authority:

AS 08.64.105

## 12 AAC 040.120. Standards For Hospitals and Facilities.

(a) During the second or third trimester of a pregnancy, **abortions** shall be performed under sterile conditions. A bed and a registered nurse shall be available for a minimum recovery period of one-half hour. A registered nurse shall be present during the procedure.

(b) During the second or third trimester of a pregnancy, blood, blood derivatives, blood substitutes or plasma expanders shall be immediately available when an **abortion** is performed, and an operating room appropriately staffed and equipped for major surgery in accordance with regulations adopted under AS 18.20.060 shall be immediately available.

Eff. 12/20/70, Register 36; am 8/29/73, Register 47. Authority:

AS 08.64.105

## 12 AAC 040.130. Records.

During the second or third trimester of a pregnancy, the attending physician shall record a medical history, findings of the physical examination, operative report of the **abortion** procedure and pathology report as part of the clinical record to be maintained by the hospital or facility. The physician and hospital or facility shall treat the patient's identity and medical record as confidential information.

Eff. 12/20/70, Register 36; am 8/29/73, Register 47. Authority:

AS 08.64.105

## 12 AAC 040.140. Limitation.

A fetus which has not developed beyond 150 days after the first day of the last menstrual period may be **considered non-viable for purposes of AS 11.15.060 (a)**. In the performance of an **abortion** after that date, the physician shall be guided by a reasonable judgment as to whether **the fetus is viable** in fact.

Eff. 12/20/70, Register 36; am 8/29/73, Register 47. Authority:

AS 08.64.105

AS 11.15.060 (a)

**AS 08.64.105. Regulation of Abortion Procedures.**

**The State Medical Board shall adopt regulations necessary to carry into effect the provisions of AS 18.16.010 and shall define ethical, unprofessional, or dishonorable conduct as related to abortions, set standards of professional competency in the performance of abortions and establish procedures and set standards for facilities, equipment, and care of patients in the performance of an abortion.**

**AS 18.16.010. Abortions.**

(a) An **abortion** may not be performed in this state unless

(1) the **abortion** is performed by a **physician or surgeon licensed** by the State Medical Board under AS 08.64.200;

(2) the **abortion** is performed in a hospital or other facility approved for the purpose by the Department of Health and Social Services or a hospital operated by the federal government or an agency of the federal government;

(3) before an **abortion** is knowingly performed or induced on an unmarried, unemancipated woman under 17 years of age, consent has been given as required under AS 18.16.020 or a court has authorized the minor to consent to the **abortion** under AS 18.16.030 and the minor consents; for purposes of enforcing this paragraph, there is a rebuttable presumption that a woman who is unmarried and under 17 years of age is unemancipated;  
and

(4) the woman is domiciled or physically present in the state for 30 days before the **abortion**.

(b) Nothing in this section requires a hospital or person to participate in an **abortion**, nor is a hospital or person liable for refusing to participate in an **abortion** under this section.

(c) A person who knowingly violates a provision of this section, upon conviction, is punishable by a fine of not more than \$1,000, or by imprisonment for not more than five years, or by both.

(d) [Repealed, sec. 6 ch 14 SLA 1997].

(e) A person who performs or induces an **abortion** in violation of (a)(3) of this section is civilly liable to the pregnant minor and the minor's parents, guardian, or custodian for compensatory and punitive damages.

(f) It is an affirmative defense to a prosecution or claim for a violation of (a)(3) of this section that the pregnant minor provided the person who performed or induced the **abortion** with false, misleading, or incorrect information about the minor's age, marital status, or emancipation, and the person who performed or induced the **abortion** did not otherwise have reasonable cause to believe that the pregnant minor was under 17 years of age, unmarried, or unemancipated.

(g) It is an affirmative defense to a prosecution or claim for violation of (a)(3) of this section that compliance with the requirements of (a)(3) of this section was not possible because an immediate threat of serious risk to the life or physical health of the pregnant minor from the continuation of the pregnancy created a medical emergency necessitating the immediate performance or inducement of an **abortion**. In this subsection, "medical emergency" means a condition that, on the basis of the

physician's or surgeon's good faith clinical judgment, so complicates the medical condition of a pregnant minor that

(1) an immediate abortion of the minor's pregnancy is necessary to avert the minor's death; or

(2) a delay in providing an abortion will create serious risk of substantial and irreversible impairment of a major bodily function of the pregnant minor.

#### **AS 18.16.020. Consent Required Before Minor's Abortion.**

A person may not knowingly perform or induce an **abortion** upon a minor who is known to the person to be pregnant, unmarried, under 17 years of age, and unemancipated unless, before the **abortion**, at least one of the following applies:

(1) one of the minor's parents or the minor's guardian or custodian has consented in writing to the performance or inducement of the **abortion**;

(2) a court issues an order under AS 18.16.030 authorizing the minor to consent to the **abortion** without consent of a parent, guardian, or custodian, and the minor consents to the **abortion**; or

(3) a court, by its inaction under AS 18.16.030, constructively has authorized the minor to consent to the **abortion** without consent of a parent, guardian, or custodian, and the minor consents to the **abortion**.

#### **AS 18.16.030. Judicial Bypass For Minor Seeking An Abortion.**

(a) A woman who is pregnant, unmarried, under 17 years of age, and unemancipated who wishes to have an **abortion** without the consent of a parent, guardian, or custodian may file a complaint in the superior court requesting the issuance of an order authorizing the minor to consent to the performance or inducement of an **abortion** without the consent of a parent, guardian, or custodian.

(b) The complaint shall be made under oath and must include all of the following:

(1) a statement that the complainant is pregnant;

(2) a statement that the complainant is unmarried, under 17 years of age, and unemancipated;

(3) a statement that the complainant wishes to have an **abortion** without the consent of a parent, guardian, or custodian;

(4) an allegation of either or both of the following:

(A) that the complainant is sufficiently mature and well enough informed to decide intelligently whether to have an **abortion** without the consent of a parent, guardian, or custodian; or

(B) that one or both of the minor's parents or the minor's guardian or custodian was engaged in physical abuse, sexual abuse, or a pattern of emotional abuse against the minor, or that the consent of a parent, guardian, or custodian otherwise is not in the minor's best interest;

(5) a statement as to whether the complainant has retained an attorney and, if an attorney has been retained, the name, address, and telephone number of the attorney.

(c) The court shall fix a time for a hearing on any complaint filed under (a) of this section and shall keep a record of all testimony and other oral proceedings in the action. The hearing shall be held at the earliest possible time, **but not later than the fifth business day after the day that the complaint is filed**. The court shall enter judgment on the complaint immediately after the hearing is concluded. If the hearing required by this subsection is not held by the fifth business day after the complaint is filed, the failure to hold the hearing **shall be considered to be a constructive order of the court authorizing** the complainant to consent to the performance or inducement of an **abortion** without the consent of a parent, guardian, or custodian, and the complainant and any other person may rely on the constructive order to the same extent as if the court actually had issued an order under this section authorizing the complainant to consent to the performance or inducement of an **abortion** without such consent.

(d) If the complainant has not retained an attorney, the court shall appoint an attorney to represent the complainant.

(e) If the complainant makes only the allegation set out in (b)(4)(A) of this section and if the court finds by clear and convincing evidence that the complainant is sufficiently mature and well enough informed to decide intelligently whether to have an **abortion**, the court shall issue an order authorizing the complainant to consent to the performance or inducement of an **abortion** without the consent of a parent, guardian, or custodian. If the court does not make the finding specified in this subsection, it shall dismiss the complaint.

(f) If the complainant makes only the allegation set out in (b)(4)(B) of this section and the court finds that there is clear and convincing evidence of physical abuse, sexual abuse, or a pattern of emotional abuse of the complainant by one or both of the minor's parents or the minor's guardian or custodian, or by clear and convincing evidence the consent of the parents, guardian, or custodian of the complainant otherwise is not in the best interest of the complainant, the court shall issue an order authorizing the complainant to consent to the performance or inducement of an **abortion** without the consent of a parent, guardian, or custodian. If the court does not make the finding specified in this subsection, it shall dismiss the complaint.

(g) If the complainant makes both of the allegations set out in (b)(4) of this section, the court shall proceed as follows:

(1) the court first shall determine whether it can make the finding specified in (e) of this section and, if so, shall issue an order under that subsection; if the court issues an order under this paragraph, it may not proceed under (f) of this section; if the court does not make the finding specified in (e) of this section, it shall proceed under (2) of this subsection;

(2) if the court under (1) of this subsection does not make the finding specified in (e) of this section, it shall proceed to determine whether it can make the finding specified in (f) of this section and, if so, shall issue an order under that subsection; if the court does not make the finding specified in (f) of this section, it shall dismiss the complaint.

(h) The court may not notify the parents, guardian, or custodian of the complainant that the complainant is pregnant or wants to have an **abortion**.

(i) If the court dismisses the complaint, the complainant has the right to appeal the decision to the supreme court, and the superior court immediately shall notify the complainant that there is a right to appeal.

(j) If the complainant files a notice of appeal authorized under this section, the superior court shall deliver a copy of the notice of appeal and the record on appeal to the supreme court within four days after the notice of appeal is filed. Upon receipt of the notice and record, the clerk of the supreme court shall place

the appeal on the docket. The appellant shall file a brief within four days after the appeal is docketed. Unless the appellant waives the right to oral argument, the supreme court shall hear oral argument within five days after the appeal is docketed. The supreme court shall enter judgment in the appeal immediately after the oral argument or, if oral argument has been waived, within five days after the appeal is docketed. Upon motion of the appellant and for good cause shown, the supreme court may shorten or extend the maximum times set out in this subsection. However, in any case, if judgment is not entered within five days after the appeal is docketed, the failure to enter the judgment shall be considered to be a constructive order of the court authorizing the appellant to consent to the performance or inducement of an **abortion** without the consent of a parent, guardian, or custodian, and the appellant and any other person may rely on the constructive order to the same extent as if the court actually had entered a judgment under this subsection authorizing the appellant to consent to the performance or inducement of an **abortion** without consent of another person. In the interest of justice, the supreme court, in an appeal under this subsection, shall liberally modify or dispense with the formal requirements that normally apply as to the contents and form of an appellant's brief.

(k) Each hearing under this section, and all proceedings under (j) of this section, shall be conducted in a manner that will preserve the anonymity of the complainant. The complaint and all other papers and records that pertain to an action commenced under this section, including papers and records that pertain to an appeal under this section, shall be kept confidential and are not public records under AS 09.25.110 - 09.25.120.

(l) The supreme court shall prescribe complaint and notice of appeal forms that shall be used by a complainant filing a complaint or appeal under this section. The clerk of each superior court shall furnish blank copies of the forms, without charge, to any person who requests them.

(m) A filing fee may not be required of, and court costs may not be assessed against, a complainant filing a complaint under this section or an appellant filing an appeal under this section.

(n) **Blank copies of the forms prescribed under (l) of this section and information on the proper procedures for filing a complaint or appeal shall be made available by the court system at the official location of each superior court, district court, and magistrate in the state.** The information required under this subsection must also include notification to the minor that (1) there is no filing fee required for either form;

(2) no court costs will be assessed against the minor for procedures under this section;

(3) an attorney will be appointed to represent the minor if the minor does not retain an attorney;

<

P> (4) the minor may request that the superior court with appropriate jurisdiction hold a telephonic hearing on the complaint so that the minor need not personally be present.

#### **AS 18.16.050. Partial-Birth Abortions.**

(a) Notwithstanding compliance with AS 18.16.010, a person may not knowingly perform a partial-birth **abortion** unless a partial-birth **abortion** is necessary to save the life of a mother whose life is endangered by a physical disorder, illness, or injury and no other medical procedure would suffice for that purpose. Violation of this subsection is a class C felony.

(b) A woman upon whom a partial-birth **abortion** is performed may not be prosecuted under this section or under any other law if the prosecution is based on this section.

(c) In this section, "partial-birth **abortion**" means an **abortion** in which the person performing the **abortion** partially vaginally delivers a living fetus before killing the fetus and completing the delivery.

**AS 18.16.090. Definitions.**

In this chapter,

(1) "**abortion**" means the use or prescription of an instrument, medicine, drug, or other substance or device to terminate the pregnancy of a woman known to be pregnant, except that "**abortion**" does not include the **termination** of a pregnancy if done with the intent to

(A) save the life or preserve the health of the unborn child;

(B) deliver the unborn child prematurely to preserve the health of both the pregnant woman and the woman's child; or

(C) remove a dead unborn child;

(2) "unemancipated" means that a woman who is unmarried and under 17 years of age has not done any of the following:

(A) entered the armed services of the United States;

(B) become employed and self-subsisting;

(C) been emancipated under AS 09.55.590; or

(D) otherwise become independent from the care and control of the woman's parent, guardian, or custodian.

**AS 47.25.130. Amount and Type of Assistance.**

(a) The amount of assistance for a needy person shall be determined by the department with regard to the resources and needs of the person and the conditions existing in each case. Where possible, assistance shall be sufficient to provide the applicant with **reasonable subsistence according to standards of assistance established by the department. However, the amount of assistance for subsistence needs may not exceed \$120 a person a calendar month.**

(b) The department may enter into competitively awarded group service agreements with providers, and may require needy persons under AS 47.25.120 - 47.25.300 to obtain services from these designated providers.

**AS 47.25.120. Eligibility For Assistance.**

Financial assistance may be given under AS 47.25.120 - 47.25.300, so far as practicable under the conditions in this state, to a needy person who is eligible under the regulations of the department.

**AS 47.25.130. Amount and Type of Assistance.**

(a) The amount of assistance for a needy person shall be determined by the department with regard to the resources and needs of the person and the conditions existing in each case. Where possible, assistance shall be sufficient to provide the applicant with reasonable subsistence according to standards of assistance established by the department. However, the amount of assistance for subsistence needs may not exceed \$120 a person a calendar month.

(b) The department may enter into competitively awarded group service agreements with providers, and may require needy persons under AS 47.25.120 - 47.25.300 to obtain services from these designated providers.

**AS 47.25.300. Definitions.** In AS 47.25.120 - 47.25.300

(1) "assistance" means **financial assistance** to or on behalf of a needy person, **including subsistence (food, shelter, fuel, clothing, and utilities)** and transportation, medical needs (including, but not limited to, hospitalization, nursing, and convalescent care), burial, and other determined needs;

(2) "department" means the Department of Health and Social Services;

(3) "needy person" means a needy resident of the state who is not eligible for aid from another public agency or department providing similar services in the state;

(4) "public medical institution" means a public hospital or medical institution, except an institution for the treatment of tuberculosis or mental disease.

**Definition of a "Person"**

In General Provisions:

**AS 01.10.060. Definitions.**

In the laws of the state, unless the context otherwise requires,

(8) "person" includes a corporation, company, partnership, firm, association, organization, business trust, or society, as well as a natural person;

In Homicides:

**AS 11.41.140. Definition.**

In AS 11.41.100 - 11.41.140 "person", when referring to the victim of a crime, means a human being who has been born and was alive at the time of the criminal act. A person is "alive" if there is spontaneous respiratory or cardiac function or, when respiratory and cardiac functions are maintained by artificial means, there is spontaneous brain function.

In other Title 11 crimes:

**AS 11.81.900. Definitions.**

(41) "person" means a natural person and, when appropriate, an organization, government, or governmental instrumentality;

June 5, 1997

## The Anchorage Times

Publisher: BILL J. ALLEN

"Believing in Alaska, putting Alaska first"

Editors: DENNIS FRADLEY, PAUL JENKINS, WILLIAM I. TOBIN

The Anchorage Times Commentary in this section of the Anchorage Daily News does not represent the views of the Daily News. It is written and published under an agreement with former owners of The Times, in the interest of preserving a diversity of viewpoints in the community.

# Shared debt

**SHOULD THE** state offer poor women incentives to abort a pregnancy rather than to give birth?

One reasonably can argue that Alaska now has such a policy in place — the unintended result of laws and welfare regulations regarding funding for abortions and providing for the financial support of women and children.

Here's how the discrepancy occurs:

If a pregnant woman who qualifies for public assistance requests state financial help for an abortion, approval is almost automatic — no questions asked, no payment due.

On the other hand, a different set of rules applies to a similarly situated woman who chooses to give birth and asks for state assistance for her new child. As a condition of receiving financial aid, she is required to identify the father. If the father fails to provide financial or custodial support, the Child Support Enforcement Division goes after him to reimburse the state for the welfare payments being provided for his child. It's a good policy.

To collect this money, the state has authority to garnishee wages, intercept Permanent Fund dividend checks or IRS tax refunds and even confiscate driver's or occupational licenses. Monthly child support payments are required until the child reaches the age of 18.

**REP. TERRY** Martin, R-Anchorage, wants to eliminate what appears to be a state incentive for poor woman to choose abortion over giving birth. He introduced legislation this year to require the same policy for recovering state costs of an abortion as the one applied to recovering costs of child support payments.

Under his bill, a woman would not lose her freedom to choose, but she and the father would be required to reimburse the state for the costs of an elective abortion procedure. If necessary, the state would collect from an absent father the same way it does now for child support.

In monetary terms, the dollars involved are substantially different. The state annually spends less than \$500,000 on abortions, while the outstanding debt it tries to collect for child support is well over \$400 million.

This isn't a state budget issue of measurable consequence. But it is one that holds moral implications for state government. Alaska should correct inconsistent policies that provide abortions at no financial obligation to either parent, but give financial assistance for a child only on the condition that the state be reimbursed when a delinquent dad is involved.

Rep. Martin says enactment of this bill next year is one of his primary goals before retiring after the 1998 legislative session.

It is a concept of parental accountability worthy of consideration by the Legislature and the governor.

22 1997/06/05

STATE OF ALASKA  
1998 LEGISLATIVE SESSION

BILL NO. CSHB 234 (F-W)

Revision Date: 01/23/98  
 Title: relating to assistance for abortions under the  
general relief medical program  
 Sponsor: Martin  
 Requestor: Finance

Dept. Affected: Health and Social Services  
 BRU: Medical Assistance  
 Component: Medicaid Non-Facility  
 COMPONENT SERIAL NO. 229  
 See also (SN#): \_\_\_\_\_

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY98	FY00	FY01	FY02	FY03	FY04
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	3,132.0	3,529.0	3,987.8	4,506.2	5,092.0	5,753.9
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>3,132.0</b>	<b>3,529.0</b>	<b>3,987.8</b>	<b>4,506.2</b>	<b>5,092.0</b>	<b>5,753.9</b>

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES						
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FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts	1,872.9	2,110.3	2,084.0	2,354.9	2,681.1	3,007.0
1003 GF Match	1,259.1	1,418.7	1,903.8	2,151.3	2,430.9	2,746.9
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
<b>TOTAL</b>	<b>3,132.0</b>	<b>3,529.0</b>	<b>3,987.8</b>	<b>4,506.2</b>	<b>5,092.0</b>	<b>5,753.9</b>

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of any current year (FY98) cost: \$0.0

ANALYSIS: (Attach a separate page if necessary)

This bill eliminates funding for abortions for low income women by placing abortion procedures at the top of the priority list of services AS 47.25.205. All services numbered 1 through 7 have not been funded under General Relief Medical Assistance since 1986. This fiscal note assumes that 35% of the pregnant women eligible for Medicaid would give birth and remain on Medicaid should abortion funding become unavailable. This would account for 295 women, and their children, being added to the Medicaid Program annually (newborns receive automatic Medicaid coverage through their first year of life if the mother is receiving Medicaid at the time of birth). Two studies done in the State of Texas following elimination of state funding for abortion found that 40 and 35% of the women went on to give birth to babies when funding was unavailable. Although another study has shown that the rate could be as low as 20%, the department assumes that the higher percentage would be more accurate for Alaska because the cost of obtaining an abortion is higher due to the need for transportation services; while an abortion averages \$250 in the lower 48 states, the FY 97 Alaska experience is an average cost of \$601 largely due to the need to fly to another community to receive the service. This fiscal note shows the higher match rate for Alaska for FY 99-00, with a reduced federal match of 52.26% for following years.

1/23/98  
 Prepared by: Nancy Weller MW BJ  
 Division: Medical Assistance  
 Approved by Commissioner: Karen Perdue, Commissioner  
 Agency: Department of Health & Social Services

Phone: 465-3355  
 Date: 01/27/98  
 Date: 1-30-98

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# FISCAL NOTE

STATE OF ALASKA  
1997 LEGISLATIVE SESSION

Bill No. 1  
Bill Version: HB 234  
(H) Publish Date: 4/30/97

Revision Date: \_\_\_\_\_  
Title: relating to assistance for abortions under  
the general relief program  
Sponsor: Martin  
Requestor: Judiciary

Dept. Affected: Health and Social Services  
BRU: Medical Assistance  
Component: Medicaid Non-Facility  
COMPONENT SERIAL NO. 229  
See also (SN#): \_\_\_\_\_

**Expenditures/Revenues:**

(Thousands of Dollars)

OPERATING	FY98	FY99	FY00	FY01	FY02	FY03
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	5,385.2	7,109.6	8,036.9	9,081.5	10,253.9	11,586.3
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>5,385.2</b>	<b>7,109.6</b>	<b>8,036.9</b>	<b>9,081.5</b>	<b>10,253.9</b>	<b>11,586.3</b>

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES						
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**FUND SOURCE**

(Thousands of Dollars)

1002 Federal Receipts	2,692.6	3,554.8	4,018.4	4,540.7	5,127.0	5,793.2
1003 GF Match	2,692.6	3,554.8	4,018.5	4,540.8	5,126.9	5,793.1
1004 GF						
1035 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
<b>TOTAL</b>	<b>5,385.2</b>	<b>7,109.6</b>	<b>8,036.9</b>	<b>9,081.5</b>	<b>10,253.9</b>	<b>11,586.3</b>

**POSITIONS:**

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of any current year (FY97) cost: \$0.0

**ANALYSIS:** (Attach a separate page if necessary)

While this bill requires significant administrative action on the part of the division to recoup expenditures for abortions, it effectively eliminates funding for abortions under section 3, which places abortion procedures as number one on the priority list of services in AS 47.25.205. All services numbered 1 through 7 have not been funded under General Relief Medical Assistance since 1986.

This fiscal note assumes that 80% of the pregnant women eligible for Medicaid would give birth and remain on Medicaid should abortion funding become unavailable. This would account for 590 women, and their children, being added to Medicaid annually (newborns receive automatic Medicaid coverage through the first year of life if the mother is receiving Medicaid at the time of birth). FY 98 assumes only partial funding for newborns as their births will be scattered throughout the year, with some children born in the next fiscal year.

Prepared by: Nancy Weller  
Division: Medical Assistance / 7  
Approved by Commissioner: Karen Pedersen, Commissioner  
Agency: Department of Health & Social Services

Phone: 465-3355  
Date: 04/10/97  
Date: 4/21/97

# FISCAL NOTE

STATE OF ALASKA  
1998 LEGISLATIVE SESSION

BILL NO. CSHR234(FIN)

Revision Date: \_\_\_\_\_  
 Title: relating to assistance for abortions under  
the general relief medical program  
 Sponsor: Martin  
 Requestor: Finance

Dept. Affected: Health and Social Services  
 BRU: Public Assistance  
 Component: ATAP  
 COMPONENT SERIAL NO. 220  
 See also (SN#): \_\_\_\_\_

**Expenditures/Revenues:** (Thousands of Dollars)

OPERATING	FY98	FY00	FY01	FY02	FY03	FY04
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	720.4	720.4	720.4	720.4	720.4	720.4
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>720.4</b>	<b>720.4</b>	<b>720.4</b>	<b>720.4</b>	<b>720.4</b>	<b>720.4</b>

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts	360.2	360.2	360.2	360.2	360.2	360.2
1003 GF Match	360.2	360.2	360.2	360.2	360.2	360.2
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
<b>TOTAL</b>	<b>720.4</b>	<b>720.4</b>	<b>720.4</b>	<b>720.4</b>	<b>720.4</b>	<b>720.4</b>

**POSITIONS:**

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of any current year (FY98) cost: \$0.0

**ANALYSIS:** (Attach a separate page if necessary)

This legislation eliminates funding for the termination of pregnancies and related services. Elimination of funding for this medical services will add children and/or families to the Temporary Assistance program.

The Division of Medical Assistance projects that 295 women eligible for Medicaid would give birth and remain Medicaid eligible should abortion funding become unavailable. The Division of Public Assistance estimates that, on average, 100 of these women and their dependents will be on-going recipients of Temporary Assistance and an additional 88 women and their dependent(s) will apply for and be found eligible for Temporary Assistance.

This fiscal note only identifies expenditures associated with monthly ATAP cash grants, it is anticipated that there will be additional costs associated with providing welfare to work and supportive services to these families.

Prepared by: Jim Nordlund  
 Division: Public Assistance

Approved by Commissioner: Karen Perdue, Commissioner  
 Agency: Department of Health & Social Services

Phone: (907)465-2680  
 Date: 01/29/98

Date: 1-30-98

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**ANALYSIS (cont.):****Assumptions:**

1. Benefits to on-going ATAP families effected by this legislation will be increased by \$102, the increment for an additional child.
2. The average benefit paid to families added to the Temporary Assistance roles as a result of this legislation is estimated to be \$755.00 per month.
3. For the purposes of this fiscal note, funding is assumed to be 50% federal receipts and 50% GF.

**Calculations:**

100 (on-going ATAP recipients) x \$102 (increment for additional child) = \$10,200 per month x 12 = \$122,400 cost per year for additional child on existing ATAP cases.

66 (number new ATAP cases) X \$755 (average monthly ATAP benefit) x12 = \$597,960 cost per year for new ATAP cases.

From January 21, 1998 House Finance Committee Testimony

ANGELA SALERNO, EXECUTIVE DIRECTOR, NATIONAL ASSOCIATION OF SOCIAL WORKERS ALASKA CHAPTER testified in opposition to HB 234. She maintained that the bill eliminates public funding of abortions for poor women. She asserted that if passed, the legislation would be costly and unconstitutional. She estimated that the State would save \$5.82 dollars for every dollar spent on abortions for poor women. She noted that the State would incur additional public medical and welfare expenses as a result of the additional births. She reviewed her calculations to demonstrate that the state of Alaska could save \$2.44 million dollars with continued funding of the abortion elective.

Ms. Salerno stated that 68% of low-income women have unintended pregnancies and that 17% have unwanted pregnancies. She noted that unwanted children:

- ? Experience more mental handicaps and are twice as likely to receive psychiatric care at government expense;
- ? Are more than twice as likely as wanted children to have a record of juvenile delinquency;
- ? Are six times more likely to receive some form of welfare between the ages of 16 and 21;
- ? Are at increased risk of suffering abuse, neglect, abandonment and removal to foster homes or institutions.

Ms. Salerno stated that research done in 1995 shows that women with unintended pregnancies are four times more likely to experience physical violence during pregnancy than women with intended pregnancies.

## Racial breakdown of state-funded Abortions

Averaged over the time period 1988-1997

- Whites account for 75 percent of Alaska's population, but only 48 percent of state-funded abortions are performed on white women
- Alaska Natives account for 16 percent of the state's population, but 32 percent of state-funded abortions are performed on Native women.
- African-Americans account for only 4 percent of overall population, but 11 percent of state-funded abortions are performed on African-American women.
- Shown as a rate per 1000, the total annual average number of abortions (724) over the last ten years equals 1.25 per 1000 of Alaska total population.
- For whites, the rate per 1000 equals .8; for Natives the rate per 1000 equals 2.51; for African-Americans the rate per 1000 equals 3.57.

Average number of state-paid abortions from 1988-1997

Average Population	Race	Race % of Total Population	Race % of Total Abortions	Average Number of Abortions	Average Rate per 1,000
580,560	Total	100%		724	1.25
23,222	African Americans	4%	11%	83	3.57
435,420	Whites	75%	48%	347	0.80
92,890	Alaska Natives	16%	32%	233	2.51

### Publicly Funded Abortions in Alaska

FY year	Total/ year	White/ year	Black/ year	Native/ year
88	463	241	60	139
89	729	375	84	225
90	626	309	69	211
91	823	396	100	271
92	852	416	100	279
93	814	388	102	246
94	649	276	63	247
95	703	313	99	227
96	737	353	72	224
97	843	402	81	264
<b>Total</b>	<b>7239</b>	<b>3469</b>	<b>630</b>	<b>2333</b>
<b>Average/ yr</b>	<b>724</b>	<b>347</b>	<b>83</b>	<b>233</b>

Figures are from Alaska Department of Health and Social Services

## Agency Totals - FY99 Operating Budget

Agency: Department of Health and Social Services

	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House	
<b>Totals for Agency</b>	<b>859,680.8</b>	<b>876,990.4</b>	<b>877,165.4</b>	<b>948,264.6</b>	<b>920,590.0</b>	<b>-27,674.6</b>	<b>-2.9%</b>
<u>Objects of Expenditure:</u>							
Personal Services	115,381.7	114,719.9	114,700.1	119,423.7	118,827.5	-596.2	-0.5%
Travel	3,713.7	4,087.4	3,939.8	4,130.4	3,737.3	-393.1	-9.5%
Contractual	47,634.3	51,186.7	53,953.5	67,680.0	63,103.7	-4,576.3	-6.8%
Commodities	19,210.0	18,581.3	18,706.4	21,118.0	21,109.5	-8.5	-0.0%
Equipment	2,334.3	1,146.1	1,207.4	1,346.0	1,313.9	-32.1	-2.4%
Lands/Buildings	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Grants, Claims	671,406.8	687,134.9	684,658.2	734,566.5	713,178.8	-21,387.7	-2.9%
Miscellaneous	0.0	134.1	0.0	0.0	-680.7	-680.7	0.0%
<u>Funding Sources:</u>							
1002 Fed Rcpts	342,431.9	384,626.7	384,641.6	428,620.5	421,315.7	-7,304.8	-1.7%
1003 G/F Match	186,107.9	163,942.4	165,663.7	176,062.4	166,748.4	-9,314.0	-5.3%
1004 Gen Fund	139,117.4	132,559.6	131,708.2	144,178.6	136,709.7	-7,468.9	-5.2%
1005 GF/Prgm	22,968.7	13,931.3	13,931.3	13,855.2	13,796.7	-58.5	-0.4%
1007 I/A Rcpts	43,982.6	44,456.6	44,484.3	45,448.0	44,916.9	-531.1	-1.2%
1013 Alchl/Drug	2.0	2.0	2.0	2.0	2.0	0.0	0.0%
1022 Corp Rcpts	150.5					0.0	0.0%
1037 GF/MH	96,801.8	101,382.3	101,303.2	104,580.4	104,434.4	-146.0	-0.1%
1047 Title 20		5,410.8	5,410.8	7,325.8	4,474.5	-2,851.3	-38.9%
1050 PFD Fund	20,861.4	21,455.2	21,455.2	19,100.7	19,100.7	0.0	0.0%
1053 Invst Loss		615.8	0.0	0.0	0.0	0.0	0.0%
1055 IA/OIL HAZ		39.9	39.9	0.0	0.0	0.0	0.0%
1061 CIP Rcpts	920.7	1,012.8	970.2	873.0	873.0	0.0	0.0%
1077 Gifts/Grnt	13.8			25.0	25.0	0.0	0.0%
1091 GF/Desig	3,631.7					0.0	0.0%
1092 MHTAAR	2,690.4	4,290.0	4,290.0	3,878.0	3,878.0	-0.0	-0.0%
1098 ChildTrErn		340.0	340.0	340.0	340.0	0.0	0.0%
1108 Stat Desig		2,925.0	2,925.0	3,975.0	3,975.0	0.0	0.0%
<u>Positions:</u>							
Perm Full Time	2,049.0	2,037.0	2,048.0	2,093.0	2,080.0	-13.0	-0.6%
Perm Part Time	59.0	61.0	57.0	58.0	58.0	0.0	0.0%
Non-Perm	10.0	10.0	23.0	18.0	18.0	0.0	0.0%

## Component Summary - FY99 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House
<b>Public Assistance</b>							
1	ATAP (Formerly AFDC)	115,194.7	112,458.0	104,859.1	92,470.9	92,470.9	0.0 0.0%
2	Adult Public Assistance	43,886.3	44,359.0	44,359.0	47,524.0	47,524.0	0.0 0.0%
3	General Relief Assistance	950.3	1,041.9	1,041.9	1,041.9	1,041.9	0.0 0.0%
4	OAA-ALB Hold Harmless	2,482.9	2,298.1	2,298.1	2,193.5	2,098.1	-95.4 -4.3%
5	PFD Hold Harmless	20,861.4	21,455.2	21,455.2	19,100.7	19,100.7	0.0 0.0%
6	Energy Assistance Program	5,276.0	5,501.6	5,501.6	5,501.6	5,501.6	0.0 0.0%
	* BRU Total	188,651.6	187,113.8	179,514.9	167,832.6	167,737.2	-95.4 -0.1%
<b>Medical Assistance</b>							
	Medicaid Services					384,773.6	384,773.6 %
7	Medicaid Non-Facility	147,319.3	145,071.9	146,271.9	171,531.4	0.0	-171,531.4 -100.0%
8	Medicaid Facilities	121,605.3	143,513.1	141,795.6	152,892.1	0.0	-152,892.1 -100.0%
9	General Relief Medical	3,412.9	2,838.7	2,818.7	4,060.1	0.0	-4,060.1 -100.0%
11	Waivers Services	21,435.5	13,788.4	15,137.8	19,086.1	-0.0	-19,086.1 -100.0%
12	Medicaid PFD Hold Harmless	453.4	1,100.0	1,100.0	1,100.0	-0.0	-1,100.0 -100.0%
13	Medicaid ALB Hold Harmless	43.3	25.7	45.7	45.7	0.0	-45.7 -100.0%
14	Indian Health Service	40,582.9	48,782.1	48,782.1	55,675.2	0.0	-55,675.2 -100.0%
	* BRU Total	334,852.6	355,119.9	355,951.8	404,390.6	384,773.6	-19,617.0 -4.9%
<b>Medicaid Contingency Appropriation Front Section</b>							
15	Medicaid Non-Facility Frnt Sec		0.0	0.0	0.0	0.0	0.0 0.0%
16	Medicaid Facilities Front Sec		0.0	0.0	0.0	0.0	0.0 0.0%
	* BRU Total	0.0	0.0	0.0	0.0	0.0	0.0 0.0%
<b>Public Assistance Administration</b>							
17	Public Assistance Admin	1,339.9	1,602.9	1,677.8	1,683.1	1,683.1	0.0 0.0%
18	Quality Control	930.1	988.1	988.1	988.1	988.1	-0.0 -0.0%
19	Public Assistance Field Svcs	20,431.5	21,927.4	22,707.4	22,707.4	22,581.7	-125.7 -0.6%
20	Fraud Investigation	1,160.6	1,156.4	1,156.4	1,156.4	1,156.4	-0.0 -0.0%
21	Public Assist Data Processing	3,922.9	4,490.2	4,919.9	4,919.9	4,919.9	0.0 0.0%
22	Alaska Work Programs	6,385.9	7,445.1	8,524.1	10,624.1	10,424.1	-200.0 -1.9%
23	Child Care Benefits	7,884.8	12,042.7	17,606.1	19,712.8	23,712.8	4,000.0 20.3%
	* BRU Total	42,055.7	49,652.8	57,579.8	61,791.8	65,466.1	3,674.3 5.9%
<b>Medical Assistance Administration</b>							
24	Medical Assistance Admin.	1,046.7	1,130.6	1,204.5	1,252.1	1,252.1	0.0 0.0%
10	Medicaid State Programs	22,195.8	14,019.4	14,536.9	18,404.6	14,688.3	-3,716.3 -20.2%

## Component Summary - FY99 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House	
<b>Medical Assistance Administration</b>								
25	Health Purchasing Group	11,780.8	12,823.7	12,840.3	17,463.8	15,287.2	-2,176.6	-12.5%
26	Certification and Licensing	952.1	1,170.5	1,051.1	1,051.1	1,051.1	0.0	0.0%
27	Medicaid Rate Adv Commission	923.9					0.0	0.0%
28	Hearings and Appeals	322.2	367.4	346.8	363.1	363.1	0.0	0.0%
29	Medicaid Waivers Authorization	222.1					0.0	0.0%
30	Audit	617.2	614.0	618.5	620.4	620.4	0.0	0.0%
31	Children's Health Eligibility				2,305.5	0.0	-2,305.5	-100.0%
	* BRU Total	38,060.8	30,125.6	30,598.1	41,460.6	33,262.2	-8,198.4	-19.8%
<b>Purchased Services</b>								
32	Delinquency Prevention	903.8	990.2	990.2	1,090.2	1,090.2	0.0	0.0%
33	Family Preservation	3,245.8	3,509.7	3,509.7	5,345.4	4,473.5	-871.9	-16.3%
34	Foster Care	10,514.0					0.0	0.0%
35	Foster Care Base Rate		6,546.3	6,546.3	7,884.8	7,884.8	0.0	0.0%
36	Foster Care Augmented Rate		800.0	800.0	1,228.5	1,228.5	0.0	0.0%
37	Foster Care Special Need		2,459.7	2,459.7	2,866.7	2,759.7	-107.0	-3.7%
38	Foster Care AYI		876.0	876.0	876.0	876.0	0.0	0.0%
39	Subsidized Adoptions/Guardians	5,660.4	6,089.1	6,089.1	6,917.8	6,917.8	0.0	0.0%
40	Residential Child Care	9,693.7	9,892.9	9,892.9	10,614.1	10,614.1	0.0	0.0%
	* BRU Total	30,017.7	31,163.9	31,163.9	36,823.5	35,844.6	-978.9	-2.7%
<b>Family and Youth Services</b>								
41	Southcentral Region	11,291.0	8,534.3	8,719.2	10,043.2	0.0	-10,043.2	-100.0%
42	Northern Region	7,701.6	5,805.3	5,653.9	6,671.1	-0.0	-6,671.1	-100.0%
43	Southeastern Region	3,636.2	2,634.4	2,641.1	2,760.9	0.0	-2,760.9	-100.0%
44	DFYS Central Office	3,114.3	3,090.5	3,068.7	3,530.7	-0.0	-3,530.7	-100.0%
	* BRU Total	25,745.1	20,064.5	20,082.9	23,005.9	0.0	-23,005.9	-100.0%
<b>Front Line Social Workers</b>								
	Front Line Social Workers					17,423.2	17,423.2	%
	* BRU Total	0.0	0.0	0.0	0.0	17,423.2	17,423.2	%
<b>Division of Family and Youth Services Management</b>								
	DFYS Management					4,825.0	4,825.0	%
	* BRU Total	0.0	0.0	0.0	0.0	4,825.0	4,825.0	%

## Component Summary - FY99 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House	
	<b>Division of Family and Youth Services Staff Training</b>							
	DFYS Staff Training					1,094.0	1,094.0	%
	* BRU Total	0.0	0.0	0.0	0.0	1,094.0	1,094.0	%
	<b>Child Protection Legal Assistance</b>							
	Office of Public Advocacy					185.0	185.0	%
	Public Defender Agency					255.0	255.0	%
	* BRU Total	0.0	0.0	0.0	0.0	440.0	440.0	%
	<b>Youth Corrections</b>							
46	McLaughlin Youth Center	9,295.4	9,267.7	9,267.7	10,199.9	10,199.9	0.0	0.0%
47	Fairbanks Youth Facility	2,856.8	2,870.1	2,870.1	2,809.2	2,809.2	0.0	0.0%
48	Nome Youth Facility	271.3	341.7	341.7	573.7	573.7	0.0	0.0%
49	Johnson Youth Center	1,193.1	1,125.1	1,125.1	1,925.1	1,925.1	0.0	0.0%
50	Bethel Youth Facility	1,891.4	1,839.5	1,839.5	1,934.5	1,934.5	-0.0	-0.0%
45	Probation Services		6,289.0	6,289.0	6,479.5	6,223.0	-256.5	-4.0%
	* BRU Total	15,508.0	21,733.1	21,733.1	23,921.9	23,665.4	-256.5	-1.1%
	<b>Social Services Block Grant Offset</b>							
52	Social Svcs Block Grant Offset	0.0					0.0	0.0%
	* BRU Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
	<b>Human Services Community Matching Grant</b>							
53	Human Svcs Comm Matching Grant	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	0.0	0.0%
	* BRU Total	1,751.9	1,751.9	1,751.9	1,751.9	1,751.9	0.0	0.0%
	<b>Manilaq</b>							
54	Social Services	843.9	843.9	843.9	843.9	843.9	0.0	0.0%
55	Public Health Services	901.3	901.3	901.3	901.3	901.3	0.0	0.0%
56	Alcohol & Drug Abuse	983.1	983.1	983.1	983.1	983.1	0.0	0.0%
57	Mental Health/DD Svcs	350.0	350.0	350.0	350.0	350.0	0.0	0.0%
	* BRU Total	3,078.3	3,078.3	3,078.3	3,078.3	3,078.3	0.0	0.0%
	<b>Norton Sound</b>							
58	Social Services	62.2	62.2	62.2	62.2	62.2	0.0	0.0%
59	Public Health Services	1,245.2	1,245.2	1,245.2	1,370.2	1,370.2	0.0	0.0%
60	Alcohol & Drug Abuse Svcs	540.0	540.0	540.0	540.0	540.0	0.0	0.0%
61	Mental Health/DD Svcs	402.4	402.4	402.4	402.4	402.4	0.0	0.0%

## Component Summary - FY99 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House	
<b>Norton Sound</b>								
62	Sanitation	96.3	96.3	96.3	96.3	96.3	0.0	0.0%
	* BRU Total	2,346.1	2,346.1	2,346.1	2,471.1	2,471.1	0.0	0.0%
<b>Southeast Alaska Regional Health Consortium</b>								
63	Public Health Svcs	120.1	120.1	120.1	120.1	120.1	0.0	0.0%
64	Alcohol & Drug Abuse Svcs	331.4	331.4	331.4	331.4	331.4	0.0	0.0%
65	Mental Health Services	125.2	125.2	125.2	125.2	125.2	0.0	0.0%
	* BRU Total	576.7	576.7	576.7	576.7	576.7	0.0	0.0%
<b>Kawerak Social Services</b>								
66	Kawerak Social Services	372.7	372.7	372.7	372.7	372.7	0.0	0.0%
	* BRU Total	372.7	372.7	372.7	372.7	372.7	0.0	0.0%
<b>Tanana Chiefs Conference</b>								
67	Public Health Svcs	239.3	239.3	239.3	239.3	239.3	0.0	0.0%
68	Alcohol & Drug Abuse Svcs	497.5	497.5	497.5	497.5	497.5	0.0	0.0%
69	Mental Health Svcs	529.8	534.8	534.8	534.8	534.8	0.0	0.0%
	* BRU Total	1,266.6	1,271.6	1,271.6	1,271.6	1,271.6	0.0	0.0%
<b>Tlingit-Haida</b>								
70	Social Services	186.6	186.6	186.6	186.6	186.6	0.0	0.0%
71	Alcohol & Drug Abuse Svcs	11.9	11.9	11.9	11.9	11.9	0.0	0.0%
	* BRU Total	198.5	198.5	198.5	198.5	198.5	0.0	0.0%
<b>Yukon-Kuskokwim Health Corporation</b>								
72	Public Health Svcs	907.4	907.4	907.4	907.4	907.4	0.0	0.0%
73	Alcohol & Drug Abuse Svcs	959.3	959.3	959.3	959.3	959.3	0.0	0.0%
74	Mental Health Svcs	907.4	907.4	907.4	907.4	907.4	0.0	0.0%
	* BRU Total	2,774.1	2,774.1	2,774.1	2,774.1	2,774.1	0.0	0.0%
<b>State Health Services</b>								
75	Nursing	13,277.0	13,467.9	13,324.9	13,524.9	13,524.9	0.0	0.0%
76	Women, Infants and Children	17,820.0	17,742.2	17,742.2	20,542.2	20,542.2	0.0	0.0%
77	Maternal, Child, & Family Hlth	10,265.6	9,022.2	9,076.2	9,746.2	9,746.2	0.0	0.0%
78	Healthy Families		1,377.0	1,296.0	3,046.0	1,661.2	-1,384.8	-45.5%
79	Public Health Admin Svcs	797.8	705.2	806.6	806.6	806.6	0.0	0.0%
80	Epidemiology	7,143.1	8,064.2	8,064.2	8,414.2	8,254.2	-150.0	-1.8%

## Component Summary - FY99 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House
<b>State Health Services</b>							
81	Bureau of Vital Statistics	1,207.9	1,343.8	1,413.8	1,413.8	1,413.8	0.0 0.0%
82	Health Services/Medicaid	1,670.6	1,796.5	1,796.5	1,846.5	1,846.5	0.0 0.0%
83	Community Health/EMS Services	3,038.9	2,847.3	2,847.3	2,689.3	2,689.3	0.0 0.0%
84	Comm. Health/EMS Grants	2,905.4	3,141.2	3,141.2	3,791.2	0.0	-3,791.2 -100.0%
	Community Health Grants					1,646.1	1,646.1 %
	Emergency Medical Svcs Grants					1,760.1	1,760.1 %
85	State Medical Examiner	871.2	1,073.9	1,073.9	1,073.9	1,073.9	0.0 0.0%
86	Home Health Services	1,707.3					0.0 0.0%
87	Infant Learning Program Grants	4,371.9	4,802.6	4,802.6	5,002.6	5,052.6	50.0 1.0%
88	Public Health Laboratories			2,843.6	2,843.6	2,843.6	0.0 0.0%
89	Radiological Health			284.6	284.6	284.6	0.0 0.0%
	* BRU Total	65,076.7	65,384.0	68,513.6	75,025.6	73,155.8	-1,869.8 -2.5%
<b>Public Labs &amp; Radiological</b>							
90	Chief of Labs & Radiological	1,153.6	904.4	-0.0	-0.0	0.0	0.0 0.0%
91	Anchorage Laboratory	1,115.2	1,082.7	-0.0	0.0	0.0	-0.0 0.0%
92	Fairbanks Laboratory	1,025.0	1,141.1	0.0	0.0	0.0	0.0 0.0%
	* BRU Total	3,293.8	3,128.2	0.0	0.0	0.0	0.0 0.0%
<b>Alcohol and Drug Abuse Services</b>							
93	Administration	2,185.7	2,369.0	2,369.1	2,080.0	2,080.0	0.0 0.0%
94	Alcohol Safety Action Program	1,193.7	1,090.6	1,090.6	1,090.6	1,090.6	0.0 0.0%
95	Alcohol/Drug Abuse Grants	16,448.9	17,465.6	17,084.8	18,218.6	18,218.6	0.0 0.0%
96	ADA Grants - Chronic Alc Dom		200.0	200.0	0.0	0.0	0.0 0.0%
97	CAASA Grants	177.3	177.3	177.3	177.3	177.3	0.0 0.0%
98	Corrections' ADA Services	797.7	663.0	563.6	563.6	563.6	0.0 0.0%
99	Rural Services Grants	1,601.1	1,624.8	2,005.6	2,355.6	2,355.6	0.0 0.0%
	* BRU Total	22,404.4	23,590.3	23,491.0	24,485.7	24,485.7	0.0 0.0%
<b>Community Mental Health Grants</b>							
100	General Comm Mental Hlth Grnts	793.0	935.8	821.2	1,013.7	1,013.7	-0.0 -0.0%
101	Psychiatric Emergency Svcs	5,998.7	5,726.1	6,005.4	7,005.4	7,005.4	0.0 0.0%
102	Svcs/Chronically Mentally Ill	11,100.5	11,345.0	11,227.7	11,227.7	11,227.7	0.0 0.0%

## Component Summary - FY99 Operating Budget

Agency: Department of Health and Social Services

Page	Budget Component	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House
<b>Community Mental Health Grants</b>							
103	Designated Eval & Treatment	1,045.8	1,046.3	1,046.3	1,046.3	1,046.3	0.0 0.0%
104	Svcs/Seriously Emotion Dst Yth	7,352.2	7,942.1	7,894.7	7,556.4	7,556.4	0.0 0.0%
	* BRU Total	26,290.2	26,995.3	26,995.3	27,849.5	27,849.5	0.0 0.0%
<b>Community Developmental Disabilities Grants</b>							
105	Community DD Grants	21,644.9	19,684.2	19,159.6	19,241.3	19,241.3	0.0 0.0%
	* BRU Total	21,644.9	19,684.2	19,159.6	19,241.3	19,241.3	0.0 0.0%
<b>Institutions and Administration</b>							
106	Mental Health/DD Admin	4,312.0	4,401.1	4,389.7	4,389.7	4,389.7	0.0 0.0%
107	Alaska Psychiatric Institute	14,792.0	14,782.8	14,782.8	14,782.8	14,782.8	0.0 0.0%
108	Harborview Development Center	5,497.8	2,123.0	1,048.1	0.0	0.0	0.0 0.0%
109	Federal Mental Health Projects	1,793.1	2,048.5	2,298.6	2,298.6	2,298.6	0.0 0.0%
	* BRU Total	26,394.9	23,355.4	22,519.2	21,471.1	21,471.1	0.0 0.0%
<b>Mental Health Trust Boards</b>							
110	Alaska Mental Health Board	407.2	372.2	372.2	422.2	422.2	0.0 0.0%
111	Governor's Cncl/Disabilities	529.4	648.4	648.4	978.4	978.4	0.0 0.0%
112	Board on Alcohol. & Drug Abuse	348.1	350.4	332.4	316.4	316.4	0.0 0.0%
	* BRU Total	1,284.7	1,371.0	1,353.0	1,717.0	1,717.0	0.0 0.0%
<b>Administrative Services</b>							
	Unallocated Reduction					-650.0	-650.0 0.0%
113	Commissioner's Office	987.6	826.4	826.5	892.5	792.5	-100.0 -11.2%
114	Information Technology		-0.0	0.0	0.0	-0.0	-0.0 0.0%
115	Personnel and Payroll	1,171.1	1,188.0	1,188.0	1,297.2	1,188.0	-109.2 -8.4%
116	Administrative Support Svcs	3,052.6	2,903.1	2,764.1	3,074.4	3,024.4	-50.0 -1.6%
117	Health Plan. & Facilities Mgmt	823.5	881.0	1,020.7	923.5	923.5	0.0 0.0%
118	COMPASS Community Grants				200.0	0.0	-200.0 -100.0%
	* BRU Total	6,034.8	5,798.5	5,799.3	6,387.6	5,278.4	-1,109.2 -17.4%
<b>Children's Trust Programs</b>							
51	Children's Trust Programs		340.0	340.0	365.0	365.0	0.0 0.0%
	* BRU Total	0.0	340.0	340.0	365.0	365.0	0.0 0.0%

## Component Summary - FY99 Operating Budget

**Agency: Department of Health and Social Services**

<u>Page</u>	<u>Budget Component</u>	<u>FY97 Act</u>	<u>FY98Auth</u>	<u>FY99 Adj</u>	<u>Gov Amd</u>	<u>House</u>	<u>Gov Amd to House</u>	
	<b>*** Total Agency Expenditure</b>	<b>859,680.8</b>	<b>876,990.4</b>	<b>877,165.4</b>	<b>948,264.6</b>	<b>920,590.0</b>	<b>-27,674.6</b>	<b>-2.9%</b>
	Federal Funds	342,431.9	390,037.5	390,052.4	435,946.3	425,790.2	-10,156.1	-2.3%
	General Funds	448,627.5	411,815.6	412,606.4	438,676.6	421,689.2	-16,987.4	-3.9%
	Other Funds	68,621.4	75,137.3	74,506.6	73,641.7	73,110.6	-531.1	-0.7%

## Component Summary - FY99 Operating Budget

**General Funds, CBR and ILTF**

**Agency: Department of Health and Social Services**

Page	Budget Component	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House	
<b>Public Assistance</b>								
1	ATAP (Formerly AFDC)	52,267.8	48,596.0	45,869.3	40,606.0	40,606.0	0.0	0.0%
2	Adult Public Assistance	40,572.0	40,625.0	40,625.0	43,625.0	43,625.0	0.0	0.0%
3	General Relief Assistance	950.3	541.9	541.9	1,041.9	1,041.9	0.0	0.0%
4	OAA-ALB Hold Harmless	2,482.9	2,298.1	2,298.1	2,193.5	2,098.1	-95.4	-4.3%
	* BRU Total	96,273.0	92,061.0	89,334.3	87,466.4	87,371.0	-95.4	-0.1%
<b>Medical Assistance</b>								
						129,152.7	129,152.7	%
7	Medicaid Non-Facility	75,453.3	56,544.7	57,356.6	65,784.8	-0.0	-65,784.8	-100.0%
8	Medicaid Facilities	61,130.5	56,670.6	57,001.9	61,033.9	0.0	-61,033.9	-100.0%
9	General Relief Medical	3,412.9	2,838.7	2,818.7	4,060.1	0.0	-4,060.1	-100.0%
11	Waivers Services	4,890.0	6,894.2	6,892.4	7,672.7	-0.0	-7,672.7	-100.0%
13	Medicaid ALB Hold Harmless	43.3	25.7	45.7	45.7	0.0	-45.7	-100.0%
	* BRU Total	144,930.0	122,973.9	124,115.3	138,597.2	129,152.7	-9,444.5	-6.8%
<b>Medicaid Contingency Appropriation Front Section</b>								
15	Medicaid Non-Facility Frnt Sec		0.0	0.0	0.0	0.0	0.0	0.0%
16	Medicaid Facilities Front Sec		0.0	0.0	0.0	0.0	0.0	0.0%
	* BRU Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
<b>Public Assistance Administration</b>								
17	Public Assistance Admin	777.3	887.2	962.1	991.4	991.4	0.0	0.0%
18	Quality Control	473.0	480.7	480.7	480.7	480.7	0.0	0.0%
19	Public Assistance Field Svcs	10,543.3	11,074.5	11,051.7	11,051.7	11,051.7	0.0	0.0%
20	Fraud Investigation	612.8	544.5	544.5	544.5	544.5	0.0	0.0%
21	Public Assist Data Processing	2,210.8	2,475.1	2,497.9	2,497.9	2,497.9	0.0	0.0%
22	Alaska Work Programs	2,768.2	2,950.5	4,050.5	4,050.5	3,850.5	-200.0	-4.9%
23	Child Care Benefits	3,302.1	4,224.4	6,104.3	6,104.3	6,104.3	0.0	0.0%
	* BRU Total	20,687.5	22,636.9	25,691.7	25,721.0	25,521.0	-200.0	-0.8%
<b>Medical Assistance Administration</b>								
24	Medical Assistance Admin.	602.4	590.1	622.3	646.1	646.1	0.0	0.0%
10	Medicaid State Programs	2,779.1	3,603.0	3,811.0	3,811.0	2,369.5	-1,441.5	-37.8%
25	Health Purchasing Group	3,495.0	4,228.6	4,210.8	5,907.8	4,819.5	-1,088.3	-18.4%
26	Certification and Licensing	332.0	432.3	378.2	378.2	378.2	0.0	0.0%
27	Medicaid Rate Adv Commission	481.3					0.0	0.0%

**Component Summary - FY99 Operating Budget**

**General Funds, CBR and ILTF**

**Agency: Department of Health and Social Services**

Page	Budget Component	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House
<b>Medical Assistance Administration</b>							
28	Hearings and Appeals	106.3	146.5	138.8	138.8	138.8	0.0 0.0%
29	Medicaid Waivers Authorization	72.4					0.0 0.0%
30	Audit	305.8	323.5	325.9	325.9	325.9	0.0 0.0%
31	Children's Health Eligibility				997.3	0.0	-997.3 -100.0%
	* BRU Total	8,174.3	9,324.0	9,487.0	12,205.1	8,678.0	-3,527.1 -28.9%
<b>Purchased Services</b>							
33	Family Preservation	1,957.2	1,932.3	1,932.3	2,868.2	2,132.3	-735.9 -25.7%
34	Foster Care	9,134.0					0.0 0.0%
35	Foster Care Base Rate		5,225.6	5,225.6	6,352.2	6,352.2	0.0 0.0%
36	Foster Care Augmented Rate		800.0	800.0	1,162.8	1,162.8	0.0 0.0%
37	Foster Care Special Need		2,409.7	2,409.7	2,714.7	2,634.7	-80.0 -2.9%
38	Foster Care AYI		876.0	876.0	876.0	876.0	0.0 0.0%
39	Subsidized Adoptions/Guardians	4,295.8	4,613.3	4,613.3	5,288.4	5,288.4	-0.0 -0.0%
40	Residential Child Care	9,125.7	9,467.0	9,467.0	10,107.9	10,107.9	0.0 0.0%
	* BRU Total	24,512.7	25,323.9	25,323.9	29,370.2	28,554.3	-815.9 -2.8%
<b>Family and Youth Services</b>							
41	Southcentral Region	9,840.8	4,932.9	5,117.8	5,482.9	0.0	-5,482.9 -100.0%
42	Northern Region	7,048.2	2,896.4	2,745.0	3,012.2	-0.0	-3,012.2 -100.0%
43	Southeastern Region	3,275.4	1,182.8	1,189.5	1,309.3	0.0	-1,309.3 -100.0%
44	DFYS Central Office	1,153.5	1,189.4	1,167.6	1,329.6	-0.0	-1,329.6 -100.0%
	* BRU Total	21,317.9	10,201.5	10,219.9	11,134.0	-0.0	-11,134.0 -100.0%
<b>Front Line Social Workers</b>							
	Front Line Social Workers					8,439.1	8,439.1 %
	* BRU Total	0.0	0.0	0.0	0.0	8,439.1	8,439.1 %
<b>Division of Family and Youth Services Management</b>							
	DFYS Management					2,383.0	2,383.0 %
	* BRU Total	0.0	0.0	0.0	0.0	2,383.0	2,383.0 %
<b>Division of Family and Youth Services Staff Training</b>							
	DFYS Staff Training					420.0	420.0 %
	* BRU Total	0.0	0.0	0.0	0.0	420.0	420.0 %

**Component Summary - FY99 Operating Budget**

**General Funds, CBR and ILTF**

Agency: Department of Health and Social Services

Page	Budget Component	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House	
	<b>Child Protection Legal Assistance</b>							
	Office of Public Advocacy					185.0	185.0	%
	Public Defender Agency					255.0	255.0	%
	* BRU Total	0.0	0.0	0.0	0.0	440.0	440.0	%
	<b>Youth Corrections</b>							
46	McLaughlin Youth Center	8,993.4	8,988.5	8,988.5	9,920.7	9,920.7	0.0	0.0%
47	Fairbanks Youth Facility	2,727.8	2,740.3	2,740.3	2,740.3	2,740.3	0.0	0.0%
48	Nome Youth Facility	271.3	341.7	341.7	573.7	573.7	0.0	0.0%
49	Johnson Youth Center	1,169.4	1,101.1	1,101.1	1,901.1	1,901.1	0.0	0.0%
50	Bethel Youth Facility	1,857.1	1,802.1	1,802.1	1,897.1	1,897.1	0.0	0.0%
45	Probation Services		6,164.0	6,164.0	6,354.5	6,098.0	-256.5	-4.0%
	* BRU Total	15,019.0	21,137.7	21,137.7	23,387.4	23,130.9	-256.5	-1.1%
	<b>Social Services Block Grant Offset</b>							
52	Social Svcs Block Grant Offset	-4,893.2					0.0	0.0%
	* BRU Total	-4,893.2	0.0	0.0	0.0	0.0	0.0	0.0%
	<b>Human Services Community Matching Grant</b>							
53	Human Svcs Comm Matching Grant	1,751.9	1,751.9	1,751.9	1,751.9	445.9	-1,306.0	-74.5%
	* BRU Total	1,751.9	1,751.9	1,751.9	1,751.9	445.9	-1,306.0	-74.5%
	<b>Maniilaq</b>							
54	Social Services	843.9	843.9	843.9	843.9	843.9	0.0	0.0%
55	Public Health Services	901.3	901.3	901.3	901.3	901.3	0.0	0.0%
56	Alcohol & Drug Abuse	983.1	983.1	983.1	983.1	983.1	0.0	0.0%
57	Mental Health/DD Svcs	350.0	350.0	350.0	350.0	350.0	0.0	0.0%
	* BRU Total	3,078.3	3,078.3	3,078.3	3,078.3	3,078.3	0.0	0.0%
	<b>Norton Sound</b>							
58	Social Services	62.2	62.2	62.2	62.2	62.2	0.0	0.0%
59	Public Health Services	1,245.2	1,245.2	1,245.2	1,370.2	1,370.2	0.0	0.0%
60	Alcohol & Drug Abuse Svcs	540.0	540.0	540.0	540.0	540.0	0.0	0.0%
61	Mental Health/DD Svcs	402.4	402.4	402.4	402.4	402.4	0.0	0.0%
62	Sanitation	36.3	96.3	96.3	96.3	96.3	0.0	0.0%
	* BRU Total	2,346.1	2,346.1	2,346.1	2,471.1	2,471.1	0.0	0.0%

## Component Summary - FY99 Operating Budget

### General Funds, CBR and ILTF

**Agency: Department of Health and Social Services**

Page	Budget Component	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House	
<b>Southeast Alaska Regional Health Consortium</b>								
63	Public Health Svcs	120.1	120.1	120.1	120.1	120.1	0.0	0.0%
64	Alcohol & Drug Abuse Svcs	331.4	331.4	331.4	331.4	331.4	0.0	0.0%
65	Mental Health Services	125.2	125.2	125.2	125.2	125.2	0.0	0.0%
	* BRU Total	576.7	576.7	576.7	576.7	576.7	0.0	0.0%
<b>Kawerak Social Services</b>								
66	Kawerak Social Services	372.7	372.7	372.7	372.7	372.7	0.0	0.0%
	* BRU Total	372.7	372.7	372.7	372.7	372.7	0.0	0.0%
<b>Tanana Chiefs Conference</b>								
67	Public Health Svcs	239.3	239.3	239.3	239.3	239.3	0.0	0.0%
68	Alcohol & Drug Abuse Svcs	497.5	497.5	497.5	497.5	497.5	0.0	0.0%
69	Mental Health Svcs	529.8	534.8	534.8	534.8	534.8	0.0	0.0%
	* BRU Total	1,266.6	1,271.6	1,271.6	1,271.6	1,271.6	0.0	0.0%
<b>Tlingit-Haida</b>								
70	Social Services	186.6	186.6	186.6	186.6	186.6	0.0	0.0%
71	Alcohol & Drug Abuse Svcs	11.9	11.9	11.9	11.9	11.9	0.0	0.0%
	* BRU Total	198.5	198.5	198.5	198.5	198.5	0.0	0.0%
<b>Yukon-Kuskokwim Health Corporation</b>								
72	Public Health Svcs	907.4	907.4	907.4	907.4	907.4	0.0	0.0%
73	Alcohol & Drug Abuse Svcs	959.3	959.3	959.3	959.3	959.3	0.0	0.0%
74	Mental Health Svcs	907.4	907.4	907.4	907.4	907.4	0.0	0.0%
	* BRU Total	2,774.1	2,774.1	2,774.1	2,774.1	2,774.1	0.0	0.0%
<b>State Health Services</b>								
75	Nursing	8,382.9	8,112.4	8,139.4	8,389.4	8,389.4	0.0	0.0%
76	Women, Infants and Children	2,650.0					0.0	0.0%
77	Maternal, Child, & Family Hlth	3,957.2	2,247.6	2,220.6	2,250.6	2,250.6	0.0	0.0%
78	Healthy Families		936.0	936.0	1,697.9	1,402.0	-295.9	-17.4%
79	Public Health Admin Svcs	648.3	502.1	503.5	503.5	503.5	0.0	0.0%
80	Epidemiology	1,981.5	1,944.3	1,944.3	2,294.3	2,144.3	-150.0	-6.5%
81	Bureau of Vital Statistics	723.8	881.8	881.8	881.8	881.8	0.0	0.0%
83	Community Health/EMS Services	735.3	680.4	680.4	695.5	695.5	0.0	0.0%
84	Comm. Health/EMS Grants	2,591.2	2,741.2	2,741.2	3,391.2	0.0	-3,391.2	-100.0%

**Component Summary - FY99 Operating Budget**

**General Funds, CBR and ILTF**

**Agency: Department of Health and Social Services**

Page	Budget Component	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House
<b>State Health Services</b>							
	Community Health Grants					1,296.1	1,296.1 %
	Emergency Medical Svcs Grants					1,710.1	1,710.1 %
85	State Medical Examiner	871.2	1,073.9	1,073.9	1,073.9	1,073.9	-0.0 -0.0%
86	Home Health Services	1,568.9					0.0 0.0%
87	Infant Learning Program Grants	4,371.9	4,471.9	4,471.9	4,671.9	4,721.9	50.0 1.1%
88	Public Health Laboratories			2,164.8	2,164.8	2,164.8	0.0 0.0%
89	Radiological Health			136.2	136.2	136.2	0.0 0.0%
	* BRU Total	28,482.2	23,591.6	25,894.0	28,151.0	27,370.1	-780.9 -2.8%
<b>Public Labs &amp; Radiological</b>							
90	Chief of Labs & Radiological	924.5	717.6	0.0	0.0	0.0	0.0 0.0%
91	Anchorage Laboratory	670.4	642.4	0.0	0.0	0.0	0.0 0.0%
92	Fairbanks Laboratory	870.6	941.0	0.0	0.0	0.0	0.0 0.0%
	* BRU Total	2,465.5	2,301.0	0.0	0.0	0.0	0.0 0.0%
<b>Alcohol and Drug Abuse Services</b>							
93	Administration	1,503.3	1,522.2	1,522.3	1,522.3	1,522.3	0.0 0.0%
94	Alcohol Safety Action Program	1,005.9	1,090.6	1,090.6	1,090.6	1,090.6	-0.0 -0.0%
95	Alcohol/Drug Abuse Grants	12,244.8	12,015.0	11,634.2	12,234.2	12,234.2	0.0 0.0%
97	CAASA Grants	177.3	177.3	177.3	177.3	177.3	0.0 0.0%
98	Corrections' ADA Services	654.6	663.0	563.6	563.6	563.6	-0.0 -0.0%
99	Rural Services Grants	1,601.1	1,624.8	2,005.6	2,205.6	2,205.6	0.0 0.0%
	* BRU Total	17,187.0	17,092.9	16,993.6	17,793.6	17,793.6	-0.0 -0.0%
<b>Community Mental Health Grants</b>							
100	General Comm Mental Hlth Grnts	773.3	888.4	773.8	773.8	773.8	0.0 0.0%
101	Psychiatric Emergency Svcs	5,998.7	5,726.1	6,005.4	6,005.4	6,005.4	0.0 0.0%
102	Svcs/Chronically Mentally Ill	10,794.8	10,918.7	10,801.4	10,801.4	10,801.4	0.0 0.0%
103	Designated Eval & Treatment	1,045.8	1,046.3	1,046.3	1,046.3	1,046.3	0.0 0.0%
104	Svcs/Seriously Emotion Dst Yth	6,121.0	6,213.5	6,166.1	6,219.4	6,219.4	-0.0 -0.0%
	* BRU Total	24,733.6	24,793.0	24,793.0	24,846.3	24,846.3	-0.0 -0.0%
<b>Community Developmental Disabilities Grants</b>							
105	Community DD Grants	20,792.1	18,905.2	18,380.6	18,433.9	18,433.9	0.0 0.0%

**Component Summary - FY99 Operating Budget**

**General Funds, CBR and ILTF**

**Agency: Department of Health and Social Services**

Page	Budget Component	FY97 Act	FY98Auth	FY99 Adj	Gov Amd	House	Gov Amd to House
	<b>Community Developmental Disabilities Grants</b>						
	* BRU Total	20,792.4	18,905.2	18,380.6	18,433.9	18,433.9	0.0 0.0%
	<b>Institutions and Administration</b>						
106	Mental Health/DD Admin	2,993.6	2,929.2	2,917.8	2,917.8	2,917.8	0.0 0.0%
107	Alaska Psychiatric Institute	7,286.1	1,756.3	1,756.3	1,756.3	1,756.3	0.0 0.0%
108	Harborview Development Center	1,859.2	901.0	76.2	0.0	0.0	-0.0 0.0%
	* BRU Total	12,138.9	5,586.5	4,750.3	4,674.1	4,674.1	0.0 0.0%
	<b>Mental Health Trust Boards</b>						
110	Alaska Mental Health Board	378.5	372.2	372.2	372.2	372.2	0.0 0.0%
111	Governor's Cncl/Disabilities		15.0	15.0	15.0	15.0	0.0 0.0%
112	Board on Alcohol. & Drug Abuse	300.7	334.4	316.4	316.4	316.4	0.0 0.0%
	* BRU Total	679.2	721.6	703.6	703.6	703.6	0.0 0.0%
	<b>Administrative Services</b>						
	Unallocated Reduction					-650.0	-650.0 0.0%
113	Commissioner's Office	536.5	418.1	411.2	418.2	318.2	-100.0 -23.9%
114	Information Technology		-0.0	0.0	-0.0	0.0	0.0 0.0%
115	Personnel and Payroll	795.9	807.0	807.0	843.3	734.1	-109.2 -12.9%
116	Administrative Support Svcs	2,175.9	2,092.5	1,953.5	2,003.5	1,953.5	-50.0 -2.5%
117	Health Plan. & Facilities Mgmt	254.3	93.2	232.9	232.9	232.9	0.0 0.0%
118	COMPASS Community Grants				200.0	0.0	-200.0 -100.0%
	* BRU Total	3,762.6	3,410.8	3,411.6	3,697.9	2,588.7	-1,109.2 -30.0%
	<b>*** Total Agency Expenditure</b>	<b>448,627.5</b>	<b>412,431.4</b>	<b>412,606.4</b>	<b>438,676.6</b>	<b>421,689.2</b>	<b>-16,987.4 -3.9%</b>

## VTID Compare -1 Way - FY99 Operating Budget

from Gov Amd to House

Agency: Department of Health and Social Services

	Trans Type	Total Exp	Personal Services	Travel	Contractual	Commodities	Equipment	Lands/ Buildings	Grants	Misc	PFT	PPT	Tmp
<b>Public Assistance</b>													
<b>Old Age Assistance-Alaska Longevity Bonus (ALB) Hold Harmless</b>													
Longevity Bonus formula decrease	Dec	-95.4	0.0	0.0	0.0	0.0	0.0	0.0	-95.4	0.0	0.0	0.0	0.0
1004 Gen Fund		-95.4											
		-95.4	0.0	0.0	0.0	0.0	0.0	0.0	-95.4	0.0	0.0	0.0	0.0
*** BRU Total ***		-95.4	0.0	0.0	0.0	0.0	0.0	0.0	-95.4	0.0	0.0	0.0	0.0
<b>Medical Assistance</b>													
<b>Medicaid Services</b>													
<b>From Medicaid Non-Facilities</b>													
1002 Fed Rcpts	TrIn	171,531.4	-0.0	-0.0	454.0	-0.0	-0.0	-0.0	171,077.4	-0.0	-0.0	-0.0	-0.0
1003 G/F Match		104,298.8											
1005 GF/Prgm		50,196.2											
1007 I/A Rcpts		2,041.3											
1037 GF/MH		1,447.8											
1037 GF/MH		13,547.3											
<b>From Medicaid Facilities</b>													
1002 Fed Rcpts	TrIn	152,892.1	0.0	0.0	260.0	0.0	0.0	0.0	152,632.1	0.0	0.0	0.0	0.0
1003 G/F Match		91,858.2											
1005 GF/Prgm		48,134.8											
1037 GF/MH		422.5											
1037 GF/MH		12,476.6											
<b>From Medicaid State Programs - program costs</b>													
1002 Fed Rcpts	TrIn	3,716.3	0.0	0.0	2,626.3	0.0	0.0	0.0	1,090.0	0.0	0.0	0.0	0.0
1003 G/F Match		2,274.8											
1003 G/F Match		1,441.5											
<b>From Waivers Services</b>													
1002 Fed Rcpts	TrIn	19,086.1	-0.0	-0.0	-0.0	-0.0	-0.0	-0.0	19,086.1	-0.0	-0.0	-0.0	-0.0
1003 G/F Match		11,413.4											
1037 GF/MH		1,756.6											
1037 GF/MH		5,916.1											
<b>From Medicaid Permanent Fund Dividend Hold Harmless</b>													
1007 I/A Rcpts	TrIn	1,109.0	-0.0	-0.0	-0.0	-0.0	-0.0	-0.0	1,100.0	-0.0	-0.0	-0.0	-0.0
1007 I/A Rcpts		1,100.0											
<b>From Medicaid Alaska Longevity Bonus Hold Harmless</b>													
1004 Gen Fund	TrIn	45.7	0.0	0.0	0.0	0.0	0.0	0.0	45.7	0.0	0.0	0.0	0.0
1004 Gen Fund		45.7											
<b>From Indian Health Services</b>													
1002 Fed Rcpts	TrIn	55,675.2	-0.0	-0.0	-0.0	-0.0	-0.0	-0.0	55,675.2	-0.0	-0.0	-0.0	-0.0
1002 Fed Rcpts		55,675.2											
<b>Fund with Medicaid School Based Services funds</b>													
1003 G/F Match	Dec	-1,306.0	0.0	0.0	0.0	0.0	0.0	0.0	-1,306.0	0.0	0.0	0.0	0.0
1003 G/F Match		-1,306.0											
<b>Transfer GF from Human Services Community Matching Grant</b>													
1004 Gen Fund	TrIn	1,306.0	0.0	0.0	0.0	0.0	0.0	0.0	1,306.0	0.0	0.0	0.0	0.0
1004 Gen Fund		1,306.0											
<b>Fr Human Services Community Matching Grant</b>													
1003 G/F Match	FndChg	0.0	-0.0	-0.0	-0.0	-0.0	-0.0	-0.0	0.0	-0.0	-0.0	-0.0	-0.0
1003 G/F Match		1,306.0											
1004 Gen Fund		-1,306.0											
<b>Move Child. Hlth Initiative "kiddicare" costs to fiscal note</b>													
1002 Fed Rcpts	Dec	-17,978.8	0.0	0.0	0.0	0.0	0.0	0.0	-17,978.8	0.0	0.0	0.0	0.0
1002 Fed Rcpts		-11,776.1											
1003 G/F Match		-6,202.7											

# VTID Compare -1 Way - FY99 Operating Budget

from Gov Amd to House

Agency: Department of Health and Social Services

Trans Type	Total Exp	Personal Services	Travel	Contractual	Commodities	Equipment	Lands/ Buildings	Grants	Misc	PFT	PPT	Tmp
<b>Medical Assistance</b>												
<b>Medicaid Services</b>												
Adjust formula growth	Dec	-523.2	0.0	0.0	0.0	0.0	0.0	-623.2	0.0	0.0	0.0	0.0
1003 G/F Match		-623.2										
Deny Interagency Receipt authority fr Div of MH/DD CMHG BRU	Dec	-671.2	0.0	0.0	0.0	0.0	0.0	-671.2	0.0	0.0	0.0	0.0
1007 VA Rcpts		-671.2										
		<b>384,773.6</b>	<b>0.0</b>	<b>0.0</b>	<b>3,340.3</b>	<b>0.0</b>	<b>0.0</b>	<b>381,433.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Medicaid Non-Facility</b>												
To Medicaid Services	TrOut	-171,531.4	0.0	0.0	-454.0	0.0	0.0	-171,077.4	0.0	0.0	0.0	0.0
1002 Fed Rcpts		-104,298.8										
1003 G/F Match		-50,196.2										
1005 GF/Prgm		-2,041.3										
1007 VA Rcpts		-1,447.8										
1037 GF/MH		-13,547.3										
		<b>-171,531.4</b>	<b>0.0</b>	<b>0.0</b>	<b>-454.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-171,077.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Medicaid Facilities</b>												
To Medicaid Services	TrOut	-152,892.1	-0.0	-0.0	-260.0	-0.0	-0.0	-152,632.1	-0.0	-0.0	-0.0	-0.0
1002 Fed Rcpts		-91,858.2										
1003 G/F Match		-48,134.8										
1005 GF/Prgm		-422.5										
1037 GF/MH		-12,476.6										
		<b>-152,892.1</b>	<b>0.0</b>	<b>0.0</b>	<b>-260.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-152,632.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>General Relief Medical</b>												
Deny FY99 Entitlement Formula Increment	Dec	-1,241.4	-0.0	-0.0	-0.0	-0.0	-0.0	-1,241.4	-0.0	-0.0	-0.0	-0.0
1004 Gen Fund		-1,241.4										
End all bad debt reimbursement to hospitals	Dec	-2,818.7	0.0	0.0	-36.0	0.0	0.0	-2,782.7	0.0	0.0	0.0	0.0
1004 Gen Fund		-2,760.2										
1005 GF/Prgm		-58.5										
		<b>-4,060.1</b>	<b>0.0</b>	<b>0.0</b>	<b>-36.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-4,024.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Waivers Services</b>												
To Medicaid Services	TrOut	-19,066.1	0.0	0.0	0.0	0.0	0.0	-19,066.1	0.0	0.0	0.0	0.0
1002 Fed Rcpts		-11,413.4										
1003 G/F Match		-1,756.6										
1037 GF/MH		-5,916.1										
		<b>-19,066.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-19,066.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Medicaid Permanent Fund Dividend Hold Harmless</b>												
To Medicaid Services	TrOut	-1,100.0	0.0	0.0	0.0	0.0	0.0	-1,100.0	0.0	0.0	0.0	0.0
1007 VA Rcpts		-1,100.0										
		<b>-1,100.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-1,100.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

# VTID Compare -1 Way - FY99 Operating Budget

from Gov Amd to House

Agency: Department of Health and Social Services

Trans Type	Total Exp	Personal Services	Travel	Contractual	Commodities	Equipment	Lands/ Buildings	Grants	Misc	PFT	PPT	Tmp
<b>Medical Assistance</b>												
<b>Medicaid Alaska Longevity Bonus Hold Harmless</b>												
To Medicaid Services	TrOut	-45.7	-0.0	-0.0	-0.0	-0.0	-0.0	-45.7	-0.0	-0.0	-0.0	-0.0
1004 Gen Fund	-45.7											
	<b>-45.7</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-45.7</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Indian Health Service</b>												
To Medicaid Services	TrOut	-55,675.2	0.0	0.0	0.0	0.0	0.0	-55,675.2	0.0	0.0	0.0	0.0
1002 Fed Rcpts	-55,675.2											
	<b>-55,675.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-55,675.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>*** BRU Total ***</b>												
	<b>-19,817.0</b>	<b>0.0</b>	<b>0.0</b>	<b>2,590.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-22,207.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Public Assistance Administration</b>												
<b>Public Assistance Field Services</b>												
Allow funding for 8 Eligibility Technicians	Dec	-125.7	0.0	0.0	0.0	0.0	0.0	0.0	-125.7	-3.0	0.0	0.0
1002 Fed Rcpts	-125.7											
	<b>-125.7</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-125.7</b>	<b>-3.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Alaska Work Programs</b>												
Allow part of reinvestment	Dec	-200.0	0.0	0.0	0.0	0.0	0.0	0.0	-200.0	0.0	0.0	0.0
1004 Gen Fund	-200.0											
	<b>-200.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-200.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Child Care Benefits</b>												
TANF block grant funding for Child Care	Inc	4,000.0	0.0	0.0	0.0	0.0	0.0	4,000.0	0.0	0.0	0.0	0.0
1002 Fed Rcpts	4,000.0											
	<b>4,000.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>4,000.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>*** BRU Total ***</b>												
	<b>3,674.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>4,000.0</b>	<b>-325.7</b>	<b>-3.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Medical Assistance Administration</b>												
<b>Medicaid State Programs</b>												
To Medicaid State Programs - program costs	TrOut	-3,716.3	-0.0	-0.0	-2,626.3	-0.0	-0.0	-1,090.0	-0.0	-0.0	-0.0	-0.0
1002 Fed Rcpts	-2,274.8											
1003 G/F Match	-1,441.5											
	<b>-3,716.3</b>	<b>0.0</b>	<b>0.0</b>	<b>-2,626.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-1,090.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Health Purchasing Group</b>												
Deny increment	Dec	-2,176.6	-275.4	-10.0	-1,854.1	-5.0	-32.1	-0.0	-0.0	-5.0	-0.0	-0.0
1002 Fed Rcpts	-1,088.3											
1003 G/F Match	-1,088.3											
	<b>-2,176.6</b>	<b>-275.4</b>	<b>-10.0</b>	<b>-1,854.1</b>	<b>-5.0</b>	<b>-32.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-5.0</b>	<b>0.0</b>	<b>0.0</b>

## VTID Compare -1 Way - FY99 Operating Budget

from Gov Amd to House

Agency: Department of Health and Social Services

	Trans Type	Total Exp	Personal Services	Travel	Contractual	Commodities	Equipment	Lands/ Buildings	Grants	Misc	PFT	PPT	Tmp
<b>Medical Assistance Administration</b>													
<b>Children's Health Eligibility</b>													
Move Child. Hlth Initiative "kiddicare" costs to fiscal note	Dec	-2,305.5	0.0	0.0	-2,305.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1002 Fed Rcpts		-1,308.2											
1003 G/F Match		-997.3											
		-2,305.5	0.0	0.0	-2,305.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
*** BRU Total ***		-5,198.4	-275.4	-10.0	-6,785.9	-5.0	-32.1	0.0	-1,090.0	0.0	-5.0	0.0	0.0
<b>Purchased Services</b>													
<b>Family Preservation</b>													
Allow part of Community Based Family Assess/Case Mgmt Pilot	Dec	-672.9	-0.0	-0.0	-0.0	-0.0	-0.0	-0.0	-672.9	-0.0	-0.0	-0.0	-0.0
1002 Fed Rcpts		-37.0											
1004 Gen Fund		-635.9											
Deny Supervised Visitation Pilot Program	Dec	-100.0	-0.0	-0.0	-0.0	-0.0	-0.0	-0.0	-100.0	-0.0	-0.0	-0.0	-0.0
1004 Gen Fund		-100.0											
Correct funding source	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1002 Fed Rcpts		850.0											
1047 Title 20		-850.0											
Costs budgeted in DFYS Staff Training component	Dec	-99.0	-0.0	-0.0	-99.0	-0.0	-0.0	-0.0	-0.0	-0.0	-0.0	-0.0	-0.0
1002 Fed Rcpts		-99.0											
		-871.9	0.0	0.0	-99.0	0.0	0.0	0.0	-772.9	0.0	0.0	0.0	0.0
*** BRU Total ***		-978.9	0.0	0.0	-206.0	0.0	0.0	0.0	-772.9	0.0	0.0	0.0	0.0
<b>Foster Care Special Need</b>													
Deny Foster Parent Recruitment	Dec	-107.0	0.0	0.0	-107.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1002 Fed Rcpts		-27.0											
1004 Gen Fund		-80.0											
		-107.0	0.0	0.0	-107.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
*** BRU Total ***		-978.9	0.0	0.0	-206.0	0.0	0.0	0.0	-772.9	0.0	0.0	0.0	0.0
<b>Family and Youth Services</b>													
<b>Family and Youth Services Southcentral Region</b>													
Create new BRUs for Child Protective Services	Dec	-10,043.2	-9,172.5	-129.5	-656.0	-78.3	-6.9	0.0	0.0	0.0	-171.0	-2.0	0.0
1002 Fed Rcpts		-1,615.1											
1003 G/F Match		-1,296.4											
1004 Gen Fund		-4,186.5											
1007 I/A Rcpts		-166.3											
1047 Title 20		-2,778.9											
		-10,043.2	-9,172.5	-129.5	-656.0	-78.3	-6.9	0.0	0.0	0.0	-171.0	-2.0	0.0

## VTID Compare -1 Way - FY99 Operating Budget

from Gov Amd to House

Agency: Department of Health and Social Services

	Trans Type	Total Exp	Personal Services	Travel	Contractual	Commodities	Equipment	Lands/ Buildings	Grants	Misc	PFT	PPT	Tmp
<b>Family and Youth Services</b>													
<b>Family and Youth Services Northern Region</b>													
Create new BRUs for Child Protective Services	Dec	-6,871.1	-6,059.0	-123.1	-416.7	-68.1	-4.2	-0.0	-0.0	-0.0	-103.0	-1.0	
1002 Fed Rcpts		-774.1											
1003 G/F Match		-690.8											
1004 Gen Fund		-2,241.6											
1007 I/A Rcpts		-249.9											
1037 GF/MH		-79.8											
1047 Title 20		-2,634.9											
		-6,871.1	-6,059.0	-123.1	-416.7	-68.1	-4.2	0.0	0.0	0.0	-103.0	-1.0	0.0
<b>Family and Youth Services Southeastern Region</b>													
Create new BRUs for Child Protective Services	Dec	-2,760.9	-2,487.3	-49.7	-196.1	-26.9	-0.9	0.0	0.0	0.0	-42.0	-4.0	0.0
1002 Fed Rcpts		-342.6											
1003 G/F Match		-334.1											
1004 Gen Fund		-809.5											
1007 I/A Rcpts		-47.0											
1037 GF/MH		-85.7											
1047 Title 20		-1,062.0											
		-2,760.9	-2,487.3	-49.7	-196.1	-26.9	-0.9	0.0	0.0	0.0	-42.0	-4.0	0.0
<b>Division of Family and Youth Services Central Office</b>													
Create new BRUs for Child Protective Services	Dec	-3,530.7	-2,378.6	-250.3	-799.0	-66.8	-36.0	0.0	0.0	0.0	-41.0	0.0	0.0
1002 Fed Rcpts		-1,988.5											
1003 G/F Match		-1,033.4											
1004 Gen Fund		-298.2											
1007 I/A Rcpts		-155.8											
1081 CIP Rcpts		-56.8											
		-3,530.7	-2,378.6	-250.3	-799.0	-66.8	-36.0	0.0	0.0	0.0	-41.0	0.0	0.0
*** BRU Total ***		-23,005.9	-20,097.4	-552.6	-2,067.8	-240.1	-48.0	0.0	0.0	0.0	-357.0	-7.0	0.0
<b>Front Line Social Workers</b>													
<b>Front Line Social Workers</b>													
Funding adds at least 35 new social workers	Inc	17,423.2	16,250.1	169.5	828.3	163.3	12.0	0.0	0.0	0.0	302.0	7.0	0.0
1002 Fed Rcpts		4,165.1											
1003 G/F Match		2,361.7											
1004 Gen Fund		5,931.9											
1007 I/A Rcpts		490.4											
1037 GF/MH		145.5											
1047 Title 20		4,328.6											
		17,423.2	16,250.1	169.5	828.3	163.3	12.0	0.0	0.0	0.0	302.0	7.0	0.0
*** BRU Total ***		17,423.2	16,250.1	169.5	828.3	163.3	12.0	0.0	0.0	0.0	302.0	7.0	0.0