

ALASKA LEGISLATURE

1818

HOUSE and SENATE FINANCE COMMITTEE FILES, 1997-1998

P. Kay Branch, M.A.  
P. O. Box 1007  
Dillingham, Alaska 99576  
(907) 842-5756

April 21, 1998  
Senate Finance Committee

Dear Senators:

I am writing to encourage you to include the \$900,685 funding for an assisted living project in Dillingham in the Alaska Housing Finance Senior Citizens Development Fund in the Capital budget for FY99.

I work with elders in the Bristol Bay region. Time and time again have seen people having to leave their home, community, family, and familiar foods, to be placed in an assisted living or skilled nursing facility in Anchorage. It is hard on the elders and on their families left at home, who are unable to afford to visit their loved one.

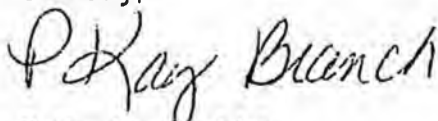
I have a friend who has been caring for her husband at home with the assistance of her family for four years. Now her own health is failing because of the increased caregiving duties and the family is thinking about long-term care placement. There are no options for long-term care in this region, so this elder too will have to go to Anchorage, the thought of which is devastating to the family.

The proposed facility is ten beds and as an assisted living home would provide supportive and personal care in a family living environment. It is direly needed so our elders do not have to leave the "river near where they were born."

If the state of Alaska is truly concerned about the elders in all the regions, appropriate funding will be made available to entities that undertake to own and operate rural housing options.

Please reconsider funding for this project under Senate Bill 231. Thank you.

Sincerely,



P. Kay Branch, M.A.

Dillingham Legislative Information Office (LIO)  
 6 Main Street • PO Box 629 Dillingham AK 99576 • Phone: 842-5319 Fax 842-5105

**Please PRINT the information below.**

Ms., Mr., Mrs... MS	First name Christine DeCourtney	M.L. A	Last name DeCourtney	Jr., Sr., III...
Mailing address P.O. Box 282 Dillingham, AK			Zip code 99576	
Residence (street) address if different from mailing address			Zip code	
Daytime telephone number (907) 842 2970	Group affiliation (if applicable)	City, name DeCourtney		Date 4/23/98

**Put a ✓ in the appropriate box(es).**

Committees		House members		Senate members	
<input type="checkbox"/> H or S	Community & Regional Affairs (cra)	<input type="checkbox"/> Austerman (aue)	<input type="checkbox"/> Kelly, P. (kdl)	<input type="checkbox"/>	<input type="checkbox"/> Adams (ada)
<input checked="" type="checkbox"/>	Finance (fin)	<input type="checkbox"/> Barnes (bar)	<input type="checkbox"/> Kamplen (kam)	<input type="checkbox"/>	<input type="checkbox"/> Dorley (don)
<input type="checkbox"/>	Health, Ed., & Social Services (hes)	<input type="checkbox"/> Berkowitz (bor)	<input type="checkbox"/> Kohring (kor)	<input type="checkbox"/>	<input type="checkbox"/> Duncan (dun)
<input type="checkbox"/>	Judiciary (jud)	<input type="checkbox"/> Brice (brl)	<input type="checkbox"/> Kookash (koa)	<input type="checkbox"/>	<input type="checkbox"/> Eltz (elz)
<input type="checkbox"/>	Labor & Commerce (l&c)	<input type="checkbox"/> Bunde (bun)	<input type="checkbox"/> Kott (kot)	<input type="checkbox"/>	<input type="checkbox"/> Green (gre)
<input type="checkbox"/>	Resources (res)	<input type="checkbox"/> Cowdery (cwo)	<input type="checkbox"/> Kubina (kub)	<input type="checkbox"/>	<input type="checkbox"/> Hatford (hal)
<input type="checkbox"/>	Rules (rls)	<input type="checkbox"/> Croft (cro)	<input type="checkbox"/> Martin (mar)	<input type="checkbox"/>	<input type="checkbox"/> Hoffman (hof)
<input type="checkbox"/>	State Affairs (sta)	<input type="checkbox"/> Davies (dav)	<input type="checkbox"/> Masak (mas)	<input type="checkbox"/>	<input type="checkbox"/> Kelly, T. (kel)
<input type="checkbox"/>	Transportation (tra)	<input type="checkbox"/> Davis (dag)	<input type="checkbox"/> Moses (mos)	<input type="checkbox"/>	<input type="checkbox"/> Laman (lan)
<input type="checkbox"/>	Other:	<input type="checkbox"/> Dyson (dys)	<input type="checkbox"/> Mulder (mul)	<input type="checkbox"/>	<input type="checkbox"/> Lincoln (lin)
<input type="checkbox"/>	Other:	<input type="checkbox"/> Elton (elt)	<input type="checkbox"/> Nichole (nic)	<input type="checkbox"/>	<input type="checkbox"/> Mackle (mak)
		<input type="checkbox"/> Foster (fos)	<input type="checkbox"/> Ogan (oga)	<input type="checkbox"/>	<input type="checkbox"/> Miller (mil)
		<input type="checkbox"/> Green (gm)	<input type="checkbox"/> Phillips, G. (phg)	<input type="checkbox"/>	<input type="checkbox"/> Parnell (par)
		<input type="checkbox"/> Grussendorf (grs)	<input type="checkbox"/> Porter (por)	<input type="checkbox"/>	<input type="checkbox"/> Pearce (pea)
		<input type="checkbox"/> Hanley (han)	<input type="checkbox"/> Rokeberg (rok)	<input type="checkbox"/>	<input type="checkbox"/> Phillips, R. (phr)
		<input type="checkbox"/> Hodgins (hod)	<input type="checkbox"/> Ryan (rya)	<input type="checkbox"/>	<input type="checkbox"/> Sharp (sha)
		<input type="checkbox"/> Hudson (hud)	<input type="checkbox"/> Sanders (san)	<input type="checkbox"/>	<input type="checkbox"/> Taylor (tay)
		<input type="checkbox"/> Ivan (iva)	<input type="checkbox"/> Theriault (thr)	<input type="checkbox"/>	<input type="checkbox"/> Torgerson (tor)
		<input type="checkbox"/> James (jam)	<input type="checkbox"/> Vezey (vez)	<input type="checkbox"/>	<input type="checkbox"/> Ward (war)
		<input type="checkbox"/> Jouis (jia)	<input type="checkbox"/> Williams (wil)	<input type="checkbox"/>	<input type="checkbox"/> Wilken (wik)

**CAUCUSES**

<input type="checkbox"/>	Anchorage (age)
<input type="checkbox"/>	Bush (bus)
<input type="checkbox"/>	Fairbanks/Interior (int)
<input type="checkbox"/>	Matsui (mat)
<input type="checkbox"/>	Majority (mjr)
<input type="checkbox"/>	Minority (min)

**Subject** Fill out the boxes below OR enter a Subject.

HB or SB S	Bill number 231	and check one:	<input type="checkbox"/> Support	<input checked="" type="checkbox"/> OR	enter a general Subject (LIO staff may modify):
			<input type="checkbox"/> Oppose		
			<input type="checkbox"/> Amend		

**Message** Your PRINTED message cannot exceed 50 words or contain any vulgar language.

THE	ELDER	POPULATION	IS	GROWING	5
IN	DILLINGHAM.	ELDER	SERVICES	ARE	10
DESPERATELY	NEEDED	PLEASE	RECONSIDER	AND	15
INCLUDE	DILLINGHAM	AHFC	SENIOR	CITIZEN	20
DEVELOPMENT	FUND.				25
					30
					35
					40
					45
					50

# CORRECTION

THE FOLLOWING DOCUMENT(S)  
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 6 Main Street • PO Box 829 Dillingham AK 99576 • Phone: 842-5319 Fax: 842-5105

**Please PRINT the information below.**

Ms., Mr., Mrs... <b>MS</b>	First name <b>Christine DeCourtney</b>	M.L. <b>A</b>	Last name <b>DeCourtney</b>	Jr., Sr., III...
Mailing address <b>P.O. Box 282 Dillingham, AK</b>			Zip code <b>99576</b>	
Residence (street) address if different from mailing address			Zip code	
Daytime telephone number <b>(907) 842 2970</b>	Group affiliation (if applicable)	Signature <i>Christine DeCourtney</i>		Date <b>4/23/98</b>

**Put a ✓ in the appropriate box(es).**

Committees		House members		Senate members			
<b>H or S</b>		<input type="checkbox"/>	Austerman (aue)	<input type="checkbox"/>	Kelly, P. (kl)	<input type="checkbox"/>	Adams (ada)
<input type="checkbox"/>	Community & Regional Affairs (cra)	<input type="checkbox"/>	Barnes (bar)	<input type="checkbox"/>	Kemplan (kem)	<input type="checkbox"/>	Dorley (dor)
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<input type="checkbox"/>	Health, Ed., & Social Services (hes)	<input type="checkbox"/>	Brica (brl)	<input type="checkbox"/>	Kookash (koo)	<input type="checkbox"/>	Ellis (ell)
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<input type="checkbox"/>	State Affairs (sta)	<input type="checkbox"/>	Davis (dag)	<input type="checkbox"/>	Moses (mos)	<input type="checkbox"/>	Leman (le..l)
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<b>Caucuses</b>		<input type="checkbox"/>	Green (gm)	<input type="checkbox"/>	Phillips, G. (phg)	<input type="checkbox"/>	Pameli (par)
<input type="checkbox"/>	Anchorage (age)	<input type="checkbox"/>	Grussendorf (grs)	<input type="checkbox"/>	Porter (por)	<input type="checkbox"/>	Peerce (pee)
<input type="checkbox"/>	Bush (bus)	<input type="checkbox"/>	Hanley (han)	<input type="checkbox"/>	Rokeberg (rok)	<input type="checkbox"/>	Phillips, R. (phl)
<input type="checkbox"/>	Fairbanks/Interior (fnt)	<input type="checkbox"/>	Hodgins (hod)	<input type="checkbox"/>	Ryan (rya)	<input type="checkbox"/>	Sharp (sha)
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<input type="checkbox"/>	Minority (mnr)	<input type="checkbox"/>	James (jam)	<input type="checkbox"/>	Vezy (vez)	<input type="checkbox"/>	Ward (war)
		<input type="checkbox"/>	Joule (jle)	<input type="checkbox"/>	Williams (wil)	<input type="checkbox"/>	Wilken (wik)

**Fill out the boxes below QR enter a Subject.**

HB or SB <b>S</b>	Bill number <b>231</b>	and check one:	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Amend	<b>QR</b> enter a general Subject (LIO staff may modify):
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IN	DILLINGHAM.	ELDER	SERVICES	ARE	10
DESPERATELY	NEEDED	PLEASE	RECONSIDER	AND	15
INCLUDE	DILLINGHAM	AHFC	SENIOR	CITIZEN	20
DEVELOPMENT	FUND.				25
					30
					35
					40
					45
					50

Brenda Akelkok  
P.O. Box 654  
Dillingham, Alaska 99576

April 22, 1998

To Whom It May Concern:

The hardest part of having Grandma Sassa over in Anchorage in a nursing home were the everyday kinds of things that we couldn't share with her anymore. If we had fresh fried spruce chicken, we couldn't run a plate to her here in Dillingham.

It saddens me knowing that what she missed was the smell of the water blowing over the bluff on Nushagak Bay. The soft cackle of geese far off in the springtime evening. The warm kiss of a grandchild contrasted with chilly cheeks from playing outdoors.

The excitement of the king salmon hitting the beach nets when her sons and daughters, all flecked with scales and gray mud, would bring fresh boiled head and tail chowder.

The fragrance of salmonberries on the breeze blowing from the summer tundra. How the fluffy cotton grass bobbed back and forth in the wind.

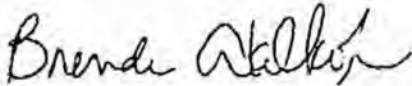
The lonesome wail of the sand hill cranes as they settle down for the night.

But the saddest part of all was that the only way she was able to come home was in a casket because we did not have an Assisted Living Facility for her in Dillingham.

I wouldn't wish the pain and heartache that all of my family went through with Grandma Sassa's going to Anchorage on anyone else.

Please make funding for an Assisted Living Center in Dillingham a reality. Thank you for your kind assistance.

Sincerely,



Brenda Akelkok

P. Kay Branch, M.A.  
 P. O. Box 1007  
 Dillingham, Alaska 99576  
 (907) 842-5756

April 21, 1998  
 Senate Finance Committee

Dear Senators:

Post-It® Fax Note	7671	Date	4-23	# of pages	2
To	SENATE FINANCE		From	GARE - ALB	
Co./Dept.	FOR SB 231		Co.	Legislative Affairs	
Phone #			Phone #	842-5319	
Fax #	405-2187		Fax #		

I am writing to encourage you to include the \$900,685 funding for an assisted living project in Dillingham in the Alaska Housing Finance Senior Citizens Development Fund in the Capital budget for FY99.

I work with elders in the Bristol Bay region. Time and time again have seen people having to leave their home, community, family, and familiar foods, to be placed in an assisted living or skilled nursing facility in Anchorage. It is hard on the elders and on their families left at home, who are unable to afford to visit their loved one.

I have a friend who has been caring for her husband at home with the assistance of her family for four years. Now her own health is failing because of the increased caregiving duties and the family is thinking about long-term care placement. There are no options for long-term care in this region, so this elder too will have to go to Anchorage, the thought of which is devastating to the family.

The proposed facility is ten beds and as an assisted living home would provide supportive and personal care in a family living environment. It is direly needed so our elders do not have to leave the "river near where they were born."

If the state of Alaska is truly concerned about the elders in all the regions, appropriate funding will be made available to entities that undertake to own and operate rural housing options.

Please reconsider funding for this project under Senate Bill 231. Thank you.

Sincerely,

*P. Kay Branch*

P. Kay Branch, M.A.

Public

Testi-

mony

Green.

Relief

Medical



# Alaska State Legislature

Please enter into the record my testimony to the and Phillips - directly  
Senate Finance  
 committee name  
 committee on HB 459, dated 5/6/98  
 bill/subject

Certified direct-entry midwives give quality care to low-risk moms.

Our time spent on prenatal education, nutritional counseling, and labor preparation ensured a low-risk pregnancy from beginning to end.

Many poor women on Medicaid need these comprehensive services more than the general public.

As a certified direct-entry midwife serving in the Mat-Su Valley for 12 yrs., I believe women on Medicaid deserve the opportunity to choose midwifery care prenatally.

Signed: Judi Davidson, CDM  
 Testifier

Representing (Optional)

P.O. Box 376761 Wasilla, AK

Address

(907) 746-0194

99687

Phone No.



# Alaska State Legislature

and directly to Phillips

Please enter into the record my testimony to the Senate Finance  
committee name

committee on HB 459 , dated 5/6/98  
bill/subject

Please Pass HB 459. Women deserve the choice on their prenatal care, Having Babies with midwives is the most natural, loving way a mother can give birth. She should not be denied this choice by being on medicaid. By Passing this bill it would save the state money to be put towards more useful things.

Signed: Heather Hongslo  
Testifier

Representing (Optional)

HC 33 #3038 WASILLA, AK 99654

Address

357-5525

Phone No.



# Alaska State Legislature

send directly to Phillips also

Please enter into the record my testimony to the Senate Finance committee name

committee on HB 459 , dated 5/6/98  
bill/subject

Midwives provide the best, most caring prenatal and birth care I have found. Women on Medicaid should be able to receive this same, excellent care and support. Midwives would also save the state a lot of money on maternity care, but in a safe, healthy, caring environment that makes for happy moms and babies. I know I am extremely satisfied with the services our midwives provide. And their facilities are wonderful.

Please pass HB 459!

Signed: Billie J. Hoan  
Testifier

Representing (Optional)

345 E. Dolphin Ave. Palmer, AK 99645  
Address

745-1549  
Phone No.



DATE: 5/6/98

Please accept the enclosed original(s) of written testimony for the Sen Finance  
for the HB459 teleconference hearing that was scheduled on

5/6/98  
A copy of this testimony was transmitted to your committee via fax on 5/6/98.

Thank you ,

Mat-Su Legislative Information Office

MAY-06-98 WED 09:56

P.01



# Alaska State Legislature

Please enter into the record my testimony to the Senate Finance  
committee name

committee on HB 459, dated 5/6/98  
bill/subject

Midwives need to be Medicaid providers because they:

- help women and their families understand the importance of prenatal care; thereby reducing cost and improving birth outcomes; for example, fewer low birth weight babies
- promote understanding of the normalcy of birth and the birth process, thereby reducing the need for drugs and unnecessary COSTLY interventions
- promote breast feeding, thereby reducing infant illness and increasing parental confidence
- offer safe, low cost care to the women of the Alaskan communities. Typically midwifery care is ONE-HALF the cost of conventional 'medical model' maternity care

Signed: [Signature] CAOMU  
Testifier

Representing (Optional)

4125 Ruth Dr.

Address

(907) 376 1413

Phone No



# Alaska State Legislature

Please enter into the record my testimony to the Senate Finance committee name  
 committee on Budget/Revenue, dated 4-22-98  
 bill/subject

I'm a mental health consumer. I rely on Government Health Care to provide me with medications and therapy. I am dismayed to know that my needs MAY not be met, since General Fund Medicaid has been "Oversold" I believe funding program for pregnant women is needed; but that others should not be penalized simply because (84%) women chose to have abortions. Please Reinstate the G.M.H. Program. ~~for those of us who have chronic illness.~~  
 Thank you,

Signed: Patricia [Signature]  
 Testifier

Representing (Optional)  
Room 502 1107 Palmer, AK 99545  
 Address  
907-745-6019  
 Phone No.

P.O. Box 0881  
Palmer, Alaska 99645-0881  
April 23, 1998

Senator Bert Sharp  
Alaska State Capital  
Room 516  
Juneau, Alaska 99801

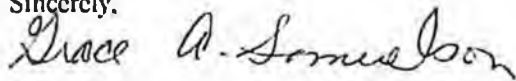
Dear Senator Sharp:

I would like you to fight for and keep the appropriation for General Relief Medical (GRM.)

I do not believe that abortions should be funded under the GRM Program.

Please do not cut out the whole GRM appropriation, though, because it will effect thousands of Alaskans who do not have any other medical coverage.

Sincerely,

A handwritten signature in cursive script that reads "Grace A. Samuelson".

Grace A. Samuelson



# Alaska State Legislature

Please enter into the record my testimony to the Senate Finance  
committee name  
 committee on General Relief Medical, dated April 23, 1998.  
bill/subject

I hope you will reinstate general relief for individuals during the interim application period of review for their determination of disabilities. These services are essential to some of Alaska's most needy. Sorry that after writing two hours it appears your committee will not have a chance to hear me or those who came to testify.

Signed: Martin Hopkins  
 Testifier

Representing (Optional)  
P.O. Box 4237 Palmer 99645  
 Address  
745-1553  
 Phone No.



# Alaska State Legislature

*Mike Miller*

Please enter into the record my testimony to the

Senate President

committee name

committee on

GRM

bill/subject

, dated

04-23-98

Please keep GRM benefits to interment applicants of SSI (ex. medicine, doc. visits.)

I do not believe abortion financing should be a part of GRM program.

Signed:

Grace P. Samuelsen

Testifier

Representing (Optional)

P.O. Box 2881, Palmer, AK 99645

Address

907-746-0757

Phone No.



# Alaska State Legislature

Bert Sharp

Please enter into the record my testimony to the

Senate Finance

committee name

committee on GRM

, dated 04-23-98

bill/subject

I do not believe abortion financing should be a part of GRM program.  
Please keep GRM<sup>1</sup> for interment applicants of SSI. <sup>benefits</sup>

Signed: Grace A. Samuelson  
Testifier

Representing (Optional)  
P.O. Box 0881, Palmer 99645  
Address  
907-746-0757  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the G.R.M. Relief  
committee name

committee on Senate Finance, dated 4-23-89  
bill/subject

Please reinstate funding for General  
Relief Medical Program

Signed: Daniel A. Throckmorton  
Testifier

Daybreak Apts  
Representing (Optional)

P.O. Box 1107 Palmer Alaska  
Address

745-0340  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Senate Finance  
committee name  
 committee on GRM Budget, dated 4-23-98.  
bill/subject

I am a Service Coordinator at Daybreak Apartments in Palmer. Daybreak is a living facility for adults with severe mental illnesses. By cutting GRM, many people will be denied needed medications and psychiatric services. TO "out" the GRM Budget based solely on the "Abortion Issue" is discrimination, plain and simple... Thank you for your time & consideration...

Signed: Glenda Peterson  
Testifier

Daybreak Apartments  
Representing (Optional)

PO BOX 1107, Palmer, AK. 99645  
Address

(907) 745-6019  
Phone No.

April 23, 1998

**TO:** State of Alaska  
Senate Finance Committee

**FROM:** Louise Dean – Public Member, Chair  
Alaska Board of Nursing

**SUBJ:** Proposed Reductions to the Division of Occupational Licensing  
Budget to Fund Department of Law Services

I am writing this in response to the Senate Finance Committee's proposed reductions to the Division of Occupational Licensing Budget to Fund Department of Law Services. As a concerned citizen of Alaska and member of a licensing board, I am opposed to such budget reductions.

The nurses in Alaska have agreed in the past to licensing fee increases to assure the Board of Nursing would be self-supporting. This self-sufficiency ensures regulation of the profession and protection of the public. Nursing has the greatest number of licensees in the State. Recent legislation has given regulatory authority to the Board of Nursing over certified nurse aides. The most important aspect of regulating nursing is protecting the public. The proposed decrement will reduce public protection by delaying or preventing prosecution of unsafe or unethical professionals. The proposed decrement will cut the division's share of the funding for the Department of Law's lead regulations attorney, so delays in processing important regulations will increase. The current time frame between the adoption of regulations and their filing is long enough and additional delays are not acceptable.

Since all of occupational licensing is funded from licensing fees, a budget reduction could not be used for other fiscal needs. The end result would actually be, restricting the Division from spending licensing fee revenue to enforce regulations for the professions paying to be regulated. What will you do with this extra money you can't spend?

**Department of Commerce and Economic Development**  
**Impact Statement in Response to**  
**Finance Subcommittee Suggestions for Budget Reductions**

Program area: **Division of Occupational Licensing**  
 (Use a separate form for each program area.)

Dollar amount(s): **-159.1** Fund source(s): **GF/PR**

**Impact Analysis:**

The Governor's Budget reduces by \$671.3 the expenditure authority the division gained through the roll-forward of surplus FY 97 revenue. The budget authorizes the division to retain the remaining expenditure authority of \$161.8 in order to maintain services at their current level.

The proposed \$159.1 decrement would reduce services from the FY 98 level by eliminating the following:

**1. Eliminating 25% of the division's legal representation in disciplinary actions against incompetent professionals and appeals of license denials (\$102.0).**

The division has historically used at least 1,440 hours of legal services annually from the Department of Law. The hourly price of legal representation has increased substantially over the past two years, requiring larger RSA's to maintain the same level of service. The proposed decrement will reduce public protection by delaying or preventing prosecution of unsafe or unethical professionals.

**2. Eliminating use of the Department of Law's lead regulations attorney (\$9.8).**

The division's 20 licensing boards frequently need to adjust regulations to adapt to changes in the industries they regulate and improve licensing. In order to review regulations in a timely manner, the Department of Law created a regulations attorney position in FY 98. The proposed decrement will cut the division's share of the funding for this position, so delays in processing important regulations will increase. It is not unusual for 6 months to pass between the adoption of regulations and their filing. These delays are very frustrating to boards and their customers.

**3. Reducing financial self-sufficiency by paying for a smaller portion of the services provided by the Division of Administrative Services and the Commissioner's Office (\$20.0)**

AS 08.01.065(c) requires professionals to pay the cost of regulating their occupation. These costs include Administrative Services and Commissioner's Office support. The division paid the requested \$20.0 in FY 98. The proposed decrement will result in additional cuts to the Division of Administrative Services and the Commissioner's Office and/or reductions in Division of Occupational Licensing services.

**4. Eliminating funding for rent in the Frontier Building (\$27.3).**

The division will be charged \$29.3 in FY 99 for space it currently occupies in the Frontier Building. The division is obligated to pay for that space, so the proposed decrement will result in reduction of other division activities.



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Senate Budget  
 Committee on GRM-Medicare SB 229 Dated 4-23-98  
Committee Name  
Bill / Subject

As a 35 year resident of Alaska & raising my 3 children here I feel that when things are badly needed, they should not be denied to residents. My daughters health is not of her doing - If she had taken drugs or alcohol I messed up her body, like many I have seen, <sup>it might be a diff. story</sup> help is needed now! - not when some one in fumeau sees fit to put it back in existence after bouncing it around for 3 or 4 years. With out here meds she would be dead by then!!

SIGNED:

Katherine Mann  
 Testifier

Representing

20 Boy 7060 3 Fairbanks, AK 99707  
 Address / Phone Number



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Senate Budget  
 Committee on Medicaid SB 279 Dated 4/23/98  
Committee Name  
Bill / Subject

My name is Robin Wells and I feel that by getting rid of GRM, you are doing a great injustice to many people, myself included. I have been without work since Feb. of 97 and have yet been unable to find work. The last job I had, I was denied medical insurance due to, at the time, I had diabetes. I have diabetes, bronch, HT, IBS and without GRM assistance, I would not be able to afford my medicine, which runs about \$1,000 monthly. To keep me a "productive" member of society, I have applied for SSDI, but have been turned down repeatedly. Now, if the state would hire me, with decent pay & benefits, or if they would guarantee me SSDI, then fine, do away with GRM, but, as stated above, you would still be doing a great injustice to others.

SIGNED: Robin E. Wells  
 Testifier

Self  
 Representing

POB-X 110603, FBKS, AK-99-707  
 Address / Phone Number 457 1715

Testimony Before the Senate Finance Committee  
April 23, 1998  
Re: Restoration of Funding for General Relief Medical (GRM)

by

Anne Williams  
P.O. Box 202046  
Anchorage, AK 99520  
907 349-5060

I am here tonight to testify in favor of restoring funding to the State operating budget for General Relief Medical (GRM).

My testimony will be brief. You know the facts about the program by now. My request is this: please don't let an anti-abortion stance stop you from providing relief to the neediest of the needy. Don't let your passion for life cause pain and suffering and even death, in the lives of those already living.

Please restore funding to GRM.

Thank you.

Post-It® Fax Note		7671	Date	4-24	# of pages	2
To	Senate Finance	From	Anchorage			
Co/Dept.	TLC = 4-23	Co.	L10			
Phone #	465-3872	Phone #	258-8111			
Fax #		Fax #				

4-23-98

To the State Finance Committee -

I am a physician at the Community Health Center in Anchorage. Our mission is to serve the medically underserved. Many of my patients receive the assistance of the General Relief Medical program. The majority of my patients on GRM have Diabetes Mellitus, Hypertension and chronic mental illness. Because of GRM, they are able to receive the necessary medical care and medications required to control their disease processes, ensure higher quality life and avoid the disastrous and potentially disabling or fatal complications of these diseases. Without GRM these patients cannot afford their medications, or medical care. I will always continue to see these patients, but I cannot provide the medications they need without the assistance of GRM. Just this morning my first five patients were either on GRM or applying for GRM... two have Diabetes and Hypertension, two have Hypertension and one has severe disabling depression. I have managed to minimize their complications and avoid hospitalizations with medications. <sup>some of</sup> the complications that we have avoided include blindness, kidney failure, limb amputations, heart attacks, ~~and~~ stroke, and suicide.

These people struggle just to survive given their very limited incomes, stretching their means to afford food and shelter. You must be aware of the <sup>high</sup> cost of medications. Can you imagine trying to choose between feeding your family and taking an essential medication? What a cruel position we put them in.

Please stop and consider the program in its entirety. Do not punish all of my extremely medically needy patients

Thank you Sharon Smith MD

APRIL 24<sup>th</sup>, 1998

Senator Drue Pearce  
State Capital  
Juneau, Alaska 99811

Dear Senator:

I am writing in regard to the House action which eliminated funding for General Relief Medical Assistance from the state operating budget. I am requesting your consideration to please restore this money to the budget.

As you know, GRM is meant to serve the very poorest Alaskans. This essential program assists those in our community with the barest of resources to receive at least basic medical services for chronic or terminal illness. This program will help our residents remain functional and decrease the risk of more severe illness at higher deferred costs to our community and the general public.

The people in this chronic and terminal illness category did not choose their illness. Many times they are unable to obtain employment or health insurance because of these medical and mental problems. Cutting this vital care to the residents of our state will only victimize one group of people because some don't agree with services provided to another group. Please stand up for their health.

Thank you for your consideration of restoration of funding for GRM.

Sincerely,

Connie Markis  
Public Health Nurse / Case Manager - Health Care for the Homeless  
7661 E. 17<sup>th</sup> Ave.  
Anchorage, Ak. 99504  
(907) 333-7657 (hm-pm) or (907) 257-4664 (wk-am)

Dear members of the Senate Finance Committee:

I am going to ask you, Chair Wilken, Senators, to reinstate the language of the original HB 369 when you finalize SB 266.

I know putting Healthy Families Alaska into state statute and authorizing Medicaid payments to the program means added work, but it would provide desperately needed relief to Alaska's children. In fact, Healthy Families helps Alaska's children so much, that I will go further and ask you to reinstate expansion funding.

When I called Rep. Hanley's office the other day, his aide voiced two concerns with HB 369: are the families that Healthy Families serves such self-starters that they would do okay on their own anyway? And isn't establishing a control group the only responsible thing to do if we're to spend state money on this program, to make sure it works?

First, the families we work with rarely contact us to be in the program. A health care provider, with the family's consent, usually refers them to us. A specially trained family assessment worker then contacts the family for an in-depth interview. Stresses such as childhood history of abuse, drug use, or lack of a support system are tallied and scored. Those who are either not under a great deal of stress or have people they can turn to - friends, relatives, or church group, for example - are given information on resources, but not offered home visiting. Home visiting is reserved for those who really need it.

Because our program is voluntary, and because we do the outreach, our home visitors work with people who need help and are willing to accept it. Examples include the mother who was feeding her premature baby once every eight hours instead of every two. She was horrified to think of the damage that she could have done her infant without the information the home visitor provided.

Another mother, married with five children, called her home visitor just last night, hysterical. After a year building trust with her home visitor, she was able to reveal that she had suicidal urges. She had no one - *no one* - else to call. She will be referred to mental health services, and supported as she and her husband work to keep their family as healthy as possible.

Yet another mother, who initially qualified for our program because her baby had medical issues, finally left a violent relationship after her partner did not want to give her money for their infant's prescription. She said she could not have done it without us.

Clearly, these parents want the best for their children, but they lack the information, skills, or just plain emotional support to do things well. This program tips the scale for these families, and helps them achieve their goal of being good parents.

Turning to the issue of the control group, we must look at the cost-benefit ratio of providing home visiting through this particular model. Research including a control group on Healthy Families *Alaska* does not exist. However, we know beyond a reasonable doubt through other control group studies that this program works.

Weighing the benefit side of the equation, control group studies on home visiting programs similar to Healthy Families (as opposed to the case management system discussed in the Newsweek article recently circulated in Juneau) and other Healthy Families programs have documented reductions in child abuse and neglect, as well as gains by parents. I will also send down information on a 27-year-long study of a pre-

school program that included weekly home visits and fostering good parenting, like Healthy Families, that had a tremendous positive impact on children's lives.

Further, the prevention dollars put into Healthy Families leverage state dollars that go into public health, DFYS and others. Home visitors can help identify which services are needed, which aren't, and facilitate connections with the appropriate resource. (I can assure you, by the way, that funding for General Relief Medical and covering pregnant women at 200% of the poverty level are two services which are needed.) We in the non-profit sector make sure we do not duplicate services, since it is a waste of scarce funds and jeopardizes future grant requests. Instead, we work together and with state agencies to ensure that a family is getting the services they need. This reduces the need for intervention dollars, which do not go as far.

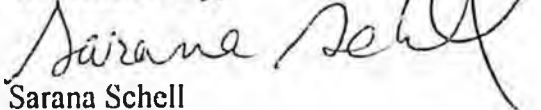
And again, the program is voluntary, so we do not waste time on families who are not interested.

On the cost side of the equation, we could spend a lot of money to provide this program statewide, and serve everyone who qualifies. A control group would verify this as a wise investment, but that research carries a hefty price tag. Are we willing to fund a thirty-year investigation of Healthy Families Alaska? Or settle for a three-year study that could be utterly misleading because it does not reveal long-term effects?

The other cost to consider is the price Alaska's children pay while we wait to act. Imagine the infant only being fed every eight hours. Imagine the mother of five who felt she had no one to turn to giving in to the urge to swerve into an on-coming car. Imagine the infant who goes without medication because his father turns money for the prescription into an issue of power and control over his mother.

Even if we decide we want to form a control group, holding funding back in the meantime is not the only responsible thing we could do. Putting off prevention we can clearly see to be effective would be irresponsible. Our children cannot hold us accountable today, but we will surely pay in the future.

Wholeheartedly,



Sarana Schell  
1745 Reed Circle #2  
Fairbanks, AK 99705

Dear Members of the Senate Finance Committee:

As a Family Assessment worker for Healthy Families Fairbanks, I have the opportunity to talk with parents prenatally or at the birth of their infant, using a standardized assessment tool that assists to determine a family's level of stress, coping skills, and support system. One of my greatest challenges is outreaching parents who may be in need of parenting information and family support, but not realize it.

True primary prevention would offer a home visit to every new parent in the community. Due to financial constraints, Healthy Families seeks to screen parents most in need of support, parents who may be unlikely to reach out for help, or may be overburdened with stressors.

Over the course of the last year, I have interviewed over 60 parents. I have talked to new parents afraid to pick up their babies due to concerns of spoiling; I have interviewed parents of premature babies unable to visit their infants in the hospital due to lack of transportation, or support at home for their other children. I have interviewed numerous parents with childhood histories of severe abuse and neglect. I have interviewed parents with stated convictions of knowing no one they can trust. I have interviewed mothers who have disclosed that their babies were products of rape; I have interviewed mothers whose partners were incarcerated and unable to be present at their babies' birth. I have interviewed young teens struggling to stay clean from long-standing alcohol and drug abuse. I have interviewed single moms without child support, unable to make it to the end of the month without aid of a food box or their utilities being cut off. I have interviewed parents who disclosed histories of suicide attempts. I interviewed a prenatal parent who stated a possible form of discipline may be to hit her child with a stick and then burn it to dispose of the sin. I interviewed a new mom so depressed that her tears could not be repressed.

The above is only a small glimpse of the stories I hear on a weekly basis. Although each family is unique in its concerns, strengths, and challenges, the common thread among all these families is the desire to be the best they can be for their babies. What is missing from these families is not hope or good intentions, but more often a lack

of parenting information and positive, consistent support; support that buffers the impact of stress.

Home visitors fill this crucial role for many parents who are uncertain of where to turn or are uncomfortable sharing difficulties with family members or friends. A focus on prevention at the very foundation level of parenting is not only essential and cost effective, but common sense. Where new parents are eager and receptive to learn about their babies, home visitation provides an opportunity to work with individuals in the family environment, while home visitors can slowly build relationships with families that have never experienced the luxury of trust in their own lives.

Healthy Families reaches out to parents most at risk, parents that are less likely to seek information and support on their own. We can no longer afford to at best react to Alaska's startling rate of child abuse and neglect. We must be proactive in reducing its very incidence.

Sincerely,

A handwritten signature in cursive script that reads "Laura Bush".

Laura Bush

1401 Kellum St.

Fairbanks, AK 99701



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the SENATE FINANC COMMITTEE

Committee on BUDGET / GRM Committee Name Dated 4/23/98

Bill / Subject

untreated diabetes does permanent damage to all body organs. Eventually something goes wrong that the Doctors cannot fix. Then you die! I filed a disability claim w/ Social Security on NOV. 1995. SS did not approve my claim until Jan. 16 TH 1998. General Relief Medical was the ONLY possible way for me to get my Insulin & High Blood Pressure pills. (COVER)

SIGNED:

JOHN K. SLOANE

Testifier

225 BENTLEY DR. EAST

Representing

FBK3.AK. 99701-3467

Address / Phone Number

CONTINUED ON BACK →

without G R M my  
diabetes would have been  
untreated for years. I now  
have ~~the~~ Medicare &  
Medicaid. They took so  
long checking out my  
claim, it could have been  
too late. G R M is the ONLY  
resource for the most  
medically desperate people  
of our community. Cancellation  
of G R M would leave them  
in the cold with no  
hope!

John B. Stone

# CORRECTION

THE FOLLOWING DOCUMENT(S)  
HAVE BEEN REFILMED TO  
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services  
Department of Education  
State of Alaska



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the SENATE FINANCE COMMITTEE

Committee on BUDGET / GRM Committee Name SENATE FINANCE COMMITTEE  
Dated 4/23/98

Bill / Subject

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SIGNED:

JOHN K. SLONE

Testifier

225 BENTLEY DR. EAST

Representing

FBK3.AK. 99701-3467

Address / Phone Number

CONTINUED ON BACK →

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John B. Stone

without GPM my diabetes would have been untreated for years. I now have ~~the~~ Medicare & Medicaid. They took so long checking out my claim, it could have been too late. GPM is the ONLY resource for the most medically desperate people of our community. Cancellation of GPM would leave them in the cold with no hope!

John B. Stone



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Senate Budget  
 Committee on GRM-Medicaid SB 229 Dated 4-23-98  
Committee Name  
Bill / Subject

I'm a 35 year resident of Alaska & raising my 3 children here I feel that when things are badly needed, they should not be denied to residents. My daughters health is not of her doing - If she had taken drugs or alcohol & messed up her body, like many I have seen, <sup>it might be a diff. story</sup> help is needed now! - not when some one in fennan sees fit to put it back in existence after bouncing it around for 3 or 4 years. With out here meds she would be dead by then!!

SIGNED: Katharina Hansen  
 Testifier

Representing

PO Box 70603 Fairbanks, AK 99707  
 Address / Phone Number



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Senate Budget  
 Committee on Medicaid SB 279 Dated 4/23/99  
Committee Name  
Bill / Subject

My name is Robin Wells and I feel that by getting rid of GRM, you are doing a great injustice to many people, myself included. I have been without work since Feb. of 97 and have not been able to find work. The last job I had, I was denied medical insurance due to, at the time, I had diabetes. I have diabetes, Crohn's, MF, TBS and without GRM assistance, I would not be able to afford my medicine, which runs about \$1,000 monthly, to keep me a "productive" member of society. I have applied for SSDI, but have been turned down repeatedly. Now, if the state would hire me, with decent pay & benefits, or if they would guarantee me SSDI, then, yes, do away with GRM, but, as stated above, you would still be doing a great injustice to others.

SIGNED: Robin E Wells  
 Testifier  
Self  
 Representing  
POB X 70103, FBK'S, AK 99707  
 Address / Phone Number  
457 1715

**REPUBLICAN PARTY OF ALASKA  
DISTRICT 35**

**Mrs. Debbie Joslin, Chairwoman  
PO Box 377, Delta Junction, AK 99737  
(907) 895-4565 phone/fax  
dijoslin@juno.com**

April 23, 1998

Members of Senate Finance Committee

Dear Senator:

I am writing to encourage you to vote to eliminate the General Relief Medical Program in SB 229, the state operating budget.

Our state is in a situation which calls for setting priorities in spending. The money saved by eliminating GRM could be much better spent in other areas. At a time when money is tight, it makes no sense spending money on elective abortions when a majority of the citizens of this state are against government funded abortions. Perhaps a better way to spend some of that money would be to spend it on abstinence training.

Elective abortions paid for with state funds is bad business for the state of Alaska and mighty expensive birth control!

Sincerely,

  
Mrs.. Debbie Joslin

KENAI  
MEDICAL  
CENTER, INC.



KENAI MEDICAL  
CENTER  
11355 KENAI SPUR HWY.

TELEPHONE (907) 283 4011  
FAX (907) 283 3592  
KENAI, ALASKA 99611

April 23, 1998

SENATE FINANCE COMMITTEE  
Alaska State Legislature  
Juneau, Alaska

RE: SB 292, Section 12, (d), (11)

THIS IS A LETTER OF SUPPORT FOR FUNDING FOR A MUCH NEEDED KENAI HEALTH CENTER, AND FUNDING IN THE AMOUNT OF \$1,705,000. THE CURRENT FACILITY WHICH BECAME OCCUPIED IN 1980, HAS BEEN LONG OUTDATED, DOES NOT MEET HANDICAPPED REQUIREMENTS, IS ABLE TO HOUSE ONLY HALF OF THE EMPLOYEES THAT WORK FOR THE HEALTH CENTER, AND IS EXTREMELY OVERCROWDED. THE GROWTH OF POPULATION IN THE CENTRAL PENINSULA AREA THE PAST 18 YEARS NOW LIMITS THE FUNCTION OF THE STAFF AND ACCESS BY THE PUBLIC.

Sincerely

Peter O. Hansen, M. D.



# Alaska State Legislature

Bert Sharp

Please enter into the record my testimony to the Senate Finance committee name

committee on GRM , dated 04-23-98 .  
bill/subject

I do not believe abortion financing should be a part of GRM program .

Please keep GRM <sup>benefits</sup> for interment applicants of SSI .

Signed: Grace A. Samuelson  
Testifier

Representing (Optional)  
P.O. Box 0881, Palmer 99645  
Address  
907-746-0757  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the FINANCE committee name

committee on SB 229, dated \_\_\_\_\_, bill/subject

The shortage of state revenues creates high & sometimes unpleasant choices. We just don't have the dollars to fund everything. I don't think the cut back in medical funding, especially abortions in non-life threatening situations is entirely appropriate. People needing medical help can always rely on charity and the good character of Alaskan doctors. Please don't mortgage the future through continuing the General Medical Relief funding.

Signed: Kenneth D. Rippard  
Testifier

Representing (Optional)

1616 Seliff Lane, Kodiak, AK 99615  
Address

426-6593  
Phone No.

April 23, 1998

Regarding SB 292 and a new Health Center for Kenai:

The current Kenai Public Health Center is much too small for the job it is trying to do.

Access is very difficult for disabled persons.

The staff are tripping over each other.

Services are limited by the lack of space available.

Part of the staff is located at another location making service coordination and communication difficult.

Clients wait in a hallway impeding traffic and distracting other visitors to City Hall.

The Health Center has only one exit and high, basement type windows, so in an emergency leaving the building could be a problem.

Some of the clinic rooms lack sinks.

This list could go on and on. The provision of public health services is important in keeping our population healthy and much less expensive than treating preventable problems. Providing adequate space and client/service friendly environment is part of this responsibility.

*Mary Jane Stanley*  
860 Sunset Dr.  
Kenai, ak. 99611



# Alaska State Legislature

Please enter into the record my testimony to the SENATE FINANCE  
committee name  
committee on HB 325 / GEN RET, dated 23 APRIL 1998  
bill/subject

I am still owing about \$2800 in doctor's fee. stemming from an accident that resulted in a broken leg in sept '96. I am paying 15-20% of my net income about every week. Sometimes last winter I went without heat in my house. I make only minimum wage.

The limit should be raised to meet standards of minimum wage.

The reduction in these benefits I regard as acts of mass murder, more bloody than the OK city bombing in its impact. There is no excuse for it.

Maybe God is a liar and a murderer. I don't know. But it does not sound like the Bible to me. God has instructed us to heal not kill. Think about it.

Signed: Harvey L. Harris  
Testifier

Representing (Optional)

P.O. Box 661 Ottenallen, AK 99588  
Address

wk 822-3656 or clatters-822-3306  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the GRM Relief  
committee name

committee on Senate Finance, dated 4-23-89  
bill/subject

Please reinstate funding for General  
Relief Medical Program

Signed: Daniel A. Throckmorton  
Testifier

Daybreak Apts  
Representing (Optional)

P.O. Box 1107 Palmer Alaska  
Address

745-0340  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Senate Finance  
committee name

committee on GRM Budget, dated 4-23-98  
bill/subject

I am a Service Coordinator at Daybreak Apartments in Palmer. Daybreak is a living facility for adults with severe mental illnesses. By cutting GRM, many people will be denied needed medications and psychiatric services. TO "Sout" the GRM Budget based solely on the "Abortion Issue" is discrimination, plain and simple... Thank you for your time & consideration...

Signed: Glenda Peterson

Testifier Daybreak Apartments

Representing (Optional) PO BOX 1107, Palmer, AK. 99645

Address (907) 745-6019

Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Senate Finance  
committee name  
 committee on General Relief Medical, dated April 23, 1998.  
bill/subject

I hope you will reinstate general relief for individuals during the interim application period of review for their determination of disabilities. These services are essential to some of Alaska's most needy. Sorry that after writing two hours it appears your committee will not have a chance to hear me, or those who came to testify.

Signed: Martin Hopkins  
 Testifier

Representing (Optional)  
P.O. Box 4237 Palmer 99645  
 Address  
745-1553  
 Phone No.

**MEMORANDUM**

**To:** Senate Finance Members  
**From:** Representative Terry Martin  
**Date:** April 23, 1998  
**Subject:** GRM Information

-----

The Department of Health and Social Services notes that "there is a desire for more detailed information about the General Relief Medical Assistance Program". This is well noted. We have gotten lots of information and it is has often been contradictory. I am thankful to DHSS that we are now getting their explanation of the differing numbers

At one point the DHSS reported 843 abortions for a cost of \$506,000 including transportation and lodging: *Abortion Services by Category of Service - FY 97* [See Attachment A-1]

Next the *Annual Report* and a Department memo tell us that these 843 abortions cost \$892,000 NOT including transportation and lodging. Yesterday, I learned that this cost may include transportation and that the numbers differ (by almost 50%) because of accounting techniques. [Attachment A-2]

The Department had given us the number of abortions as 843 but recently distributed a spreadsheet showing the number of unduplicated recipients at 1,079. The DHSS several days later clarified the report back to 843. [Attachment A-4]

So the most recent real numbers are 843 abortions for \$892,000 at \$1.058 per abortion and 26% of the GRM budget. (Not including ancillary costs?) [A-3]

The *Annual Report* said there were 856 GRM eligibles in 1997 [Attachment A-5]. The report then gives an expenditure summary on that page of \$3.4 million dollars and does not mention that \$892,000 of that amount paid for an additional 843 women to have elective abortions. So now we see there were 1,699 people using GRM!

The *Annual Report* on page 4 says that General Relief Medical is a "...medical assistance program that pays for a very limited amount of health care services for very low income adults who do not qualify for Medicaid". According to their own information (given to us later), one half (843 out of 1,699) of their GRM services were for elective abortions for people who do qualify for Medicaid (but want an elective procedure that Medicaid will not cover)! [Attachment A-6].

The summary of the General Relief Medical Program, by the Division of Medical Assistance, prepared February 27, 1998 gave demographics of the program. The report said that 53% of the GRM recipients were male. The report listed \$3.4 million dollars of expenditures and again decided not to inform the public that \$892,000 of this went for an additional 843 female recipients. Further digging by my staff reveals that the only 'pregnancy-related' service paid for by GRM is abortion. [Attachment A-7]

And further it appears that the Department of Health and Social Services does not follow existing State law (AS 47.25.230. and AS 47.25.240.) to fund emergency medical needs. These statutes require the state to identify persons liable for support of the recipient which

include the spouse, children, grandchildren, parents, grandparents, or siblings who are financially able to. The statute requires that the legally responsible relative reimburse the state (with interest) for any relief granted in the event that the relative fails to provide for the immediate need. How much money has the Division of Medical Assistance recovered from liable third parties? How much have they tried to recover? [Attachment A-8]

Failure to provide identification of a third party involved who may have a responsibility to pay is supposed to result in the applicant's ineligibility.

The Legislature has no reason to believe that the DHSS has yet provided complete and accurate information nor that it is following its own regulations or State law.

Pro-life legislators are being blasted because they have worked to eliminate funding for the GRM program. The most pressing accusation now is that "the sickest of the sick and the poorest of the poor" will have nowhere else to turn. Indeed, where will they go?

The answer to this can be found, logically, in the Department of Health and Social Services. These people will go to the same places for service that the Department has sent them in past years when it has taken funding intended for their services and spent it on abortions instead.

In past years, the House Finance Committee has sought to stop abortion funding by asking the department how much it spends on abortions. It has then reduced the GRM budget by that amount, with the admonition that it was not to be used to fund abortions. But if the department persists in funding abortions--843 of them costing \$892,000 in FY 97--clearly they have had to turn away the sick and the poor who would have been helped by those funds. Where did these people go last year?

The House Finance Committee has increased appropriations for adoption services, foster family services and adult public assistance programs. Hysterical rhetoric of extreme emotions misleads the public and camouflages the ever-increasing free abortions paid for by the state.

Abortion Services by Category of Service  
FY97

AGE Category of Service	Less Than 13		13-16		17-21		22-30		Over 30		Total	
	# Claim Lines	Dollars	# Claim Lines	Dollars	# Claim Lines	Dollars	# Claim Lines	Dollars	# Claim Lines	Dollars	# Claim Lines	Dollars
Physician-43	3	\$985	82	\$14,128	494	\$89,458	788	\$134,592	314	\$45,644	1,681	\$284,807
Clinic-24	1	\$353	11	\$2,100	70	\$14,770	108	\$22,720	52	\$10,900	242	\$50,843
Inpatient-01	0	\$0	0	\$0	0	\$0	1	\$3,108	1	\$4,228	2	\$7,336
Outpatient-07	0	\$0	3	\$4,299	23	\$29,108	30	\$31,031	2	\$3,041	58	\$67,479
Other Services	0	\$0	103	\$7,173	470	\$35,511	538	\$39,098	202	\$14,391	1,313	\$98,174
TOTAL	4	\$1,338	199	\$27,701	1,057	\$168,847	1,465	\$230,550	571	\$78,253	3,296	\$506,639
Unduplicated Recipients	1		48		270		381		143		843	

RACE Category of Service	White		Native		Black		Hispanic		Other		Total	
	# Claim Lines	Dollars	# Claim Lines	Dollars	# Claim Lines	Dollars	# Claim Lines	Dollars	# Claim Lines	Dollars	# Claim Lines	Dollars
Physician-43	825	\$136,055	465	\$86,369	197	\$27,243	77	\$14,821	117	\$20,319	1,681	\$284,807
Clinic-24	107	\$22,195	71	\$14,485	37	\$8,268	13	\$2,875	14	\$3,020	242	\$50,843
Inpatient-01	0	\$0	2	\$7,336	0	\$0	0	\$0	0	\$0	2	\$7,336
Outpatient-07	25	\$30,389	28	\$28,902	1	\$1,434	3	\$5,167	1	\$1,588	58	\$67,479
Other Services	547	\$38,952	554	\$41,010	83	\$3,431	33	\$2,827	96	\$6,953	1,313	\$98,174
TOTAL	1,504	\$227,590	1,120	\$178,102	318	\$43,378	126	\$25,890	228	\$31,890	3,296	\$506,639
Unduplicated Recipients	402		264		81		37		59		843	

INSTATE/OUT of STATE Category of Service	Instate		Out of State		Total	
	# Claim Lines	Dollars	# Claim Lines	Dollars	# Claim Lines	Dollars
Physician-43	1,676	\$284,398	5	\$409	1,681	\$284,807
Clinic-24	242	\$50,843	0	\$0	242	\$50,843
Inpatient-01	2	\$7,336	0	\$0	2	\$7,336
Outpatient-07	58	\$67,479	0	\$0	58	\$67,479
Other Services	482	\$38,665	831	\$57,509	1,313	\$96,174
TOTAL	2,460	\$448,721	836	\$57,918	3,296	\$506,639
Unduplicated Recipients	785		78		843	

# STATE OF ALASKA

TONY KNOWLES, GOVERNOR

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES

### DIVISION OF MEDICAL ASSISTANCE

P.O. BOX 110660  
JUNEAU, ALASKA 99811-0660  
PHONE: (907) 465-3355  
FAX: (907) 465-2204

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 it's 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 A-2**

Representative Terry Martin  
March 10, 1998  
Page 2

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>348,170.3</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>

3/18/98

Medicaid and General Relief Medical Services in Alaska

FY	No. Recipients		From DHSS Annual Reports*				Abortion % GRM Total	Total Medicaid Costs	Category of Service Report DHSS**	
	GRM	Medicaid	Abortion Costs		Total GRM Costs	Number			Total Cost / FY	
			Title XIX	GRM						
97	856	71,179	\$887,800	\$4,400	\$3,412,864	26%	\$319,170,283	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'

3/10/98

## Medicaid and General Relief Medical Services in Alaska

FY	From 1992 Audit Abortions		Dental GRM	Dental %GRM	glasses hearing aids	physical/ occupational therapy	Prosthetic Medical	Prosthetic %GRM	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

# STATE OF ALASKA

TONY KNOWLES, GOVERNOR

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES

### DIVISION OF MEDICAL ASSISTANCE

P.O. BOX 110660  
JUNEAU, ALASKA 99811-0660  
PHONE: (907) 465-3355  
FAX: (907) 465-2204

April 22, 1998

The Honorable Terry Martin  
Alaska House of Representative  
Alaska State Legislature  
State Capitol  
Juneau, Alaska 99801-1182

Dear Representative Martin:

I wanted to clarify the diagnosis code information provided to you on April 18th in the packet of General Relief Medical Assistance materials delivered to your office, as it seems to be causing some confusion.

The diagnosis codes were provided in order to allow legislators to review the conditions for which clients apply to the program for treatment. Diagnosis codes are required on the claim form submitted by the rendering provider in order to receive payment. The diagnosis codes are at the discretion of the provider, and multiple diagnosis codes are frequent / submitted on a single claim to describe all of the physical factors the provider feels appropriate in describing the patient's condition. Because multiple diagnosis codes are submitted for treatment of a single patient, the number of diagnosis codes on the list exceeds the number of clients served by the program.

I apologize for not having clearly explained this with the transmission of the diagnosis code materials.

*But the heading  
clearly states  
"Unduplicated  
Receipts"*

Sincerely,

*Bob Labbe*

Bob Labbe,  
Director

Abortions by Diagnosis

Diagnosis	Description	Unduplicated Recipients	Claim Lines
63590	LEGAL ABORT UNCOMPL-UNSP	510	2,478
V617	UNWANTED PREGNANCY NEC	233	349
635	LEGALLY INDUCED ABORTION	59	59
V2502	INITIATE CONTRACEPT NEC	53	56
63592	LEGAL ABORT UNCOMPL-COMP	45	56
6359	LEGAL ABORT UNCOMPLICAT	39	93
30928	ADJ REACT-MIXED EMOTION	18	21
V2509	CONTRACEPTIVE MANGMT NEC	17	24
V259	CONTRACEPTIVE MANGMT NOS	17	27
V724	PREG EXAM-PREG UNCONFIRM	15	15
V2549	CONTRACEPT SURVEILL NEC	10	16
V2540	CONTRACEPT SURVEILL NOS	9	18
6561	RHESUS ISOIMMUNIZATION	6	10
6352	LEGAL ABORT W PELV CAMAG	4	4
6260	ABSENCE OF MENSTRUATION	3	7
65641	INTRAUTER DEATH-DELIVER	3	4
V222	PREG STATE, INCIDENTAL	3	8
V7283	OTH SPCF PREOP EXAM	2	2
V22	NORMAL PREGNANCY	2	3
63572	LEG AB W COMPL NEC-COMP	2	2
63790	AB NOS UNCOMPLICAT-UNSP	2	2
6350	LEGAL ABORT W PELVIC INF	2	3
6358	LEGAL ABORT W COMPL NOS	1	3
63571	LEG AB W COMPL NEC-INC	1	1
63500	LEG ABOR W PELV INF-UNSP	1	2
6430	MILD HYPEREMESIS GRAVID	1	2
6268	MENSTRUAL DISORDER NEC	1	2
61610	VAGINITIS NOS	1	1
41519	PULM EMBOL/INFARCT NEC	1	1
6351	LEGAL ABORT W HEMORRHAGE	1	1
65963	CTH ADVNCD MTRNL AGE ANT	1	2
V4589	POS *SURGICAL STATES NEC	1	1
V255	INSERTION OF IMPLANTABLE SUBDERMAL CONTR	1	2
V2542	IUD SURVEILLANCE	1	2
V2501	PRE CRIP-ORAL CONTRACEPT	1	3
V242	ROUT POSTPART FOLLOW-UP	1	1
6400	THREATENED ABORTION	1	1
7989	UNATTENDED DEATH	1	1
6371	ABORT NOS W HEMORRHAGE	1	2
65613	IRH ISOIMMUNIZAT-ANTEPART	1	1
65501	FETAL CNS MALFORM-DELIV	1	1
6550	FETAL CNS MALFORMATION	1	1
64003	THREAT ABORT ANTEPARTUM OR POSTPARTUM	1	1
6387	ATTEMP ABORT W COMPL NEC	1	3
63791	AB NOS UNCOMPLICAT-INC	1	2
6379	ABORTION NOS UNCOMPLICAT	1	1
99553	CHILD MALTREATMENT SYNDROME	1	1

Total 1,079 3,296

	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	2%
	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	3%
			Transportation	2%	Pharmacy	7%
					Waivers	5%
				EPSDT	4%	
				Transportation	3%	
Expenditures	\$3,412,364.51		\$453,441.69		\$349,170,283.57	

# Defining Medical Assistance

The Division of Medical Assistance, within Alaska's Department of Health and Social Services (DHSS), administers programs that are designed to help residents meet their medical needs: Medicaid and General Relief Medical (GRM). The Permanent Fund Dividend Hold Harmless (PFDHH) and the Alaska Longevity Bonus Hold Harmless (ALBHH) programs are also available to help Medicaid recipients maintain Medicaid eligibility. While the GRM, PFDHH and ALBHH programs are vital to the health care of many Alaskans, this report will emphasize the Medicaid program as it serves more people and requires greater expenditures.

## Overview of Medical Assistance

*Medicaid* is an "entitlement program" created by the federal government, but administered by the state, to provide payment for medical services for low-income citizens. People qualify for Medicaid by meeting federal income and asset standards and by fitting into a specified eligibility. Under federal rules, DHSS has authority to limit services as long as the services provided are adequate in "amount, duration, and scope" to satisfy the recipient's medical needs.

Medicaid began as a program to pay for health care for poor people who were unable to work. It covered the aged, the blind, the disabled, and single parent families. Over the years, Medicaid has expanded to cover more people. For instance, children and pregnant women may qualify under higher income limits and without asset limits. Families with unemployed parents may qualify, and families who lose regular Family Medicaid because a parent returns to work may continue to be covered for up to one year.

There have also been changes in the eligibility rules for people who need the level of care provided in an institution, such as a nursing home. Now, most Alaskans who need — but cannot afford — this expensive care may qualify for Medicaid. In addition, recent changes within the Alaska Medicaid program give some people who need an institutional level of care the opportunity to stay at home to receive that care.

*General Relief Medical* (GRM) is a 100% state-funded medical assistance program that pays for a very limited amount of health care services for very low income adults who do not qualify for Medicaid. Covered services include limited inpatient hospital stays and prescription drugs for individuals with certain chronic illnesses.

The Alaska Legislature created the *Permanent Fund Dividend Hold Harmless* program (PFDHH) to protect those Medicaid clients who would lose their eligibility as a result of receipt or retention of the Permanent Fund Dividend. Receipt of the PFD

## How it works

Eligibility for Medicaid is determined by the Division of Public Assistance according to federal and state rules. The case worker will look at age, income, assets, disability status, and other factors to determine what eligibility category will work. Once determined eligible, the individual will be assigned a unique identification number and issued a Medicaid coupon, which contains information on removable labels. For the most part, recipients are able to choose their own health care provider, but before Medicaid will pay the medical bill, the provider must be enrolled with the Medicaid program. When services are provided, the enrolled provider removes one of the labels and sticks it on a special claim form. Some providers are also able to submit claims electronically. All prescription drug claims are submitted electronically. Before Medicaid reimburses the provider, a claim review is done to make sure the claim fits within acceptable medical and fiscal guidelines. Reimbursement rates for physicians and other private practice providers are established according to a methodology that assigns a relative value to the service provided. Hospital and nursing home rates are established by a special rate setting commission. Except for established recipient cost sharing amounts, providers must agree to accept the Medicaid rate as full reimbursement and not require the recipient to pay more.

# GENERAL RELIEF MEDICAL (GRM) ASSISTANCE PROGRAM

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## WHO IS ELIGIBLE?

- A person with a monthly income of less than \$300 and less than \$500 in assets.
- A person with an immediate need for medical care for a terminal illness, chemotherapy treatment for cancer, or a chronic condition such as diabetes, a seizure disorder, chronic mental illness, or hypertension, and therapeutic abortions.

## WHAT SERVICES ARE COVERED?

- Hospital, nursing home care, physician services, laboratory, x-rays, prescription drugs, medical transportation, and outpatient surgical center services.
- Physician services are limited to 12 visits per year and hospitalization is limited to eight days per year.
- A GRM recipient must pay \$50 per day up to a maximum of \$200 per hospital admission, and \$1 copayment on each prescribed drug or medical supply item.
- Payment for facility services is limited to 28.7% of the Medicaid rate.

## DEMOGRAPHICS OF THE GRM PROGRAM

- 79% are White, 9% are Black, 3% are Hispanic - *What happened to Natives receiving abortions? 30%*
- \* • 53% are male
- 61% are between the ages of 21 and 44; 36% are between the ages of 45 and 64.
- 44% reside in Anchorage, 13% in Fairbanks, 7% in Wasilla, 4% each in Juneau and Palmer.

## FY97 EXPENDITURES

Hospital	\$ 684.5
Physician	\$1,148.6
Other services	<u>\$1,579.8</u>
TOTAL	\$3,412.9 - <i>Does this include P.F. hold harmless \$\$\$?</i>

**Applicable Statutes:**

**AS 47.25.230. Persons Liable For Support and Burial.**

Every needy person shall be supported while living and upon dying, shall be given a decent burial by the spouse, children, parents, grandparents, grandchildren, or siblings of the needy person, if they, or any of them, have the ability to do so, in the order named. Every designated person who fails to support the needy person when directed by the department to do so, or fails to give the needy person a decent burial shall reimburse the state or a municipality for the funds expended by either the state or a municipality for the relief or burial of the needy person, and these sums with interest and costs may be recovered by the state or a municipality of the state in a civil action.

**AS 47.25.240. Action Against Person Liable For Care of Recipient.**

If, during the continuance of an allowance, the department ascertains that a person liable for the support of the recipient of assistance is able to provide the necessary care and support of the recipient, and the person liable for the care and support of the recipient fails or refuses to support and care for the recipient, the state has a claim for the assistance against the person liable for it. This claim may be enforced by civil action brought in the name of the state by the attorney general against the person liable for the recovery of the amount of money, with interest, paid to the recipient, together with the costs and disbursements of the action.



**OLDER PERSONS ACTION GROUP, Inc.**

325 E. 3rd. Ave., #300  
Anchorage, AK 99501-2808  
(907) 278-1059 (Toll free 800-476-1059)  
FAX (907) 278-6724

April 23, 1998

Dear Senators:

Older Persons Action Group supports the Alaska Commission on Aging's resolution 98-10, "In support of the *General Relief Medical Program.*"

We urge you to seriously consider restoration of these funds to meet the most immediate needs of Alaska's poorest adults and children.

Sincerely,  
OPAG

Thelma Langdon  
Vice-President

Enclosure: Resolution 98-10

Distributed by Senator Ellis

INTERNET ADDRESS:  
acoon@admin.state.ak.us



P.O. BOX 110209  
JUNEAU, AK 99811-0209  
(907) 465-3250  
FAX: 465-4716

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## Alaska Commission on Aging

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### RESOLUTION 98-10

#### *In support of the General Relief Medical Program*

WHEREAS, adversity can come to any of us, when we least expect it, causing us to experience extreme and unforeseen physical and/or mental illness and financial hardship; and

WHEREAS, the Alaska Department of Health and Social Services General Relief Medical program serves as a modest source of immediately necessary medical assistance for the poorest of ill adult Alaskans who do not have children at home; and

WHEREAS, these Alaskans are affected by such conditions as diabetes, mental illness, hypertension, heart disease, cancer, seizure disorders, accident injuries, and chronic alcoholism, and many are awaiting disability determinations; and

WHEREAS, if the General Relief Medical program were deleted, many of these extremely vulnerable Alaskans would inevitably experience medical crises prompting costly emergency room care and hospitalization—expenses to be borne as charity care by Alaska's community hospitals and medical community,

THEREFORE, BE IT RESOLVED that the Alaska Commission on Aging urges the Alaska Legislature to assure that a medical safety net is retained to meet the most immediate medical needs of the poorest of Alaskan adults without children at home.

Adopted this 21st day of April, 1998.

*Donald M. Hoover*

Donald Hoover, Chair

*Distributed by Senator Ell*

**REPUBLICAN PARTY OF ALASKA  
DISTRICT 35**

**Mrs. Debbie Joslin, Chairwoman  
PO Box 377, Delta Junction, AK 99737  
(907) 895-4565 phone/fax  
dijoslin@juno.com**

April 23, 1998

Members of Senate Finance Committee

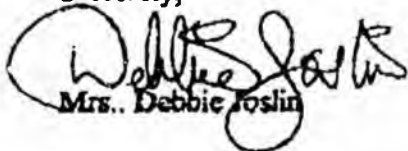
Dear Senator:

I am writing to encourage you to vote to eliminate the General Relief Medical Program in SB 229, the state operating budget.

Our state is in a situation which calls for setting priorities in spending. The money saved by eliminating GRM could be much better spent in other areas. At a time when money is tight, it makes no sense spending money on elective abortions when a majority of the citizens of this state are against government funded abortions. Perhaps a better way to spend some of that money would be to spend it on abstinence training.

Elective abortions paid for with state funds is bad business for the state of Alaska and mighty expensive birth control!

Sincerely,

  
Mrs. Debbie Joslin



# OLDER PERSONS ACTION GROUP, Inc.

325 E. 3rd. Ave., #300  
Anchorage, AK 99501-2606  
(907) 276-1059 (Toll free 800-478-1059)  
FAX (907) 278-6724

RECEIVED  
APR 16 1998

April 15, 1997

To All Legislators for the State of Alaska

Dear Legislators:

The health of our state depends on the health of ALL of its residents, therefore to reduce the General Relief Medical (GRM) program that provides health services to almost 1,700 of Alaska's poorest and sickest residents, is unconsionable.

To qualify for this program a person must be an Alaskan resident, have a monthly income of less than \$300 and no more then \$500 in assets, and have a major medical need and no the way to pay.

The General Relief Medical then will pay inpatient hospital care up to 8 days as prescribed by a doctor, transportation for hospital, pregnancy related or nursing home care. Also, GRM will pay for 12 doctor visits per year for terminally or chronically ill and drugs and medical supplies for treating terminal or chronic illnesses.

Please take into consideration this urgent request.

Sincerely,

*Celeste Benson for Thelma Langdon*

Thelma Langdon  
Legislative Committee

TL/cc

Distributed by Senator Johnny Ellis

ALASKA STATE

---

# HOSPITAL & NURSING HOME

---

ASSOCIATION

April 20, 1998

Senator Drue Pearce, Co-Chair  
Senator Bert Sharp, Co-Chair  
Senate Finance Committee  
Alaska State Legislature  
Juneau, AK 99801

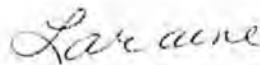
Dear Senator Pearce and Sharp:

The Alaska State Hospital and Nursing Home Association (ASHNHA) is strongly opposed to the elimination of funding for General Relief Medical that pays the medical expenses for the poorest of the poor Alaskans. These people are chronically or terminally ill and have no other source of health care coverage and require immediate medical care.

It is our belief that these people who now receive very limited health care services and do not qualify for Medicaid, will end up costing the health care system far more by not receiving ongoing care and instead be forced to use costly Emergency Room services.

ASHNHA urges you to reconsider your decision to eliminate funding for this indigent population.

Sincerely,



Laraine L. Derr  
President/CEO

MEMORANDUM

RECEIVED

Date: April 15, 1998  
To: All Legislators for the State of Alaska  
From: Celeste Benson

APR 16 1998

*Celeste*

To reduce the General Relief Medical (GRM) program that provides health services to almost 1,700 of Alaska's poorest and sickest residents, is unconscionable.

The health of our state depends on the health of ALL its residents.

To Qualify a person must:

- ▶ be an Alaskan resident
- ▶ have a monthly income of less than \$300 and no more than \$500 in assets
- ▶ have a major medical need and no other way to pay

GRM will pay:

- ▶ inpatient hospital care up to 8 days as prescribed by a doctor
- ▶ transportation for hospital, pregnancy related or nursing home care
- ▶ 12 doctor visits per year for terminally or chronically ill
- ▶ drugs and medical supplies for treating terminal or chronic illnesses

PLEASE FUND THE GRM PROGRAM!

Post-It™ brand fax transmittal memo 7671		# of pages ▶	1
To	<i>Senator Ellis</i>		
From	<i>Celeste Benson</i>		
Co.	<i>Please</i>		
Dept.	<i>Distribute</i>		
Phone #	<i>276-1059</i>		
Fax #	<i>907-465-2529</i>		

*Distributed by Senator Ellis*

April 13, 1998

Senator Drue Pearce  
Alaska State Legislature  
Juneau, AK 99801

RECEIVED  
APR 15 1998

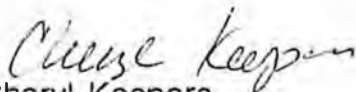
Dear Senator,

Several items for which I ask your support:

1. Support the bills that would provide health insurance for children and pregnant women. This makes good sense for all by preventing serious health problems. Please don't be tempted to cut the part for pregnant women: good prenatal health care for the mother is vitally important for the baby.
2. Support funding for general relief medical. This is the last resort for people who have no other options. It is a small amount in the overall budget but makes a significant difference for the people that need it.
3. Support funding for the Women & Children's Residential Program operated by Fairbanks Native Association. This is a very successful treatment program, one that is unfortunately very needed in this state. They treat women & and their children for alcohol and substance abuse, and help them return to their communities to lead sober and productive lives. They need operating funds (\$600,000) and capital funds (\$750,000) to purchase the building they use. Federal dollars established the program, and have shown how successful it can be. Now the State needs to take over supporting this program.

Thank you for supporting children and others in need.

Sincerely,

  
Cheryl Keepers  
PO Box 74898  
Fairbanks AK 99709

April 13, 1998

Dear Legislators,

I am writing to encourage you to fund Smart Start legislation that Governor Knowles has proposed. I want to strengthen substance abuse treatment for women & children. As a nurse I realize that prevention of alcohol & drug abuse is very important. We need to help the families affected by this illness of alcoholism or the use of mind altering substances will continue into the next generation.

I believe it is very cost effective to provide comprehensive services to pregnant women and to women with dependent children who are abusing alcohol and other substances. The FNA Women & Children's Residential Treatment Center (WCRP) in Fairbanks Alaska, is such a substance abuse treatment center and needs state funding to continue its services.

Alaska needs many more such programs for women and children. Funding programs for women and children will lead to a savings for the future. While mothers are in treatment programs, problems that they may be experiencing can be remediated with case management of family counseling, mental health assessment and counseling, play therapy, medical/dental screenings and assessments, nutritional screenings etc.

Preventing alcohol and other drugs affected infants is a priority as children with neurological problems due to toxic substances their mother used before they were born can not be cured. The damage to the brain is permanent yet it is preventable for other fetuses by helping young women before conception and other mothers to be who use substances to get into treatment prior to any damage to the unborn child. Prevention is less costly than dealing with damaged individuals for a lifetime.

After the damage early intervention programs such as WCRP are very necessary. The best way to help drug exposed children is to help their mothers recover from addiction. At WCRP they concentrate treatment on both abstinence from drugs and successful parenting. They realize that for the mother to recover, caring for her children needs to be a part of the recovery process. WCRP provides a culturally appropriate environment to support the mothers success in both treatment and parenting. Please strengthen your support for substance abuse treatment for women and children by supporting Smart Start and WCRP.

Sincerely, *Louisa B Hisamoto*

Louisa B. Hisamoto, RN  
3985 Dundas Ave.  
Fairbanks, Ak 99709

H+SS

Senate Finance Committee  
Attn.: Senator Drue Pearce  
(907)465-3872

22 April 98

Regards: Proposed cuts in the General Relief Medical fund

Dear Drue:

I am writing this letter in opposition to the proposed cuts in the GRM fund. I had to use this fund in the Fall of 1997 and it kept me alive. As you know, I developed Aids at that time and was unable to work, and was therefore unable to pay my health insurance as I had no income. I needed a lot of medical attention and expensive drugs in order to turn this disease around. I was eventually able to obtain my medical needs through other sources but would probably not have made it if not for GRM.

As a lifelong Republican, I can certainly understand, and even agree overall, with being fiscally conservative. However, as a Christian, I believe that we have a moral imperative to help those that are unable to help themselves, especially the sick and poor. To do otherwise is to be not only morally irresponsible, but evil.

We have \$23 billion in the Permanent Fund. Perhaps it is time to take a look at using a small portion of these earnings to establish endowments to fund programs such as the GRM in order to assure future generations of this minimum of safety nets and our own place in history as a morally responsible people.

Sincerely:

Michael P. (Bruno) Hughes  
PO Box 230072  
Anchorage, AK 99523-0072  
345-3635 phone/fax

cc: Sen. Jerry Ward  
Rep. Joe Green

WJSS



TONY KNOWLES, GOVERNOR  
State of Alaska

**GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION**

P.O. Box 240249 • Anchorage, Alaska 99524-0249 • Phone: 907-269-8990 • Fax: 907-269-8995

April 22, 1998

Senator Drue Pearce  
Room 518  
State Capitol  
Juneau, AK 99801-1182

Dear Senator Pearce:

The House has passed a version of the Operating Budget that cuts all funding for the General Relief Medical program (GRM). Now it is up to the Senate to reinstate funding for this program, which provides medical services to some of the poorest and sickest Alaskans. The Governor's Council on Disabilities and Special Education is concerned about the welfare of these citizens if payments for medical services are eliminated. We join with the Mental Health Trust Authority and the Governor's Advisory Board on Alcoholism and Drug Abuse in reiterating our concern about the effects of zeroing-out GRM funding.

The GRM provides health services to some 1,700 Alaskans. Over half of these people depend on GRM for emergency and chronic care. The program provides payment for treatment of chronic physical and mental illnesses, such as chemotherapy, prescribed medical supplies, and short-term hospitalization. To be eligible for GRM assistance, a person has to earn less than \$300 a month and have less than \$500 in assets. If GRM services are eliminated, nearly 900 of Alaska's most needy citizens will be unable to receive necessary medical care.

The Council urges the Senate Finance Committee to continue funding of the General Relief Medical program. GRM has existed since 1953 to provide medical care for low-income Alaskans who do not qualify for Medicaid or other programs. Without GRM funding, hospitals and other care-providers would be forced to absorb the costs of these services themselves, which could impact medical prices across the board. The Council hopes the Senate will not be willing to deny \$3.5 million in medical care to the poorest Alaskans for treatment of chronic illnesses.

Sincerely,

Ernie Dummann  
Legislative Liaison



# Alaska Native Health Board

4201 Tudor Centre Dr., Suite 105  
Anchorage, Alaska 99508

Phone: (907) 562-6006  
FAX: (907) 563-2001

April 16, 1998

	465-
Senator Robin Taylor	3922
Senator Drue Pearce	3872
Senator Mike Miller	3883
Senator Sean Parnell	6592
Senator Johnny Ellis	2529

Dear Senate Judiciary Committee Members:

I am writing on behalf of the Alaska Native Health Board to urge your support for House Bill 189, which has been languishing in your committee for most of this session. This proposed legislation would help reduce both the appeal of tobacco products and access to these products by youth by eliminating self-service tobacco displays in almost all retail locations:

Such legislation has broad public support for the following reasons:

- Self-service tobacco displays greatly increase the likelihood of shoplifting. The 1995 Youth Risk Behavior Survey found that 18.6% of Alaskan middle school students who smoke reported that their most common source of cigarettes is to steal them. With last year's tobacco price increase, the problem has no doubt gotten worse.
- Putting tobacco products behind the counter forces the customer to ask the clerk for the product. This interaction increases the likelihood that the clerk will ask for I.D. In addition, some kids will not have the nerve to ask for tobacco products at all.
- Self-service displays are designed to promote the use of tobacco products, the leading cause of death in this country. They often use images that are especially enticing to youth.

Another benefit of HB 189 is that it removes the loophole in state law that currently allows young clerks to sell tobacco to other kids without risk of penalty.

I have spoken with many legislators of both parties and found unanimous support for this common-sense bill. Please pass it out of your committee as soon as possible.

Sincerely,

Anne Marie Holen  
SmokeLess States Project Manager

ALEUTIAN/PRIEBIL OF ISLANDS ASSOCIATION  
BRISTOL BAY AREA HEALTH CORPORATION  
CHUGACHMIUT  
COPPER RIVER NATIVE ASSOCIATION  
EASTERN ALEUTIAN TRIBES  
KODIAK AREA NATIVE ASSOCIATION  
MANILAQ ASSOCIATION

METLAKATLA INDIAN COMMUNITY  
MT. SANFORD TRIBAL CONSORTIUM  
NATIVE VILLAGE OF EKLUTNA  
NATIVE VILLAGE OF TYONEK  
NINILCHIK TRADITIONAL COUNCIL  
NORTH SLOPE BOROUGH

NORTON SOUND HEALTH CORPORATION  
SELDOVIA VILLAGE TRIBE  
SOUTHCENTRAL FOUNDATION  
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM  
TANANA CHIEFS CONFERENCE  
YUKON-KUSKOKWIM HEALTH CORPORATION  
VALDEZ NATIVE TRIBE

7050 Serenity Circle  
Anchorage, AK 99502-1848  
Phone: 907-243-9229

April 14, 1998

Senator Drue Pearce  
Senate  
State Capitol, Room 518  
Juneau, AK 99801-1182

**RE: HB 201**

Dear Senator Pearce:

We would like to let you know of our opposition to HB 201. We understand the desire to consolidate state programs, however, we believe that DHSS is not equipped to handle this task. DPA Director Jim Nordlund testified to this effect on April 14, 1998, at the House HESS committee hearing, and we support his position.

If it is the legislature's intent to consolidate Alaska's child care programs, then we want you to know that we would support consolidation under the Department of Community and Regional Affairs. DCRA, in reality, administers Alaska's child care program, and it would only make sense to continue the program there.

Sincerely,

*David P. Newell Theresa Doolen*

David P. Newell and Theresa Doolen

RECEIVED  
APR 17 1998

Honorable Senator Drue Pearce

Please support HB 234. As a nurse I see the many unmet medical needs. People get denied glasses, dental care, hearing aids etc. Mistakes are made taking medication because people can't see to read the label. health deteriorates from improper diets because they can not chew related to dental needs. inability to hear impacts how well they are able to follow through with medical and every day care needs. HB 234 is a step in the right direction to prioritize medical funding. There are greater needs in our communities that will affect the daily health and well being of people. Pass HB 234. Thank-you

Respectfully  
Jean Dore BSN CRRN

To: Rep. Hanley  
Rep. Theriault  
Senator Pierce  
Senator Sharp

Dear Legislators:

On June 28, 1997, I was awakened by a knock on my door. There stood an Alaska State Trooper who proceeded to inform me that my brother, Brad McKeown, my only sibling, was not only dead, but had been brutally murdered that night. From that moment until now, my life has been forever changed and I am painstakingly attempting to piece back together my life which now has a very large hole in it.

Through this process, I have come to learn about victims for justice. They have been a tremendous help to me in guiding me through the emotional process of my recovery. Additionally, they have extended their knowledge to me of the judicial process (which I knew nothing about) and have helped me work through that process as well. This, of course though, has been at a distance of 350 miles over the phone which poses a problem we really need to solve here - firsthand!



**KONGIGANAK TRADITIONAL COUNCIL**  
**P.O. BOX 5069**  
**KONGIGANAK, ALASKA 99559**  
**(907) 557-5225/5226**  
**FAX (907) 557-5224**

April 21, 1998

Post-it® Fax Note	7671	Date	4/22	# of pages	2
To	Senator Drue Pearce	From	Kong. Trad. Council		
Co/Depl.		Co.			
Phone #	465-4993	Phone #	557-5225/5226		
Fax #	465-3872	Fax #	557-5224		

Senator Drue Pearce  
 Alaska State Legislature  
 State Capitol (MS 3100)  
 Juneau, Alaska 99001-1102

SUBJECT: VPSO SALARY INCREASE

Dear Senator Pearce,

We write this letter to request your support for our Village Public Safety Officer's (VPSO) salary increases within the State of Alaska.

As you know, VPSO's are the first responders to all crimes and emergency situations in rural Alaska. VPSO's are usually the only trained source of law enforcement in the villages and residents rely on them daily and expect them to respond quickly.

In addition to law enforcement, search and rescue, medical emergency, fire suppression and prevention, more responsibilities are being placed on VPSO's as a result of new Legislative laws. They will soon be responsible for Sex Offender registration.

If the need arises, they will call the Alaska State Troopers, whose response time can vary from several hours to several days. During this time, VPSO's are expected to stabilize the situation, most often putting their lives at risk, as they are not allowed to carry weapons and most VPSO's do not have another officer to back them up.

Since the inception of the program, VPSO's have been grossly underpaid. The starting salary for VPSO's is \$11.98 and the turnover rate is high. Consequently, their morale is low and this causes additional unnecessary stress. VPSO's are qualifying for food stamps, energy assistance, and welfare assistance. These programs are available to those in need.

Senator Pearce  
April 21, 1998  
Page Two

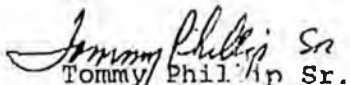
For many years, we have tried to convince the State of Alaska that an increase in funding is needed for a salary increase. VPSO's are not State employees, yet they work hand in hand with the Department of Public Safety. The VPSO program has saved the State of Alaska massive amounts of money by contracting with non-profit organizations, whereby, providing quality public safety to the residents of Alaska.

The time is long overdue for our VPSO's to be recognized, respected and valued by the State of Alaska. Again, we ask for your support to provide our VPSO's a livable wage.

Thank you for your time and consideration.

Sincerely,

KONGIGANAK TRADITIONAL COUNCIL

  
Tommy Phillip Sr.  
President

March , 1998

Dear Legislators,

If you are ever in a position to speak up for or vote on funding Alaskan school construction/maintenance, please do so. I am a resident of Kenny Lake, part of the Copper River Basin. I have heard that we as a community are seen by many legislators as a controversial area, but even so, we are in need of your help in obtaining a new elementary building for our public school children. Our school is presently number six on the CIP construction list and slotted for the second year (FY 00) on the Preferred Maintenance List and on Governor Knowels proposal. We are not looking for swimming pools or full size gyms; we would like comfortable sized classrooms, prep areas, a multi-media room, a small multi-purpose room and working bathrooms.

Our present buildings are very old and are difficult to repetitiously maintain. For example: Every year, for at least three weeks, these buildings are without running water (toilets, sinks, drinking fountains are out of order). During this year's freeze, one set of bathrooms smelled so strongly of sewage and mildew that no one wanted to enter. Also, this building's furnace sounds like it is going to go through the roof every time it fires up. This noise is common place to those occupying the building, but we wonder just how much longer it can last and how it will die (hopefully quietly). In the fall months there's always an infestation of voles. This year was extremely bad due to the poor snow cover. Not only was there evidence of their presence, but they were often seen running across the floor, shelves, or out of boxes.

Currently, both buildings have entrances blocked by huge pools of water caused by poor drainage due to a large snowfall and warm weather. Granted this is a problem most everyone is dealing with, but entrance ramps are hazardously slippery, a problem we endure every year.

We are constantly hearing from Juneau that our children are one of our State's most important assets. We don't have many children in our community, but they are just as important as other children in this state. Right now they are being housed in unsafe, unstable and unsanitary conditions. Please do what you can to push through funding for our school facilities.

Sincerely,



April 8  
March , 1998

Dear Legislators,

If you are ever in a position to speak up for or vote on funding Alaskan school construction/maintenance, please do so. I am a resident of Kenny Lake, part of the Copper River Basin. I have heard that we as a community are seen by many legislators as a controversial area, but even so, we are in need of your help in obtaining a new elementary building for our public school children. Our school is presently number six on the CIP construction list and slotted for the second year (FY 00) on the Preferred Maintenance List and on Governor Knowels proposal. We are not looking for swimming pools or full size gyms; we would like comfortable sized classrooms, prep areas, a multi-media room, a small multi-purpose room and working bathrooms.

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Sincerely,

*Patti Barr*  
Patti Barr

March , 1998

Dear Legislators,

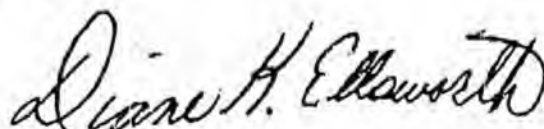
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Sincerely,



March , 1998

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Sincerely,

*Margaret A. Kimberlin*

March , 1998

Dear Legislators,

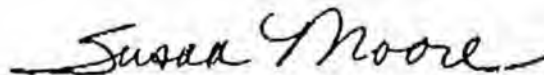
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Sincerely,



HC 60 Box 227G  
Copper Center, AK 99573

April 16, 1998

March , 1998

Dear Legislators,

If you are ever in a position to speak up for or vote on funding Alaskan school construction/maintenance, please do so. I am a resident of Kenny Lake, part of the Copper River Basin. I have heard that we as a community are seen by many legislators as a controversial area, but even so, we are in need of your help in obtaining a new elementary building for our public school children. Our school is presently number six on the CIP construction list and slotted for the second year (FY 00) on the Preferred Maintenance List and in Governor Knowels proposal. We are not looking for swimming pools or full size gyms; we would like comfortable sized classrooms, prep areas, a multi-media room, a small multi-purpose room and working bathrooms.

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Sincerely,

Linda Thompson

March , 1998

Dear Legislators,

If you are ever in a position to speak up for or vote on funding Alaskan school construction/maintenance, please do so. I am a resident of Kenny Lake, part of the Copper River Basin. I have heard that we as a community are seen by many legislators as a controversial area, but even so, we are in need of your help in obtaining a new elementary building for our public school children. Our school is presently number six on the CIP construction list and slotted for the second year (FY 00) on the Preferred Maintenance List and on Governor Knowels proposal. We are not looking for swimming pools or full size gyms; we would like comfortable sized classrooms, prep areas, a multi-media room, a small multi-purpose room and working bathrooms.

Our present buildings are very old and are difficult to repetitiously maintain. For example: Every year, for at least three weeks, these buildings are without running water (toilets, sinks, drinking fountains are out of order). During this year's freeze, one set of bathrooms smelled so strongly of sewage and mildew that no one wanted to enter. Also, this building's furnace sounds like it is going to go through the roof every time it fires up. This noise is common place to those occupying the building, but we wonder just how much longer it can last and how it will die (hopefully quietly). In the fall months there's always an infestation of voles. This year was extremely bad due to the poor snow cover. Not only was there evidence of their presence, but they were often seen running across the floor, shelves, or out of boxes.

Currently, both buildings have entrances blocked by huge pools of water caused by poor drainage due to a large snowfall and warm weather. Granted this is a problem most everyone is dealing with, but entrance ramps are hazardously slippery, a problem we endure every year.

We are constantly hearing from Juneau that our children are one of our State's most important assets. We don't have many children in our community, but they are just as important as other children in this state. Right now they are being housed in unsafe, unstable and unsanitary conditions. Please do what you can to push through funding for our school facilities.

Sincerely,

