

AK LEGISLATURE FINANCE COMMITTEES FILES 2007-2008 3151

33

FISCAL NOTE

REPORTED OUT
MAR 15 2007
 SENATE FINANCE COMMITTEE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: CSHB 18(HES)
 (H) Publish Date: 2/8/2007

Revision Date/Time (Note if correction): _____ Dept. Affected: University of Alaska
 Title Postsecondary Medical & Other Educational RDU _____
 Programs Component _____
 Sponsor Representative Kevin Meyer Component No. _____
 Requester _____

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (specify type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
 No fiscal impact is anticipated due to the passage of HB 18.

Prepared by: House Finance Committee
 Division: _____
 Approved by: Representative Meyer
 Representative Chenault

Phone 465-4945
 Date/Time 2/7/07 2:46 PM
 Date 2/7/2007

Amendment Number: # 1
Bill Number: HB 18
Sponsor: Stedman Date: 3/15/07
Logged In By: Robin

25-LS0131L.2
Mischel
3/15/07

AMENDMENT

OFFERED IN THE SENATE

TO: SCS CSHB 18(SED)

1 Page 2, following line 17:

2 Insert a new bill section to read:

3 "Sec. 3. AS 14.43.510(b) is amended to read:

4 (b) If a program participant under (a) of this section has graduated from the
5 medical education program for which the financial support was received and is
6 employed in the state in the field for which the person received the financial support,
7 including employment in the state in a medical residency program, the repayment
8 obligation shall be forgiven and considered a grant in an amount equal to the
9 following percentages plus accrued interest:

10 (1) for employment in rural areas of the state,

11 (A) one year employment, 33 1/3 percent;

12 (B) two years employment, an additional 33 1/3 percent;

13 (C) three years employment, an additional 33 1/3 percent;

14 (2) for employment in areas of the state that are not rural,

15 (A) [(1)] one year employment, 20 percent;

16 (B) [(2)] two years employment, an additional 20 percent;

17 (C) [(3)] three years employment, an additional 20 percent;

18 (D) [(4)] four years employment, an additional 20 percent;

19 (E) [(5)] five years employment, an additional 20 percent."

21 Renumber the following bill section accordingly.

22

23 Page 2, following line 28:

25-LS0131V.2

1 Insert a new bill section to read:

2 **** Sec. 5.** AS 14.43.510 is amended by adding a new subsection to read:

3 (i) In this section, "rural" means a community with a population of 7,500 or
4 less that is not connected by road or rail to Anchorage or Fairbanks or with a
5 population of 3,500 or less that is connected by road or rail to Anchorage or
6 Fairbanks."

SENATE FINANCE COMMITTEE
3 / 15 / 2007 COMMITTEE ACTION

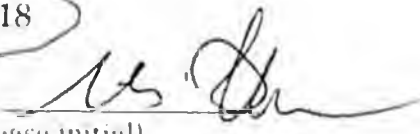
Bill Number	HB 18		
Amendment	#1		
Motion	to adopt		
<u>Motion by</u>	Olson		
<u>Objection by</u>	Stedman		
Removed	✓		
<u>Second Objection by</u>			
<u>Committee Member</u>	Y	<u>Vote</u>	N
Senator Dyson			
Senator Elton			
Senator Huggins			
Senator Olson			
Senator Thomas			
Co-Chair Hoffman			
Co-Chair Stedman			
<u>Tally</u>			
Yea			
Nay			
Absent			
<u>MOTION</u>	ADOPTE		

Attention: Miles
Of Senator Stedman's office
RE: Amend #1 HB 18
Date: 3/15/07 Time: 2:35 PM

The attached Senate Finance CS incorporates the amendment(s) your boss sponsored. Please review and approve so the bill can be forwarded to the Senate Secretary.

The CS is your copy.

Thanks,
Senate Finance Secretary
Mindy #4935
Robin #2618

Approved: 
(please initial)

Return ASAP

SENATE CS FOR CS FOR HOUSE BILL NO. 18(FIN)
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIFTH LEGISLATURE - FIRST SESSION

BY THE SENATE FINANCE COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVES MEYER, Lynn, Kawasaki, Kelly, Crawford, Gara, Harris, LeDoux, Stoltze, Buch, Dahlstrom, Roses, Johnson, Gardner, Seaton, Olson

SENATORS Wilken, Davis, Wagoner, Dyson, Ellis, Therriault, Stevens, Wielechowski, McGuire

A BILL

FOR AN ACT ENTITLED

1 "An Act amending the functions and powers of the Alaska Commission on
2 Postsecondary Education; and relating to the repayment provisions for medical
3 education and postsecondary degree program participants."

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

5 * Section 1. AS 14.42.030(d) is amended to read:

6 (d) The commission shall [MAY] enter into agreements with government or
7 postsecondary education officials of this state or other states to provide postsecondary
8 educational services and programs to Alaska residents pursuing a medical education
9 degree sufficient to accommodate at least 20 new program participants each year.

10 An agreement with another state must be limited to services and programs that are
11 unavailable in Alaska. The commission shall require a person participating in a
12 medical education program offered under this subsection to agree to the repayment
13 condition imposed under AS 14.43.510.

14 * Sec. 2. AS 14.43.510(a) is amended to read:

1 (a) Except as provided under (b) and (c) of this section, as a condition of
 2 participating in a medical education program under AS 14.42.030(d), a program
 3 participant shall agree to either return to the state and actively engage in
 4 professional medical practice or repay [THE] financial support provided by the state
 5 on behalf of the program participant [STUDENT]. The financial support to be
 6 repaid is equal to 50 percent of the amount paid for each program participant by
 7 the state to the contracting postsecondary institution, plus interest [THE
 8 DIFFERENCE BETWEEN RESIDENT AND NONRESIDENT TUITION AT THE
 9 CONTRACTING POSTSECONDARY INSTITUTION, PLUS INTEREST,
 10 INCLUDING ANY DIFFERENTIAL FOR THE FIRST YEAR OF THE PROGRAM
 11 DELIVERED AT THE UNIVERSITY OF ALASKA, ANCHORAGE]. The rate of
 12 interest is equal to the 12th Federal Reserve District discount rate in effect on March 1
 13 of the year in which the financial support is provided plus two percentage points.
 14 Interest imposed under this subsection begins to accrue when the person terminates
 15 studies under the medical education program. Accrued interest shall be added to the
 16 principal balance of the repayment obligation at the time the borrower is obligated to
 17 commence repayment and at the end of a deferment period.

18 * Sec. 3. AS 14.43.510(b) is amended to read:

19 (b) If a program participant under (a) of this section has graduated from the
 20 medical education program for which the financial support was received and is
 21 employed in the state in the field for which the person received the financial support,
 22 including employment in the state in a medical residency program, the repayment
 23 obligation shall be forgiven and considered a grant in an amount equal to the
 24 following percentages plus accrued interest:

- 25 (1) for employment in rural areas of the state,
- 26 (A) one year employment, 33 1/3 percent;
- 27 (B) two years employment, an additional 33 1/3 percent;
- 28 (C) three years employment, an additional 33 1/3 percent;
- 29 (2) for employment in areas of the state that are not rural,
- 30 (A) [(1)] one year employment, 20 percent;
- 31 (B) [(2)] two years employment, an additional 20 percent;

Amend #1

Amend #1 cont.

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- (C) [(3)] three years employment, an additional 20 percent;
- (D) [(4)] four years employment, an additional 20 percent;
- (E) [(5)] five years employment, an additional 20 percent.

* Sec. 4. AS 14.43.510(c) is amended to read:

(c) Repayment under (a) of this section is required to begin not later than six months after the person terminates studies under the medical education program except that repayment shall be deferred for a person who (1) qualifies for forgiveness under (b) of this section for as long as the person remains qualified for forgiveness under (b) of this section; (2) is employed in a medical residency program [IN THE STATE] for as long as the person remains in the medical residency program; or (3) is performing a service obligation imposed by the National Health Service Corps, the Indian Health Service, or the Uniformed Service Scholarship Program for as long as the person is performing the service. Forgiveness under (b) of this section only applies to that portion of the repayment obligation that has not been repaid to the state.

* Sec. 5. AS 14.43.510 is amended by adding a new subsection to read:

(i) In this section, "rural" means a community with a population of 7,500 or less that is not connected by road or rail to Anchorage or Fairbanks or with a population of 3,500 or less that is connected by road or rail to Anchorage or Fairbanks.

Amend #1



Alaska State Senate

Senate Finance Committee

Official Business

Allen Siefel, Chair
State Capital
Juneau, Alaska 99801-4182

FAX COVER SHEET

DATE: 3/15/07 TIME: 9:47

TO: LEGAL

NUMBER OF PAGES, INCLUDING COVER SHEET: 3

FROM: ROBIN PAUL
SENATE FINANCE CMTE. ASST. SECRETARY
PHONE: 465-2618
FAX: 465-2187

NOTES: FINAL PLS: SCS CS HB 18 (FIN)
SCS CS HB 18 Version 25-LS0131\L
as amended by
AMENDMENT # 1
(attached)

Waiting
for
approval
from Miles!
3/15/07
2:37PM

Thanks!
Robin



REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

MEMORANDUM

DATE: February 26, 2007

TO: Senator Stedman,
Co-Chairman Senate Finance Committee

FROM: Representative Kevin Meyer

RE: Questions on HB 18 *Postsecondary Medical and Other Educational Programs.*

Senator Stedman,

Co-Chairman Hoffman and Senator Elton raised several questions during the Finance Committee's deliberations on HB 18 *Post-Secondary Medical and Other Educational Programs.* Following are responses to the questions raised. If the committee requires further clarification or more information please contact Mike Pawlowski in my office at extension 2812.

Co-Chairman Hoffman asked:

1. What is the long-term effectiveness of the WWAMI program? How many WWAMI graduates are still practicing in the State of Alaska?
 - a. The first WWAMI class graduated in 1975. 60% of all WWAMI graduates are still practicing in Alaska today.
2. How many WWAMI graduates practice in Bethel? How many WWAMI graduates practice in rural Alaska?
 - a. While WWAMI graduates have previously practiced in Bethel and Western Alaska, there are none currently practicing in the region. Students have however, been accepted from the area and students from rural Alaska represent a significant portion of the incoming WWAMI classes. Out of the 60% of WWAMI graduates practicing in Alaska, almost 1 in 4 are currently practicing in a rural community, compared to only 1 in 10 in the other WWAMI states.

Senator Elton asked:

3. Address whether the Senate Special Committee on Education's amendment functions to increase or decrease the chances a participant will go in to general/family practice. Did the amendment increase the participant's costs in light of the fact that family practice is one of the lowest paid specialties in medicine?
 - a. The answer to the first part of the question is difficult since it requires speculation on an individual's educational and professional choices. The amendment clearly increases the debt burden a student takes on during their studies and through their residency. For example, if a student borrowed their portion of tuition, the obligation they would have accrued after 3, 5 or 7 years of residency at the current interest rate of 7.5% would be:
 - 3 years: \$93,172
 - 5 years: \$107,672
 - 7 years: \$124,429

When viewed in combination with the student's tuition payments of \$15,500 per year, a WWAMI student is faced with the prospect of coming out of residency with as much as \$200,000 in outstanding obligations, in addition to whatever they accrued during their undergraduate career. If interest didn't accrue, the student's WWAMI obligation would be \$75,000. Whether this difference pushes an individual toward one particular specialty or another is difficult to say. However, in accruing a higher obligation a person has substantially increased their incentive to return to Alaska to practice.



REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

MEMORANDUM

DATE: January 30, 2006
TO: Representative Meyer
FROM: Mike Pawlowski
RE: Changes to HB 18 in CS HB 18 (HES) (25-LS0131\K)

The Blank CS for HB 18 (HES) (25-LS0131\K) represents a merging of HB 18 (Rep. Meyer) and HB 55 (Rep. Kelly) with clarifying language suggested by the Alaska Commission on Post-Secondary Education.

Changes:

Section 1: Replaced section one of HB 18 with section 1 of HB 55 and inserted clarifying language on line 9 that specifies the program should admit at least 20 participants each year.

Section 2: Replaced one-third on page 2 line 7 with 50 percent (new page 2 line 6) to bring the base obligation a program participant accrues in line with existing statute.

Replaced "student" with "program participant" throughout section 2 to better reflect the status of person under the WWAMI program since a person serving their residency is still under the program but not technically a student.

Deleted lines 19-23 on page 2 after testimony from ACPE that the provision was too difficult to enforce.



REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

Sponsor Statement for House Bill 18

"An Act amending the functions and powers of the Alaska Commission on Postsecondary Education; and relating to the repayment provisions for medical education and postsecondary degree program participants."

Alaska currently has a shortage of physicians and the shortage is projected to get progressively worse over the next 20 years as Alaska's practicing physicians begin to retire. A physician shortage has serious implications for Alaskans access to quality medical care and can lead to increased costs for that care.

Alaska is one of five northwestern states that participate in a regional medical school referred to as WWAMI. WWAMI is an acronym for the participating states: Washington, Wyoming, Alaska, Montana and Idaho. Alaska currently places ten students per year at the University of Washington School of Medicine and these students become part of a class of 180 from the five participating states. To be eligible, students must have resided in Alaska for the previous two years and must spend their first year at the University of Alaska Anchorage before moving on to attend the University of Washington School of Medicine.

Under the WWAMI agreement, students pay in-state tuition at the University of Washington and the State of Alaska pays the difference. Students who enter the program must return to Alaska to practice or pay back a portion of the State's subsidy. House Bill 18 doubles the size of the WWAMI program to 20 participants per year and allows a program participant to perform their residency outside the State without accruing interest.

Over its history, the WWAMI program has been effective at attracting physicians to practice in Alaska and has been ranked as the #1 Primary Care Medical School by U.S. News and World report for the past 12 years. Expanding the WWAMI program will help ease the pending physician shortage and provide better access to medical care throughout Alaska.

(Updated: 1/31/2007)



REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

MEMORANDUM

DATE: January 16, 2007
TO: Representative Kevin Meyer
FROM: Mike Pawlowski
RE: Sectional Analysis for HB 18
(Version No. 25 - LS0131\A)

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Allows the Alaska Commission on Postsecondary Education to enter into agreements to expand the number of Alaska residents eligible to participate in the WWAMI medical education program.

Section 2. Expands the requirement in 14.43.510(b) that requires a person to return to Alaska to practice in the specialty they received their medical degree in by inserting a more generic allowance that a person "actively engage in professional medical practice." Increases the amount a person who does not return to Alaska is required to pay back from 20% to one-third of the state's subsidy. Allows a student to serve their residency, fellowship training or service with the military, U.S. Public Health Service or Indian Health Service before interest begins to accrue.

Section 3. Includes residency, fellowship training or service with the military, U.S. Public Health Service or Indian Health Service in the activities that a person can perform before returning to Alaska to enter professional medical practice.

**Securing an Adequate Number of
Physicians
for Alaska's Needs**

**Report of the
Alaska Physician Supply Task Force**

**Prepared for
Mark Hamilton, President, University of Alaska and
Karleen Jackson, Ph.D., Commissioner, Alaska Department of Health & Social
Services**

August 2006

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Executive Summary

The Alaska Physician Supply Task Force was commissioned in January 2006 by the President of the University of Alaska and the Commissioner of the Department of Health and Social Services to address two questions:

1. What is the current and future need for physicians in Alaska?
2. What strategies have been used and could be used in meeting the need for physicians in Alaska? Strategies of interest are:
 - programs to attract and prepare students for health careers;
 - medical school opportunities;
 - graduate medical education; and
 - recruitment and retention of physicians.

The Task Force has met regularly and drawn on a wide variety of sources of information, including public participation. The consensus of the Task Force is that this report represents the best answer possible to these questions, within the constraints of time and budget, and the inherent uncertainties of available data and predictions. The major conclusions and reasoning of the group are summarized here, and detailed in the body of the report.

Alaska has a shortage of physicians.¹ Although not at crisis levels, the shortage is affecting access to care throughout the state, and increasing cost to hospitals and health care organizations. Up to 16% of rural physician positions in Alaska were vacant in 2004. Patients with Medicare are having difficulty finding a primary care physician. Several important specialties are in serious shortage in Alaska.

The shortage is very likely to worsen over the next 20 years as the state's population increases and ages. Physician supply nationwide is entering a period of shortage, according to the best current predictions. Physicians in Alaska are aging and one-third may be retiring in the next 10-15 years. The new generation of physicians wants a more balanced life, meaning fewer hours on duty and more predictable schedules. These trends mean that more physicians will be required to serve the same population. Technology and scientific advances have increased the amount of medical care available, adding to the need for physicians, as the patients expect more care than previously.

As the national supply of physicians shrinks, recruitment will become more competitive. Alaska's traditional system of recruiting physicians from federal assignment in the military and Indian Health Service is much less effective with changes in these systems. Although Alaska has two very successful programs to produce its own physicians, the Alaska WWAMI medical school program and the Alaska Family Medicine Residency,

¹ Unless otherwise specified, "physician" in this report means medical doctor as well as doctor of osteopathy.

Alaska is far behind the other states in production capacity. These two programs, even if expanded, cannot meet the need.

The current trend in physician growth in Alaska is inadequate to keep up with basic population growth and to correct the current deficit. Unless changes are made in the systems used to increase physician numbers, the deficit will worsen, with significant consequences for access and quality of care for Alaskans, as well as increased cost for health care delivery systems.

The time frames to increase physician supply are long; it takes from seven to 13 years from entry into medical school to entry into practice. The time it takes to develop new or expanded programs adds to this delay. It is important to act quickly to begin the programs that will yield more physicians in the next two decades. Delay will only add to the cost and worsen the deficit to recoup.

Responses to this problem involve preparing and attracting Alaska youth so they can enter medical careers, improving recruitment of physicians to practice in Alaska, and retaining the physicians who currently practice here. The Task Force recommends specific strategies and action steps to achieve four goals related to assuring an adequate supply of physicians to meet Alaska's need.

Goals:

1. Increase the in-state production of physicians by increasing the number and viability of medical school and residency positions in Alaska and for Alaskans.
2. Increase the recruitment of physicians to Alaska by assessing needs and coordinating recruitment efforts.
3. Expand and support programs that prepare Alaskans for medical careers.
4. Increase retention of physicians by improving the practice environment in Alaska.

The following sections summarize the findings of the Alaska Physician Supply Task Force supporting these goals. The body of the report contains the full discussion of the goals, strategy recommendations, and the rationale behind the recommendations.

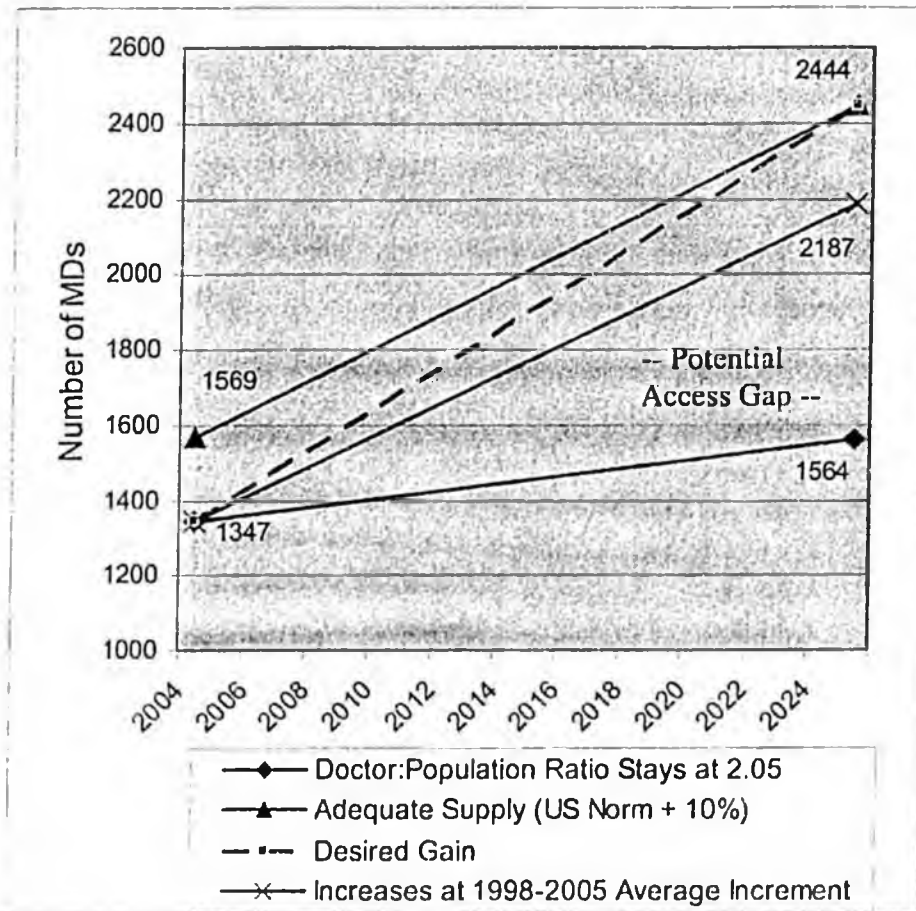
Assessment of need. The Task Force estimates that Alaska has a shortage of 375 physicians, based on the conclusion that Alaska should have 110% of the current national average physician-to-population ratio. In order to correct the deficit and reach an adequate supply of physicians by 2025, Alaska needs to add a net of 59 physicians per year, starting immediately. Alaska currently gains 78 physicians per year but loses 40 physicians yearly for various reasons. In order to improve its doctor to population ratio, and assure having an adequate supply in 20 years, the current net gain of 38 physicians per year will need to increase to 59 per year, more than a 50% increase. If the loss each year is greater than the recent average of 40 per year, Alaska will need more than 90 physicians to enter practice in Alaska each year.

These conclusions are supported by the following findings.

- Finding 1. The ratio of physicians to population in Alaska is below the national average at 2.05 MDs per 1000 population vs. 2.38 MDs per 1000 population in the US.
- Finding 2. Alaska should have 10% more physicians per population than the national average because Alaska's rural nature, great distances and severe weather result in structural inefficiencies of the health care system. Alaskan physicians' administrative and supervisory responsibilities in addition to patient care contribute to the need for more physicians to provide patient care services.
- Finding 3. Competition for physicians will intensify since the entire nation is expected to experience a shortage of physicians, associated with the aging of the population and an inadequate production of physicians.
- Finding 4. Retirement and practice reductions of aging physicians in Alaska and elsewhere, as well as changing preferences of physicians for more limited work hours, add to the need for more physicians.
- Finding 5. Alaska has and should maintain a higher ratio of mid-level providers (advanced nurse practitioners and physician assistants) to physicians than the national average, in order to make it feasible to provide high quality and timely care to the population. Without these providers the need for physicians would be even higher.
- Finding 6. Shortages are most apparent in internal medicine, medical subspecialties and psychiatry. It is important to evaluate the need for specialty types and distribution throughout Alaska, in order to plan for physician recruitment.

Over the next twenty years, nearly twice as many "physicians in practice" will be needed – about 1100 more than the current 1347 MDs in patient care – to meet expected demand as the state's elderly population triples and as medical practice patterns change. This projection assumes that doctors of osteopathy, advanced nurse practitioners and physician assistants will continue to increase proportionately over time.

Figure A. Gain in Alaskan Physicians: Static Doctor to Population Ratio vs. Desired Growth Scenario



Source: Based on HPSD analysis (AMA Master File 2006)

Basis for strategies for meeting the need for physicians for Alaska's health care system. After investigating the supply and need for physicians and reaching Findings 1- 6, the Task Force shifted its focus to investigating strategies for meeting the need. The Task Force drew on the knowledge of in-state professionals and educators, and of national experts, to identify lessons and information that form the basis for recommendations for action, as well as for further investigation and monitoring. The Task Force's selection of strategies is based on the following findings.

Finding 7. Alaska is one of six states without an independent in-state medical school. Alaska funds ten state-supported "seats" at the regional WWAMI medical school, administratively centered at the University of Washington School of Medicine. This number (10 seats) represents fewer seats per capita than all but five of the 50 states.

Finding 8. Residency programs are one of the most effective ways to produce physicians for a state or community. Alaska has only one in-state residency, the AFMR, which places 70% of its graduates in Alaska.

Maintaining and expanding residency opportunities will be critical in augmenting Alaska's physician numbers.

- Finding 9. Over the last ten years, an increasing number of Alaskan students have applied to medical schools; the average number of applicants has been 65. In 2005, 29 of 73 applicants were admitted into medical school. Ten per year attend WWAMI and the remainder attends medical schools without state support from Alaska. Since 1996, only WWAMI has had Alaska-supported seats. Prior to 1996, Alaska supported programs for medical and osteopathic students through the WICHE program and student loans.
- Finding 10. Recruitment for physicians is facilitated by the availability of loan repayment programs such as the IHS and NHSC loan repayment programs. Service obligations related to student loans have historically accounted for some recruitment and should be explored.
- Finding 11. There are several initiatives to increase interest in medical careers among Alaskans, including efforts by the tribal health care system, hospitals, the University of Alaska's newly funded Area Health Education Center (AHEC) and the UA Scholars Awards, school system initiatives for improvement of math and science programs, and programs that encourage students to go into health careers. Collectively, these initiatives generate qualified applicants to medical schools, but too few applicants matriculate to replenish Alaska's shortage, and there is inadequate diversity.
- Finding 12. Medical practice environments in Alaska have positive and negative aspects that affect the recruitment and retention of physicians.
- Finding 13. Surveys of providers (physicians and mid-levels) by the AMA and many states have provided data on practice characteristics, preferences, and retirement plans.
- Finding 14. Workforce development activities exist in multiple locations including the tribally managed system, private sector, and various state and federal agencies. However existing programs are not monitoring or analyzing specialty distribution or needs, changing roles of mid-level providers, or potential impact of electronic health records on all providers. Coordination of the efforts, and research and analysis of relevant trends, should inform policy.

In view of these findings, the relevant literature, and the experience of other states, the Task Force developed the following goals and strategies to respond to the physician shortage. The strategies are chosen because of their likely effectiveness, cost-to-benefit advantages, and achievability. Each strategy is discussed with respect to the time frame in which it will be effective, and the average expected cost to the state to produce each practicing physician, where such information is reasonably accessible. The listing below

gives a brief identification of each goal and strategy. Full discussion of the strategies is included in the body of the report.

Goals and Strategies for Securing an Adequate Physician Supply for Alaska's Needs

Major Goal	Strategy	Timeline for Impact	Estimated Cost
1. Increase the in-state production of physicians by increasing the number and viability of medical school and residency positions in Alaska and for Alaskans.	A. Increase the number of state-subsidized medical school positions (WWAMI) from 10 to 30 per year	Medium	\$250,000 per practicing physician
	B. Ensure financial viability of the AFMR through state support including Medicaid support	Short	\$60,000 per practicing physician
	C. Increase the number of residency positions in Alaska, both in family medicine and appropriate additional specialties	Short	\$100,000 per year plus \$30,000 for planning in year 1 & 2
	D. Assist Alaskan students to attend medical school by: i) reactivating and funding the use of the WICHE Professional Student Exchange Program with a service obligation attached, and ii) evaluating the possibility of seats for Alaskans in the planned osteopathic school at the Pacific Northwest University of the Health Science	Medium	i) \$550,000 per practicing physician for WICHE; ii) cost unknown at time of PSTF report
	E. Investigate mechanisms for increasing Alaska-based experiences and education for WWAMI Students	Medium	Unknown at time of PSTF Report
	F. Maximize Medicare payments to teaching hospitals in Alaska	Short	Zero cost to the state

	G. Empanel a group to assess medical education in Alaska, including the viability of establishing an Alaska-based medical school	Long	Undetermined at time of PSTF Report
2. Increase the recruitment of physicians to Alaska by assessing needs and coordinating recruitment efforts.	A. Create a Medical Provider Workforce Assessment Office to monitor physician supply and facilitate physician recruitment efforts	Short	\$250,000 per year
	B. Research and test a physician relocation incentive payment program	Short	\$65,000 per physician
	C. Expand loan repayment assistance programs and funding for physicians practicing in Alaska	Short	Undetermined – need to consult with other states
3. Expand and support programs that prepare Alaskans for medical careers	A. Expand and coordinate programs that prepare Alaskans for careers in medicine	Medium	Up to \$1,000,000 per year
4. Increase retention of physicians by improving the practice environment in Alaska.	A. Develop a physician practice environment index for Alaska	Short	\$100,000 to develop index; \$20,000 annually to update
	B. Develop tools that promote community-based approaches to physician recruitment and retention	Short	\$50,000 per year
	C. Support federal tax credit legislation Initiative for physicians that meet frontier practice requirements	Short	Zero cost to the state

Adoption of these strategies will depend on further analysis of resources and a balancing of effectiveness and achievability. Strategies to recruit and retain physicians promise the earliest positive results, but probably have a relatively low benefit ceiling, in that the maximum number of physicians achievable by those strategies will soon be reached. The

strategies likely to produce significant numbers of doctors over time are those designed to train physicians in Alaska, i.e. medical school and residency programs, but the time to realize the benefit in most cases is longer.

Implementation strategy – next steps for key policy makers. The shortage of physicians and other health care providers creates one of Alaska's most challenging public health and higher education issues. To ensure the work of the Task Force is carried forward, it is recommended that the President and Commissioner establish permanent structures to implement these recommendations. One component of this action would be creation of a Medical Provider Workforce Assessment Office (Strategy 2A).

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

January 17, 2007

Honorable Kevin Meyer
State of Alaska State Medical Association
House of Representatives
State Capitol, Room 515
Juneau, AK 99801-1182

Re: HB 18 – WWAMI Program Expansion

Dear Representative Meyer:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

ASMA is writing this letter to urge you to support HB18. HB18 provides a vital step in addressing the chronic and, most recently, acute shortage of physicians in Alaska.

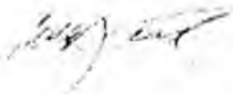
ASMA participated in the process commissioned by University of Alaska President, Mark Hamilton and Alaska Department of Health and Social Services Commissioner Karleen Jackson to quantify the seriousness of the physician shortage in Alaska and to develop recommendations to address the shortage. Indeed, the seriousness of the shortage now and twenty years into the future was validated in this exhaustive study. HB18 is the embodiment of one recommendation that was made – expand the WWAMI class size.

ASMA, for more than 20 years, has been in support of an increase in the WWAMI class size to address the chronic shortage of physicians in Alaska, and it again has class expansion as one of its primary advocacy initiatives for 2007. In recent years, Alaska has many more qualified applicants than the current 10 seat class size.

HB18 is a critical step in beginning to face Alaska's chronic shortage of physicians. ASMA recognizes that this will not help the current acute shortage and will advocate that other measures are necessary in the short term.

ASMA strongly urges the passage of HB18 early this year so that the WWAMI class size can be increased from 10 to 20 medical students starting this Fall.

Sincerely,



Dr. Kevin Meyer, M.D., M.P.H.
Member, Alaska State Medical Association



3200 Providence Drive
 P.O. Box 100004
 Anchorage, Alaska
 99510-0004

Tel 907.582.2211

January 17, 2007

The Honorable Kevin Meyer
 Alaska State House of Representatives
 State Capitol - Room 515
 Juneau, AK 99801-1182

Dear Representative ^{KEVIN} Meyer:

I write today in support of the bill you introduced, House Bill 18, to increase the number of medical students in the WWAMI program along with a requirement for payback of financial assistance if the student does not return to Alaska to practice medicine. Passage of this important legislation is a major priority for Providence, Alaskans for Access to Health Care, the Alaska State Hospital and Nursing Home Association, and other health care organizations.

While certainly not viewed as the total solution, passage of this bill will be an important step in helping to solve the physician shortage faced in Alaska. All of us at Providence stand ready to assist in any way possible to ensure passage of this legislation.

If you have any questions or if I may be of assistance in any way, please let me know.

Sincerely,

E. Ad Parrish
 VP/CE Alaska Region
 Providence Health System

Alaska Physicians & Surgeons, Inc.

4120 Laurel Street, Suite 206

Anchorage, Alaska 99508

Phone: 907-561-7705 Fax: 907-561-7704

Website: www.apsdoctors.org

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January 16, 2007

Honorable Kevin Meyer
State of Alaska
House of Representatives
State Capitol
Juneau, AK 99801-1182

Dear Representative Meyer,

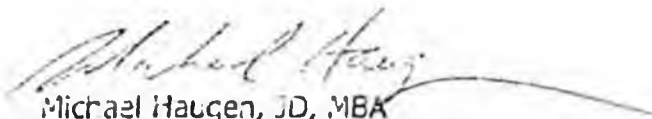
Alaska Physicians & Surgeons (APS) is writing you this letter in support of HB18.

Alaska Physicians & Surgeons along with many other Healthcare organizations strongly supports HB18, and we have set as one of our major initiatives for 2007, to support legislation to fund an expansion of the WWAMI medical school program for Alaskan's from 10 seats to 20 starting next fall.

While HB18 will not solve the chronic physician shortage in the short term, it is a vital step in helping Alaska catch up with the rest of the lower 48. Our physician per capita population is among the lowest in the country. It has been almost 30 years since the inception of WWAMI and it is high time for Alaska to get an additional 10 seats.

APS endorses the WWAMI legislation and encourages the bills passage during this session.

Sincerely,


Michael Haugen, JD, MBA
Executive Director



426 Main St • Juneau, AK • 99801

Alaska State Hospital and Nursing Home Association

January 16, 2007

Honorable Kevin Meyer
State of Alaska
House of Representatives
State Capitol
Juneau, AK 99801-1182

Dear Representative Meyer:

The Alaska State Hospital and Nursing Home Association (ASHNHA) is submitting this letter of support for HB18, an Act that gives the Alaska Commission on Postsecondary Education authority to increase the number of medical students placed in the WWHAMI program, and adding a requirement for payback of financial assistance if the student does not return to Alaska to practice medicine.

ASHNHA participated in a process commissioned by President Hamilton of the University of Alaska and Commissioner Karleen Jackson of the Alaska Department of Health and Social Services to review the seriousness of physician shortages in Alaska, and to develop recommendations for addressing this shortage. The conclusions of that exhaustive review substantiated that the physician shortage in Alaska is already very serious in some communities, and will become even more acute over the next 5 to 10 years if steps are not taken to address this issue. This is perhaps the most pressing public health issue facing the State of Alaska at this time.

Expanding the present WWHAMI program from 10 medical students to 20 students is one of the most prudent steps the State can take to address this shortage of physicians. The WWHAMI program has proven to be a cost-effective investment for training physicians that will return to Alaska to practice. Adding the measure that will require repayment of student financial assistance will strengthen WWHAMI even further and increase the likelihood that students will select Alaska as their home and place of practice.

ASHNHA's Board of Directors has identified expansion of the WWHAMI program as one of its top three legislative priorities for 2007 and therefore strongly supports HB18 and the measures it contains.

Sincerely,

Rod L. Betit
President CEO

ASHNHA Executive Committee

John Bringham, CEO, Petersburg General Hospital
Al Parrish, V.P./Chief Executive, Providence Alaska
James Shill, CEO, North Star Behavioral Health
Frank Sutton, V.P., SEARHC
Charlie Franz, CEO, South Peninsula Hospital

Pat Branco, CEO, Ketchikan General Hospital
Dennis Murray, Administrator, Heritage Place
Moe Chaudry, CEO, Sitka Community Hospital
Brian Gilbert, CEO, Wrangell Medical Center
Rod Betit, President, ASHNHA

ASHNHA Position on HB 18
Prepared by: Rod Betit, President/CEO
January 29, 2007

WHO ASHNHA REPRESENTS: The *Alaska State Hospital and Nursing Home Association* represents 24 acute care hospitals, 2 behavioral health facilities, 6 assisted living facilities (Alaska Pioneer Homes), and 5 free-standing nursing facilities. Nine of our 24 acute care hospitals also provide nursing home services. We believe ASHNHA's rich composition of private, federal, state, and tribal health care facilities provides a balanced viewpoint on important health care policy matters. ASHNHA's membership evaluates health care legislation weekly and authorizes the position expressed in this testimony.

ASHNHA's POSITION ON HB 18: ASHNHA's membership 'strongly supports' passage of HB18 for the reasons noted below. ASHNHA does not offer any amendments to HB 18 as we believe the bill is excellent as written.

SUPPORTING TESTIMONY:

- As determined by the Alaska Physician Supply Taskforce in 2006, Alaska is presently facing a shortage of 300 physicians and this gap is expected to grow dramatically in the years ahead.
- Many states are reporting a physician shortage in large part due to physician retirements and an inadequate number of physicians completing training to replace them. This is further exacerbated by U.S. population growth that exceeds the rate of increase in new medical school slots.
- Alaska must be proactive to address this situation. While adding additional slots to the WWHAMI program will not solve the entire physician shortage problem, it is a key initial step to take. ASHNHA also supports those provisions of HB 18 that would strengthen the pay back provisions for any WWHAMI participant who does not return to Alaska to practice.
- ASHNHA urges your support of HB 18. Thank you for this opportunity to testify.

This Testimony is on Behalf of the Following Alaska Health Care Facilities

Alaska Regional Hospital, Alaska Native Medical Center, Alaska Pioneer Home System, Bartlett Regional Hospital, Bassett Army Community Hospital, Central Peninsula General Hospital, Cordova Community Medical Center, Denali Center Nursing Home, Fairbanks Memorial Hospital, Heritage Place Nursing Home, Kanakanak General Hospital, Ketchikan General Hospital, Maniilaq Health Center, Mary Conrad Center, Mat-Su Regional Hospital, Mt. Edgecumbe Hospital SEARHC, Norton Sound Regional Hospital, Petersburg Medical Center, Providence Alaska Medical Center, Providence Extended Care Center, Providence Kodiak Island Medical Center, Providence Seward Medical & Care Center, Providence Valdez Medical Center, Sitka Community Hospital, South Peninsula Hospital, St. Elias Specialty Hospital, USAF 3rd Medical Group- Elmendorf, Wrangell Medical Center, Yukon Kuskokwim Delta Regional Hospital, Alaska Psychiatric Institute, North Star Behavioral Health System, Wildflower Court Nursing Home.



January 29, 2007

The Honorable Peggy Wilson, Chair
House Health, Education and Social Services Committee
Alaska State Capitol, Room 403
Juneau, AK 99801-1182

RE: HB 55 (Kelly)--Support

Dear Chair Wilson:

On behalf of the members of AARP in Alaska, we strongly encourage you and your colleagues on the House Health, Education and Social Services Committee to support HB 55, introduced by Representative Mike Kelly.

It is no secret that Alaska has a shortage of physicians which is expected to get worse over the next few years. AARP members in many Alaska communities already tell us that they are unable to find a physician who will accept them as Medicare beneficiaries. The current situation is so bad that United States Senator Lisa Murkowski is scheduling a Senate hearing on the issue in Anchorage on February 20.

The one bright spot in this shortage is the WWAMI program which has provided ten slots for family practice physicians to spend their residency in Alaska. Upon completion of their medical education, most of these physicians have chosen to stay here and practice in our cities as well as in our remote communities.

You and your House Committee colleagues have seen the Alaska Physician Supply Task Force report produced jointly by the University of Alaska and the Department of Health and Social Services. This excellent report should serve us as a roadmap for our future directions in physician training.

The former exodus of Alaska retirees has been reversed over the past few years. Because of our improved health services and provider community, older Alaskans have determined that they can remain here after retirement, close to their friends and families.

If older Alaskans are unable to find a physician willing to see them, we will be back with the situation of retirees leaving the state so they can be assured of access to health professionals.

HB 55 offers us the first real meaningful opportunity to begin to meet this need. Doubling the number of family practice residents from ten to twenty won't solve our problem but it is an excellent first step.

Our AARP members, your constituents, want to stay here after retirement. An affirmative vote on HB 55 will help accomplish that.

We urge an "AYE" vote on HB 55.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,

Marie Darlin

Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Bob Roses
Representative Anna Fairclough
Representative Mark Neuman
Representative Paul Scaton
Representative Berta Gardner
Representative Sharon Cissna
Representative Mike Kelly

UNIVERSITY OF AK

WWAMI Program Expansion

- ❖ WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) is Alaska's medical school
 - Collaborative medical education: 5 states, 6 institutions
 - 35 year history – Alaska was the 1st partner with Washington
- ❖ Need to *increase the net gain* of physicians by 21 per year
 - Actual (current) – gain 78, lose 40 for NET GAIN = 38
 - Needed (current) – gain 100, lose 40 for NET GAIN = 60
 - Future years – need will increase as aging physician population retires
- ❖ WWAMI doubling is a critical part of the overall strategy
 - No single strategy can achieve the needed increase (others: recruitment, retention, residency)
 - Class size same as 1971 when program started, 10 seats per year
- ❖ Why now?
 - Current physician shortage in Alaska
 - Nationwide shortage, worsening over next decade
 - Other states recruiting physicians aggressively
- ❖ Why WWAMI?
 - Cost
 - WWAMI is 2/3 the cost of WICHE *per Alaska physician produced*
 - Cost per medical student below national average (per AAMC)
 - Low in-state student tuition
 - Return on Alaska's investment
 - 7 - 8 WWAMI graduates start practice in Alaska each year
 - 3 years of 4-year medical school available *in Alaska*
 - Excellence in medical education
 - #1 Primary Care, 13 consecutive years (*US News & World Report, 2006*)
 - #1 Rural Health, 15 consecutive years (*US News & World Report, 2006*)
 - #1 Family Medicine, 15 consecutive years (*US News & World Report, 2006*)
 - Alaska WWAMI students excel among WWAMI peers
- ❖ How does WWAMI (medical education) work?
 - Undergraduate – can attend any undergraduate school
 - Application
 - Evaluation based on:
 - GPA (grade point average)
 - MCAT (medical college aptitude test)
 - Interview – ~50 percent of applicants
 - Excellent applicant pool in Alaska Highly Competitive
 - 78 in 2005-06 for 10 positions
 - 35 to 40 qualified
 - top 30 – indistinguishable GPAs and MCATs
 - Year 1 & 2 AA – 10 Moslems / year
 - Year 2 & 3 AA – actually 2004-05 WWAMI students (2005-06)
 - Year 2 & 3 AA –
 - Clinical experiences, ~5-10 weeks each
 - Most 4-year clerkships available in Alaska
 - Practicing Physicians
 - Participate in WWAMI education – clerkships, RUCP, WRHE, etc.
 - Are supported by WWAMI MedCon, free phone consultation service

Summary Projected Costs and Revenue for Doubling Class Size, WWAMI FY08

Investments in University of Alaska, University of Alaska Anchorage

Projected Operating Budget	Total	Projected Revenue	Total
Personnel (2 new faculty in clinical and microbiology areas; associated support staff)	\$250,000	Legislative Appropriation	\$280,000
Travel, Contractuals, Commodities	\$80,000	Tuition Revenue	\$50,000
Total	\$330,000	Total	\$330,000

Projected One-Time Capital Costs	Total	Projected One-Time Revenue	Total
Classroom furniture/renovations	\$55,000	Legislative Appropriation FY07	\$475,000
Renovation - Office space, research labs, study space	\$595,000	Legislative Appropriation FY08	\$475,000
Laboratory upgrade/renovations	\$100,000		
Faculty start-up research packages	\$200,000		
Total	\$950,000	Total	\$950,000

Added Payments to University of Washington for Years, 2, 3, and 4 of Program

	FY08	FY09	FY10	FY11	FY12-ongoing*
Additional 10 students 2 nd Year		\$505,558	\$505,558	\$505,558	\$505,558
Additional 10 students 3 rd Year			\$520,371	\$520,371	\$520,371
Additional 10 students 4 th Year				\$321,939	\$321,939
Total		\$505,558	\$1,025,929	\$1,347,868	\$1,347,868

* The cost increments annually based on inflation - not included for FY12.
More than half (~59%) of all WWAMI income, from years 1 through 4 is spent in Alaska.

Total Investments

FY 07 \$ 475,000 in one-time capital (already allocated)
 FY 08 \$ 475,000 in one-time capital (requested this year)
 FY 08 \$ 280,000 in base support at UAA (requested this year)
 FY 09 \$ 505,558 in base for payments to UW
 FY 10 \$1,025,929 in base for payments to UW
 FY 11 \$1,347,868 in base for payments to UW

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

SARAH PALIN, GOVERNOR

P.O. BOX 110693
JUNEAU, ALASKA 99811-0693
PHONE: (907) 465-3250
FAX: (907) 465-1398

D-mil

February 1, 2007

Representative Mike Kelly
State Capital, Room 513
Juneau, AK 99811

Dear Representative Kelly:

Alaska Commission on Aging (ACOA) fully supports House Bill 55, WWAMI Medical School, which doubles the number of spots for Alaskans in the WWAMI medical school program from 10 to 20.

WWAMI is a unique program that presently allows 10 Alaskan medical students to enroll in the Alaska WWAMI Biomedical Program. It is a 5-state collaborative program which allows medical students to complete nearly 3 of 4 years of medical school in the state of Alaska. Of the 78 applicants last year, 10 candidates and 10 alternates were selected to participate in the program. House Bill 55 would double that number of students to enter the program.

Alaska, as with the rest of the nation, is experiencing a shortage of health care workers, especially with doctors and nurses. For many doctors in our state, retirement is just around the corner and replacing these experienced medical providers with newly trained doctors is a priority for all Alaskans and very much so for people 60 and older.

With the senior population in our state projected to be the second fastest growing senior population in the country in the next decade, we need to be fully prepared for meeting the health care needs of this bulging census. By supporting House Bill 55 and allowing 20 new students each year to enter the WWAMI medical school program at the University of Washington, our state will be planning ahead to meet the health care demands of our growing senior population. WWAMI, which is ranked first in primary care medical schools nationwide and seventh in geriatrics, not only allows medical students to pay in state tuition, but also is an incentive for those completing medical school to return to Alaska to practice medicine.

Please join the Alaska Commission on Aging in supporting this important House bill. Please contact ACOA Executive Director Denise Daniello if you have questions. Thank you for your consideration.

Sincerely,


Frank Appel
Chair, Alaska Commission on Aging


Denise Daniello
Executive Director, ACOA

2007/02/01
11:57 AM

To: Co-chair Representative Chenault & Co-chair Representative Meyer and Committee Members

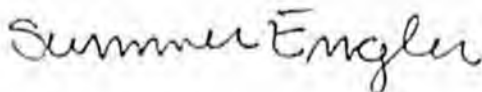
Concerning: HB 18 to increase the WWAMI medical school class size, a student applicant's perspective

My name is Summer Engler. I attend the University of Alaska Anchorage and will graduate in May with a B.S. in Biological Sciences. I am applying to the Alaska WWAMI program for the entering class of 2007. I am writing in support of doubling the WWAMI class size from ten to twenty participants for the entering class of 2007.

Why is an increase in the WWAMI class size important to me? I have several reasons. As an *applicant*, it will increase my chances of getting accepted to medical school. Alaskans are at a disadvantage when it comes to applying to medical school. For example, despite having MCAT scores and GPAs at the national average in 2004, Alaska had the second lowest acceptance rate to all US medical schools. Also, as a *resident* of the state of Alaska, I fear our current and worsening physician shortage. Currently, Alaska needs a net import of 50 new physicians per year. Over the past two years, however, the net increase has only been seven per year (Alaska State Medical Association data). In the future, as Alaska's population grows and our physician workforce ages, we will need an even larger net increase of physicians. As a *patient* in Alaska, I want to have adequate access to healthcare. Fifty percent of Alaska WWAMI students return to Alaska to practice. Increasing the WWAMI class size will increase the number of Alaska-trained physicians that return home to practice medicine. As a *future physician* in Alaska, I want to know that I will have many colleagues helping to meet the growing health care needs of our state.

I thank you for considering an increase in the Alaska WWAMI class size. This investment will help create a healthier Alaska.

Sincerely,



Summer Engler
2007 Alaska WWAMI applicant

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: CSHB18-UA-Sysbra-2-26-07
 Bill Version: CSHB18 (HES) Revised
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: University of Alaska
 Title WWAMI Bill RDU _____
 Component _____
 Sponsor Rep Meyer Component No. _____
 Requester _____

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	250.0	265.0	280.9	297.8	315.6	334.6
Travel	30.0	30.0	30.0	30.0	30.0	30.0
Contractual	30.0	30.0	30.0	30.0	30.0	30.0
Supplies	20.0	20.0	20.0	20.0	20.0	20.0
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	330.0	345.0	360.9	377.8	395.6	414.6

CAPITAL EXPENDITURES	475.0					
-----------------------------	--------------	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	180.0	186.0	192.3	199.1	205.8	213.8
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (University Receipts)	150.0	159.0	168.6	178.7	189.8	200.8
TOTAL	330.0	345.0	360.9	377.8	395.6	414.6

Estimate of any current year (FY2007) cost: 0.0
 Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time	2					
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
 CSHB18 proposes to expand the WWAMI program to accommodate 10 new program participants each year. This fiscal note reflects general fund operating expenses that will support two new faculty positions and related support costs associated with travel, contractual services, supplies, and the increased support staff time necessary with the expansion from 10 to 20 students entering the program in 2007. \$475K general fund is also included in the fiscal note and will cover the capital expenses necessary to build out, renovate, furnish and equip approximately 3,000 sq ft of additional space, including study space, office space for new faculty and expansion/upgrade of laboratory space. Students complete their first year of medical school at UAA, then complete the remaining three years through the University of Washington (UW) (some of this training can occur in Alaska). Alaska, through an agreement between Alaska Commission on Postsecondary Education (ACPE) and UW, pays for a portion of the medical school costs for the remaining three years. However, this fiscal note only includes the UA portion of costs.

Prepared by: Michelle Rizk Phone 907-450-8187
 Division University of Alaska Date/Time _____
 Approved by: Pat Pitney Date 2/26/2007
 Agency University of Alaska

Community	Population	Community	Population
Anchorage	282813	Ridgeway	1961
Fairbanks North Star Borough	87849	Deltana	1939
Matanuska-Susitna Borough	74041	Ester	1933
Kenai Peninsula Borough	51350	Willow	1932
Juneau	30650	Bear Creek	1922
Fairbanks	30552	Girdwood	1850
Eagle River-Chugiak	30000	Anchor Point	1803
Kodiak Island Borough	13638	Denali Borough	1795
Ketchikan Gateway Borough	13174	Fritz Creek	1723
College	11825	North Pole	1710
Knik-Fairview	10271	Lake & Peninsula Borough	1620
Sitka	8947	Haines	1492
Lakes	7773	Tok	1459
Ketchikan	7622	Houston	1447
Northwest Arctic Borough	7323	Metlakalla	1397
Kalifornsky	6914	Sutton-Alpine	1265
North Slope Borough	6894	Cohoe	1260
Kenai	6864	Lazy Mountain	1238
Tanaina	6622	Farm Loop	1193
Wasilla	6413	Hooper Bay	1133
Meadow Lakes	6332	Craig	1102
Kodiak	6088	Y	1063
Bethel	5812	Bristol Bay Borough	1060
Homer	5454	Delta Junction	1047
Palmer	5382	Healy	993
Sterling	5036	Salcha	946
Douglas	4850	Chevak	916
Valdez	4454	Salamatof	906
Eielson AFB	4447	Sand Point	890
Barrow	4199	Talkeetna	873
Nikiski	4179	Hoonah	861
Unalaska	3940	Skagway	834
Unalaska	3940	Selawik	830
Soldotna	3807	King Cove	807
Gateway	3682	Mountain Village	786
Nome	3508	Ninilchik	784
Petersburg	3155	Togiak	783
Kotzebue	3120	Klawock	780
Butte	3101	Buffalo Soapstone	755
Big Lake	2982	Akutan	741
Fishhook	2784	Emmonak	740
Aleutians East Borough	2643	Big Delta	738
Seward	2627	Funny River	729
Dillingham	2397	Unalakleet	710
Cordova	2288	Womens Bay	703
Haines Borough	2241	Point Hope	702
Kodiak Station	1975	Savoonga	695
Wrangell	1974	Kwethluk	693

*Prepared by Representative Meyer's Office

**Source: Division of Community Advocacy, Alaska Community Database

9:38:06 AM
3/15/07



Dennis P. Valenzano, Ph.D., Director, Alaska WWAMI Biomedical Program, UAA

Most recent 5 classes admitted to Alaska WWAMI at UAA (50 students):

- 4 from home towns with population less than 500
- 5 from home towns with population 500 to 5,000
- 6 from home towns with population 5,000 to 7,000
- 5 from home towns with population 7,000 to 20,000
- 7 from home towns with population 20,000 to 35,000
- 23 from home towns with population greater than 35,000

Hometowns of Alaska WWAMI students who entered in the year indicated:

<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>
Anchorage	Palmer	Denali Park	Anchorage	Kenai
North Pole	Anchorage	Nenana	Anchorage	Anchorage
Anchorage	Eagle River	Eagle River	Wasilla	Valdez
Anchorage	Anchorage	Anchorage	Kodiak	Anchorage
Pt. Alsworth	Fairbanks	Port Bailey	Anchorage	Eagle River
Anchorage	Anchorage	Anchorage	Anchorage	Fairbanks
Anchorage	Kasilof	Homer	Eagle River	Kodiak
Talkeetna	Bethel	Anchorage	Juneau	Fairbanks
Juneau	Anchorage	Anchorage	Anchorage	Anchorage
Juneau	Anchorage	Eagle River	Anchorage	Fairbanks

[population from 2000 US census. For cities not listed in the census, from Wikipedia.]



Home Towns of Alaska WWAMI Students. All classes that started at UAA - 1989 through 2006.

Source: AK WWAMI Program Office, UAA
 Distributed by: Senator Donny Olson

Alaska Natives in WWAMI:

1971 – 1986 at UAF
2 Alaska Natives

1989 – 2006 at UAA
17 Alaska Native
3 Native American

[1 Alaska Native in Seattle WWAMI]

[Ethnicity from medical school applications]

Other minorities in WWAMI and in WWAMI medicine pathway programs:

Most recent 5 classes admitted to Alaska WWAMI at UAA (50 students):

6	American Indian
1	Filipino
1	Japanese
2	Other
40	White

[Ethnicity from medical school applications]

To encourage minorities to enter medicine and health careers, the Alaska WWAMI Biomedical Program provides the following programs:

1. Della Keats / U-DOC Summer High School Enrichment
Support from NIH – via partnership with Anchorage Imaginarium
Support from UAA's Division of Academic & Multicultural Student Services
Prior support from US Title VII (federal program, terminated nationwide in '06)
2. NIDDK Summer Biomedical Research Program
Support from NIH

Combined Della Keats/U-DOC & NIDDK (42 students in 2004 and 2005):

18	Alaska Native
12	Asian/Pacific Islander
3	Black/African American
4	Hispanic
5	White

Alaska WWAMI Biomedical Program
3211 Providence Drive, ENGR 331
University of Alaska Anchorage
Anchorage, AK 99508
Phone: 907-786-4789

David Greisen

From: Yvonne Goldsmith [gldsmith@alaska.net]
Sent: Tuesday, March 06, 2007 5:40 PM
To: Sen. Lyman Hoffman; Sen. Bert Stedman; Sen. Charlie Huggins; Sen. Kim Elton; Sen. Donny Olson; Sen. Joe Thomas; Sen. Fred Dyson
Subject: Pls Act on HB 18 quickly

Dear Members of the Senate Finance Committee:

I urge you to act quickly on HB 18 relating to the expansion of the WWAMI program from 10 to 20 placements for our aspiring medical students. This bill has quite a lot of support in the Legislature and among the public. However, if not passed in time, the expansion will not take place this year. Ten students will have their hopes dashed. Ten students will have to put their lives on hold for yet another year.

My young colleague at the Department of Health and Social Services, Division of Public Health, is one of these hopeful students. She grew up in southcentral AK, her parents are long time small business owners. She is fervent in her desire to practice medicine in her home state. She has excellent qualifications and applied to the WWAMI program several times. Last year she was #1 on the waiting list, this year she is #9. She prefers not to apply to any other medical school program because she wants to be associated with the Alaska program. Moving this bill a little more quickly might mean a small effort on this Committee's part and a huge benefit for my colleague and nine other people! And five years from now, not six, we'd have more doctors on hand to care for seniors on Medicare.

Thank you very much for your consideration.
Sincerely,

Yvonne Goldsmith
6035 Bluebell Drive
Anchorage, AK 99516

SENATE COMMITTEE REPORT

DATE: 2/22/07

FURTHER: Finance

DATE TURNED
IN TO OFFICE: _____

Health, Education and Social Services Committee considered CS FOR HOUSE BILL NO. 18(HES)

HB 18 POSTSECONDARY MEDICAL & OTHER EDUC. PROC.

"An Act amending the functions and powers of the Alaska Commission on Postsecondary Education; and relating to the repayment provisions for medical education and postsecondary degree program participants."

and recommends:

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

SENATE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
HOUSE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
CHAIR:					

HES referral waived
 2/23/07

SENATE COMMITTEE REPORT

DATE: 2/19/07

FURTHER: Health, Education and Social Services
Finance

DATE TURNED IN TO OFFICE: 2/21/07

Senate Special Committee on Education considered CS FOR HOUSE BILL NO. 18(HES)

HB 18 POSTSECONDARY MEDICAL & OTHER EDUC. PROG.

"An Act amending the functions and powers of the Alaska Commission on Postsecondary Education; and relating to the repayment provisions for medical education and postsecondary degree program participants."

and recommends:

- be replaced with SCS or CS CSHB 18 (SED)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:
 Same Title
 New Title

HOUSE BILL:
 Same Title
 Technical Title Change
 New Title w/ SCR # _____



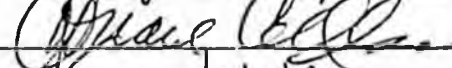
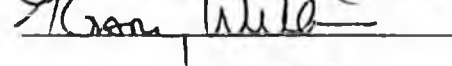

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
EED	1/25/07	✓			1
H.FIN	2/7/07			✓	2

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Sen. Charlie Huggins	X			
	Sen. Betty Davis	X			
	Sen. Donny Olson	✓			
	Sen. Gary Wilken	✓			
CHAIR: 	STEVENS	✓			

HB

19

HFIN

FILE

REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

MEMORANDUM

DATE: February 7, 2006
TO: Representative Meyer
FROM: Mike Pawlowski
RE: Changes to HB 19 in CS HB 19 (STA) (25-LS0133\M)

Changes:

- Section 1: No changes.
- Section 2: Rewrote lines 4-7 on page 2 to retain the court system's authority to issue a limited license which was repealed by section 6.
- Added in subsection (1) (Page 2 lines 12-13) "or a similar municipal ordinance" to ensure that HB 19 applies to convictions under municipal DUI ordinances.
- Section 4 & 5: Added new section 4 extending the court's authority to require an ignition interlock device beyond the initial period of probation.

REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

MEMORANDUM

DATE: February 19, 2006
TO: Representative Meyer
FROM: Mike Pawlowski
RE: Changes to CSHB 19 (STA) in CS HB 19 (JUD) (25-LS0133\L)

The CS for HB 19 (25-LS0133\L) includes new language that includes avoiding an ignition interlock device in the affidavit required under section 3 (old section 2), makes conforming changes to the statute and clarifies that attempting to operate a vehicle that is prevented from starting is not considered a violation of the limited license.

Changes:

Section 1: Adds a new section 1 amending AS 11.76.140 to conform existing statute to the new ignition interlock limited license, removes subsection (2) governing rentals and loans, changes the classification of the offense to a class A misdemeanor.

Renumbered sections accordingly

Section 3: (Old Section 2) Changed "that is" on page 2 line 25 to "shall be" and inserted new language on page 2 line 26: "If the ignition interlock device prevents a vehicle from being operated, the person has not violated the requirements of the limited license by attempting to operate the vehicle."

The new language is intended to address 2 AAC 90.230 (A) which gives the division the power to cancel an ignition interlock limited license if the person "attempted to operate a motor vehicle after consuming alcohol sufficient to lock-out the ignition."

Added, on page 3 lines 7-8 a new (B) in the required affidavit giving notice that circumventing or tampering with an ignition interlock device is a violation of AS 11.76.140.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 1
Bill Version: CSHB 19(STA)
(H) Publish Date: 2/5/07

Revision Date/Time (Note if correction): _____ Dept. Affected: DOT&PF
Title Limited Driver's License RDU Planning
Component Program Development
Sponsor Rep. Meyer
Requester House STA Component No. 2762

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Currently DOT&PT receives 4121.2 from the National Highway Safety Administration to be spent on alcohol related driving safety programs. If this bill passes, the state will have strict enough statutes to allow this money to come directly from Federal Highway Administration and to be spent on National Highway System, Surface Transportation Program or Interstate Maintenance projects in Alaska.

In Summary this change takes money from the Highway Safety Education program and allows it be used for road construction and major repairs.

Prepared by: Mary Siroky Phone 465-4772
Division: Commissioner's Office Date/Time 01/30/07 8:00am
Approved by: John MacKinnon Date 1/30/2007
Agency: Department of Transportation and Public Facilities

HOUSE COMMITTEE REPORT

(11)

Date Referred to Committee: February 21, 2007

FURTHER REFERRALS:

Date of Committee Action: 3/27/07

The FINANCE Committee considered:

HB 19

HOUSE BILL NO. 19

LIMITED DRIVER'S LICENSES

"An Act relating to ignition interlock limited driver's license privileges."

Recommends it be replaced with HCS or HCS for HB 19 (F.W)
 For Senate Bills with new title: Technical Title New Title: HCR _____ Same Title New Title

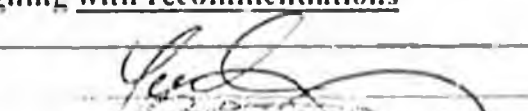
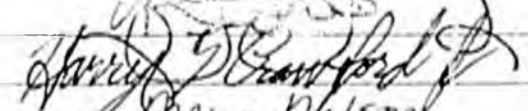
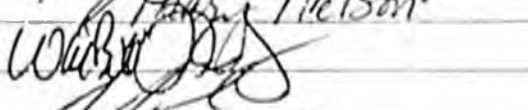
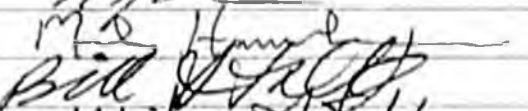
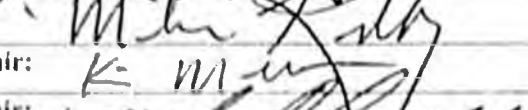
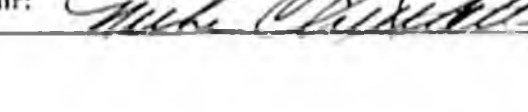

- attach amendments
- add new referral to _____ Committee
- Letter of Intent _____ Committee

List of
Abbrev
for
Depts.:

- ADM
- CED
- COR
- CRT
- EED
- DEC
- DFG
- GOV
- HSS
- LWF
- LAW
- LEG
- MVA
- DJR
- DPS
- REV
- DOT
- UA

<u>NEW FISCAL NOTES</u>				
*Assigned by Chief Clerk's Office				
List by Dept(s):	*FN#	Fiscal	Indet.	Zero
<u>DOT</u>				<input checked="" type="checkbox"/>

<u>PREVIOUS FISCAL NOTES</u>				
List by Dept(s):	FN#	Fiscal	Indet.	Zero
<u>ADM</u>	<u>42</u>	<input checked="" type="checkbox"/>		

<u>Signing with recommendations</u>	Printed Last Name	DP	DNP	NR	AM
	Gara	<input checked="" type="checkbox"/>			
	FOSTER CRAWFORD	XXXX <input checked="" type="checkbox"/>			
	NEZSON	<input checked="" type="checkbox"/>			
	Thomas	<input checked="" type="checkbox"/>			
	Soule	X			
	Hawker			X	
	STOLTZ			X	
	KELLY			X	
Chair:	Meyer	<input checked="" type="checkbox"/>			
Chair:	Chenuault	X			

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: CSHB019-DOT-PLN-02-03-07
 Bill Version: CSHB 19 STA
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: DOT&PF
 Title Limited Driver's License RDU Planning
 Component Program Development
 Sponsor Rep. Meyer
 Requester House STA Component No. 2762

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

*DOT&PF is currently sanctioned \$4,121.2 (3%) from the Federal Highway program, from funding for the National Highway System, Surface Transportation Program and Interstate Maintenance. This sanction is invoked because AK's laws repeat intoxicated driver laws do not meet all required elements of the Section 164 (USC 23). The sanctioned funds are returned to AK under the oversight of the National Highway Traffic Safety Administration, and can only be used on programs that address safety directly, either through targeted highway safety construction projects, or behavioral programs (education, enforcement) that are focused on alcohol related problems. AK DOT&PF is currently spending 50% of the sanction funds on each of these categories. The NHTSA Office of Chief Counsel has issued a written email that HB 19 is not legally sufficient to result in the sanction being removed from the highway program.
 In summary, HB 19 would not change the distribution of sanction funds."

Prepared by: Mary Siroky
 Division: Commissioner's Office
 Approved by: John MacKinnon
 Agency: Department of Transportation and Public Facilities

Phone: 465-4772
 Date/Time: 02/03/07 5:00pm
 Date: 2/3/2007

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 2
Bill Version: CSHB 19(STA)
(H) Publish Date: 2/5/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
Title "An Act relating to ignition interlock limited driver's license privileges." RDU Division of Motor Vehicles
Component Motor Vehicles
Sponsor Representatives Meyer, Crawford
Requester (F) STA Component No. 2348

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	56.5	56.5	56.5	56.5	56.5	56.5
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	12.0	2.0	2.0	2.0	2.0	2.0
Supplies	0.5	0.5	0.5	0.5	0.5	0.5
Equipment	7.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	76.0	59.0	59.0	59.0	59.0	59.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
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CHANGE IN REVENUES ()	36.0	36.0	36.0	36.0	36.0	36.0
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match	0.0	0.0	0.0	0.0	0.0	0.0
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1037 GF/Mental Health	0.0	0.0	0.0	0.0	0.0	0.0
1156 Receipt Supported Services	76.0	59.0	59.0	59.0	59.0	59.0
TOTAL	76.0	59.0	59.0	59.0	59.0	59.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time	1	1	1	1	1	1
Part-time	0	0	0	0	0	0
Temporary	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary)

This bill will expand the lawful use of a 'limited' driver's license issued to DUI offenders. It will also expand the numbers of persons qualifying for such a license. As such, our FN reflects a conservative estimate of 300 additional customers making application (increasing revenue @ \$120. ea) as well as one additional full-time position annually. Also included is a 1-time cost for necessary programming updates to allow our internal system, ALVIN, to process these requests in a manner identifiable to law enforcement agencies.

Prepared by: Duano Bannock, director
Division: Motor Vehicles
Approved by: Kevin Brooks, Deputy Commissioner
Agency: Department of Administration

Phone: 269 5008
Date/Time: 1/30/07 4:00pm
Date: 1/30/2007

*adopted
3/5*

Representative Meyer

AMENDMENT \

OFFERED IN THE HOUSE
TO: CSHB 19(JUD)

Page 3 line 16:

Insert:

(5) The ignition interlock limited license is not granted during the first 30 days of the period of revocation.



REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

MEMORANDUM

DATE: March 23, 2007
TO: Representative Meyer
FROM: Mike Pawlowski
RE: Blank CS for HB 19

The attached blank CS for HB 19 makes substantive changes to the previous versions. The major departure is that rather than attempting to enlarge the sphere of people qualified to apply for a limited license we instead focus on changing the limited license. Below is a comparison of existing law and the new HB 19:

	AS 28.15.201(d)	HB 19 (Section 3)
Authority to Grant:	Court or DMV	Court or DMV
Qualified Offenses:	Misdemeanor DUI	Misdemeanor DUI
Hard Suspension Period:	30 days / 90 days	30 days / 90 days
Enrolled / Completed Treatment:	Yes	Yes
Employed:	Yes	No
Proof of Ignition Interlock Device	No	Yes
Affidavit:	No	Yes
Application Cost:	\$100	\$120
Ignition Interlock Costs:	If required	Yes

The primary differences between the old limited license and the new limited license are:

1. **Where you can drive:**
 - a. The old limited license specified a person could only drive to and from work. The ignition interlock limited license allows a person to drive anywhere as long as they have the device installed on their vehicle.

2. Employment:

- a. The old limited license required a person to be employed. The ignition interlock limited license is based on the ignition interlock device and not on whether or not a person is employed.

The blank CS for HB 19 also contains several changes to existing statutes (Sections 1,2,4,5 & 6). The changes are summarized below:

Section 1: Changes existing AS 11.76.140 (*Avoidance of an Ignition Interlock Device*) by elevating the offense for tampering with an ignition interlock device to a class A misdemeanor from an unclassified offense. Section 1 also clarifies the mental states governing whether or not a person violates AS 11.76.140 when renting or loaning a vehicle to a person that is required to have an ignition interlock device.

Section 2: Adjusts the existing limited license (AS 28.15.201(d)) allowing a person to apply to the courts for the old type of limited license if they cannot reasonably get an ignition interlock device installed on their vehicle.

Section 4: Makes conforming changes to the driving while license suspended or revoked statute.

Section 5 & 6: Requires the court to make findings regarding whether or not a person should be required to have an ignition interlock device on their vehicle throughout the period of their probation.

*adopted
3/5*

25-LS0133V.3
Luckhaupt
3/2/07

AMENDMENT 2

By: Rep. Meyer

OFFERED IN THE HOUSE
TO: CSHB 19(JUD)

1 Page 1, line 4, through page 2, line 6:

2 Delete all material and insert:

3 **** Section 1. AS 11.76.140 is amended to read:**

4 **Sec. 11.76.140. Avoidance of ignition interlock device. (a) A person**
5 **commits the crime of avoidance of ignition interlock device if the person [MAY**
6 **NOT] knowingly**

7 **(1) circumvents [CIRCUMVENT] or tampers [TAMPER] with an**
8 **ignition interlock device in a manner intended to allow a person on probation under**
9 **AS 12.55.102, with a condition of sentence under AS 12.55.102, or who has an**
10 **ignition interlock limited license to avoid using the device; [OR]**

11 **(2) rents [RENT, LOAN, OR LEASE] a motor vehicle to a person**
12 **(and with criminal negligence disregards the fact that the person is on probation**
13 **under AS 12.55.102, has a condition of sentence under AS 12.55.102, or has an**
14 **ignition interlock limited license, unless the vehicle is equipped with an ignition**
15 **interlock device described in AS 12.55.102; or**

16 **(3) loans a motor vehicle to a person and ^{knowingly} ~~recklessly~~ disregards the**
17 **fact that the person is on probation under AS 12.55.102, has a condition of**
18 **sentence under AS 12.55.102, or has an ignition interlock limited license, unless**
19 **the vehicle is equipped with an ignition interlock device described in**
20 **AS 12.55.102.**

21 **(b) Avoidance of ignition interlock device**

22 **(1) under (a)(1) of this section is a class A misdemeanor;**

23 **(2) under (a)(2) or (3) of this section is [NOTWITHSTANDING**

1 AS 11.81.250, A PERSON CONVICTED OF VIOLATING THIS SECTION IS
2 GUILTY OF] a class B misdemeanor and is punishable by a term of imprisonment
3 of not more than [THE MAXIMUM TERM OF IMPRISONMENT THAT MAY BE
4 IMPOSED IS] 30 days and a [THE MAXIMUM] fine of not more than [THAT
5 MAY BE IMPOSED IS] \$500."

Withdrawn
3/5

AMENDMENT 3

OFFERED IN THE HOUSE
TO: CSHB 19(JUD)

BY REPRESENTATIVE GARA

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Page 2, following line 19:

Insert a new bill section to read:

** Sec. 3. AS 28.15.201(d) is amended to read:

(d) Notwithstanding (f) of this section, in cases where a person does not live in a place connected by public highway to a business that installs interlock devices and it is not feasible for the person to have an interlock device installed, a person may apply to the [A] court revoking the [A] driver's license, privilege to drive, or privilege to obtain a license under AS 28.15.181(c), or the department when revoking the [A] driver's license, privilege to drive, or privilege to obtain a license under AS 28.15.165(c), for limited license privileges, and the court or department may grant limited license privileges if

(1) the revocation was for a misdemeanor conviction under AS 28.35.030(a) and not for a violation of AS 28.35.032;

(2) the person has

(A) not been previously convicted and the limited license is not granted during the first 30 days of the period of revocation;

(B) been previously convicted, the limited license is not granted during the first 90 days of the period of revocation, and

(i) the person has successfully completed a court-ordered treatment program under AS 28.35.028 or former AS 28.35.030(p); or

(ii) the court or department requires the person to use an ignition interlock device during the period of the limited license;

1 (3) the court or the department determines that

2 (A) the person's ability to earn a livelihood would be severely
3 impaired without a limited license; or

4 (B) the person has successfully completed a court-ordered
5 treatment program described under AS 28.35.028 or former AS 28.35.030(p)
6 and the person's ability to earn a livelihood, attend school, or provide for
7 family health would be severely impaired without a limited license;

8 (4) the court or the department determines that a limitation under (a) of
9 this section can be placed on the license that will enable the person to earn a livelihood
10 without excessive danger to the public;

11 (5) the court or the department determines that the person is enrolled in
12 and is in compliance with or has successfully completed the alcoholism screening,
13 evaluation, referral, and program requirements of the Department of Health and Social
14 Services under AS 28.35.030(h); and

15 (6) the person has not been previously convicted under
16 AS 28.15.291(a)(2), AS 28.35.030, or 28.35.032 while driving or operating a vehicle,
17 aircraft, or watercraft under a limited license issued under this section."
18

19 Renumber the following bill sections accordingly.

20

21 Page 3, line 28:

22 Delete "AS 28.15.201(f) [AS 28.15.201(d)]"

23 Insert "AS 28.15.201(d) or (f)"

24

25 Page 4, line 4:

26 Delete "AS 28.15.201(f) [AS 28.15.201(d)]"

27 Insert "AS 28.15.201(d) or (f)"

28

29 Page 5, line 2:

30 Delete "AS 28.15.201(d) and 28.15.201(e) are"

31 Insert "AS 28.15.201(e) is"

with drawn
3/5

Amendment 4

By Representative Gara

On Page 3, line 15:

After "license."

Insert:

"The court may not provide the grant of this privilege to the person if it would, under all the circumstances, endanger the public's safety."

*adopted
3/27/07*

25-LS0133N
Luckhaupt
3/20/07

CS FOR HOUSE BILL NO. 19()

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIFTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES MEYER, Crawford, Gruenberg, Gara

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to ignition interlock devices; to limited driver's license privileges; and
2 to ignition interlock limited driver's license privileges."

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

4 * Section 1. AS 11.76.140 is amended to read:

5 Sec. 11.76.140. Avoidance of ignition interlock device. (a) A person
6 commits the crime of avoidance of ignition interlock device if the person [MAY
7 NOT] knowingly

8 (1) circumvents [CIRCUMVENT] or tampers [TAMPER] with an
9 ignition interlock device in a manner intended to allow a person on probation under
10 AS 12.55.102. with a condition of sentence under AS 12.55.102, or who has an
11 ignition interlock limited license to avoid using the device; [OR]

12 (2) rents [RENT, LOAN, OR LEASE] a motor vehicle to a person
13 and with criminal negligence disregards the fact that the person is on probation
14 under AS 12.55.102. has a condition of sentence under AS 12.55.102, or has an

1 ignition interlock limited license, unless the vehicle is equipped with an ignition
2 interlock device described in AS 12.55.102; or

3 (3) loans a motor vehicle to a person and knowingly disregards the
4 fact that the person is on probation under AS 12.55.102, has a condition of
5 sentence under AS 12.55.102, or has an ignition interlock limited license, unless
6 the vehicle is equipped with an ignition interlock device described in
7 AS 12.55.102.

8 (b) Avoidance of ignition interlock device

9 (1) under (a)(1) of this section is a class A misdemeanor;

10 (2) under (a)(2) or (3) of this section is [NOTWITHSTANDING
11 AS 11.81.250, A PERSON CONVICTED OF VIOLATING THIS SECTION IS
12 GUILTY OF] a class B misdemeanor and is punishable by a term of imprisonment
13 of not more than [THE MAXIMUM TERM OF IMPRISONMENT THAT MAY BE
14 IMPOSED IS] 30 days and a [THE MAXIMUM] fine of not more than [THAT
15 MAY BE IMPOSED IS] \$500.

16 * Sec. 2. AS 28.15.201(d) is amended to read:

17 (d) Notwithstanding (f) of this section, in cases where a person cannot
18 reasonably have an ignition interlock device installed, a person may apply to the
19 [A] court revoking a driver's license, privilege to drive, or privilege to obtain a license
20 under AS 28.15.181(c), [OR THE DEPARTMENT WHEN REVOKING A
21 DRIVER'S LICENSE, PRIVILEGE TO DRIVE, OR PRIVILEGE TO OBTAIN A
22 LICENSE UNDER AS 28.15.165(c),] for limited license privileges, and the court
23 may grant limited license privileges if

24 (1) the revocation was for a misdemeanor conviction under
25 AS 28.35.030(a) or a similar municipal ordinance and not for a violation of
26 AS 28.35.032;

27 (2) the person has

28 (A) not been previously convicted and the limited license is not
29 granted during the first 30 days of the period of revocation;

30 (B) been previously convicted, the limited license is not
31 granted during the first 90 days of the period of revocation, and

1 [(i)] the person has successfully completed a court-
2 ordered treatment program under AS 28.35.028 or former
3 AS 28.35.030(p); [OR

4 (ii) THE COURT OR DEPARTMENT REQUIRES
5 THE PERSON TO USE AN IGNITION INTERLOCK DEVICE
6 DURING THE PERIOD OF THE LIMITED LICENSE;]

7 (3) the court [OR THE DEPARTMENT] determines that

8 (A) the person's ability to earn a livelihood would be severely
9 impaired without a limited license; or

10 (B) the person has successfully completed a court-ordered
11 treatment program described under AS 28.35.028 or former AS 28.35.030(p)
12 and the person's ability to earn a livelihood, attend school, or provide for
13 family health would be severely impaired without a limited license;

14 (4) the court [OR THE DEPARTMENT] determines that a limitation
15 under (a) of this section can be placed on the license that will enable the person to earn
16 a livelihood without excessive danger to the public;

17 (5) the court [OR THE DEPARTMENT] determines that the person is
18 enrolled in and is in compliance with or has successfully completed the alcoholism
19 screening, evaluation, referral, and program requirements of the Department of Health
20 and Social Services under AS 28.35.030(h); and

21 (6) the person has not been previously convicted under
22 AS 28.15.291(a)(2), AS 28.35.030, or 28.35.032 while driving or operating a vehicle,
23 aircraft, or watercraft under a limited license issued under this section.

24 * Sec. 3. AS 28.15.201 is amended by adding a new subsection to read:

25 (f) A court revoking a driver's license, privilege to drive, or privilege to obtain
26 a license under AS 28.15.181(e), or the department when revoking a driver's license,
27 privilege to drive, or privilege to obtain a license under AS 28.15.165(e), may grant
28 ignition interlock limited license privileges. Ignition interlock limited license
29 privileges allow the person to operate a vehicle on which an ignition interlock device
30 has been installed and shall be identified on the limited license certificate issued by the
31 court or department to the person. If the ignition interlock device prevents a vehicle

1 from being operated, the person has not violated the requirements of the limited
2 license by attempting to operate the vehicle. The court or department may grant
3 ignition interlock limited license privileges if

4 (1) the revocation was for a misdemeanor conviction under
5 AS 28.35.030 or a similar municipal ordinance and not for a violation of
6 AS 28.35.032;

7 (2) the person

8 (A) has not been previously convicted and the limited license is
9 not granted during the first 30 days of the period of revocation; or

10 (B) has been previously convicted and the limited license is not
11 granted during the first 90 days of the period of revocation;

12 (3) the person provides proof of installation of the ignition interlock
13 device on every vehicle the person operates;

14 (4) the person signs an affidavit acknowledging that

15 (A) operation by the person of a vehicle that is not equipped
16 with an ignition interlock device is subject to penalties for driving with a
17 revoked license;

18 (B) circumventing or tampering with the ignition interlock
19 device is a class A misdemeanor; and

20 (C) the person is required to maintain the ignition interlock
21 device throughout the period of the limited license, to keep up-to-date records
22 in each vehicle showing that any required service and calibration is current,
23 and to produce those records immediately on request;

24 (5) the person is enrolled in and is in compliance with or has
25 successfully completed the alcoholism screening, evaluation, referral, and program
26 requirements of the Department of Health and Social Services under AS 28.35.030(h);

27 (6) the person provides proof of insurance as required by AS 28.20.230
28 and 28.20.240; and

29 (7) the person has not previously been convicted of violating the
30 limitations of an ignition interlock limited license.

31 * Sec. 4. AS 28.15.291(b) is amended to read:

1 (b) Upon conviction under (a) of this section, the court

2 (1) shall impose a minimum sentence of imprisonment

3 (A) if the person has not been previously convicted, of not less
4 than 10 days with 10 days suspended, including a mandatory condition of
5 probation that the defendant complete not less than 80 hours of community
6 work service;

7 (B) if the person has been previously convicted, of not less than
8 10 days;

9 (C) if the person's driver's license, privilege to drive, or
10 privilege to obtain a license was revoked under circumstances described in
11 AS 28.15.181(c)(1), or if the person was driving in violation of a limited
12 license issued under AS 28.15.201(d) or (f) following that revocation, of not
13 less than 20 days with 10 days suspended, and a fine of not less than \$500,
14 including a mandatory condition of probation that the defendant complete not
15 less than 80 hours of community work service;

16 (D) if the person's driver's license, privilege to drive, or
17 privilege to obtain a license was revoked under circumstances described in
18 AS 28.15.181(c)(2), (3), or (4) or if the person was driving in violation of a
19 limited license issued under AS 28.15.201(d) or (f) following that revocation,
20 of not less than 30 days and a fine of not less than \$1,000;

21 (2) may impose additional conditions of probation;

22 (3) may not

23 (A) suspend execution of sentence or grant probation except on
24 condition that the person serve a minimum term of imprisonment and perform
25 required community work service as provided in (1) of this subsection;

26 (B) suspend imposition of sentence;

27 (4) shall revoke the person's license, privilege to drive, or privilege to
28 obtain a license, and the person may not be issued a new license or a limited license
29 nor may the privilege to drive or obtain a license be restored for an additional period
30 of not less than 90 days after the date that the person would have been entitled to
31 restoration of driving privileges; and

1 (5) may order that the motor vehicle that was used in commission of
2 the offense be forfeited under AS 28.35.036.

3 * Sec. 5. AS 28.35.030 is amended by adding a new subsection to read:

4 (u) When a defendant is convicted under this section, the court shall consider
5 the use of an ignition interlock device as provided in AS 12.55.102 and shall make
6 findings concerning the decision. The court shall require the use of an ignition
7 interlock device for the entire period of probation or sentence or a portion thereof,
8 when its use is consistent with the purposes stated in AS 12.55.005 and as needed to
9 protect public safety.

10 * Sec. 6. AS 28.35.032 is amended by adding a new subsection to read:

11 (u) When a defendant is convicted under this section, the court shall consider
12 the use of an ignition interlock device as provided in AS 12.55.102 and shall make
13 findings concerning the decision. The court shall require the use of an ignition
14 interlock device for the entire period of probation or sentence or a portion thereof,
15 when its use is consistent with the purposes stated in AS 12.55.005 and as needed to
16 protect public safety.

17 * Sec. 7. The uncodified law of the State of Alaska is amended by adding a new section to
18 read:

19 TRANSITIONAL PROVISION. A person convicted of a misdemeanor violation of
20 AS 28.35.030 before the effective date of this Act who has a limited license issued under or is
21 eligible to receive a limited license under AS 28.15.201(d), as that subsection read on the day
22 before the effective date of this Act, may continue to use that limited license or may receive a
23 limited license as provided in AS 28.15.201 as that section read on the day before the
24 effective date of this Act and is subject to penalties for violating the limitations on that license
25 as provided in AS 28.15.291 as that statute read on the day before the effective date of this
26 Act.

27 * Sec. 8. This Act takes effect January 1, 2008.

REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

Sponsor Statement HB 19

"An Act relating to ignition interlock limited driver's license privileges."

Currently, a person convicted of driving under the influence has been able to get a limited driver's license from the Division of Motor Vehicles so that they can continue to drive and to earn a living. The limitation currently placed on a license focuses primarily on where a person can drive. House Bill 19 shifts the emphasis from where a person can drive to how a person can drive by changing the type of limited license available to an offender from the traditional limited license to an ignition interlock limited license.

An ignition interlock limited license requires an offender to install and maintain an ignition interlock device on the vehicle they intend to drive. An ignition interlock device analyzes a person's blood alcohol content and prevents the car from being started if the person's blood alcohol level is above a set level. The license allows the offender to drive only the vehicle on which the device is installed. Under HB 19, driving another vehicle is considered the same as driving with a revoked license and that vehicle can be forfeited to the state.

Several states require ignition interlock devices for DUI offenders and studies suggest that ignition interlock devices lead to a substantial decline in recidivism, particularly for offenders with multiple DUI's. More importantly, an ignition interlock device prevents an intoxicated person from starting their car and thereby keeps a potential drunk driver off the road. With an ignition interlock device – if you can't blow, you can't go.

(Updated 1/16/2007)



State of Alaska
Department of
Public Safety

Sarah Palin, Governor
Walt Monegan, Commissioner

February 22, 2007

The Honorable Kevin Meyer
House of Representatives
Alaska State Capitol, Rm 515
Juneau, AK 99801-1182

Dear Representative Meyer:

Re: HB 19

The Alaska Department of Public Safety (DPS) supports HB 19 to enhance current law regarding limited driver's license privileges and ignition interlock devices.

Currently, at least 46 states and the District of Columbia have laws that require some offenders to drive only if their vehicles have been equipped with ignition interlocks.¹ In neighboring Canada, one province that has implemented ignition interlocks is showing a reduction in the repeat DWI rate by 80% during the first 12 months for first-time offenders and by 74% during the first 24 months among repeat offenders.²

Studies have shown that about one-third of all drivers arrested or convicted of driving under the influence of alcohol are repeat offenders (Fell, 1995). In addition, the risk of a driver who has one or more DWI convictions becoming involved in a fatal crash is about 1.4 times the risk of a driver with no DWI conviction (NHTSA, 2000).

The Department of Public Safety is committed to increasing safety on Alaska's highways and supports passage of HB 19 as a means of reducing impaired driving.

Sincerely,

Walt Monegan
Commissioner

¹ Insurance Institute for Highway Safety

² <http://www.interlockdevice.com/r3.htm>



Ignition Interlock - Issue Brief

[Overview](#) | [Take Action](#) | [Related Issues](#) | [Resources](#)

Overview

Repeat offenders are a significant portion of the drunk driving problem – about one-third of all DUI arrests each year are of people who have been convicted previously of driving under the influence. (Fell, 1995) Considering that between 50 and 75 percent of those whose licenses are suspended or revoked as the result of driving under the influence continue to drive without their license, (Nichols and Ross, 1996) (Voss and Tippetts, 1994) revoking a license is good, but not always enough.

Ignition interlocks prevent people who have alcohol in their system from driving a car. An operator breathes into an interlock device to determine blood alcohol concentration. If there is measurable alcohol in the blood, the vehicle does not start.

As one might expect, this stops offenders from re-offending while the interlock device is on the vehicle. Interlocks have been shown to be effective in Maryland (Black, 1999), Alberta (Voss, et al, 1994), California (Tishman and Helander, 1994), and elsewhere (Weintraub, 1997) (Coben, 1999) with results ranging from 50 to 90 percent reductions in subsequent offenses by those offenders who were assigned interlock devices, compared with those who were not.

While interlocks are not the only solution, as offenders tend to go back to their old ways once the device is off of the vehicle, they certainly keep the roads safer while these devices are in place.

Take Action

Thirty-one states and the District of Columbia have not yet made interlock interlocks mandatory: Alabama, Alaska, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Indiana, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, West Virginia, Wisconsin, and Wyoming if you are from one of these states

Related Issues

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-
-
-
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Resources

- *Official Position Statement*
- *State Laws*
- *Studies*
 - MADD's *Impaired Driving Summit Report (PDF)*
 - Beck, KH, et al. "Effects of Ignition Interlock License Restrictions on Drivers with Multiple Alcohol Offenses: A Randomized Trial in Maryland." *American Journal of Public Health*, 89 vol. 11 (1999): 1696-1700. ([Click here](#))
 - Coben, Jeffrey, and Gregory Larkin. "Effectiveness of Ignition Interlock Devices in Reducing Drunk Driving Recidivism." *American Journal of Preventive Medicine* 16 vol. 1S (1999): 81-87. (not yet online)
 - Fell, Jim. "Repeat DWI Offenders in the United States." Washington, DC: National Department of Transportation, National Highway Traffic Safety Administration Traffic Tech No. 85, February 1995. ([Click here](#))
 - National Highway Traffic Safety Administration. "Repeat DWI Offenders Are an Elusive Target." Washington, DC: National Department of Transportation, National Highway Traffic Safety Administration Traffic Tech No. 217, March 2000. ([Click here](#))
 - Nichols, James, and H. Lawrence Ross. "The Effectiveness of Legal Sanctions in Dealing with Drinking Drivers." *Alcohol, Drugs and Driving* 6(2) (1990): 33-55. ([Click here](#))
 - Peck, R.C., R. J. Wilson, and L. Sutton. "Driver License Strategies for Controlling the Persistent DUI Offender," *Strategies for Dealing with the Persistent Drinking Driver*. Transportation Research Board, Transportation Research Circular No. 437. Washington, DC: National Research Council (1995): 48-49. (not yet online)
 - Tashima, H.N., and C.J. Helander. 1999 Annual Report of the California DUI Management Information System. Sacramento, CA: California Department of Motor Vehicles Research and Development Section, 1999. (not yet online)
 - Voas, Robert, et al. "Alberta Interlock Program: The Evaluation of a Province-Wide Program on DUI Recidivism." *Addiction* 94 vol. 12 (1999): 1849-1859. (not yet online)
 - Voas, Robert and A. Scott Tippetts, A.S. "Unlicensed Driving by DUIs - A Major Safety Problem?" TRB ID No. CR077. Paper presented at the 73rd Annual Meeting, Transportation Research Board, Landover, MD, (1994, January 9-13). (not yet online)
 - Weinrath, M. "Ignition Interlock Program for Drunk Drivers: A Multivariate Test." *Crime and Delinquency* 43 vol. 1 (1997): 42-59 (not yet online)
- *Press Releases*
 - NHTSA "Ignition Interlock Requirements for Convicted Drunk Drivers." Apr. 14, 2003. ([Click here](#))
- *Testimony*
 - Wendy Hamilton's testimony before the Senate Appropriations Committee, May 22, 2003. ([Click here](#))
 - Wendy Hamilton's testimony before the Senate Commerce, Science & Transportation Committee, May 22, 2003. ([Click here](#))
- *Press Releases*

- o "Florida Legislature Adopts Stricter DUI Laws", Mothers Against Drunk Driving Press Release. April 3, 2002. ([Click here](#))



MADD's Positions on Sanctions

Position:

License Plate/Vehicle Impoundment and Confiscation
Administrative License Revocation
Progressive Sanctions
Mandatory Confinement for Repeat Offenders
Minimum Security DWI/DUI Facilities
Anti Charge Reduction
Equal Penalties
DWI Tracking Systems
Probationary Technology
Ignition Interlock Devices

License Plate/Vehicle Impoundment And Confiscation

MADD advocates confiscating (or impounding) vehicles or plates from the vehicles of habitual impaired drivers or those who drive while under driver's license suspension or revocation, where the suspension or revocation was the result of driving under the influence or any other alcohol related driving offense.

Administrative License Revocation

MADD advocates implementation of administrative drivers license revocation or suspension laws for drivers whose blood alcohol content exceeds the legal limit defined by law.

Progressive Sanctions

MADD advocates a two-track system of penalties applied in both the administrative and criminal justice systems. Designed to reduce impaired driving by repeat offenders and deter those who have not been detected, the system will administer progressively more severe sanctions to deter offenders who have not been detected and reduce recidivism of those who have been detected.

Mandatory Confinement for Repeat Offenders

MADD favors confinement which cannot be suspended or probated for those convicted more than once of driving while under the influence. Drunk driving is a crime, and continued incidence of such offenses warrants the punitive effect of a certain jail sentence. Making the sentence mandatory removes the uncertainty and increases deterrent value of the sanction.

Minimum Security DWI/DUI Facilities

MADD calls for the development of special minimum security facilities for incarceration of convicted DWI/DUI offenders, which include assessment and treatment while incarcerated.

Anti Charge Reduction

MADD believes that all who are charged with DWI/DUI offenses should be prosecuted as charged rather than be allowed to negotiate to a lesser offense, especially a non-alcohol related offense.

Equal Penalties

MADD believes that all impaired driving violations resulting in death or serious bodily injury, as well as leaving the scene of a crash, should be felonies. The penalties for these offenses should be equal.

DWI Tracking Systems

MADD supports the implementation of integrated DWI tracking systems that record pertinent information on DWI offenses from arrest to final disposition by the courts and driver license agencies. Tracking systems should include arrest records from all police agencies, prosecution court disposition and driver licensing records and should be accessible by all law enforcement agencies and courts.

Probationary Technology

MADD supports investigation and evaluation of new scientific technology designed to prevent individuals from driving under the influence of alcohol, such as ignition interlock device; however MADD does not support the use of such technology as a substitute for appropriate traditional penalties and sanctions for drunk driving, such as license revocation and jail sentences.

Ignition Interlock Devices

MADD supports the use of ignition interlock devices as an additional penalty and sanction for drunk driving offenders. The use of such devices should be in addition to normal sanctions such as fines, license sanctions and jail sentences. MADD supports laws that would require that offenders install these devices on their vehicles during probationary periods and as a prerequisite to being issued a limited driving permit or a probationary or restricted license, where such restricted permits are permitted by law.

REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

MEMORANDUM

DATE: January 16, 2007
TO: Representative Kevin Meyer
FROM: Mike Pawlowski
RE: Sectional Analysis for HB 19
(Version No. 25 – LS0133/E)

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Removes the suspension provision in order to allow early application for an ignition interlock limited license.

Section 2. Creates and establishes requirements for an ignition interlock limited license.

Section 3. Specifies that a person caught violating the provisions of an ignition interlock limited license is subject to 28.15.291 (driving with a suspended or revoked license) and subjects the vehicle in violation to forfeiture.

Section 4. Repeals the existing limited license provisions for DUI convictions in 28.15.201(d) & (e) to allow for the ignition interlock limited license created in section 3.

Section 5. Transitional provision allowing a person convicted prior to the passage of HB 19 to continue to use their limited license.

Section 6. January 1, 2008 effective date.

LookSmart

FindArticles > American Journal of Drug and Alcohol Abuse > Feb, 2003 > Article > Print friendly

Blow and go: the breath-analyzed ignition interlock device as a technological response to DWI - driving while intoxicated

Andrew Fulkerson

- judge

BACKGROUND

In the last two decades, the crime of driving while intoxicated (DWI) has been one of the most visible of criminal or traffic related offenses. For many years, until the 1980s, the violation of laws prohibiting the operation of motor vehicles while under the influence of alcohol was not pursued with the same degree of enthusiasm with which they are at the present.

The activist organization, Mothers Against Drunk Driving (MADD), was formed in 1980 as a part of a grassroots campaign to get impaired drivers off of the roadways of America (1). Citizen involvement by groups such as MADD and others resulted in campaigns to increase the minimum drinking age in states that permitted drinking under the age of 21, passage of "dramshop" laws that make sellers of alcohol liable for damages sustained by persons injured by drunk drivers, and programs to make the public more aware of the dangers of driving under the influence (2).

This groundswell of public opinion worked in tandem with legislative reforms to produce significant decreases in alcohol-related crashes. In fact, the public opinion campaign is thought to be so important and effective, that it, in and of itself, should be viewed as an intervention completely separate and apart from the legislative enactments that changed the law and procedure of DWI/DUI offenses in the early 1980s (1).

The United States Department of Justice, Bureau of Justice Statistics, reports a substantial decrease in the DWI arrest rate. The arrest rate per 100,000 drivers fell from 1124 in 1986 to 809 in 1997 (3). This is an impressive decline of 28% in a little over a decade (see Table 1). Thus, it may appear that there has been a positive cumulative effect from a combination of the changing social and cultural climate regarding drinking and driving and the increased attention from law enforcement and the courts.

Much of the public opinion regarding drunken driving mentioned above has supported a "get tough" approach to handling DWI cases. In keeping with this sentiment, the number of persons in jail, prison, or on probation for DWI has increased from 270,100 in 1986 to 513,200 in 1997 (3).

TECHNOLOGICAL RESPONSE TO DWI OFFENSES

The handling of cases involving driving under the influence has become increasingly dependent on technology. Examples include the use of blood and breath tests to establish impairment. The level of alcohol in the system has been an issue for years of blood-alcohol content (BAC). Two pioneer studies that examined the relationship between BAC and its relationship to automobile crashes were the Manhattan Study and the Grand Rapids Study. The Manhattan Study found that alcohol increased the risk of a fatal vehicular crash (4). The Grand Rapids Study produced the "relative risk curve," which predicts the increased likelihood of being involved in an automobile crash at increasing BAC levels (5).

Persons can be, and often are, found guilty of DWI without scientific evidence of the person's BAC through testimony of eyewitnesses who provide evidence of the defendant's demeanor, physical appearance, speech patterns, and driving skill. However, this evidence will often not be enough in close cases where the defendant is not obviously under the influence of

alcohol. As a result, courts began to rely on objective scientific evidence of impairment.

Blood-alcohol content is measured in milligrams of ethanol per milliliters of whole blood. Until recently, most states had laws establishing the BAC level of 100 mg of ethanol per 100 mL of whole blood (0.10 g/dL) as the point at which an individual is incapable of safely operating a motor vehicle. However, it has been reported that even low-dose BAC's (under 0.05) will impair the visual perception, acuity, and complex reaction times of subjects (6). Thus, it could be argued that there is no "safe level" of alcohol in one's system in terms of safely operating motor vehicles. In response to this factor, many states have reduced the "guilty per se" limit to a BAC of 0.08. The federal government has encouraged this change by making the availability of certain highway funding contingent on moving to this lower BAC limit.

Early scientific tests for determining BAC were based on venous blood samples. Alcohol found in the breath of subjects was found to correlate to levels found in venous blood, and the National Safety Council Committee on Alcohol and Drugs recommended the use of breath testing in impaired driving cases in 1953 (6).

The Breathalyzer was developed for use by law enforcement by Robert Borkenstein in 1954. This machine measures the BAC of persons based on breath samples. Because the taking of breath samples is much less intrusive and expensive than sampling blood, the breath test soon became the accepted method for establishing the blood-alcohol level of suspected drunk drivers (7). There are presently several machines that provide breath analysis for law enforcement agencies on the market.

In addition to the use of modern scientific technology for evidentiary purposes, technology may also be used in such a manner as to prevent offenses. Such preventive technology has been considered since before 1970 (8,9). This preventive technology seeks to fill the quest for a "car that drunks can't drive" (8,10).

Early devices included locking systems that required the driver to enter a numerical code in the proper sequence before the vehicle would start. This, and other exercises, called critical tracking tasks (CTT), met with only limited success. In-vehicle breath testing was initially found to be impractical due to concerns over reliability and circumvention. Eventually, the technology of breath testing improved and was found to be reliable (11). But circumvention remained a problem (7). Some methods of circumventing the interlock included giving stored breath samples. When features that reduced the possibility of cheating were introduced, the modern breath-analyzed ignition interlock device emerged. Now, the most frequent method of "circumvention" by offenders is the operation of a vehicle that is not equipped with the interlock (12). The interlock device itself is not circumvented, but the court order requiring the use of the device is violated.

This device is installed in the ignition system of a motor vehicle. An interlock device typically uses a handheld unit connected by a wire to the analyzer unit mounted under the dash (7). The driver must give a breath sample that does not have the presence of alcohol in excess of a predetermined threshold amount. An excessive amount of alcohol in the driver's breath sample will prevent the ignition system from starting the vehicle. A "fail" BAC level will prevent the vehicle from being started for a predetermined time, usually 30 min. The ignition interlock will not prevent a person from drinking, nor will the device prevent a person from driving. But it will prevent one from drinking and driving in a particular vehicle. It has been observed that the ignition interlock is "designed to control the intersecting risk behaviors (drinking and driving) rather than either behavior separately" (13).

The ignition interlock is typically required as a part of an offender's sentence as imposed by the trial judge following a conviction for driving under the influence of alcohol. The offender is under court order not to drive any motor vehicle that is not equipped with an interlock system. The interlock system can also be programmed to require subsequent breath samples, called "rolling re-tests," which are used to deter an impaired driver from attempting to get his or her vehicle started with the aid of a sober person. If not for this feature, a person under the influence of alcohol could have a friend provide the initial sample to get the car started and then drive to his or her desired destination. The driver must continue to give breath samples

even while the vehicle is in motion. A failure of the test while the vehicle is in motion does not cause the vehicle to stop for safety concerns. A retest failure causes the lights to flash and the horn to honk until the driver stops the vehicle. At that point, the vehicle is shut down and will not start again until such time as a "passing" breath sample is provided. These retests should also deter a driver from consuming alcohol while driving. The ignition interlock system records data of all tests and is downloaded at periodic intervals by technicians.

Studies have shown that the ignition interlock is effective in reducing recidivism rates among persons who have an interlock device in their vehicle (14). The Beck study conducted in Maryland reported that offenders in interlock programs have reduced their risk of being involved in an "alcohol traffic violation" within 1 year (13).

A 30-month longitudinal study of the interlock and its effect on recidivism in Ohio showed that a group of drivers who were sentenced to drive with an interlock device experienced a 65% decrease in the probability of a subsequent drunken driving arrest than a comparison group that was not required to use the interlock (15). The ignition interlock has been described as having an educational component in that it "requires the driver to change life habits related to drinking and driving" (16). It may also include rehabilitative features. The machine provides instant feedback to the offender. If one has consumed enough alcohol to exceed the preset BAC limit, then the vehicle will not start. This feature gives the offender the chance to learn how much alcohol consumption is unacceptable prior to driving (10,16).

This study will examine whether the ignition interlock results in a reduction in subsequent convictions of persons convicted of DWI in one court jurisdiction. It will also consider both the deterrent and rehabilitative effect of the interlock as a part of DWI sentences.

STUDY METHODOLOGY

Greene County, Arkansas, is a rural community in Northeast Arkansas with a population of approximately 35,000. Craighead County is an adjoining county with a population of approximately 75,000. Both counties have experienced significant growth in population and industry in recent years. The county seats of each county are only 20 miles apart and are in the same judicial circuit. According to Census 2000 of the U.S. Census Bureau, Greene County is 97% white, 69.5% of its residents are 21 years of age or older, and 72.6% reside in family households. Craighead County is 89.3% white, 69.5% 21 years of age or older, and 68.4% reside in family households.

To evaluate the effectiveness of the interlock system, court records in Greene County were examined to determine the identities of all cases of DWI for the first 14 months of the program (May 1, 1995 through June 30, 1996). This group included 315 offenders. From this group of 315 offenders, a total of 178 actually installed an interlock device on their vehicle. Of the 137 persons who failed to comply, many had no vehicle and made other arrangements for transportation. We must realistically presume that some were driving non-interlock-equipped vehicles. However, all will continue to have the requirement of an interlock device as a restriction on their license until such time as this requirement is completed.

A comparison group of 6 months of offenders in adjoining Craighead County was then identified. This time frame was January 1, 1995 through June 30, 1996. This group was made up of 112 persons. The study population consisted of all DWI offenders in the two courts for the applicable time periods. The Office of Driver Control of the State of Arkansas provided the driving history of all persons in the experimental and comparison groups for a period of 3 years after their conviction dates.

The treatment group subjects were required to use the interlock for time periods of either 6 or 12 months. The 3-year study period provides for examination of recidivism following the removal of the interlock from the subject's vehicle. One criticism of other studies of the ignition interlock is that most only examine recidivism during the time that the interlock is actually in the offenders' vehicle (14). Inasmuch as treatment subjects were required to use the interlock for 6-12 months and their driving

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A comparison group of 6 months of offenders in adjoining Craighead County was then identified. This time frame was January 1, 1996 through June 30, 1996. This group was made up of 312 persons. The study population consisted of all DWI offenders in the two courts for the applicable time periods. The Office of Driver Control of the State of Arkansas provided the driving history of all persons in the experimental and comparison groups for a period of 3 years after their conviction dates.

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and criminal records were examined for 3 years following the installation of the interlock, this study has the benefit of at least 2 years of rearrest history after the removal of the device.

The interlock provider for Greene County offenders also reviewed data obtained from interlock devices regarding the blood alcohol level found in breath samples of interlock clients for the time frame from which Greene County offenders were selected.

LIMITATIONS OF STUDY

This study must be viewed as being somewhat limited. Readers are cautioned regarding generalizing data on a nationwide basis due to the fact that this project contains a small study population. The study also suffers from a similar problem for which other studies have been criticized; it is not based on a random experimental design (16). However, an experimental design will be difficult to achieve because most judges will be reluctant to assign offenders randomly to the interlock device. The interlock is, in and of itself, a substantial penalty. Judges will not want to impose this punishment on a random basis, which punishes half of the offenders in this manner while not punishing the other half on the basis of nothing more than the luck of when their case was docketed. Judges strive for fairness in sentences, believing that similarly situated persons should be treated in a similar manner. The random assignment of this form of punishment runs contrary to this principle. When judges impose a treatment procedure as a part of a sentence, they do not want to withhold this component of the sentence on pure random chance.

The differences in experimental and control groups could be addressed in future studies by assigning 100 consecutive subjects to an experimental group and the next 100 consecutive subjects to a control group. This method of group assignment may be more acceptable to a sentencing judge than pure random assignment.

FINDINGS

Recidivism Rates

The experimental group of DWI offenders who were required to drive only when using the interlock device experienced a lower rate of DWI recidivism than did the comparison group. Of the 315 offenders in the Greene County experimental group, 55 (17.5%) were convicted of a subsequent DWI within 3 years. The control group of 312 offenders whose group was not exposed to the ignition interlock produced 79 (25.3%) offenders who had subsequent DWI convictions within the 3-year follow-up period (see Table 2).

This is a 31% decrease in recidivism rates after 3 years for the interlock group subjects. What is the measure of association between the independent variable of interlock use and the dependent variable of recidivism? The two variables produce a Phi of only 0.006, which must be described as a weak to moderate relationship.

Length of time for use of the interlock had no effect on recidivism. As mentioned above, some offenders were required to drive with the ignition interlock for a period of 6 months, whereas others were sentenced to an interlock term of 1 year. The 6-month interlock users and 12-month interlock users had almost identical recidivism rates. This could be attributed to the fact that 12-month interlock users tended to be offenders who were convicted of multiple DWI offenses - a group that may be more difficult to reach through treatment or punishment.

Survival Rates

The subject groups were followed for 3 years subsequent to their offense dates for the purpose of comparing survival data. For the interlock group, 4.1% of the subjects had been charged with another DWI offense at the end of 6 months, compared to 8%

of the control group subjects. Thus, the interlock group had a 6-month survival rate of 95.9%, whereas the control subjects had a 92% survival rate at this point. At 1 year, the interlock group had a 92.4% survival rate compared with 85.3% rate for the control group. At 18 months, the survivors were 88.9% for the interlock subjects and 80.8% for the control group offenders. This point marked the largest spread between the two groups. After 24 months, 85.4% of the interlock group remained free of additional DWI charges compared to 78.2% of the control subjects. At 36 months, the gap narrowed to 81.3% of the 1995-1996 interlock group surviving 3 years without subsequent DWI charges compared with 74.7% of the Craighead County control group.

The 1995-1996 interlock group had higher survival rates at all time periods. Both groups showed declining survival rates with the lowest being at the 3-year mark. It is noteworthy that the spread between the two groups increased with the passage of time, peaking at a difference of 8.1% points after 18 months. Even a year or more after the device is removed, subjects were exhibiting continued reductions in reoffense rates. However, the difference between the two groups declined sharply at the 24- and 36-month intervals. This may indicate lessening long-term benefit of the interlock, with the increased passage of time after removal of the device (see Table 3).

Compliance with Interlock Requirement

As mentioned previously, of the 315 cases in 1995-1996 where the offenders were ordered to install an interlock in their vehicle, 178 of the offenders complied with the court's order and 137 did not comply. Thus, only a little more than half (57%) completed the interlock requirement of their sentence. This compliance rate is consistent with that found in the Maryland study by Beck, Rauch, and Baker (13). Those who did not comply with the interlock requirement will continue to have the requirement of an interlock as a restriction on their driver license until such time as they have completed this part of the sentence.

Any reduction in future offenses is desirable. However, the overall recidivism rate for the interlock subjects is not substantially better than the non-interlock group. As noted above, the recidivism rate for the interlock group was 17.5% compared to the comparison group rate of 25.3%, with a Phi of 0.096 and a significance level of 0.016, indicating a weak to moderate relationship. However, when we control for whether the interlock group subject is a first offender or a multiple DWI offender, the differences become more pronounced. First offenders experienced a 17.2% recidivism rate for interlock group, compared to a 21.1% recidivism rate for the comparison group. The Phi value is 0.048, indicating a weak relationship. This, of course, is an improvement, but not substantial. In contrast, the multiple offenders in the interlock group had a reoffense rate of 18.1%, whereas the non-interlock group had a recidivism rate of 36.9%. The Phi value for the multioffender variable was 0.211, indicating a moderate to strong relationship. The multioffenders in the group not subjected to the interlock were more than twice as likely to have a subsequent DWI conviction within 3 years than the repeat offenders who were subject to the interlock requirement. This suggests that the interlock may be most effective when selectively used (see Table 4).

Controlling for age of the offender also produced interesting results. Offenders under 30 years of age showed much greater improvement in recidivism rates than did the over 30 offenders. The interlock group under age 30 experienced a recidivism rate of 12.2% compared to an under 30 comparison group rate of 23.3%. The interlock group subjects over 30 had a recidivism rate of 19.8%. The over 30 comparison group members exhibited a recidivism rate of 27.1% (see Table 5).

Selective use of the interlock appears to produce much more substantial results than across-the-board use. Offenders under 30 years of age in the non-interlock group had nearly twice the recidivism rate than the interlock group members in the same age group. The most important variable is prior DWI history. The offenders who had previously been convicted of DWI in the interlock group were less than half as likely to receive another DWI within 3 years than the multioffenders in the non-interlock comparison group. The Phi value for the multiple offender variable (0.211) was much stronger than the value for the under 30 years of age variable (0.128).

Deterrent Effect

One of the traditional purposes of punishment is deterrence. Deterrence rational choice theory is at least partially based on economic perspective of criminal behavior. The would-be offender is presumed to make a calculation, which weighs the potential benefit that may be gained from the contemplated criminal act against the potential cost if the person is caught and punished. The "cost" of criminal behavior may be increased by making greater the likelihood of detection and punishment (2). The cost of criminal behavior is increased by enhancing the punishment. This punishment may include fines, incarceration, public service work, treatment requirements, license suspension, probation supervision, and other sentencing provisions, which may include the use of an ignition interlock device. This punishment goal can be directed toward the individual offender in the form of specific deterrence or to society as a whole in the form of general deterrence (17). Deterrence is limited by low rates of detection. Low detection rates regarding drunken drivers is also a serious limitation in measures of recidivism based on rearrest rates (10).

Incapacitation

The ignition interlock also uses another of the traditional purposes of punishment, incapacitation. The ultimate form of incapacitation, in non-capital punishment, is incarceration. Jail sentences are totally effective in preventing the offender from driving under the influence of alcohol while the person remains incarcerated. As mentioned above, studies have shown that incarceration has little deterrent effect on future violations. Another form of incapacitation is license suspension.

A device such as the interlock is a form of partial incapacitation. The offender is partially incapacitated in that his vehicle is rendered functionally inoperable if the offender, or any person, attempts to start the vehicle with a prohibited breath alcohol level.

Routine Activities Theory

Society's mobility subsequent to World War II is noted to be related to crime and criminal activity. Cohen and Felson's (18) "routine activities theory points to "... the convergence in space and time of the three minimal elements of direct-contact predatory violations: (1) motivated offenders, (2) suitable targets, and (3) the absence of capable guardians against a violation." (p. 589). Drunken driving is always potentially predatory, given the likelihood of injury of persons or property. It thus appears that drunken driving could be examined in the context of this theory. The offender (a person under the influence of alcohol and in control of a motor vehicle) meets in time and place with a victim (any member of society or their property in the path of the offender) in the absence of a capable guardian (anyone or anything that can stop the offender).

Routine activities theory ignores the motivation of criminal offenders. The theory assumes that certain persons are motivated to commit offenses and will do so if they meet with a target and there is no one or nothing to stop them. A person who has been convicted of DWI is such an offender. In fact, it could be said that the DWI offender is quite predisposed to commit this offense. The vehicle is not the target of the offense but, rather, is the tool for the commissions of the offense. As stated above, the victim is any member of society or their property, who gets in the way of the impaired driver. The interlock becomes the capable guardian. The interlock is an example of "opportunity blocking," it is similar to guarded devices installed in vehicles (19). The major distinction between such devices and the interlock is that the crime-preventing device is installed in the vehicle of the potential offender instead of that of the potential victim.

The ignition interlock is a very capable guardian. As mentioned above, the interlock was extremely effective in preventing drivers from operating the interlocked vehicle while intoxicated. One driver of 315 (0.32%) was charged with DWI with an interlock in place. This offender had a child provide the breath sample while she drove the vehicle. This incident is the only time in over 5 years in the subject jurisdiction that an offender has been discovered driving under the influence with an

interlock device in place.

This incident underscores the fact that the interlock is effective but still imperfect. Other possible scenarios include the fact that an offender can drive a vehicle that is not equipped with an interlock. The offender is legally constrained, but not physically restrained, from driving another vehicle that is not equipped with an interlock. A household with more than one vehicle will not be required to install the interlock in all of the family vehicles. In addition, being a mechanical device, it may be possible to circumvent the system in some manner (13).

The provider of interlock devices (a private contractor) in the subject jurisdiction reviewed the data retrieved from the company's client base for the period of July 1, 1995 through June 30, 1996. The interlock devices were all set to prevent the operation of a vehicle if the driver's blood-alcohol level (BAC) exceeded 0.025%. Interlock unit reports indicate that the subjects were prevented from driving with a BAC in violation of the state's then-current illegal per se limit of 0.10% a total of 90 times. Another 33 starts at the 0.08% BAC level (the present legal limit) were also prevented.

Punishment in General

The interlock may be viewed as an additional sentencing option, which has a specifically deterrent effect on the offender. It may also be viewed as rehabilitative, or at least educational, in that it provides instant feedback to the offender whether an excessive amount of alcohol has been consumed to safely operate a motor vehicle. It is certainly a form of incapacitation, in that the offender is limited in what he or she can do with regard to operating the interlock-equipped vehicle. It also may satisfy that basic societal urge to get revenge on lawbreakers. The DWI sentences may include incarceration, public service work, treatment or counseling, probation supervision, license suspension, and alternatives such as the ignition interlock. All of these sentencing components, individually or collectively, cover each of the four basic punishment goals. The interlock may be viewed as another reasonable form of punishment, which covers each of these four traditional sentencing goals.

Other Intervening Factors

Are there other factors that may have played a part in this reduction in recidivism rates, particularly among repeat offenders? State law mandates alcohol education or counseling. As such, these services were provided to offenders in both jurisdictions. Moreover, the program was delivered by the same source, and subjects in both groups were provided the same program. A review of court sentences indicates that the court's sentences were similar in both groups. First offenders typically were sentenced to public service work in lieu of incarceration. Second offenders were usually sentenced to serve 10 days in jail. Third offenders were normally sentenced to serve a mandatory minimum of 90 days in jail. However, in Greene County, third offenders typically were sentenced to a 6-month jail sentence, twice the normal sentence used in Craighead County. It is possible that the stiffer jail sentence in Greene County could be associated with the lesser rate of recidivism found in Greene County. But it must be recognized that jail has not been found to have a significant deterrent effect. As stated above, all offenders were sentenced to some form of treatment based on recommendations of a presentence screening report. All offenders had additional jail time suspended on the condition that the other requirements of their sentence be completed.

There was also a difference in fines and court costs between the two jurisdictions. Fines in Craighead County were normally \$500 for first offenders, \$1,500 for second offenders, and \$2,500 for third offenses. Court costs ranged from \$200 to \$240. In 1999, fines, in Greene County for DWI, were normally \$500 for a first offense; \$750 for a second offense; and \$1,000 for a third offense. Court costs were set at \$125. Thus, Greene County used more jail time in some sentences and Craighead County used higher fines. In both courts, persons were permitted to perform public service work for credit toward fines if they were financially unable to pay fines. Both jurisdictions had the benefit of probation services to monitor offender compliance regarding the specific terms of their sentences.