ALASKA LEGISLATURE SPECIAL COMMITTEE/SUBJECT FILE 8672
2202 SCOMM 86: HEALTH RESOURCES & ACCESS TASK FORCE, 1991-93

220

to have high charges and as a policy holder I had no standing to intervene.

I have an idea that it would be fruitful to look carefully at accounts receivable practices generally in the medical care business, that there may be lots to learn and maybe some direction to be gained. There might be a possibility that the State could work with the medicare intermediary for Alaska for some reform just here.

I am surprised to see that people seem to want insurance to cover all medical care costs. People seem to think that someone else should pay for all prescriptions, every doctor visit etc. That seems silly to me, for generally we all can pay for the services we buy from any source, and it is extraordinary expenses that we buy insurance for. (I, by the way, had no problem getting health insurance for just myself since I would accept a high deductible.)

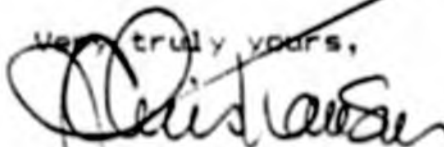
Since it is apparently the case that the best is for people to have medical care paid for in advance, that puts me in mind of an HMO. I have long wondered if Alaska couldn't organize a State HMO, organizing the current physicians into a prepaid group practice.

On the subject of general cost containment, is it not time that the Indian Health Service and the State work together? I know it is very difficult but if the Legislature put enough pressure on DHSS and IHS they would have to cooperate. Maybe.

One last thought, and this is about long term care. I operate an adult foster care home here in Sitka. I see that people who are in nursing home can be well served in a situation of this sort at great savings in cost. I doubt that the population that would have its needs met here is very large, but every little bit helps. The State is just impossible with these institutions. It has made it difficult in many ways. I am not willing to take State clients and have not signed the contract with DHSS. If DHSS supported this type of service, and it could in many ways at little cost, it would help some with costs generally--and the worst cost of all, long term care. If it would help, I would be willing to share my facts and understanding with you.

I hope my thoughts are some little help to you in your work. I offer them primarily because I laud your work and think that all of us who think it is worthwhile should try to help in any small measure.

Very truly yours,



Judy Christianson, RN

Hawka Glass Studio

25 OCT 1992

Both my husband and myself are independent studio artists. Currently we pay $2000/oo per year for major medical - a no frills policy that excludes dental, eye, yearly OB/Gyn. It is for "Catastrophic" illness only and covers us in our studio. This is a bit much... as we have to pay out of pocket and find health care costs are extremely expensive and to my be overlooked (preventive medicine) as we do not have the funds. We would be interested in a "Pool" concept for individuals and small business owners... If I can help please do not hesitate to contact me —

Cynthia Jacobs - England

P.S. I hold an MSW. (Master of Social Work)

Elizabeth M. Dahl
1400 "D" Street
Anchorage, AK 99501
(907) 277-6277

November 21, 1992

Health Resources and Access Task Force
Alaska State Legislature
Juneau, AK 99801-1182

Dear Task Force,

I am very concerned about the rising costs of health care and the lack of a national or state health care plan that ensures all citizens access to affordable, basic health care. I am a 31 year old, lifelong Alaskan, who has not had the luxury of being covered by a health care plan via the workplace. For seven years I went without any coverage at all. Fearing financial ruin due to escalating health care costs, I obtained a private policy in March 1990. My monthly premium, with a $500.00 deductible, was $54.68. Today my premium is $98.15. My premium was increased four times in twenty-four months. For certain I can expect more increases. I would also like to mention that this insurance policy contains three riders of excluded coverage for pre-existing conditions.

Three weeks ago I went to Providence Hospital's Emergency Room with abdominal pain. I had an ovarian cyst - cost $700.00. Two hundred dollars of that expense will not be covered by my insurance. I have reached the point where I am no longer getting proper medical attention because 1.) I can not afford it and 2.) I do not have access to affordable, comprehensive insurance. The most desirable solution would be to have a National Health Insurance plan, but it is my opinion that the crisis is so severe that we can no longer wait for the Federal Government to take action. Instead the State of Alaska should begin to address and remedy the problems NOW. Please don't just "study" this issue, formulate a viable plan such as the State of Hawaii's plan, and implement it. Alaska's population is small enough that it should be possible to form a decent insurance pool for those who have no coverage. Please try to do more than recommend a solution(s), be the catalyst for real change!

Sincerely,

Elizabeth M. Dahl

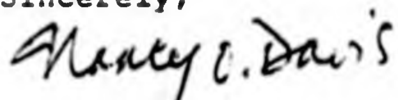
October 28, 1992

Alaska Legislature Health Resources
and Access Task Force
State Capitol
Juneau, AK 99801-1182

To Whom It Concerns:

There is an issue that the State of Alaska needs to address in order to keep health costs in line with the overall cost of living.
At this time approximately 50% of physicians in the State have office staff (RN, phlebotomist or medical technician) draw blood and collect other specimens needed for laboratory tests, send the specimen(s) to a reference laboratory for testing and charge a substantial fee for that service. A cap should be placed on the handling fee and/or phlebotomy fee for the sample collected (\$10-\$15) and the laboratory test fee should be billed as the listed fee the reference laboratory would routinely charge the patient in that area. The physician is currently unlimited by law in marking up the cost of the laboratory test in order to pad his/her income in the practice of patient care. Ideally, the laboratory or other ancillary medical service provider should bill directly for services provided.
Enclosed is a copy of Oregon Senate Bill 705 which addresses this very issue.

Sincerely,



Nancy O. Davis
17508 Toakoana Way
Eagle River, AK 99577
Phone # 694-3556

Terri

OREGON LEGISLATIVE ASSEMBLY–1979 Regular Session

A-Engrossed

Senate Bill 705

Ordered by the Senate June 11
(Including Amendments by Senate June 11)

Sponsored by Senator BURBIDGE

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Prohibits mark up, commission, or profit by [*physician*] **practitioner authorized by law to order laboratory testing for services rendered by independent persons or laboratories. Requires** [*physicians*] **practitioner to provide itemized billings to patients. Makes failure to comply grounds for disciplinary action.**

1 A BILL FOR AN ACT

2 Relating to health care.

3 Be It Enacted by the People of the State of Oregon:

4 **SECTION 1. (1) Any person authorized by law to order laboratory testing may charge a reasonable fee for**
5 **all laboratory and other specialized testing performed by the practitioner or by a person in the practitioner's**
6 **employ. In addition, the practitioner is entitled to charge a reasonable fee for collecting and preparing**
7 **specimens to be sent to independent persons or laboratories for testing, and for the preparation of the billing to**
8 **the patient for the test. However, a practitioner shall not mark up, or charge a commission or make a profit on**
9 **services rendered by an independent person or laboratory.**

10 **(2) A practitioner shall prepare an itemized billing, indicating the charges for each service rendered to the**
11 **patient. Any services rendered to the patient that were performed by persons other than those in the direct**
12 **employ of the practitioner and the charges therefor shall be indicated separately on the patient's bill.**

13 **(3) Failure to comply with the requirements of this section shall be considered to be unprofessional**
14 **conduct and may be subject to disciplinary action by the appropriate licensing board.**

15 **(4) As used in this section, "practitioner" means a person licensed to practice medicine, dentistry,**
16 **naturopathy, chiropractic or optometry or a nurse practitioner.**

NOTE: Matter in **bold face** in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted; complete new sections begin with **SECTION**.

OREGON LEGISLATIVE ASSEMBLY—1979 Regular Session

HOUSE AMENDMENTS TO PRINTED A-ENGROSSED SENATE BILL 705

By COMMITTEE ON HUMAN RESOURCES

June 28

(No change in Measure Summary)

1 In line 16 of the printed A-engrossed bill, delete the first comma and insert "or" and delete "or
2 optometry" and before "a" insert "to be".

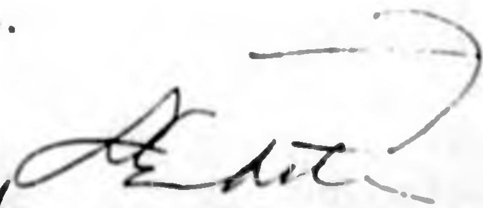
Trish,

Sorry this took so long - hope its not too late. Not all of it is pertinent to your needs Probably but I used this to "express."

- 2 more things
Problem: MD'S over ordering (for whatever reason - legal +/or acuity indicator which ~~makes~~ allows them to charge more for fees. The other part of this is many MD'S do not follow up on labs. This happens to my husband frequently (I V), + I know of many incidents personally - not from ED. One was a cancer pt. that should have received chemo, a Biopsy needing further V'S. MD's must be held accountable if they are going to order these. ED

Here's an example of policies that are questionable - Books, toys etc in Hospitals - a policy has to be in the Books to clean after each pts Do private pediatricians do the same, do toy stores where all kind of kids go (even sick), Chuck E cheese - I'm not sure it is always realistic.

Lorayne Embretson
2460 Chandalar Dr.
Anch, AK 99504 337-1771



I would like to Know the %age return on the questionaire — are you basing it on Anch. population?

IDEA'S TO HELP

Take a % of the permanent fund dividend each individual gets and put it in a health care "bank account" for them to use when they need it for health care.

Very Last Resort measure, as government cannot manage money!

More neighborhood health clinic's to care for Medicaid pt's so abuse of the ED stops ED's then should refuse non-emergent patient's.

TAX Alcohol---to fund treatment for alcohol related health problems - Clitheroe - ALL Programs for ETOH Rehab Should be supported totally By Alcohol tax.

Tax cigarettes to fund treatment for COPD etc. (related problems).

Look at the Oregon plan and consider rationing.

Promote more preventative care.

Hospitals work more closely together to share resources and not duplicate services.

Decreasing doLLar Bennefits for people on Public ASSiStance programs when they have another Child. Use motivation we aLL understand and is immediate/tangible.

~~Else~~

Have nurses work as 'Interns or fellows' with the Legislature to Assist with Health care planning. Nurses are the most objective as they are the patient Advocate and most do not depend on direct dollar payment from the patient.

Better Use of Home Health vs Institutions for elderly.

Problem:
Insurance billing system so complex it is impossible for laypersons to check on billings and misc. items.

DRUG & EQUIPMENT VENDORS & REPS

Somehow control the middle man profit margin if everyone else is controlled. These guys have terrific markups.

Drug reps "secure" a MD's interest in a drug by giving samples thus pts. are often put on that drug when indeed that sample drug may not even be the best drug for the patient nor the most cost effective.

MAKE IT ILLEGAL for drug reps to give food, clothing, note pads,paper, $80.00 pens and anything else to MDs etc. Samples should be purchased by the MD. at a reduced cost if nec. These "gifts" the reps give are often expensive and only run the cost up for those of us who pay as we do not get the samples since we are the paying customer. Baby food & formula should be allowed to be used as samples. I've heard that trips to exotic places have even been used to get MDs to use certain drugs.

Medical equipment is often over priced-ie item has simple assembly w/ a few dollars worth of supplies wires etc-literally charge thousands of dollars for it since there may not be many suppliers.

Eliminate pre existing conditions that ins. impose. Unable to move from job to job -It is an unfair judgement. alcohol and tobacco cause more problems that are never disclosed, than most ie-diabetics. Compliant diabetics take better care of themselves than the general public and do well as do heart pts. The amount of alcohol induced injuries that go unoticed by workers comp,ins cos, employers is incredible-as is cigarette abuse. TAX these items heavily so they are self sustaining programs. If this cannot be done set up state owned liquor stores to recoup the dollars from the sales.

Eliminate the ceiling imposed by insurance companies--where is the ceiling on medicaid and other government programs.

FIND a way to ACTIVELY STOP medicaid/medicare fraud and prosecute these people/MDs(whatever) hard!!! I think the Fed gov. is not being honest w/ their fraud statistics. Recently an article asked why so many professional would do this-the answer was simple it said-"greed" by MDs. This and other evidence seems to point to the medical field attracking a person who is motivated by money-often as a sole motivator. I'm not sure what can be done but I do think it has to be addressed because MDs wil be competing for medical dollars even more so in the future.

RULES & REGULATIONS & QI are necessary but some are just plain overkill and the inspections of hospitals are perhaps too much. Private MDs are not governed by the same set of standard as hospitals but they may be doing the exact same procedure. Who inspects Privvate MD offices to be sure they clean things etc. -perhaps the licensing bd does do this and I am unaware of it.

WHY are insurance companies/employees allowed to dictate where I seek my

medical care but medicaid pts can go anywhere. Insured people have many more limitations than the medicaid category. Once again the use of emergency areas for routine things-"it doesn't matter, I have medicaid insurance."!!!!Some actually think it is just that. Why are medicaid people allowed to transfer or move about from state to state freely and get medicaid--insured people cannot. THE PROBLEM IS MEDICAID(and people on government programs)now have more freedom than paying insurance carriers and the insurance carrier is paying for them both!!!!

TEENAGE pregnancy-offer FREE ANYTHING-bith control including implants to medicaid recipiants and welfare mothers and fathers. Again use the decreasing dollar for each born child and they will get the message. People who have to pay their own bills limit their # of children because of a sense of responsibility. People collect gov. monies must be taught accountability somehow--I really feel money is understandable-it may take one or two decreases to catch on. SOLUTIONS to this--hold parents accountable in a dollar amount for uninsured teen pregnancies--it may at least get people talking and communication going-even if it is only a low dollar amount-its the accountability. I heard Wisconsin was going to try this system. Set up creative programs--I mean really creative!!to try to enhance the lives of underpriviledged girls (esp girls) starting at age 7-10 yrs old. If these girls are not 'caught' by 10 yrs. old they are looking for all the wrong things in all the wrong places. . . . . And then comes the pregnancy and babies w/ drug addictions and no job and more welfare and more babies and more welfare and more babies and on and on and the cycle is started.

COntract special MDs /clinics for medicaid pts to use so fees/payment are controlled more easily just as our private insurances dictate where we can go and our employers contract for the best deals-so should medicaid. Fine them if they abuse emergency department or other parts of the system or take away coupons.

ENCOURAGE male recipients to have vasectomies and offer them for free through gov payment. Insist mothers to name fathers to receive free medical care and do "education" w/ the father. Make them do public service if they are not working, if working make them pay something for the medical care of the child.

The questionnaire is too basic ? its real value. It goes without saying every.one should be concerned about these issues. Perhaps it was to investigate how much education was necessay to the public. Thanks for listening.

Waste of Medical Care and
Rationing Medical Care / Resources

I think we are at a point in history where something has to be done to control people who cannot control their own abuses. Medical resources are like the earth - they are not limitless.

Examples - Habitual drug abuser who comes many times a week to ED after cocaine abuse. Has specialized mental health consultation but fails to follow up for the daytime appts.

Mother of 5 comes to Emergency for Detox / Cocaine Abuse and is 5 months Pregnant and on medicaid. Decrease her dollar amount w/ each child. Allow reporting of drug abuse + follow up appropriately - drugs are illegal but police can never be involved - fear of drug abusers not seeking medical care. Also Detox Clearance is such a simple exam yet these people almost always get this done in ED's.

Alcoholic comes in found unresponsive, Blood Alcohol is very high too high to send to sleep off. Patient is allowed to sleep in Emergency Dept. 6-12 hrs., requires checking since he is in the dept. which increases the cost. The alcoholic who is too drunk for sleep off runs up a $500 - $1,000 Emergency Bill. This is a daily event - these things are not just happening at the native hospital - its all of them I'm sure.

I think if people can't comply they should be put in homes where limits are set for them. We do them no favors by allowing the destructive behavior to continue. Set up more housing but try for more self sufficiency - grow their own food, own cooking, cleaning etc to keep cost down. These habituals waste tax payers money - next we'll have non-compliant drug resistant TB pts. - what are we going to do to get them to comply. We need a plan + we need it now!

CONCERNS REGARDING HEALTH CARE IN ALASKA

Abuse of Medicaid -- using the emergency department as a clinic. People on medicaid with multiple children/dependents. It Becomes a "Way of Life."

Native patients using Medicaid and using hospital other than ANHS especially since they are covered 100% at that institution.

There are 4 hospitals in the Anchorage bowl and there seems to be poor sharing of resources, more attention needs to be taken when hospitals ask for certificate of need.

Some MD's in Alaska have been overcharging, as evidence by what insurance will pay. Those of us who pay for this, indirectly pay for those that don't as the over charging compensates for this

MD's have to much power in Alaska, it seems when specific issues come up between the hospital and the MD's the hospitals back down.

There seems to be an overall waste of resources. Example why is a patient with AIDS and Dying of AIDS being dialysised 3 times a week? Why are the elderly who have living wills and have expressed a wish for no treatment being put on ventilators at the families wishes? (Because MD's are afraid of being sued and will follow family wishes before that of the patient).

Local hospitals need to stop paying for MD Quality Assurance data collection and education etc. MD's make enough money that they can pay for their own. AND they are not employee's of the hospital's.

- Ambulances often transport welfare/medicaid pts. who have sore throats, minor finger injuries etc Because they don't have a ride and they don't pay. But insured + self pay do pay

Health Care Issues - Comments

① The middle class is concerned about prices! We have to pay + then be reimbursed (usually 80% or less). The underinsured who make too much to be on medicaid are really in a financial bind. We get calls all the time from pts. who we've referred ~~for~~ to MD's in the community who require payment up front - these people either have to return to the E.D. or go thru a long, frustrating process of trying to find an MD who will take payments (NOT MANY AROUND!) Not all MDs take medicaid pts, either.

② Pts on general relief or medicaid have little or no comprehension of medical costs. We often receive the answer - it doesn't matter what the cost - "I'm on medicaid". ~~[illegible]~~ It's the underinsured pts and pts who have insurance, but little ready cash who are hurting in this system.

③ The medicare / social security system is very complicated to deal with. My mother, who was a dialysis pt had to hire a service to review her bills & ~~[illegible]~~ submit for payment to ~~soc. sec.~~ medicare & her medigap insurance. She would get dunning notices from various agencies because of slow payment by soc. sec. or medicare & she would pay out of her own ~~[illegible]~~ pocket even though she was covered because she was so intimidated by the wording in the late bills.

④ The fees the private MD's charge are outrageous. Despite of high insurance payments & overhead - they still make tremendous profits.

⑤ More money should be spent on prevention of disease & trauma. Too much is spent of costly ICU days during the last days of illness - even on patients c̄ no hope of recovery - AIDS in terminal stages, elderly pts c̄ end-st[age] disease

Alaska Legislature Health
Resources & Access Task Force
State Capitol
Juneau, AK 99801-1182

October 26, 1992

The attached questionnaire, from the Anch. Daily News, was completed by me as a 65 year old covered by Medicare; a recent condition. However, for the 10 years prior to becoming 65, I had no health care insurance coverage.

Actually, health resources & access can't be treated and improved without consideration of security (protection from mental & financial destruction). Besides access to adequate health care; 1. the poor want not to be permanently relegated to a lifetime of poverty they can never get out of, due to acquiring an insurmountable medical bill, 2. the middle aged economically middle class family fears a medical catastrophe that will wipe out their savings and put them hopelessly in debt, and 3. the retired do not want their lifelong work toward a comfortable retirement destroyed.

In trying to improve financial access to health care, I hope the emphasis will be on requiring all to participate in early, minor and entry costs while protecting everyone from overwhelming financial destruction of individuals and families. Less first dollar coverage; more protection from financial ruin.

Ron Hammett
3512 Stanford Drv.
Anchorage, AK 99508
Ph. 279-2339

DEA # ____________

JAMES M. NESBITT, JR., M.D.
GERRY J. SCHRIEVER, M.D.
ELIZABETH HATTON, M.D.
DANIEL TULIP, M.D.
THE CHILDREN'S CLINIC
SUITE 213
4001 DALE STREET
ANCHORAGE, AK 99508
562-2944

NAME ____________

ADDRESS ____________ DATE ____________

℞ I am a pediatrician and I believe we need a single payer system. There are many physicians who are in favor of more radical reform than the state or national AMA would suggest.

☐ Label

Refill ______ times PRN NR

☐ Dispense As Written

☐ Substitution Allowed

E. Hatton MD. ______ M.D.

12/08/90 0301-K11088372

Alaska Legislature Health Resources and Access Task Force
State Capitol
Juneau, AK 99801-1182

I feel two areas need to be addressed in regards to health care/health care system.

First, it is my understanding that several states have enacted a "guarantee issue" law, to the best of my knowledge Alaska has not. I feel that this would at a minimum allow companies the flexibility of change in insurance carriers rather than being locked into an existing carrier and existing carrier noncompetitive price increases. This would also avoid possible problems associated with a general denial based on an underwriting review.

Second, I feel that tort reform is an area that can be substantially reviewed and modified to cut rising cost increases. Individuals can be held responsible for their actions. I strongly feel that no solution to the current aids problem (either preventative or after the fact) will be invented or developed for market as long as there remains a liability with the developer.

Thomas J. Hebnes
2321 Sues Way
Anchorage, AK 99516

Hediger Chiropractic Clinic
413 CEDAR STREET
KODIAK, ALASKA 99615
(907) 486-4042

October 23, 1992

Mr. Cliff Davidson
P. O. Box 746
Kodiak, AK 99615

RE: Health Care Tash Force

Dear Cliff:

I understand that I recently missed my opportunity to speak at a teleconference for recommending for reforming the health care system. I would like to inform you of my thoughts and I would like you to forward this letter to the Health Care Task Force as I don't know their address.

The present health care delivery system is not a health care system but a "symptom, sickness and disease care system." Consequently, health and wellness are not addressed. Suppression of symptoms, sickness and disease is the sole focus. ignoring the fundamental underlying cause which is poor health to begin with.

The vital issue is not how to treat disease but how to stay well in the first place. This simple philosophy needs to be implemented at the state and national level.

The cost of sickness and disease to society, to the economy and to the gross national product is a menace that could be transformed into a value of abundant health.

This can be achieved by giving school courses on nutrition, exercise, meditation, relaxation, chiropractic, massage therapy, body work and all of the emerging professions that facilitate well-being.

A natural educational health and wellness campaign needs to be established promoting responsible healthy habits and life styles.

Incentive to activily engage in fitness and wellness programs could be given in the private sector as well as at the federal, state and local levels to all employees.

Funding and grants need to be given toward investigating and researching the matrix of health, the life style and belief system of people who are symptom-free and who have no technologically detectable pathologies. We must include regular wellness care as "medically necessary."

10-27-92

I have M.S. I haven't been diagnosed w/ the disease but have so many of the symptoms I feel sure of my "home diagnosis".

I can't be diagnosed because I live in fear that my insurance rates will soar & I will be unable to receive other insurance in the future. The insurance industry has a computer bank that they check out new applicant before assigning insurance. Once flagged you are penalized for life.

My insurance has become too costly & next month I will have to do w/out. As other diseases (fatal) can mimac M.S. I am endangering my life daily & the financial future of my family. No one should have to live in this fear that grows daily.

Helpless

CORRECTION

THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY

02-576(2/77)

Alaska Legislature Health Resources and Access Task Force
State Capitol
Juneau, AK 99801-1182

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Funding and grants need to be given toward investigating and researching the matrix of health, the life style and belief system of people who are symptom-free and who have no technologically detectable pathologies. We must include regular wellness care as "medically necessary."

Chiropractic care must be a choice and part of the national health care plan as it is the largest drugless health profession in the world rendering a service that facilitates health in sick people as well as in people who are completely free of tymptoms or diagnosable pathologies.

A Life, Health and Wellness Department needs to be created at the federal, state and local levels.

As a result of such measures and policies, the health of America could be rebuilt over a few generations to lead the world into a new era of positive constructive lifesyltes. Health and Wellness politics may not be popular, but it is the future.

Thank you. I hope and trust that all's well with you and yours.

Yours for better health, naturally,

Keith L. Hediger, D.C.

10-27-92

I have M.S. I haven't been diagnosed w/ the disease but have so many of the symptoms I feel sure of my "home diagnosis".
I can't be diagnosed because I live in fear that my insurance rates will soar & I will be unable to receive other insurance in the future. The insurance industry has a computer bank that they check out new applicant before assigning insurance. Once flagged you are penalized for life.
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Helpless

730 Park Av
Ketchikan, AK
10-16-92

Health Resources & Access Task Force
State Capitol
Juneau, Alaska

Dear Project Director,

The Alaskan health care system throughout is in need of great changes. We are spending fortunes on insurance premiums and bedside health care and can only see costs escalating in the future. Where is the stopping point? Where can we go to receive a responsible physical check-up & necessary treatments if needed?

In S.E. Alaska, it's far better to go to Seattle for medical reasons than waste time & money on a visit to a doctor here. In fact, the doctors send bills even when they haven't seen a patient. Imagine that!

Entirely too much money was given by legislature to erect Ketchikan Gen. Hospital. Nobody can 'run' it effectively and its 'sad news' for those who go there for treatment. And many millions more are destined to be invested there before the

building is completed. It's a waste of resources & money.

Only a few people in Ketchikan can afford to pay for services rendered while being a patient - the costs are unreal. Services are meager.

We need a change in services offered, cost containment and availibility & access

Let's begin to be responsible & treat patients with sincerety & honesty and I believe lots of problems will be solved.

Please enter this statement for the Community meeting on health care system. I couldn't attend the teleconference.

Sincerely,

Carmen Holum.

Here are some reasons why we need improvement and immediate changes in Health Care for Alaska:

1. Following my husband's recent cardiac arrest and hospitalization our honest providers tried to collect fees a second time by sending the identical bill, but changing the doctors name. Of course, it didn't fly - its aggravating to see people in the public trust become so greedy + selfish.

2. Patients are treated for various reasons + never realizing the serious consequences of the wrong diagnosis - but the scene is duplicated time + again. An anorism was being treated as a rhumatism affliction.

3. My husband's bill for care + hospitalization in ~~March~~ February never arrived till the end of July, making it difficult for us to know what obligations we had. The insurance company made an overpayment due to poor timing in billing - but Ketchikan General Hospital found it difficult to admit the overpayment was received + it became necessary to demand

the repayment. This is how the public is treated. If folks are honest - there's no way to survive with this system of extreme high costs & cheating.

4. Mothers have been sent home, after delivering a child, with the complete placenta still intact. Talk about barbarians - names are available if you desire!

5. Changes must be made, there's room for improvement, in services provided and costs involved

The end.

730 Park Ave
Ketchikan, Ak.
10-16-92

Aetna
Seattle, Wa.

Dear Sir,

Enclosed are a complete set of statements and initial eye exam report.

I really need a responsible solution from Aetna. A complete exam included measuring sight distance and any probable eye problems.

Medicare did provide $9.50 which certainly does not cover the expenses.

Please recalculate this bill.

Sincerely,
Carmen [illegible]
#574-09-2228

To

Alaska Legislative task Force on health Care

I do believe we should look at what the state of Hawii is doing and other states and sources of information and experience. Your task force has probably done that.

I think we should strive for a National plan, at the same time a national plan may evolve from efforts by state government. I understand the state of Minnesota is progressive in facing up to health care concerns.

My wife and I are both covered by Medicare and our co insurance is Aetna state Group. We are very fortunate! two of our children have good health care coverage and three do not and serious sickness would devastate them economically. I know there are many other young people in the same precarious health insurance

situation.

I and my wife would accept higher medicare and co-insurance premiums and/or deductibles if it would help advance the realization of health care for all citizens and at the same time hold down cost and even lower cost.

We believe everyone should pay some of the cost of their health care except for those obviously incapable of doing so. People who are wealthy and those with higher incomes should pay higher premiums and deductibles than the lower bracket income people.

thank you.

Edward N. and Susie Lutenthal
HC 67 Box 70
Anchor Point AK
99556

10/24

Our particular need is for a system that would provide insurance against catastrophic health expense that could be afforded by young people.

I also support basic health insurance for those that don't have it already. The Federal Govt-Employee Health Ins program works pretty well.

Janet McCabe

1326 K, Anc.
99501

3236 W. 30TH AVE
ANCHORAGE AK
99517

ALASKA LEGISLATIVE HEALTH
RESOURCES AND ACCESS TASK FORCE,
STATE CAPITOL
JUNEAU AK 99801-1182

I am fortunate that I have fair to good benefits (health insurance) through my employer, at a reasonable cost., however I feel this is going to be harder to come by in the near future as small businesses and part-time/seasonal workers will find it nearly impossible to find ~~[illegible]~~ adequate health insurance at affordable rates. The two ~~[illegible]~~ descriptions will continue to drift apart as a reasonable definition. I partly blame the Medical delivery companys, drug companys, insurance companys and the legislators who have been influenced to support their cause. If all citizens were made to pay a small, reasonable, state health insurance premium, and laws were passed to allow only inflation based increases in medical costs, then those without employer provided heath insurance would be covered by the state net, or possibly the employer also could pay a fee, based on the number of workers (DO NOT EXCLUDE SEASONAL OR PART-TIME.)

I believe, over time (lets start thinking over the long term) a system could be in place that could be a model for other states, and possibly the federal government. There has to be some losers somebody has to pay, of course, but if the long-term is considered, no one sector should be unreasonable hurt. There is a high degree of waste on paperwork, excessive costs for medicine; unnecessary treatments and operations, and too much gouging by unscrupulous M.D's

over the long term, weeding out these conditions should go a long way to lowering the costs of insurance and medical treatments.

One has to come to a conclusion or two before this program or one like it could work.

1. Is affordable health care to be elevated to a "right" as a citizen?
2. Should the medical profession / providers move "profit" out of the supreme position it now holds, and drift back a little to the old and revered ethnic of Hippocrates?

— we can go to war over oil, support murdering dictators, win a 50 year cold war, feed and support starving poor people in untold numbers of country's around the world, spend billions on pork barrel politics, billions more on space exploration ..... lets just take half of what we waste taxpayer's money with on the above and other fat programs, and take care of our house first, our health first, our education first. Given this attitude, and a chance, over time, I feel we could have a healthy Alaskan and American population, and maybe once again be an example to the world instead of the policeman, and world welfare provider we have become. There comes a time for statesmen to draw a line, that time is now.

Jean L. Nott
P.O. Box 113
Nenana, AK 99760
(907) 832 5802

October 26, 1992

Alaska Legislative Health Resources & Access Task Force
State Capitol
Juneau, AK 99801-1182

Dear Task Force Members,

This letter is in response to the questions which you asked the public to respond to in the Sunday, October 25 "Anchorage Daily News". I am writing this because I am concerned about Health care and I do want to share my concerns with you. You see, I am unable to answer your questions as published because they were directed toward people who have some health insurance coverage.

I am one of many Alaskans who have no health insurance. I have a partner who is in private business who cannot afford health insurance. I am unemployed and have been without insurance for over two years. My two children are without insurance also.

We all have medical conditions which should be treated, but we cannot afford to go to the doctor. Our lives are challenged often by this fact. A major or emergency illness would be catastrophic to us.

Alaska needs universal health coverage for all. A national plan would be most beneficial to Alaskans and other Americans. Your task force should take care to remember the 100% uninsured. Jean Nott

HC 33 [illegible]
Wasilla, Alaska [illegible]

Health Resource Task Force
State Capitol
Juneau, Alaska 99811

The middle of October there was a meeting concerning health care in Wasilla chaired by your group I am told. I was unable to attend.

I wish to state the health care used to be very good. The workers (care givers) were courteous, gentle kindly people. They still are — however under the new plan now endorsed by the State their wages have been cut by about 4.00 per hour while the charge to the client has more than doubled. This is a very disturbing trend. I understood this was a program to aid weak, incapacitated people young or old — not one to rob them. If this is a program to make a profit for the State on this class of people — I say no — The price I am asked to pay is outlandish and no gain to those who give the care.

This must be remedied.

Sincerely

Beulah Olson

October 25, 1992
Carol M. Owens
8014 East 2nd. ave.
Anch. Alaska 99504

RE: Health Insurance

In 1979 my daughter and son-in-law were expecting their first child. my daughter was unable to work, she wasn't physically strong enough, she did try. Our son-in-law was making just enough money to pay for essentials.

The state welfare system declined their request for medical coverage, claiming our son-in-laws income was too high, he wasn't making more than $6.00 per hour.

We families were unable to help financially.

Our daughter and son-in-law were lucky to find a doctor who let them make monthly payments

I was informed that Providence Hospital would help. This help isn't advertised. Providence charges according to income. Providence paid all of the hospital bill.

I would like to see help from the state of Alaska.

Mrs Carol M Owens

AK 99508

Dear Sir Madam

I work in the emergency room at Providence on night shift; I feel there is no problem with access to medical care, I feel too many ineligible people are receiving medicaid; there is no system of restriction! pt walks in demanding inappropriate care, the provider is unable to deny these demands eg. calling and using ambulance for "bladder pain" eg. Natives who don't want to wait at ANMC! eg. I want my ears cleaned out now! eg. rash

not only that we have an entire generation ignorant of basic healthy awareness of body and health..

Just wanted to give you my 2c worth

Sincerely

Esther Petrie RN

Oct. 2[illegible], 1992

To Whom It May Concern

I am a retired teacher living in Alaska and am very concerned about insurance coverage and medical costs. About 2 months ago Blue Cross raised our their premium for dental/vision coverage from $242 every 3 months up to $416. every 3 months. What a huge jump! I will no longer be able to afford the payments but I don't want to be without it (the insurance) either. As I have 2 school age children, who need dental care, and I need to wear glasses.

I was also enrolled in the States long term care program with my husband, but have dropped that also to save money.

I am very grateful for the 80% Major Medical (insurance) that we receive from the state as a retiree, because I wouldn't be able to afford it if I had to pay.

Something needs to be done to curtail medical costs and jumps in insurance premiums so the average Alaskan can afford insurance and medical care.

Thank you for your attention.

Carol Philips

10/29/92

Medical care is the ultimate political plaything. The concept of having a spectrum of quality vs cost is drowned by the emotional nature of the issue. Healing oneself or a loved one becomes the goal with money no object. Unfortunately somebody must pick up the tab. A free market approach whereby individuals must make the hard decision for themselves is the only workable way. Most people earn money and most people are healthy. Catastrophic illness is the exception. Government by its very nature is inherently corrupt. For it to be allowed to expand its role into yet another sphere of activity would not be wise. For it to tamper with such an important issue as human lives would be a tragedy. A prosperous economy to provide ample employment; a free market to provide an abundance of choice, & the freedom to decide individually the issue of quality/cost; & the resulting abundance of private love and charity is the answer. Nobody can simply remove pain & effort. But the political process can only waste what few resources are available leaving the alleged beneficiaries doomed forever more to deal with unresponsive & uncaring bureaucracy.

Sincerely,

Tom Ralloff

283-8001

P.S. I write this as I sit & wait in yet another govt. office.

10/26/92
Mark A. Rinehart
4026 E 8th Ave. #
Anchorage, AK
99508

Alaska Legislature Health Resorces
And Access Task Force

State Capitol
Juneau, AK. 99801

Dear Folks:

Enclosed is a health care survey form which appeared in the Editorial Section of the ~~Sat.~~ Sun. 10/25/92 Anch. Daily Newspaper. Please consider my responses in regards to your review of Alaska's health care system.

COMMENTS ⇒

#3. Not the role of Gov't. (state, local or Nat'l.).

#4 This should be in the realm of Employer/employee interactions.

Additional Comment ⇒ The only beneficiaries of this reform will be the public sector employees + managers. I don't want to subsidize their fringe benefits!!

However, if you must tinker with the system, then you should follow the common sense initiated by the reformers in the State of Oregon. To implement/follow any other plan other than the Oregon Plan is sheer financial sucide!!

Of course, the most appropriate plan of action would be to enforce and promote individual responsibility for medical contingencies. In a society lacking a tax structure, positive reform should occur with implementation of regulations which WILL REDUCE medical, and dental insurance premiums.

Make insurance affordable and I believe the greater majority of individuals will respond positively and become insured. For the others, irresponsibility has a price! I care not to carry their burden. Thank you

Mark A. Rice

Oct 21, 19[illegible]

Dear Health Task Force

I am one of the many who have fallen through the cracks when it comes to medical coverage. While I was employed at a small day care I was uncovered & in need of medical assistance. All of my (meager) wages was being spent on medical needs. I was unable to purchase needed medications & had to postpone treatment.

I couldn't get insurance coverage. We couldn't find a company that would insure our small group. Because of my medical situation I eventually became uninsurable. My ongoing problems left me too much of a "high risk." The few companies that considered me as a client were useless to me. My insurance policy would have had numerous exclusions. In fact, there is little that would be covered.

As my health declined, I wasn't as able to work. Even when

My resources were quite limited, I was not eligible for state assistance. Because I didn't fit the ~~[illegible]~~ state's criteria (elderly, single parent, or suffering from the "recognized & approved disabilities) I couldn't receive any help.

In the mean time, I had applied for Social Security Disability. I was denied & had to appeal 3 times. During this time, I was struggling immensly. My physical situation and the financial stress it provoked left me overwhelmed. Unable to work, financially strapped, denied medical care, I felt backed against the wall.

The constant hassles concerning medical coverage were overwhelming. My credit was scarred - as I was unable to continue minimal payments. I was left to surviving & contemplated suicide - regularly.

I've just been allotted Social Security Disability. Having been placed on Adult Public Assistance

I'm now receiving Medicaid. I'm able to get needed prescriptions & address my physical problems.

I am ~~however~~, not "out of the dark" yet. My rare disease requires special care. I am constantly fighting to have my needs met. Though Alaskan physicians have requested certain treatments - I'm told that Medicaid will not cover such treatment. This still leaves me in a dilema. I'm grateful for the partial relief (I do not have to decide between medication & utility bill or doctor's advise vs vehicle insurance)

I'm still left in a tough spot. I wish there were more treatment choices available - that would be covered. Preventative & unorthodox treatments (pain clinic chiropractic care, naturopathy, hypnosis homeopathy) might be helpful in my situation. I can't tell however, because I'm unable to cover such treatment.

The state of AK is willing to pay for

various tests
hospital stays
medications
travel (including air fare to Anchorage when no assistance was available if I drove to & from)
surgery & many other "acceptable" treatments. This is a great expense to the people of AK.

Though my disease isn't common - & can't be easily treated - questionable treatments are denied. In fact specialists are left to treating the symptoms & doubtful of solving the root of the problem. I'm left to try experimental drugs (which have not worked in the past). With these given facts - I'm still denied options that could improve my lifestyle.

Hopefully this task force will be able to address the issues at hand. I'd like to

attention payed to the ones that are slipping through the cracks. I'd like to see help available for the low income person - who can't afford insurance... I'd like to see medical coverage available for the "high risk people. Treatment options should be available to those in need of the system.

Thank you very much for your efforts in this matter. I'd also like to thank you for allowing me to express my opinions. You have my support & best wishes while tackling this ~~[illegible]~~ dynamic situation.

Sincerely,

Cindy

Rae-Schoolcraft
Rt. 1 Box 94-H
Kenai 99611

907-283-5771

Miss Beverlee Schnable
P.O. Box 494
Hoonah, AK 99829-0494
October 3, 1992

Honorable Don Young
House of Representatives
2331 Rayburn House Office Building
Washington, D.C. 20515-0201

Dear Honorable Young:

PLEASE HELP ME TO UNDERSTAND!!!!!!!!!!

What is your definition of Native American and Alaskan Native? Is there a difference? This is not a trick question.... Trust me I am a voter.

I was a bit annoyed when I read the last letter you sent your constituents. My question is; How can you give free services when the Native American already have free medical coverage?!?!

I understand that they have a hospital in Anchorage and another in Sitka, although I hear this one is not the best. Am I also to understand that you are updating the hospital in Kotzebue for $62 million and also building a new one in Anchorage for $70 million?!? Can't the N.A. utilize Humana or Providence Hospitals if the need arises? I do not begrudge anyone of anything, but their are some low income white people who do not have the privilege of getting free medical when a medical emergency comes along. I was refused medical coverage by Public Assistance, General Relief Medical. I earned $319.97 the month of July and I am only allowed to earn $300.00, because I was over the allotted amount I was refused G.R.M. I went to the Hoonah Health Center for severe pain in my left flank. The first time I went was July 12. I was given a urine test and found out I had a kidney infection, so I was given antibiotics for 10 days. I had the pain in the back for about 3 to 4 weeks before I went to the clinic, but I did not have the money to go so I put it off. By the time the pain set in it was pretty bad. On the 11th I had severe pains again with no let up, so I went to the clinic once again. This time the pain was worse than the first time. The health aide called Mt. Edgecumbe and Dr. Kreiss told her what to do. It was apparent that I had a kidney stone as well as an infection. I was given an I.V., a pain shot and penicillin through the I.V. I was advised by Dr. Kreiss to go to Bartlett the next day to see my doctor. I flew to Juneau on the 12th at 11:00 AM, because there was no ferry. My doctor, Dr. Palmer, was out of town, so I went to the emergency room. I had blood and urine tests done and a lot of x-rays, plus a mini exam. They found out that I had a severe kidney infection and several kidney stones. They gave me the strongest antibiotics that can be taken, which cost me $86.00, plus Tylonol 3 for the pain. I felt okay on Monday so I flew home. I had an attack of pain and went to

the clinic for a shot of Talwin at 12:30PM Tuesday the 13th. At about 3:15 PM the pain had not let up, so I called the clinic and they said they could not do anything else for me, and I should go to Juneau. I flew to Juneau again on the 4PM flight, and I cried most of the way due to the pain. I got to Bartlett around 4:45PM. By this time I was in pain for 5-1/2 hours with no let up. I was given 20 mgs of Demerol every half hour for 2 hours and I still felt the pain. After the second shot Dr. Vaught came in to see me and said that I was in such bad shape that I should be hospitalized, and said considering I did not have insurance he could not admit me. I was flabbergasted to put it mildly. He said I should have been on an I.V. with mega doses of antibiotics for the night. I was not able to keep food down all day. I have an ileostomy and dehydrate very quickly, because I do not have my large intestines, due to cancer of the colon and rectum. I left the hospital with the same pain I had when I went in and had to pay for the E.R. and the doctor. I was given a shot for nausea and pain pills, and sent on my way. I was so groggy I hardly made it to the waiting room. I believe if I was a native I would have been flown to Mt. Edgecumbe immediately with no questions asked. Please help me to understand why the N.A need another hospital all their own? My suggestion would be to allow the low income white people who have medical emergencies and very little state aide utilize the N.A. hospitals?

I pay taxes and some of it goes to women who kill their babies by having abortions, and many other nationalities to have the privilege of free medical coverage. I've read in studies that most women who have abortions are married and only 2 to 5%, because of rape or incest. There is something wrong with the **SYSTEM**. I had surgery July 1991 and Hill Burton paid the hospital bill, thank God for that, but I had to pay $1,200.00 out of my pocket. I still owe $525.00 on a part time job. I do get unemployment checks, but it does not go very far with all the medical I owe. I am very frugal with my money. I have to be.

In reading the "Rural Alaska Newsletter, Summer, 1992," Indian Health Care Task Force, I can go along with 1, 2, and 3. There are several hospitals and new clinics. 4, 5, 7, and 8 they already have free, so how can you give them more free coverage? It does not compute!!!!!!!!!!!!!!!!!!!!!!!!!!

I thought we were out of the "Dark Ages." Slavery has been over for many years, but black people still hold on to so much bitterness against the white folk. There are many other nationalities that we so freely help and we have many of our own who have needs too, especially low income whites. I had nothing to do with slavery. The blacks and Native American say we owe them!! What do we owe them? and why? Haven't we paid our dues? I believe giving people things free i.e. medical, welfare, food stamps, etc. only encourages those on the programs to remain lazy. I have heard many times, "Why work when I can make more on welfare with a lot

less hassle. "This is not the way to build self-esteem. It causes old wounds to continue to fester. I sure do agree with raising the minimum wage. Why work for $4.65 when you can get a whole lot more on welfare. I can agree with that logic, but it does not seem right. I believe if the minimum wage was higher and welfare lower, it might encourage those on welfare to work at least part time. I hear the natives accuse the white people of taking their jobs. I have talked with several store owners who hire the native and most of the time they do not do their jobs thus getting fired. Then they holler discrimination. What a farce. There are jobs that I cannot get because the federal government has a stipulation on the job description, i.e. Equal Opportunity Employer, native preference. That one really confuses me. I put in an application to manage the apartment building where I live and was hired, but was told that T.&H. made a mistake and posted the wrong job description and they had to re-advertise it. Then I was told I did not have the job, although I was more qualified and was the oldest of those who applied, but there was one factor that remained, I was not native and H.U.D requires that a native be hired. Another confusing situation. I see this as reverse discrimination.

Doctors and hospitals really bleed the public especially those who have insurance. One time I was overcharged, $250.00, so I called the hospital and told them I did not have that service while I was in the hospital and they told me, "Don't worry the G.R.M. program will cover it and besides we probably did some other service and did not charge you." **Fat chance** of that happening. I have talked to other people that this has happened to, in the same amount, and they were told the same thing. This is why I like Canada's socialized medicine plan. This way everyone would be treated equal and there would be no discrimination.

I need a physical once a year for cancer follow up. I have paid for them for the past 8 years, but this time I cannot afford to, because I need to have an upper G.I. and small intestinal series done. I had surgery, June 17, 1982, and had my colon and rectum removed due to cancer. I had proctocolectomy for Familial adenomatous polyposis (Gardners Syndrome) with cancer of the rectum. It was advised by Dr. Guy Kratzer that I have stomach and small bowel x-ray as an essential part of my follow up. I cannot afford to let my health go any longer. I have a spur on my left heel, which is very painful, but I live with it because there is not much else I can do about it at this time. I was given several anti-inflammatories, which did help for several days than the pain began again. These can get spendy, but they do not dissolve the spur, and the pain goes on. Why not solve the problem rather than put a big band-aide on it. I am very rarely sick or need medical attention, and I pay whenever I can. I was fired from my last job at the end of March. This is the letter I received from the Labor Board. "It has not been established that there was misconduct in connection with your work. You were discharged for reasons that do not constitute willful misconduct in connection with your work.

Benefits are therefore allowed beginning 04-05-92." I was refused a check one week because I went to a friends funeral in Juneau. I was refused G.R.M. in July because I earned $19.97 over the allotted amount $300.00. Public Assistance seem to consider your earnings on the gross amount. There is about 20% taken out each pay. It appears what I pay out, i.e. rent, the medical bills I owe, Ostomy supplies I need every week amount to about $6.50 a week, food, shoes, clothes (rarely) thank God for Salvation Army, and the vitamins I take to maintain, etc.... Dr. Palmers office called First Health to get approval for me to have the x-rays done and they told them, the only way I would get help is if I was in the hospital over night. Dr. Palmer would have to justify my being in over night. Everyone has their hand in the pot.

As I stated before I have an exam once a year and this year I need more than just an exam. In 1980 my mother passed away due to cancer (G.S.) my brother (45) (G.S.) in 1982, my father had 80% of his stomach removed due to cancer and he passed away in 1984 due to a massive heart attack. He had many problems with high blood pressure and was on medication for a while. My sister passed away in 1989 (G.S.) and she was in the hospital, bed ridden, for 4 months. Another brother had surgery (G.S.) in March 1991 and had 18" of his large intestines removed and found out he has a recurrence and needs to have surgery again. Yes, I've had a clean bill of health for 10 years, and I thank God for that, but my mother had a clean bill of health for 27 years. So you never know. I was going to buy insurance years ago, but the only way they would cover me is if I had a recurrence of cancer. **Why wait until this happens?!?!?** Another factor, I am considered high risk and the premium I had to pay was horrendous. I had 3 hernia operations in 4 years, so I cannot lift anything over 35#. When I do too much lifting my insides hurt for several days. I am not handicapped, but I am limited to what I can do. I am between a rock and a hard place. I am supposed to have an upper G.I. and small bowel series every 3 to 5 years and it has been 7 years. Considering my families history I would like to have the x-rays the end of September. What happened to the old expression, **An ounce of prevention is worth a pound of cure."** Oh, on top of it all I have a tooth that is severely cracked and chipped and I know I will need a crown for it to the tune of $400.00 to $500.00. Oh well one day it will get taken care of. I have had problems with high blood pressure and went to the clinic twice a week for several months. They advised me to take medication for it, but I declined, because of the added expense. I do not like the idea of putting all those chemicals in my body. I believe in getting to the root of the problem. This I did.

I heard of a couple who get money from the Kake Corporation and get food stamps every month. Their are people who have insurance and what the insurance does not cover Public Assistance does. This is mind boggling to me!?!?!?!?!? I ask for help once every five years and it is hard or nigh impossible to get, Yes, I am very

grateful for the help I have received. My blood boils when I hear young girls talk about getting pregnant so they can get away from home and get on welfare. The government encourages them to be dishonest. Look at the fraud that has been shown on "20/20" and "60 Minutes." They cannot all be lying. There **has** to be a better balance. I read that Fish and Wildlife will be getting $120.00 more a day perdiem for travel. That must be nice. I went to Anchorage about 7 years ago and was allowed $34.00 perdiem. I had to stay at the "Black Angus" a rough part of Anchorage and was stalked twice, plus I had a drunk who wanted to join me for dinner and when I told him I preferred to eat alone he became nasty and walked away. I hear that the perdiem has not improved too much. This is sad. I checked out other places, but I did not have the money to pay more and for food....I called a friend and his mother found another place for me to stay. It was with a friend of hers. I did not get much sleep that night, and I put the chair up against the door and there were several knocks on my door. I sure did a lot of praying that night. I am very glad that I have friends that I can stay with when I go to Juneau. I do not believe too many government officials have such a problem. It must be nice. They do not cut down on their travels, plus most of you could afford to pay some out of your pockets. How many governors and senators refuse a pay raise? How often do they get one? Some women are on welfare and have live in boyfriends who have full time employment. The way they beat the system is not to tell Public Assistance about it or they say the boyfriend does not live there all the time. When a N.A. has to go to Mt. Edgecumbe for medical reasons, but it is not considered an emergency why don't they take the ferry which $44.00 round trip verses flying which is $245.00 round trip? Yes, flying is much faster, but why not help save money where we can.. Again I have heard I don't have to pay for it. It is even more when a parent has to escort a child, $367.50.. Many children grow up as welfare kids and this is all they know, so they follow suit. There has to be a way to teach them that they have other options. It is their mentality, because they do not see their parent (s) work. This is, in part, what I mean when I say they are spoiled. Their are whites who are in the same boat.

I am totally against abortions. It is killing no matter what anyone may say. Yes, we are all entitled to our opinion. If a woman wants to have an abortion, it is her business, but I **strongly disapprove of using my tax dollars.** There are sooooooo many forms of birth control. Yes, they are not all full proof. I agree with choice , but it should be made before the couple decides to have intercourse. If we continue to aide abortions we give the message to the young girls that it is okay. I believe we could curve the abortions that are done if the women who have them had to pay for them. Maybe they would be more careful. Using abortion as birth control is not the way to go. What is wrong with abstinence? So many, "consenting adults" (married, but not to each other commit adultery these days. How can they teach their children respect? Most "consenting adults" give the message it is okay to sin for a

season. and we wonder why the United States is in such bad shape. God has blessed us in spite of our sins and we continue to lie, cheat, steal, commit adultery, murder and it does not seem to phase some of us. I can assure you God will not turn His head forever. There is a Judgment day.

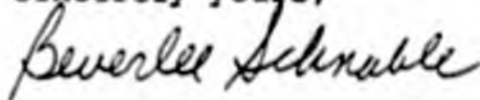
I get angry when I hear so many people blaming so much of our countries problems on the president. From what I have heard on the T.V. and read in the papers their are more Democrats in office and the president **does not** have the run of the government. I get tired of hearing the Democrats degrade the Republicans and vice versa.. How can we teach our children to respect others when you government officials are so blatant and disrespectful to each other. We all have dirty laundry, but we do not have to use it against each other. Maybe what is said is partially true, but why use it at election time? To me it is a cheap trick and anyone who does it will not get my vote!?!? Why can't the parties work together for the betterment of the people. What happened to the expression, "Of the people, for the people and by the people." I hear of the people and by the people, but I think for the people got lost in the shuffle. Why do I have to vote all Republican or all Democrat? I believe it is the signs of the times. As the Bible reads, In the end times there will be wars and rumors of wars. Earthquakes in divers places (and I believe we can add hurricanes). So much money is spent on saving the animals and the environment than to help people. Anything to get a vote. Let's get our **PRIORITIES** in order. Then I believe we will see the blessings again.

I agree, there are no pat answers, but we can learn to work together rather than be at odds all the time. Each party is like Ford they think they have a better idea. Learn to listen when someone has something to say rather than just wait for the man on the floor to shut up so you can get your two cents in.

I have been told that I should become a politician, but I do not think so. I am too honest and do not want to get old before my time.

The above things I have shared with you are from my own experiences and not hear say. This is why I am writing this to you. I will be sending copies of this letter to other people. Some are politicians like yourself. I sat quiet too long, but no more.

Sincerely yours,



Miss Beverlee Schnable

INDIAN HEALTH CARE TASK FORCE

I was asked to join the Congressional Indian Health Care Task Force. This group's interest is improving health care for Native Americans. This year, we have been busy reauthorizing the Indian Health Care Improvement Act. This law provides for the following:

1) A program encouraging young natives to pursue medical careers
2) A scholarship program for native students
3) A special nursing program
4) A catastrophic health emergency fund
5) Diabetes, dental and mental health programs
6) New hospitals and clinics
7) Assistance for Natives in getting medicare/medicaid benefits
8) Alcohol and drug abuse programs

I am looking forward to the work I will do on this task force to improve health care for all Alaska Natives.

If you are having any problems with the Federal Government, please contact one of Congressman Don Young's offices:

222 W. 7th Ave., Box 3
Anchorage, 99513-7595
271-5978

Federal Building, #401
Juneau, 99802-1247
586-7400

130 Trading Bay Road, #350
Kenai, 99611
283-5808

101 12th Ave., Box 10
Fairbanks, 99701-6275
456-0210

109 Main Street
Ketchikan, 99901-6842
225-6880

2331 Rayburn HOB
Washington, D.C. 20515
(202) 225-5765

Congress of the United States
House of Representatives
Washington, DC 20515

Official Business

Don Young
M.C.

POSTAL CUSTOMER

MISS BEVERLEE SCHNABLE

Earnings June, July, and August $1,350.00

Medical - $1,608.00

Travel to Juneau for doctors appointments and to the emergency room at Bartlett Memorial Hospital $150.00.

Pharmacy - $119.05 (Meds for kidney stones and infection.)

Supplies for my ileostomy - $78.00.

Hoonah Health Center $72.50.

What I owe for the surgery I had last year - $475.00.

My rent to T.H.R.H.A. (Low Income Housing) $222.00.

This is not all that I owe, but you get the idea.

The figures above are fairly accurate, - especially the medical ones.

JUNEAU
DIVISION OF PUBLIC ASST
811 W 12TH ST 2ND FLOOR
JUNEAU AK 99801
(907) 465-3551
(1-800) 478-3551

STATE OF ALASKA
DIVISION OF PUBLIC ASSISTANCE

CASE NUMBER: 05079118
CASELOAD ID: 111021

MAILING DATE: 09/16/92

BEVERLEE SCHNABLE
PO BOX 494
HOONAH AK 99829

GRM DENIAL

DEAR BEVERLEE SCHNABLE

YOUR APPLICATION FOR GENERAL RELIEF MEDICAL BENEFITS RECEIVED ON SEPT.9,1992 HAS BEEN DENIED FOR THE REASONS LISTED BELOW:

REASON(S) : REQUESTED SERVICES ARE COVERED BY THE GM PROGRAM. MUST HAVE INPATIENT HOSPITAL SERVICES.

PLEASE READ THE BACK OF THIS NOTICE FOR ADDITIONAL INFORMATION REGARDING YOUR RIGHTS AND RESPONSIBILITIES.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ACTION, PLEASE FEEL FREE TO CONTACT ME.

THIS ACTION IS BASED ON GR/GRM MANUAL SECTION 600.

NOTICE #G213 ROCKY BURT 8140

Area Code 215
433-6181

GUY L. KRATZER, M.D., P.C.
1447 Hamilton Street
Allentown, Pennsylvania 18102

Practice limited to
Diseases of the Rectum and Colon

Office Hours
By Appointment

August 3, 1992

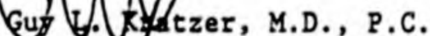
Miss Beverlee A. Schnable
Box 494
Hoonah, Alaska 99829

<u>Diagnostic Radiology</u>

Miss Beverlee A. Schnable had proctocolectomy for Familial adenomatous polyposis (Gardner Syndrome) with cancer of the rectum 6/17/82 and must have stomach and small bowel x-ray as an essential part of her follow-up.

Thank you.

Sincerely,



Guy L. Kratzer, M.D., P.C.

An ounce of Prevention is worth a pound of cure.
↑
AMEN

Dr. Kratzer did my major surgery 10 years ago, and has been our families doctor for at least 35 years.

Beverlee Schnable
8-27-92

10 PATIENT'S LAST NAME	FIRST NAME	INITIAL	11 PATIENT'S ADDRESS	CITY	STATE	ZIP
SCHNABLE	BEVERLEE		BOX 494	HOONAH	AK	

SCHNABLE, BEVERLEE
BOX 494
HOONAH, AK
99829

50 DESCRIPTION	51 RV CODE	52 S. UNITS	53 TOTAL CHARGES	54	55	56
OFFICE/OP VISIT, EST, L 90050	510	1	52.50	→ I saw the P.A. for a 5 min visit		
RX-MOTRIN 400 MG	250	1	20.00			
TOTAL AMOUNT	001	2	72.50			

Hoonah Health Clinic

Mt. Edgecumbe

Sitka

(S.E.A.R.H.C.)

Please Return This Statement With Your Check. Thank You

57 PAYER	58 REL INFO	59 ASG BEN	60 DEDUCTIBLE	61 CO-INSURANCE	62 EST. RESPONSIBILITY	63 PRIOR PAYMENTS	64 EST. AMOUNT DUE
SELF PAY	Y	Y			72.50	0.00	72.50

DUE FROM PATIENT ►

65 INSURED'S NAME	66 SEX	67 P.REL.	68 CERT.-SSN-HIC.-ID. NO.	69 GROUP NAME	70 INSURANCE GROUP NO
SCHNABLE, BEVERLEE	F	01			

71 E-S	72 ESC	73 EMPLOYER NAME	74 EMPLOYEE ID.	75 EMPLOYER LOCATION

NOTICE TO THE PATIENT

The hospital is acting solely as an agent for the patient in filing for insurance benefits assigned to it, however, the hospital can assume no responsibility for guaranteeing payment of covered charges as shown on the face of the bill. Credit is shown only when the hospital has actually received payment. Should an overpayment be made, a refund check will be sent to the authorized party that is due the overpayment.

UB-82 HCFA-1450

PATIENT COPY

10301 Glacier Highway
Juneau, Alaska 99801
Phone (907) 789-2910
IRS 92-0087060

S

PATIENT'S NAME beverly schnabu

MAILING ADDRESS ______

PHONE: Home______ Work______

Patient's Date of Birth______

Are you covered by:

- ☐ VA
- ☐ Medicare
- ☐ Workers' Compensation
- ☐ Medicaid
- ☐ Private Insurance (like Aetna, Blue Cross, etc.)

- ☐ DR. MIKE FRANKLIN
- ☒ DR. KIM SMITH
- ☐ DR. WILLIAM COLE
- ☐ DR. ERIC OLSEN
- ☐ LARRY DePUTE P.A.-C.

X

* Patients with private insurance are responsible for filing their own claims.

PATIENT ACCT. # 8974 RM. #______

SURGERY			INJECTIONS			Culture/Misc.			Elbow	73070	
I&D	10060		Theraputic Inj	90782		Urine Culture/Sens.	87184		Lumbar Spine	72110	
Excise Lesion	114.....		Soft Tissue Inj	20550		Culture, Throat	87060		Wrist	73110	
Size:			DPT	90701		Strep Screen	86171		Hand	73130	
Suture Laceration	12.....		DT	90702		Wet Mount	87220		Finger	73140	
Length:			Flu	90724		Spec. Collection	99000		Pelvis/Hip	72170/73500	
Location:			Hep B	90731		Venipuncture	36415		Knee	73560	
Hyfrecator	17100		HIB	90737		OUTSIDE LAB			Ankle	73610	
Cryo	17340		OPV	90712		PSA	86229		Foot	73630	
Bx Cervix	57500		PPD	86580		Pap Smear	88150	—	OFFICE VISITS		
Cast Procedure	2.....		Tine Test	86585		Culture, GC	87070		New Pt. Level I	99201	
Cast Materials	99070		Allergy (one)	95115		Chlamydia	86999		NP Level II	99202	
I&D Hemorrhoid	46320		Allergy (mult.)	95117		HIV	86312		NP Level III	99203	
Path Specimen	88305		Chemo Push Inj	96408		Chem Panel, T4, HDL	80050,1		NP Level IV	99204	
Spec Path (circled)	88305.1	78	Chemo Infusion	96410		Chem Panel, Basic	80050		NP Level V	99205	
			OFFICE LAB			Coronary Risk	80062		Est Pt Level I	99211	
SPECIAL PROCEDURES			Hemogram	85024/85021		Glucose, Plasma	82947		EP Level II	99212	
Flex Sig	45330		Diff	85007		Liver Function	80058		EP Level III	99213	
Sig w/Bx	45331		Hgb	85018		Prothrombin Time	85610		EP Level IV	99214	
EKG Trac	93000		Hct	85014		Renal Eval	80073		EP Level V	99215	
EKG 1 Lead	93040		WBC	85048		Thyroid Screen	80070		Child PE new/est		
Vitalor	94160		Platelet Ct.	85580		Hypothyroid Profile	80070,2		School PE new/est		
Endo Bx	58100		ESR	85650		X-RAY			Sports PE new/est		
Treadmill	93015		Monospot	86300		Sinus	70210		Women's Annual new/est		
Audiogram	92551		Glucose, Whole Bld	82947		Cervical Spine	72050		Phys. Exam new/est		
IUD Insert	58300		Pregnancy, Urine	84702		Shoulder	73020		FAA new/est		
Vasectomy	55250		Urinalysis	81000		Chest 1V/2V	71010/71020		Phone Consult Brief	98920	

ADDITIONAL LAB WORK:

TEST:	CPT:	$	TEST:	CPT:	$
TEST:	CPT:	$	TEST:	CPT:	$

Kim Smith

INSTRUCTIONS:

OUTSIDE LAB AND X-RAY: Pt. pd. $2.00 on 7/27

TOTAL CHARGE: 78.00

METHOD OF PAYMENT: Cash Check Other

DIAGNOSIS: renal calculi 592.0

GENERAL	ICDA	Drug Dependence	304	Ischemic Heart Dis	414.9	GENITO-URINARY		Edema	782.3
Breast Mass	611.72	Sleep Disorder	780.50	Peripheral Vas Dis	440	Abnormal Pap	795.0	Impetigo	684
Contraception	V25.09	Smoking Habit	305	Syncope	780.2	Amenorrhea	626.0	Scabies	133.0
Contracep/Steri	V25.2	NERVOUS SYSTEM		Varicose Veins	454.9	Chlamydia	079.9	Seborrheic Derm	690
Family Rel Probs	Y87	Dizziness	780.4			Dysf Uterine Bleed	626.8	Urticaria/Hives	708.9
Fatigue	780.7	Headache NS	784.0	RESPIRATORY		Dysmenorrhea	625.3	Warts	078.1
Fever	780.6	Migraine HA	346.9	Asthma	493.90	Enuresis	788.3		
Pain in Limb	787.1	Seizure Disorder	780.3	Bronchitis Acute	466.0	Menopausal Symp	627.2	MUSCULOSKELETAL	
Social/Pers Probs	Y13	Somatic Symptoms	306.9	Cough	786.2	Pelvic Inflam Dis	614.9	Joint Pain	719.40
Weight Loss	783.2	Tension HA	307.81	Dyspnea	786.09	Prostatitis	601.9	Low Back Pain	724.2
Well Adult	V700	SENSE ORGANS		Emphysema	492.8	Renal Failure	788	Low Back Strain	846.9
Well Baby/Child	V202	Serous Otitis	381.01	Influenza	487.1	Urethritis NS	597.80	Tendonitis	726
INFECTIOUS DISEASE		Eustan Tb Dysf	381.81	Pharyngitis	462	UTI	599.0	Rheumatoid Arth	714.0
Hepatitis	070.1	Allerg Rhinitis	477.9	Pleurisy	511.0	Vaginitis/Gard	622.10	Shoulder Syndrome	717
Mono	075	Cerumen Impaction	387.1	Pneumonia	486	Vaginitis/Trich	131.01	Synovitis/Bursitis	727
ENDO/HEME		Conjunctivitis	372.30	Sinusitis	473.9	Vaginitis/Yeast	112.1	Degen Joint Dis	715.9
Anemia/Iron Def	280.9	Otitis Externa	380.1	URI Unspecified	465.9	BPH	600	Location:	
Diabetes Mellitus	250.00	Otitis Media	382.9	DIGESTIVE		PREGNANCY/PUERPERIUM			
Feeding Probs	269.9	CIRCULATORY DISEASE		Abdominal Pain	789.0	Pregnancy	V22.2	INJURIES	
Hypothyroidism	244	Abnormal EKG	794.31	Constipation	564.0	Mastitis	611.0	Abrasion	919.0
Lipid Disorder	272	Atrial Fib/Flutter	427.4	Diarrhea	558.9			Burn	949.0
Lymphadenopathy	785.6	Cerebrovasc Dis	436	Duodenal Ulcer	532.9	SKIN & SUBCUTAN		Contusion	924.9
Overweight	278.0	Chest Pain	786.50	Gastroenteritis	558.9	Acne	706.1	Foreign Body	938
PSYCHOLOGICAL		Ectopic Beats	427.60	GI Bleeding	578.9	Cellulitis/Abscess	682.9	Fracture	829.0
Alcohol Abuse	303.0	Heart Failure	428.0	Hemorrhoids	455.6	Dermatophytosis	110.9	Laceration	879.8
Anxiety	300.0	Heart Murmur	427.8	Nausea/Vomiting	787.0	Diaper Dermatitis	691.0	Sprain	848
Depression	311	Hypertension	401.9	Peptic Dis	533.9	Eczema/Aller Derm	692.9		

White—Patient Yellow—Insurance Pink—Office

STATEMENT (907) 586-1005 ID NO. 541625207

NO.	PATIENT NAME	PROCEDURE	SURGERY DATE	CODES: CPT #	MODIFYING FACTORS: PHYS STAT	MODIFYING FACTORS: OTHER
1	BEVERLEE SCHNABLE	EXC ABD LIPOMA	07/19/91	00800	P1	99112

NO.	ANESTHESIA TIME: START	ANESTHESIA TIME: END	BASIC UNITS	TIME UNITS	MODIFIER UNITS	TOTAL UNITS	UNIT CHARGE	ANESTHESIA CHARGE	PAID TO DATE	PAY CODE	LATE CHARGES	TOTAL DUE
1	0750	0905	3	5	2	10	$36	$360.00	$210.00	S	$0.00	$150.00

THANK YOU FOR YOUR PAYMENT(S).

PAY CODES: I INSURANCE
S SELF PAYMENT
O OTHER

A LATE CHARGE OF 1½% WILL BE ADDED EACH MONTH AFTER 60 DAYS

STATEMENT

WILLIAM M. PALMER, M.D., P.C.
Surgeon
3268 HOSPITAL DR., SUITE E
JUNEAU, ALASKA 99801
PHONE: 907-586-1895

ck# 400 2-17-92 50.00

Beverlee Schnable
Box 494
Hoonah, AK. 99829-0494

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS: PAYMENTS	CREDITS: ADJ.	CURRENT BALANCE
	BALANCE FORWARD					
8/28/90	26508	OV	81 -	45 -		42 -
10/1-/90		ROA		12 -		30 -
11/1/90		ROA		10 -		20 -
12/7/90	27099	OV 90050	52 -	10 -		62 -
[illegible]		ROA		12 -		50 -
4/1/91		ROA		20 -		30 -
5/10/91		ROA		10 -		20 -
[illegible]		ROA pt		10 -		10 -
7/2/91		ROA - pt		10 -		0
7/15/91	28423	Pre-op	136 -			136 -
7/25/91	28478	OV	NC			136 -
7/19/91	28841	S 11406	474 -			610 -
		ROA (July) not posted [illegible]		25 -		585 -
8/30/91		ROA pt		20 -		565 -
8/31/91	29054	OV	NC			565 -
9/26/91		ROA		20 -		545 -
11/22/91		ROA		45 -		500 -

5430,5530 0004 7379 5981478 071292

3356608 12/94
BEVERLEE SCHNABLE

PAY N SAVE 142
40275649
JUNEAU AK

SALES DRAFT
BANKCARD SERVICES

Qty.	Class	Description	Price	Amount
		RX		9338
Authorization No. 7-1292-12588	Expiration Date Checked ☑		Sub Total	
Driver's License or Record I.D. Number 7192124 2	Dept.	Clerk's Ind. GIT	Sales Tax	
			Total	9338

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

X Beverlee Schnable
Cardholder's Signature

CARDHOLDER COPY

Retain this copy for statement verification

PAY'n SAVE

8745 OLD GLACIER HWY.
JUNEAU, AK 99801

789-0908
For Refills Call

Pay 'n Save Pharmacies. Nearby when you need us.

Rx 425075 Dr. VAUGHT, RON
BEVERLEE SCHNABLE
BOX 494
HOONAH AK 99829
907-945-3450
TAKE 1 TABLET TWICE DAILY
FOR 14 DAYS

CIPRO 500MG
MILES 00026-8513-51
28 TABS NO REFILLS
ORIG 7/12/92 N
NOW 7/12/92

NEARBY WHEN YOU
NEED US ....

PRICE $86.39 PAY $86.39

SAVE FOR INSURANCE AND TAX RECORDS

PAY'n SAVE

8745 OLD GLACIER HWY.
JUNEAU, AK 99801

789-0908
For Refills Call

Pay 'n Save Pharmacies. Nearby when you need us.

Rx 425076 Dr. VAUGHT, RON
BEVERLEE SCHNABLE
BOX 494
HOONAH AK 99829
907-945-3450
TAKE 1-2 TABLETS EVERY 4
HOURS AS NEEDED FOR PAIN

ACETAMIN/CODEINE 30MG
ALIGEN 00405-0008-03
10 TABS 1 REFILL
ORIG 7/12/92 N
NOW 7/12/92

NEARBY WHEN YOU
NEED US ....

PRICE $6.99 PAY $6.99

SAVE FOR INSURANCE AND TAX RECORDS

MEM. HOSPITAL
PITAL DRIVE
AK. 99801

3 PATIENT CONTROL NUMBER	4 TYPE OF BILL
041151 7115643	131

5 SC/BS PROV NO	6 FEDERAL TAX NO	7 MEDICARE NO	8 MEDICAID NO
C79	920118538	020009	HSC2CP

PATIENT'S LAST NAME / FIRST NAME / INITIAL: SCHNABLE, BEVERLEE
11 PATIENT'S ADDRESS / CITY / STATE / ZIP: P.O. BOX 494 HOONAH, AK. 99829

12 BIRTH DATE	13 SEX	14 MS	15 DATE	16 HR	17 TYPE	18 SRC	21 STAT	FROM	THROUGH
01-18-44	F	S	07-15-92	21	1	7	01	07-15-92	07-15-92

SCHNABLE, BEVERLEE
P.O. BOX 494
HOONAH, AK. 99829

207340937

50 DESCRIPTION	51 R. CODE	52 S. UNITS	53 TOTAL CHARGES	54 NON-COV
PHARMACY	250		1790	
LABORATORY	300		5905	
EMERGENCY SERVICE	450		6925	
PRO FEE/ER	981		10000	
-- TOTAL CHARGES --	001		28620	

APPROVED OMB NO. 0938-0279

T MEM. HOSPITAL
SPITAL DRIVE
AK. 99801
(907) 586-2611

3 PATIENT CONTROL NUMBER	4 TYPE OF BILL
041151 7115494	131

5 SC/BS PROV NO	6 FEDERAL TAX NO	7 MEDICARE NO	8 MEDICAID NO
C79	920118538	020009	HSC2CP

10 PATIENT'S LAST NAME / FIRST NAME / INITIAL: SCHNABLE, BEVERLEE
11 PATIENT'S ADDRESS / CITY / STATE / ZIP: P.O. BOX 494 HOONAH, AK. 99829

12 BIRTH DATE	13 SEX	14 MS	15 DATE	16 HR	17 TYPE	18 SRC	21 STAT	FROM	THROUGH
01-18-44	F	S	07-12-92	11	1	7	01	07-12-92	07-12-92

SCHNABLE, BEVERLEE
P.O. BOX 494
HOONAH, AK. 99829

207340937

50 DESCRIPTION	51 R. CODE	52 S. UNITS	53 TOTAL CHARGES	54 NON-COV
PHARMACY	250		1600	
PHARMACY-RADIOLOGY	255		13200	
MED-SUR SUPPLIES	270		258	
LABORATORY	300		17075	
DX X-RAY	320		19750	
EMERGENCY SERVICE	450		8075	
PRO FEE/ER	981		[illegible]	
-- TOTAL CHARGES --	001		68958	

THIS COPY NOT FOR INSURANCE USE

UB-82 HCFA-1450

PATIENT COPY

Alaska Department of Labor
Employment Security Division

Return By 4/23
(Date)

MEDICAL REPORT

Notice to Claimant: In order to make a decision regarding your eligibility for unemployment insurance benefits, we need the medical information on this form. This form is to be completed by your physician. If there is no physician in your community, it may be completed by the Public Health Nurse or other official able to verify your health or physical condition.

Physician: The individual below has reported an illness, injury or disability which may affect his/her eligibility for unemployment insurance. Your cooperation in verifying this individual's condition is appreciated.

Name: Beverlee Schnable

Social Security Number: 207-34-0937

For the period from ______ to ______ please furnish the following information:

1. Beginning date of illness, ~~injury or disability~~: May 1981

2. Nature of illness, ~~injury or disability~~: Gardner's Syndrome — Ileostomy done for Colonic Cancer

3. Date patient was no longer able to work: NA

4. Did you advise the patient to quit work? ☐ Yes ☐ No

5. Did you advise the patient to move to a different area? ☐ Yes ☒ No

6. Did you advise the patient to change occupations? ☐ Yes ☐ No

If Yes, what type of work did you recommend?

7. Date patient is able to work full-time: Now

8. Are there any limitations or restrictions pertaining to the work the patient can perform? ☒ Yes ☐ No

If Yes, please describe nature of limitations: See below.

9. Was individual hospitalized? ☐ Yes ☐ No

If so, give dates From: ______ To: ______

Remarks: This patient has had multiple abdominal wall hernias resulting from the surgery she had for her cancer — She has required prosthetic (mesh artificial) material placed in the abdominal wall for reinforcement. She is abnormally at greater risk than her neighbor for a recurrent hernia. It would be best if she would limit her lifting to 50# or less

Signature: William M. Palmer MD

Date: 4/21/92

Local Office Address:
Alaska Benefits Unit
Mail Claims Section
PO Box 25511
Juneau, AK 99802

Please type, stamp or print below physician's name and complete mailing address:
WILLIAM M. PALMER, M.D.
SURGEON
3200 HOSPITAL DR. SUITE E
JUNEAU, ALASKA 99801
907 586-1666

07-230-018 (10/87)

Hoonah [illegible]
Hoonah, Ak. 99829

To whom it may concern:

Beverlee Schalle has been seen at this clinic 6-16, 6-30, 8-14, 8-17-95 for various conditions. Each visit her Lt heel pain was discussed. X-ray 6-30 showed a small spur. The pain did not respond to Motrin 800 gm TID taken for 3 wks, or Indocin 50 mgm taken TID x 1 wk.

I have advised her to seek care with an orthopedist for this. There is also the possible need for surgery in the future if she does not respond to antiinflammable medication.

Thank you.

[illegible] PA-C
Hoonah Health Clinic

November 6, 1992

Alaska Legislature Health Resources and Access Task Force,
State Capitol
Juneau, AK 998011-1182

Dear Sir,

The Health Task Forces recommendations are worth careful consideration. My family has been affected by the health care crises. Health care insurance companies consider my mother 'high risk' and 'uninsurable'. Of my mothers five daughters, two of us have health insurance. The cost of health care prohibits routine health visits, therefore my families health care suffers. I can only hope that my family will not be affected by a illness before a comprehensive and affordable health care can be provided to them.

My family is typical. I have been a nurse for ten years and am appalled at the financial ruin that takes place because of the lack of affordable health care. It is not just financial ruin that occurs, the horrible thing I see is the lack of preventative care that could save a substantial amount of human lives.

Health care reform is an meaningful issue to me. There are several important points I would like to make regarding the Task Force Recommendations.

1) The wording should be changed from physicians to *qualified health care providers.* Physicians are not the only ones providing health care in Alaska. There are nurse practitioners, midwives, as well as others that give excellent health care in the Alaskan community. The mid-level practitioners should be recognized for the excellent health care they provide. The wording of *qualified health care providers* is critical when legislatures look to the task force for their recommendations. Financial reimbursement as well as other important issues rest on using the proper terminology used in legislature bills.

2) I was disappointed to see the emphasis on illness. Health prevention for low-income pregnant women falls short in the goal of community health prevention. Reams of literature show health prevention save a tremendous amount of money and lives. Please re-evaluate the health task focus, *prevention,* not illness should be your emphasis.

3) There are no cost containment recommendations. I realize this is a unpopular suggestion. Cost containment is critical if Alaska's

escalating health care costs are going to be stopped. Literature supports that regulation passed without a cost containment policy is useless at stopping the rapidly rising health care costs.

4) Your report did an excellent job in identifying the overgrowth of the Alaskan hospitals. Instituting a certificate of need sounds like it would work but in actuality does little in solving the problem. The certificate of need regulation does not control the increase in capital expenditures and operating costs. Furthermore hospitals have found ways around the certificate of need process, making it an ineffective tool at decreasing the cost of health care. (Study done by Saldever and Bice. *Nursing Economics*, 1985, Vol. 3, No 2, by Lanis Hicks).

5) There are 6000 nurses in Alaska. Nurses are patient advocates, one should be assigned to the board. I recognize Sister Donna's contribution but her primary responsibility is that of a hospital administrator. The appointed nurse should be active in the profession of nursing, such as a mid-level practitioner or a university nursing professor. There are several nurses that would be honored at being able to contribute to the movement to improving the health care in Alaska.

6) I was surprised at seeing in the Final Recommendation to the Governor endorsing tort reform. If it was researched, the results was not mentioned in Appendix or the Legislature report. You need to reveal the impact of law suits on hospitals and qualified health providers in Alaska prior to making recommendations regarding tort reform to the Governor.

7) Community rating insurance is an excellent idea.

Please keep me informed of the Task Forces activities. I would like to see comprehensive health care for all Alaskans. I realize there will be an increase tax burden associated with this change. We must modify the current system. We can not afford the high cost of health care which excludes people and inadequately covers others. I wish to thank you for allowing me to contribute to this important issue.

Sincerely,

Patty M. Scott
P.O. Box 241246
Anchorage, AK 99524-1246

859 Lancaster Dr
Anchorage, AK 99503

Other concerns regarding health care in Alaska:

1. It appears that there are different charges for people with insurance and those without by health care providers.

2. Medication - increasing costs. 100 pills cost $88.00 in 1988. The charge now for the same medication is up to $118.00

3. Doctors and dentists are over the allowable amount permitted by insurance companies.

4. Provide for more liberal allowances for alternative health care providers.

5. More liberal allowances for in home health care.

6. Malpractice lawsuits need to be addressed.

7. Look at other programs that are in place and seem to be working. Example Rochester, New York.

Shirley & Russell Seppi.

11-14-92

Alaska Legislature Health
Resources and Access Task Force
State Capitol
Juneau AK 99801-1182

Dear Sirs:

Please consider the following suggestions

• Investigate the feasibility of a universal catastrophic health insurance, funded through a portion of the permanent fund dividend. This insurance would kick in after $5,000 or $10,000. It would replace a portion of the Medicaid payments and should lower the "good Samaritan" portion of medical fees and the cost for individual health insurance.

Thank you
[illegible]

24 October 1992

Health Resources & Access Task Force
State Capital
Juneau, Alaska 99801-1182

Dear Sir,

Since missing the teleconference date for public comment from the rural interior portion of Alaska on health reform, I wish to add my suggestions via correspondence to your report. I do want to congratulate you on the time and effort you have spent gathering your information about the health services in Alaska. I do hope you will seriously consider additional aspects as presented from your public comment hearings..

From my 50 years of experience in delivering health services with 46 of these years in Alaska and 32 in rural areas, I would like to cover two major areas of recommendation for your report.

I. DELIVERY OF SERVICES.

A. The topic for your report is *Health* yet your material is almost exclusively about *ILLNESS*. The major focus needs to be on the consumer rather than physicians and hospitals. We are never going to make a dent in reducing health costs and improving health until we start putting our major emphasis on promotion of health or wellness rather than treating illnesses. HOW?

1. Pay for primary health services at the community level wherever the consumer is comfortable - at work, in the school for the whole family and even in churches, rather than paying for excess hospital beds and equipment.

2. Provide immediate and early attention to vulnerable populations for early treatment, thus eliminating major costs for full blown treatments. Though we have excellent, expensive medical intervention for serious conditions, many could have been prevented or treated earlier at less costs and discomfort of the consumer. Fully fund home health care - look at the excellent results of groups i.e. *Hospice*.

3. Increase direct access to the whole range of qualified health providers, not just physicians. The consumer is well protected as the State of Alaska already licenses these providers and states specifically what they can do. Dr. Wilson alluded to this in his report included in your January 11, 1992 interim report. I have

been told that the average annual salary of a medical doctor is $169,000 and for a nurse $27,000, but I do not have the figures for other qualified health providers.

4. Promote consumers responsibility for self care through education and rewarding healthy life styles. The opportunities available in the schools for health education are under utilized - Why aren't the two state departments (Health & S.S. and Education) not working closely together? Who has ever supported the many requests for mandatory health education K-12 with qualified teachers? Health education needs to be promoted for all Alaskans regardless of age, stressing the individuals responsibility to care for themselves..

5. Promote the excellent available wellness programs for state employees, private companies, etc.

II, FUNDING HEALTH SERVICES.

A. You have made an excellent start with your ideas on health insurance for ALL Alaskans.

1. Besides the present private plans, we need to establish a public plan which includes the poor and buy-in's for small businesses and individuals with no workplace access. In our small rural community, 90% of the non-senior population without Medicaid coverage, have no health insurance. Most are seasonal workers with families or have small businesses but cannot afford to buy the insurance.

I 2. Need to have a catastrophic cap. After a basic amount is paid by the private persons insurance, the public plan pays the rest for catastrophic conditions. Our son has had diabetes for 25 years. Due to an accident which developed into osteomyelitis of the foot, he was given the choice of being dropped from his employers health insurance or loosing his job, as the companies health insurance rates had been raised so much due to his medical expenses.

3. Health insurances in the state need to include long term care for the chronically ill - children as well as seniors. They should also be required provide a uniform insurance form, accept all persons even with pre-existing health conditions, and permit individuals to carry their insurance from one work place to another. Many folks are frozen in one job and are afraid to accept other employment opportunities for fear of losing their health insurance.

B. I do not believe that TORT is the big problem which you have stated. It is reported that 8% of the physicians cause 82% of the injuries, thus it should be the responsibility of the medical boards to better police their peers.

C. To assist in funding the public health insurance plan, CHIPRA had a good idea in recommending health insurance coverage be mandatory for any Alaskan who wants a dividend check.

I am sorry this has become such a lengthy document, but I have given a lot of study to possible health reforms needed in our state. Let's make wellness and health promotion the key words.

Sincerely,

Elva R. Scott

Elva R. Scott, R.N., B.S., MEd.
AARP Health Coordinator
P. O. Box 56
Eagle City, Alaska 99738

GUY STENBAR
HC31 SR5222
WASILLA AK
99687
PH - 376-4308

DEAR SIR'S

THE ALASKAN HEALTH CARE SYSTEM NEEDS TO BE COMPLETELY REBUILT,

WHY INDIVIDUALS HAVE NO EQUALITY WHEN IT COMES TO THE COVERAGE STATE WORKERS GET OR PEOPLE ON WELFARE OR NATIVES

THEIR IS A HOSPITAL BEING BUILT IN ANCHORAGE THAT LIMITS ACCESS TO 1 RACE OF PEOPLE, NATIVES

SOLUTIONS

TAKE ALL STATE GOVERMENT EMPLOYEE'S, OFFER TO TAKE OVER WELFARE FROM THE FEDERAL GOVERMENT FOR THE PRICE THEY ARE NOW PAYING, HAVE A INCOME TAX FOR EVERYBODY USE SLIDING SCALE DEPENDANT ON TAX RETURN, REGULATE HOSPITAL CHARGE STATEWIDE, FUNNEL ALL INCOME TO PERMANAT FUND, FUNNEL ALL PAYMENTS FROM PERMANAT FUND, BALANCE BOOKS YEARLY

THE PROBLEM WITH THIS SOLUTION IS IT WILL CUT LAWYERS OUT OF MAKING MORE MONEY AND INSURANCE COMPANIES. THE CHOICE IS CLEAR A SOLUTION FOR EVERYBODY OR MORE INEQUITY

REMEMBER PRIVATE CITIZENS WORK AS HARD AS GOVERMENT EMPLOYEE'S BUT DO NOT HAVE THE FINANCIAL RESOURCES ~~[illegible]~~ TO GET THE SAME COVERAGE

I DO NOT FILL OUT YOUR SURVEY BECAUSE IT INCLUDES GOVERNMENT WORKERS WHO HAVE TAX FREE 100 PERCENT COVERAGE WHO ~~would~~ WILL DISTORT THE SURVEY'S FINDINGS

THANK YOU

[illegible] THIBODEAU
P. O. Box 2016
Kenai, Alaska 99611
October 23, 1992

Health Resources Task Force
State Capitol
Juneau, Alaska 99801-1182

Attn: Nancy Coldwell

Dear Nancy,

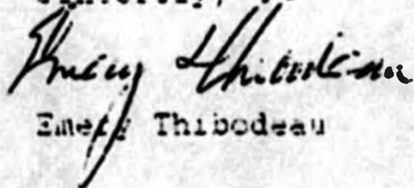
I listened in on the recent teleconference put on by your task force, it was very interesting and a lot of people had valuable input. As a consequence of the conference Representative Mike Navarre and Jerry Neal sent out a letter asking that the questionnaire be returned, they also requested further input via letter if we wished to do so. While I didn't get a questionnaire I would like to offer the following observation.

Since Alaska is a very large and diverse State any overall, or all encompassing, health program is bound to be inefficient and cumbersome. For example the administration of the Indian Health Program in a native village is bound to be different than in a larger town or city, as will the Public Health Nursing function, Home Health programs and etc.. I believe that each political district should plan and/or administer its own health care system in a way that best suits that particular area, this way health plans will not be fragmented, emphasis can be put on prevention and early intervention and providers can better interact with each other. To do this a plan would have to be formulated, the present funding mechanisms identified and a way made to transfer the present funding to the proposed plan. [illegible] on a localized basis for the various areas.

Here on the Kenai Peninsula we have been working on a Comprehensive health insurance program that is intended to provide access to the health care system for all residents of the Kenai Peninsula Borough. We have not formalized the program yet but during our last worksession funding data for current health programs were put together by Dr. [illegible] Amundson, a consultant from the Fred Hutchinson Cancer Center in Seattle. I have attached a copy of the Kenai Peninsula Borough Health Care Expenditures as put together by Dr. Amundson for your review. In this study he identifies six sources of expenditures for health care on the peninsula, these six sources total over $12[illegible] million dollars, this breaks down to over $600.00 per month per family or over $25[illegible].00 per month per individual based on our population of 4[illegible],000 people and 1[illegible],000 families. If we could turn these health care expenditures into revenue for a Comprehensive Health Care Plan for the Kenai Peninsula Borough what a nice plan we could have.

Can you and your task force think of a way?

Sincerely,



Emery Thibodeau

Borough Health Care Expenditures (Approx.)

Data from multiple sources; most = 1991; includes recent Community Survey(U.W.) payor information

Medicare: actual expenditures, 1991, from HCFA	$7,080,000
Medicaid: currently 1,867 eligibles; total based on state capitated average	5,670,000
Private insurance: estimate half of the 51% with private insurance, or 7,125 households; ave monthly premium - $300	25,650,000
Government insurance, local and state: estimate 50% of the 51% of households with private insurance, or 7,125; ave. monthly premium - $370/month	31,650,000
Out of Pocket: national estimates = 20% of health care costs	20,000,000
State-funded services (P.H., M.H., D.D., Alcohol/Drug, etc.); state figures	35,000,000
Total:	$125,050,000

* Does not include expenditures for CHAMPUS, Fisherman's Fund, Indian Health Service

Borough population: 40,800

Average expenditure/person: $3,065 (including the approximately 7,300 (18%) with no health insurance

(The estimate of $111,000,000 based simply on the total expenditures in Alaska times the percent of the Borough population is probably a significant under-estimate.)

260
42,110,000
84
260

2600
5
13000

Bruce Amundson, M.D.

October 19, 1992

Ms. Nancy Cornwell
Project Director
Alaska State Legislature
Health Resources and Access Task Force
Juneau, AK 99801-1182

RE: Task Force continuation support options

Dear Nancy:

Thank you for the time spent with Prent Gazaway and me discussing future options to continue the work of the Task Force beyond its expiry date. During the past several weeks, I also have had the opportunity to briefly discuss my interest in the future work of Task Force and access to its documents, tapes and other materials with Dr. Rod Wilson, Mr. Jerry Near and Ms. Trish O'Gorman.

There appears to be genuine interest amongst the health care and university communities in Anchorage to continue the work of the Task Force. I am very pleased with the initial response of these colleagues, and their willingness to explore the various concepts in detail.

In particular, there is an expressed interest in the prospective federally-mandated, state or municipally-based health programming and cost-containment authorities proposed by at least one presidential candidate. Apparently, if such a "health care marshal plan" is effected, organizations like the Task Force may benefit. Your thoughts and observations on that possibility would be appreciated.

At this point, my sense is that a full-time, PhD-level health economist would be "nice but not necessary" as on-campus support from the University of Alaska Anchorage. As you pointed out, the Economics Department, the School of Business, and The Institute of Social and Economic Research (ISER) continue to be reluctant to pick up on-going administration of the Task Force without a PhD-level health services or health insurance economist onboard. However, I am confident they will continue to be available on a "job shop" basis to do other work, much like ISER does for Larry Bartlett now.

My observation is that high-quality health economics work-ups are available from the University of Washington, University of British Columbia and University of Victoria, as well as private firms with respected small-populations experience. The Task Force could continue to operated quite effectively, and utilize this type of economic analysis support for the next year or so. Of course, the "wild card" of a major federal initiative to grant blanket ERISA waivers and mandate the states and municipalities to quickly

set-up universal-access plans would certainly change that timing.

Another concept came up while talking with friends visiting for the Alaska Federation of Natives convention last week. They pointed out that the regional health boards/authorities could become involved if approached, as well as members of the Alaska Municipal League, the Association of Village Council Presidents, and similar organizations.

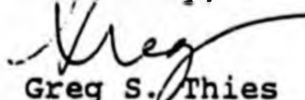
Still another approach could be a spin-off of the work being done by the Kenai Peninsula Borough Economic Development District. There approach makes a lot of sense, and may present some ideal opportunities, depending on the outcome of the November presidential election.

Whatever the continuing form and composition of the Task Force may be, there is little doubt that overall administrative coordination and clerical support will continue to be necessary. The services provided by your good office will be a tough act to follow in any case. However, I am confident some creative organizational and funding strategies can be worked out.

Nancy, I hope these preliminary thoughts will be helpful to you and the members of the Task Force. Perhaps we could again revisit some of these concepts during your next trip to Anchorage.

Please don't hesitate to contact me as necessary concerning any aspect of the Task Force and its outstanding work toward improving access to health care resources in Alaska.

Sincerely,



Greg S. Thies
C/O University of Alaska
School of Nursing and Health Sciences
Health Science Resource Center
3211 Providence Dr.
Anchorage, AK 99508
(907) 786-1294 (HSRC)
(907) 786-1211 (FAX)
UAA VAX: ATGST

P.S. I HAVE A 27 YR. LONG.
ASBESTOSIS, ASTHMA, DAMAGED
LUNG CONDITION, CONTRACTED IN
A CHICAGO WAR PLANT WHERE
WE PUT TOGETHER THE PRATT-
WHITNEY 18 CYLINDER RADIAL
ENGINE FOR THE B-29 SUPERFORTRESS ENGINE.
I WAS EXPOSED TO ASBESTOS
WHICH LAY IN PILES ON TABLES -
(NOT IN MY DEPT.) THE FEDERAL GOVT.
KNEW (SEE NEW YORKER MAGAZINE
JUNE, 1985 ISSUES - 2)
BUT NO WORKERS KNEW, AS I WAS
19 AT THE TIME & INHERITED A
ROBUST, "PEASANT" HEALTHY
BODY FROM WEST VIRGINIA ANCESTORS,
I HAPPEN TO BE "STILL ALIVE,
AFTER A FASHION" - MY DRUGS
AND X-RAYS & CHECK-UPS RUN
OVER $300. - A MONTH.
HAVE BEEN RUSHED TO PROVIDENCE
HOSP, 4-5 TIMES IN A

HYPERVENTILATION STATE AND HAVE PAID THESE BILLS WITH SELF PAYMENT - EXCEPT 1, FOR WHICH I REC.D HELP FROM THE FORMER "CATASTROPHIC ILLNESS" FUND WHICH I UNDERSTAND NO LONGER EXISTS (HAVE NOT BEEN HOSPITALIZED SINCE GETTING ON MEDICARE)

MY LIFE AND ANY ACTIVITIES IS CURTAILED TO A POINT OF A HANDICAPPED INVALID DUE TO THIS CONDITION - I AM A 32 YR. ALASKAN AND DID 25 YEARS OF VOLUNTEER WORK - I HAVE NOT REC.D ANY HELP FROM FEDERAL GOVT.

THIS IS A VERY CONCISE DISCRIPTION

I RECEIVE THE $250.-- MO. SENIOR LONGEVITY CHECK - IF THEY CURTAIL IT - I WILL HAPPILY SELL-OUT AND LEAVE ALASKA + NO REGRETS EITHER -

Glenn B. Thompson
2435 Clemens Dr.
Anch. 99575
345-2076

Dear Editor:

The problem of long term health care is causing desperate situations for many people. Consider the inequitable costs in the following three situations, concerning the Smiths who were middle income, the Joneses who were rich, and the Johnsons who were poor.

Mr. and Mrs. Smith came to Alaska 35 years ago and both taught school, retiring in 1980. They owned a house worth $75,000 and a car worth $5,000. They had other assets in land and $50,000 in a savings account. Their monthly state pensions amount to $3000.

The wealthy Joneses came to Alaska 17 years ago and he worked for a private company. They own a house worth $300,000 and a car worth $30,000. They have substantial savings "hidden" in a daughter's name. Mr. Jones' private pension of $5,000 per month is paid into a trust which pays them $1200 per month.

The Johnsons also came to Alaska 17 years ago and have lived on his modest income of $20,000 per year.

Then all three men had debilitating strokes which required long term nursing care. Mr. Smith and Mr. Jones are in Our Lady of Compassion in Anchorage where the cost of care is $8,000 per month. Mr. Johnson is in the Pioneer Home where the cost to him is $800/month.

Since Mr. and Mrs. Johnson were over 65 and had been in Alaska over 15 years, they had moved into the Pioneer Home where the destitute are given preference. When he had his stroke he was moved into the full-care unit of the Home and the cost of his care is largely provided by the State of Alaska.

Now we come to the point of this story. Medicaid pays Our Lady of Compassion for well-to-do Mr. Jones' care. Mrs. Jones lives in her $300.000 home, drives her $30.000 car, and lives off her private "hidden" income, all of which her daughter will inherit.

On the other hand, Mrs. Smith has had to pay over their monthly pensions to the private nursing home, deplete their savings, sell their old house and car and their land to pay for two years of care for Mr. Smith. Because his monthly income exceeds $1266 per month he can never qualify for Medicaid in Alaska. Mrs. Smith is bankrupt, destitute and homeless. Although she taught school for 25 years and saved her money, she has nothing tangible to show for it. Mrs. Jones and Mrs. Johnson, who did not work outside the home, however, have been taken care of by the system.

If you are rich or poor, you are taken care of, but if you are of the middle class who funded the system, you are out of luck. As Reuben Gaines put it with his Chilkoot Charlie's slogan, "We cheat the other guy and pass the savings on to you." Mrs. Smith is the "other guy" who was cheated to pass the savings on to "poor" Mrs. Johnson and "rich" Mrs. Jones.

There is no moral to this story. It is all immoral.

~~Be~~ Turner
Beatrice
Wasilla

SUMMARY OF EIGHT COMMUNITY MEETINGS/PUBLIC HEARINGS

SUMMARY OF COMMENTS MADE AT THE
JUNEAU COMMUNITY MEETING AND SOUTHEAST TELECONFERENCE
OCTOBER 12, 1992

Senator Jim Duncan, Co-chair
Dr. Rodman Wilson, Co-chair

JUNEAU

#1-A
193

Justine Muench, consumer and nurse, spoke to the problems of lack of preventive services, physician availability, and long-term care. She cited the problem that Medicare does not cover preventive services. She recommended the health care system focus on the consumer and not the provider or insurance industry. She urged the task force to include the following items in a benefit package offered to state residents and implement it using a phased-in approach, beginning with pregnant women and children, prenatal care, preventive services, discounts for participants who control unhealthy lifestyles, primary care, out-patient surgery, homecare, hospice, long-term care of short duration, rehabilitation services to prevent institutionalization, and dental care which would include screening and cleaning. Justine requested that insurance reform legislation include affordable premiums and fair and consistent reimbursement levels. She also stated she had read CHIPRA and wanted to see the malpractice issue handled separately, since CHIPRA only addresses malpractice for doctors.

352

Linda Giannino, consumer, cited the need and benefit of preventive services and the failure by insurance companies to reimburse for these services.

SITKA
389

James Burris, an AARP member, testified in support of AARP's "Health Care America" plan.