

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 86/2

1437 SHESS 1982 INTERIM: CHILD RESTRAINT - FAIRBANKS 9/12/81

1

PROPOSED MODEL LAW FOR MANDATED
CAR SEAT USAGE

A. Model Law

SECTION 1. Every driver transporting a child under the age of five (5) years in a motor vehicle registered in this state and operated on the roadways, streets or highways of this state, shall provide for the protection of the child by properly using a child passenger restraining system meeting applicable federal motor vehicle safety standards. Provided that in no event shall failure to wear a child passenger restraint system be considered as contributory negligence, nor shall such failure to wear said child passenger restraint system be admissible as evidence in the trial of any civil action.

SECTION 2. A person found to be in violation of Section 1 shall be subject to a civil fine not to exceed \$25.

SECTION 3. The bill will take effect 180 days after enactment.

B. Common Objections

This model law was developed at the International Research Seminar on Public Policy Issues in Child Passenger Safety, Nashville, Tennessee, September 7-10, 1980. It is recognized that each state passing a mandatory car seat usage law will most likely modify the model law to satisfy its own social, economic and political needs. As a result each state law may be different. However, certain objections will occur commonly and may be anticipated:

- o Grandpa can't take his grandchild for a ride in his car without a car seat.
- o Taxi drivers will be required to transport children in car seats. Who will provide the car seat, the parent or taxi driver?
- o Day care providers will be required to transport children in car seats. Who will provide the car seat, the parent or day care provider?
- o Are bus drivers and ambulance drivers exempt?

- o What about a poor family with three children under 5? How can they afford 3 car seats?
- o How can handicapped children ride in car seats?
- o What about the large 3 year old who has outgrown the car seat and is large enough to use a lap belt?

C. Counterarguments and Compromises

None of these objections are insurmountable. They may be dealt with by either (a) arguing that the cost or inconvenience of complying with the law is outweighed by the benefits, or (b) by rewording the law to compromise with the objectors without sacrificing passage of a satisfactory law.

For example, the first 4 objections can be dealt with satisfactorily by rewording the law as follows:

"Every parent or legal guardian transporting his or her child under the age of five (5) years..."

This change in wording exempts grandpa, day care providers, and taxi, bus or ambulance drivers. However, if you would like to pass a law that includes grandpa (and other relatives or friends) and day care providers, changing the words "motor vehicle" to "passenger vehicle" will, in some states, exempt taxi, bus and ambulance drivers but not the others. On the other hand "passenger vehicle" does not include vans or pick-up trucks, which, in some states, are the sole or primary vehicle for up to 20% of families.

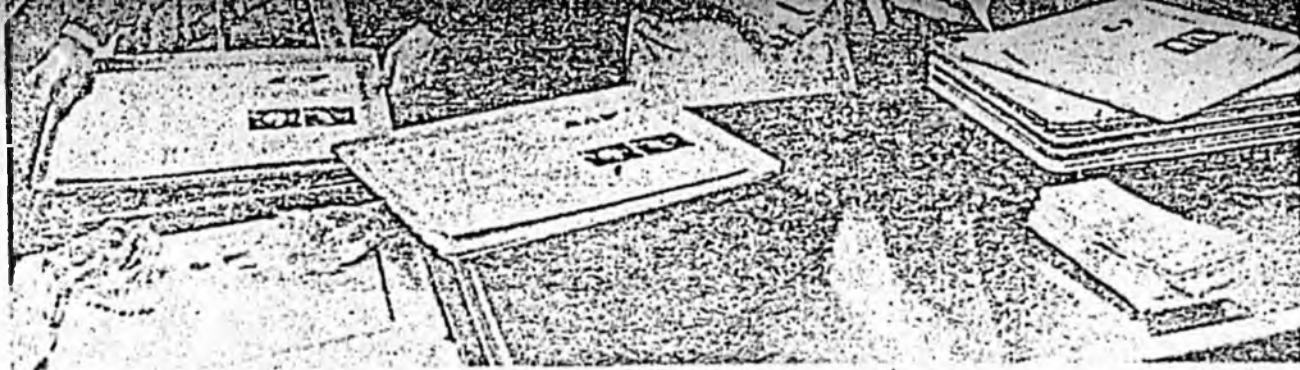
The inability of low income families to afford car seats can be counter-argued as follows:

- o It has not been a problem in Tennessee for 3 years.
- o Inexpensive car seat loaner programs are (or can be made) available.
- o Anyone who can afford to buy a car, auto insurance, gasoline, oil, maintenance and repairs, can afford a car seat.
- o Anyone who can afford the other necessities of raising a child can afford a car seat.
- o The state can develop a system of rebate or economic incentive for low income families.

Alternatively, the model law can be rewritten to allow infants 1-4 years old to ride in the back seat secured with a lap belt. Since all cars manufactured since 1968 come with lap belts, this law would obviate an additional expense. Unfortunately, a lap belt is not as safe as a car seat, and this version of compromise legislation would discourage parents who could afford a car seat from purchasing one.

Most or all handicapped children can ride in car seats. Individual exceptions can be exempted by rules or regulations developed by the State Safety Commissioner and should not be included in the law.

A large 3 year old, too large to fit in a car seat, secured by a lap belt instead, will not attract the attention of a law enforcer, so it is not a moot point. Rules and regulations developed by the State Safety Commissioner can exempt this type of child passenger.



DNJ photo by Rick Mansfield

PREPARING 'SAFETY TRAYS' — Stones River Medical Auxiliary members and Rutherford Hospital cafeteria worker Kay Spry, center, place new child safety placemats on breakfast trays for new mothers. At left is Mrs. Charles Goodman, health projects chairman for the Auxiliary, and at right, Mrs. Pat Sanders, local and state auxiliary safety chairman.

6A — News Journal, Murfreesboro, Tenn., Sun., Jan. 10, 1982

Placemats will offer child safety reminder

By Pat Matson
News Journal Staff Writer

Local child safety supporters apparently weren't completely satisfied when Tennessee became the first state to enact child auto safety laws. And it wasn't quite enough when the "child-crusher" amendment to that law was finally repealed last year.

Safety education programs, lobbying and endless campaigns for child safety restraint devices haven't been enough to satisfy them, either.

Now they have taken another step — an unusual one this time — toward fastening safety seat buckles on every Tennessee child who rides in an automobile.

Through a program begun this week at Rutherford Hospital, new mothers will have facts about the child safety law and safety devices staring them in the face — literally — by way of unique placemats that will be placed on their breakfast trays.

"It's just another way to try to get across to mothers the importance of obtaining and using child safety restraint devices," said Pat Sanders,

state safety chairman for the Tennessee Medical Association Auxiliary and safety chairman for the Stones River Medical Auxiliary, sponsor of the project. She is married to Dr. Robert Sanders, head of the Rutherford County Health Department, who has gained national attention for his spearheading of the child safety legislation campaigns.

The idea for the unique placemats originated with Jelle Beazley, president of the state auxiliary, and has been funded by donations from a group of local obstetricians.

"I was really surprised when I saw it, especially the pictures," said one new mother, Michelle Starkey, who encountered the placemats Wednesday. She gave birth to new daughter, Meagan, this week.

As of Wednesday, Mrs. Starkey and other mothers on the maternity ward at Rutherford Hospital have received the mats along with breakfast.

The mats are informational — and perhaps a little shocking — in addition to consumer information about where and what kinds of child safety seats to

obtain, the mats show a graphic simulated photograph of an infant catapulted from its mother's arms through a windshield.

"That would be enough to make me go out and get one, if I didn't have one already," said Mrs. Starkey, who said she was to receive a seat as a gift.

"I think a lot of mothers don't know about the laws, and what can happen in an accident," the new mother said. "The mats are really a good thing."

Dr. Sanders said the mats promote the American Academy of Pediatrics' campaign, "First Ride, Safe Ride."

"'First Ride, Safe Ride' is a national education campaign that promotes using the seats from the time babies go home from the hospital," said Sanders.

Sanders said the American Medical Association recently gave its official endorsement to encourage the promotion of child legislation in all states.

A spot check done in Murfreesboro last fall showed that roughly 25 percent of parents are using child restraint devices, but, Sanders said, though that shows an increase from when the law was passed, "it still means that 75 percent of children who should be in safety seats are riding around essentially unprotected."

Dr. Terry Witt, a local obstetrician who was responsible for appealing to other obstetricians to fund the placemat project, said the placemats "are a good way of distributing information about child safety."

"I think all obstetricians were in favor of the use of child restraints," said Witt. "We think this project is going to be a real plus in getting mothers to know about the seats."

Remove the Flaw

A traffic accident near Kelso community last summer claimed the lives of a mother, grandmother and a young boy.

A sister of the boy suffered only minor injuries. She was seated in a safety restraint device of the type required by Tennessee law.

The trooper who investigated the wreck and the father of the child said they believed the safety seat kept her from serious injury, perhaps death.

Legislation requiring such seats for children under four years of age was passed by the State Legislature in 1977 and Tennessee became the first state in the nation to enact such a law.

State highway patrolmen believe the statistics speak eloquently in support of the law: Last year, 13 children under the age of four were killed in accidents involving cars in which they were riding in this state. Only one of those children was seated in a safety seat, and the investigating officer said it was improperly installed.

Tennessee's law is a good one, then, one supported by most adults. But officers and many doctors believe it has a major flaw. Children being held by an adult are not required to be in one of the safety seats.

The folly of this exemption is realized by anyone ever involved in an accident or even knowledgeable of what tests have shown about the manner in which people are thrown about in vehicles during impact.

During such impacts, children more often than not are thrown against the car dash or window or elsewhere and crushed by the adult holding them.

In reality, a child may be in more danger if held by an adult than if riding unattended.

The exemption to the law was in the form of an amendment deemed necessary to assure passage of any restraint law at all.

Now, backed up by statistics, those favoring

the law will attempt during the upcoming session of the General Assembly to have the exemption removed — to make it necessary for all children under the age of four years to be seated in one of the safety devices.

Those supporting dropping the amendment include the Tennessee Chapter of the American Academy of Pediatrics — made up of doctors who know first hand the safety potential involved.

Dr. William Young, a Fayetteville pediatrician, is one of the doctors strongly supporting the law change, realizing that by attempting to change the law, there is risk that the state could wind up with no law at all. Those in support of doing away with the exemption clause believe the great benefit that would result is worth the risk.

Dr. Young knows of a little girl who a short time ago suffered a skull fracture in a "tender-tender" accident. That child was being held by an adult.

The concerned doctors are to be applauded for their efforts to have the amendment done away with — thereby making children safer when riding in vehicles.

We can think of no valid reason why anyone would be opposed to such a law.

As Dr. Young pointed out, adults have the ability to decide for themselves whether they want to use the seat belts that study after study show saves lives.

Children less than four years of age do not have this ability, so it is incumbent upon adults to afford them as much safety as possible.

About the only complaint we have heard about Tennessee's law is the expense involved in purchasing the seats.

Again like Dr. Young, we believe that those who can afford to own and operate cars at all, certainly can afford the concern for child safety.

* EDITORIAL *

ELK VALLEY TIMES

Fayetteville, Tennessee

January, 1981

Suggested amendment to S 94

Take out all after the enacting clause and substitute in lieu thereof:

Sec. 1.23 VSA §1258 is added to read:

§ 1258. CHILD RESTRAINT SYSTEM

(a) Every parent or legal guardian transporting a child under the age of five years in a motor vehicle registered and operated in this state shall properly secure the child in an infant or child passenger restraining system of a type approved by the commissioner. Failure to wear an infant or child passenger restraint system shall not be considered as contributory negligence or as admissible evidence in any court.

(b) A violation of this section shall be punishable in accordance with the provisions set forth in chapter 23 of this title. A person found in violation of this section may, instead of paying a fine, submit proof of ownership, or rental for not less than one year, of an approved infant or child restraint system to the traffic ticket center. The proof of acquisition shall state the owner's or lessee's and seller's or renter's name and address and shall be acceptable only for first violations and if the acquisition of the restraint system was subsequent to the violation.

Sec. 2. EFFECTIVE DATE

This act shall take effect December 31, 1981.

Distributed at the request of Rep. John Bragg

VANDERBILT UNIVERSITY



NASHVILLE, TENNESSEE 37232

TELEPHONE (615) 322-7311

Department of Pediatrics • School of Medicine • Direct phone 322-3377

February 23, 1981

*↓ to all
legislators*

The Honorable John Bragg
House of Representatives
Room 33, Legislative Plaza
Nashville, Tennessee 37219

Dear Mr. Bragg,

We, as members of the Pediatric Housestaff at Children's Hospital of Vanderbilt University, have been following with interest the progress of the "Child Crusher" amendment. We strongly support this amendment, and believe that its success will help enhance the health of children in Tennessee.

We are aware of and sympathetic with the viewpoints of opponents of the bill. Issues such as too much government involvement in people's affairs are popular these days. Nevertheless, we feel we must protect the rights of children who cannot voice their opinions effectively, and who obviously are unaware of the dangers involved in automobile travel today.

Because accidents, especially automobile crashes, are the leading cause of death in children in the United States, we strongly encourage parents to have their children ride in car seats. This education is started before a baby leaves the hospital and is reinforced every time the parents bring their child for a checkup. Many parents, however, continue to not have their children in adequate safety devices.

We believe that passing a law in Tennessee requiring all children to be in their car seats will be one of the most effective ways to educate the public, and at a minimum of state expense.

We hope, for our own sakes, that the amendment passes. One of the most difficult experiences in the practice of pediatrics is to tell parents that their child has died. It is especially difficult when you know the previously-healthy child's death could have been avoided by an adequate child restraint device.

Sincerely,

Rickey Lynn Williams, M.D.

Rickey Lynn Williams, M.D.
Chief Resident in Pediatrics

RLW/saw

Enclosure



FACT SHEET

"The Care of Human and Happiness, and Their Destruction, is First and Only Legitimate Object of Government."

Thomas Jefferson

Regarding HB 102 (Bragg); SB 26 (Henry)

To remove the "child-crusher" clause from the Tennessee Child Passenger Protection Act of 1977 (HB 100) by deleting the wording: "or assuring that such child is held in the arms of an older person riding as a passenger in the motor vehicle."

- Since implementation of the above act in January, 1978, 54 children under age 4 have been killed as automobile passenger. Of these, 10 have been either ejected out of the arms of older passengers or, more commonly, crushed against the dash by that older passenger, usually a parent, in whose arms the child was legally riding. These ejection and crushing forces are enormous and usually fatal or very damaging to the young child. Such a deadly requirement should not be a part of this "safety" law.
- Removal of the "child-crusher" amendment is supported by the Tennessee Medical Association, the Tennessee Pediatric Society, the TMA Auxiliary, Tennessee Department of Safety, Tennessee Chapter of AAA, and the Tennessee Hospital Association.

Dividends of the Tennessee Child Auto Safety Law: 1978-1980

1. Usage rates have tripled from (pre-law) 9% to 29% (April, 1980).
2. Enforcement initiatives by the Department of Safety have been well received and projected the state trooper to the public as a caring child safety advocate. This innovative program has attracted national interest and was featured on the Cronkite CBS Evening News June 16, 1980.
3. None of the 54 children killed were in a child safety seat except for one Memphis baby, riding in a Honda crushed by a large truck. There are many documented and gratifying reports that death and injury are being prevented among children packaged in child safety seats. Deaths before the law averaged 20-25 per year; this has been reduced to 14 children killed in 1980.
4. Loaner Programs to provide child safety seats at reduced costs to low-income children have been established in a number of health departments and hospitals (Memphis-Shelby County Health Department, Chattanooga-Hamilton County Health Department, Jackson County Health Department, Rutherford County Health Department; Nashville General Hospital, Knoxville Jaycees). Similar loaner programs in county health departments statewide is a 1981 goal. In addition, the Tennessee Highway Patrol has a program of recycling used car seats; and, many civic organizations have been actively supporting child passenger safety and loaner programs.
5. Health Cost Containment issue: As usage rates increase, injuries will be reduced. Compare the cost of a child safety seat (\$20-\$40) to the initial cost of an emergency room visit (\$100).

SENATE BILL NO. 4548

State of Washington
47th Legislature
1982 Regular Session

By Senators Haley, Charnley, Hemstad
and Bluechel

Read first time January 15, 1982, and referred to JUDICIARY COMMITTEE.

1 AN ACT Relating to motor vehicles; adding a new section to
2 chapter 46.37 RCW; adding a new section to chapter 46.61
3 RCW; and prescribing penalties.

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

5 NEW SECTION. Sec. 1. There is added to chapter 46.37
6 RCW a new section to read as follows:

7 By October 1, 1982, the state commission on equipment
8 shall adopt standards for the performance, design, and
9 installation of passenger restraint systems for children less
10 than five years old and shall approve those systems which meet
11 its standards. Approved systems must provide substantial
12 protection for passengers less than five years old from injuries
13 caused by vehicle crashes or sudden stops, yet be of moderate
14 cost to the public.

15 NEW SECTION. Sec. 2. There is added to chapter 46.61
16 RCW a new section to read as follows:

17 (1) After December 31, 1982, the parent or legal
18 guardian of a child less than five years old, when the parent or
19 legal guardian is operating anywhere in the state his or her own
20 motor vehicle registered under chapter 48.16 RCW, in which the
21 child is a passenger, shall have such child properly secured in
22 a child passenger restraint system which is of a type and which
23 is installed in a manner approved by the state commission on
24 equipment.

25 (2) During the period from January 1, 1983 to July 1,
26 1983, a person violating subsection (1) of this section shall be
27 issued a written warning of the violation. After July 1, 1983,
28 a person violating subsection (1) of this section shall be

Sec. 2

1 issued a notice of traffic infraction under chapter 46.63 RCW.
2 If the person to whom the notice was issued presents proof of
3 purchase of an approved child passenger restraint system within
4 seven days to the jurisdiction issuing the notice, the
5 jurisdiction shall dismiss the notice of traffic infraction. If
6 the person fails to present such proof of purchase within the
7 time required, he shall be subject to a penalty assessment of
8 not less than thirty dollars.

9 (3) Failure to comply with the requirements of this
10 section shall not constitute negligence by a parent or legal
11 guardian, nor shall failure to use a child restraint system be
12 admissible as evidence of negligence in any civil action.

13 NEW SECTION. Sec. 3. If any provision of this act or
14 its application to any person or circumstance is held invalid,
15 the remainder of the act or the application of the provision to
16 other persons or circumstances is not affected.

ALABAMA NEUROLOGICAL CLINIC

ADULT NEUROLOGY

Hamp H. Greene, M.D.

Stephen R. Bryan, M.D.

W. Joseph Leuschke, M.D.

2119 E. South Blvd., Suite 120
Montgomery, Alabama 36199-3501
205/281-7280

1013 Felix Road
Selma, Alabama 36701
205/872-4277

PEDIATRIC NEUROLOGY

Richard V. Colan, M.D.

January 22, 1982

Marian T. Witt, M.D.
Clinton B. Lillibridge, M.D.
c/o Alaska Chapter
American Academy of Pediatrics
3300 Providence Drive
Anchorage, AK 99504

Dear Doctors Witt & Lillibridge,

Thank you for your inquiry of January 12, 1982, concerning our efforts in young child automobile restraint legislation. We continue in the effort at this time to pass such a bill. As you are probably aware, Tennessee was the first state to pass such legislation several years ago and 8 states have followed suit. *→ now 11.*

This is the third legislative session in which we have worked on this bill. The initial ones were written to require approved restraint devices in all children under the age of 4. Failure to use such a device was punishable by a fine of from \$10.00 to \$15.00. There were considerations regarding refunding this fine when an appropriate device was purchased or use was demonstrated. To avoid opposition from schools and daycare centers, buses were specifically exempted.

This particular approach was bottled up in committee. As one of our legislators said, "I will not vote on the floor on a bill which will either criminalize my constituents or cause me to vote to kill babies." This was a rather dramatic way of saying the same thing that many other legislators felt about the bill. In addition, there was very little appreciation for the usefulness of these devices or the risks of transporting an unrestrained child.

Our next move was to begin putting in "First-Ride Safe-Ride" hospital based infant restraint loaner programs around various communities. These would be begun after convincing local pediatricians and hospital administrators with appropriate fanfare in the local media. The hospitals were extremely happy with the positive effect this had on their own images and the enthusiasm of the obstetric classes. Pediatricians were similarly pleased. Our object in these programs was basically to educate constituents so that they would not specifically oppose the bill and also to educate our legislators. In addition, efforts were made in an organized fashion to obtain support from civic groups, insurance companies, the American Hospital Association, A.M.A., etc.

The bill was rewritten and a copy is enclosed. Instead of being punitive, it simply gives points on the driver's license. This

PAGE#2

January 22, 1982

RE: INFANT RESTRAINT LEGISLATION

erases opposition regarding "criminalization" of constituents. In addition, it gives a perfectly valid reason for an enforcement official to stop and "educate" the individual with a nonrestrained child.

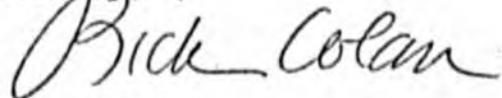
The single most effective tool in convincing audiences, legislators, committee, and other groups, has been the movie, "Children in Car Crashes". This is a silent film which shows unrestrained dummies colliding with the windshield, dashboard, etc., in test crashes. This is very graphic and convinces people without a great deal of explanation.

Probably the best law that currently exist has been developed in Tennessee. I refer you to the January 15, 1982, issue of American Medical News for a full account of that process. Very good points regarding legislative action are brought up in that particular article.

Our legislators continue to resist the idea of this bill as "over regulatory". However we will continue to try to get it through, if not this year, then in subsequent legislative sessions.

Thank you for your inquiry. If I can be of any assistance to you in your efforts in this area, please do not hesitate to contact me.

Sincerely,



Richard V. Colan, M.D.
Legislative Affairs Committee
Chairman,
American Academy of Pediatrics
Alabama Chapter

RVC/tw
Enclosure

TENNESSEE CHILD PASSENGER PROTECTION LAW

59-930. Safety belts and child passenger restraint systems required - Violations - Penalties. - (a) It shall be unlawful for any person to buy, sell, lease, trade or transfer from or to Tennessee residents, at retail, an automobile which is manufactured or assembled commencing with the 1964 models, unless such automobile is equipped with safety belts installed for use in the left front and right front seats thereof. All such safety belts shall be of such type and be installed in a manner approved by the Department of Safety of the State of Tennessee. The department shall establish specifications and requirements of approved types of safety belts and attachments. The department will accept, as approved, all seat belt installations and the belt and anchor meeting the specifications of the Society of Automotive Engineers. Provided that in no event shall failure to wear seat belts be considered as contributory negligence, nor shall such failure to wear said seat belt be considered in mitigation of damages on the trial of any civil action.

(b) Effective January 1, 1978, every parent or legal guardian of a child under the age of four (4) years residing in this state shall be responsible, when transporting his child in a motor vehicle owned by that parent or guardian operated on the roadways, streets or highways of this state, for providing for the protection of his child and properly using a child passenger restraint system meeting federal motor vehicle safety standards; provided, however, nothing in this section shall restrict a mother from removing the child from such system and holding the child when the mother is nursing the child, or attending to its other physiological needs. Provided that the term "motor vehicle" as used in this paragraph shall not apply to recreational vehicles of the truck or van type. Provided further that the term "motor vehicle" as used in this paragraph shall not apply to trucks having a tonnage rating of one (1) ton or more. Provided that in no event shall failure to wear a child passenger restraint system be considered as contributory negligence, nor shall such failure to wear said child passenger restraint system be admissible as evidence in the trial of any civil action.

(c) Violation of any provision of this section is hereby declared a misdemeanor and anyone convicted of any such violation shall be fined not less than twenty-five dollars (\$25.00) nor more than fifty dollars (\$50.00) for each violation of subsection (a) of this section and not less than two dollars (\$2.00) nor more than ten dollars (\$10.00) for each violation of subsection (b) of this section. (c) Provided however that no court costs shall be imposed or assessed against anyone convicted of a violation of this section. (Acts 1963, ch. 102, ^{ss} 1, 2; 1977, ch. 114, ^{ss} 1, 2.)

Amendments. The 1977 amendment designated the former first paragraph as subsection (a), the former second paragraph as subsection (c), added subsection (b) and added the material at the end of subsection (c) following "fifty dollars for each violation".

Effective Dates. Acts 1977, ch. 114, § 3. January 1, 1978.

Law Reviews. Ellithorpe - Adoption of Crashworthiness Via Strict Products Liability (Gail O. Mathes), 4 Memphis State U.L. Rev. 497.

Cited: Ellithorpe V. Ford Motor Company (1973), - Tennessee -, 503 S.W. (2d) 516.

NOTES TO DECISIONS

1. Contributory Negligence.

Failure to wear seat belts does not constitute contributory negligence in Tennessee. Mann v. United States (1968), 294 Fed. Supp. 691.

In wrongful death action where defendant's automobile, after failing to yield right-of-way, struck the decedent's vehicle, an instruction as to possible remote contributory negligence of decedent because of his failure to wear a seat belt was precluded by the proviso in this section that states that a failure to wear seat belt shall not be considered contributory negligence. Stalleup V. Taylor (1970), 62 Tenn. App. 407, 463 S.W. (2d) 416.

CARDEN JOHNSTON, M.D.
Chapter Chairman

DAVID M. MULLINS, M.D.
Alternate Chairman

HOWARD H. BEARMAN, M.D.
Secretary-Treasurer



Alabama Chapter
American Academy of Pediatrics

1601 - 6th Avenue, South
Birmingham, Alabama 35233

January 18, 1982

Clinton B. Lillibridge, M.D.
Alternate Chairman
Alaska Chapter
American Academy of Pediatrics
3300 Providence Drive
Anchorage, Alaska 99504

Dear Clint:

Enclosed is a copy of the Bill that we plan to get passed this legislative session. The strong points of this Bill, to make it politically viable in an election year, are its nonpunitive aspects. The State of Alabama finances its courts through court costs; therefore, we could not have any penalty, no matter how small, that would not relieve the parent of having to pay a significant amount of court costs. However, we are able to award points on a driver's license, and repeated offenders stand to lose their license.

Last year we gave each Senator in the State of Alabama a car seat, which he in turn gave to a child of his choice. This not only created publicity, but more than that, it brought about the involvement of pediatricians in the legislative process. This year we have an active lobbying campaign, which includes the support of the State Medical Association, State Hospital Association, Blue Cross-Blue Shield, and the Alabama Motorists Association.

I look forward to seeing you in Hawaii.

Sincerely,


Carden Johnston, M.D.
Chapter Chairman

CJ/rb

1985-86

SENATE TRANSPORTATION COMMITTEE

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RS 2477 TASK FORCE REPORT

OVERVIEW, 1.15/86

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SB 103 (FILE 3)

SB 103 (FILE 4)

SB 112

SB 114

STATE OF ALASKA
THE LEGISLATURE

POUCH V. STATE CAPITOL
JUNEAU, ALASKA 99811
665-3800

LEGISLATIVE AFFAIRS AGENCY

INTER-AGENCY ROUTING SLIP

TO Elizabeth Ziegler, Sen. Coghill's Off

REMARKS:

FROM Jeannie Henry
Legislative Library

DATE 1/14/87

JOHN SPELLMAN
Governor



WILLIAM R. LATHROP
Director

STATE OF WASHINGTON

WASHINGTON TRAFFIC SAFETY COMMISSION

1000 S. Cherry St • Olympia, Washington 98504 • (206) 753-6197

January 19, 1982

The Honorable Don Charnley
Washington State Senate
427 Public Lands Bldg.
Olympia, Washington 98504

Dear Senator Charnley:

Attached is a xeroxed copy of Senate Bill #4548, sponsored by Senators Haley, Charnley and Hemstad. SB 4548 would require that a child under five years of age be properly secured in an approved child passenger restraint system.

At our December 16, 1981 meeting, the Washington Traffic Safety Commission discussed the issue of mandatory child restraint use and the members of the Commission unanimously agreed to support a mandatory child restraint law.

The Commission is acutely aware of the tragic number of deaths and disabling injuries suffered by infants and toddlers as a result of automobile collisions and is aware that the use of child restraint devices will drastically reduce deaths and injuries.

The Commission recognizes educational and informational programs, while helpful, cannot in and of themselves, create the necessary level of restraint usage; therefore, we strongly support the passage of mandatory child restraint legislation, such as that described in SB 4548.

The National Highway Traffic Safety Administration conducted a statewide safety belt study in October, 1981. One thousand persons were questioned regarding use of and attitudes toward occupant restraints. When participants were asked if they agreed or disagreed with the following statement, "The state of Washington should pass a law which requires parents to fasten children under five years of age into approved car seats.", 81% agreed. This certainly seems to indicate public concern and support for mandatory child restraint legislation.

Thank you for your interest and support for this important issue.

Sincerely,

A handwritten signature in cursive script that reads "William R. Lathrop".

William R. Lathrop
Director

WRL:tb

cc: Washington Traffic Safety Commission Members
Technical Advisory Committee Members
Robert Scherz, M.D.

①

15
7-9

CDR - Public Hearing
Dec. 10, 1982
Anchorage, AK

Sen. Parr, Sen. Colletta & Senator-elect Josephson

0:00 ^{12:57pm}

START Sen Parr

0:19

Watched Video TAPE

0:25

Dr. Clint Lillibridge,

Children 39,000 0-5 y old in Alaska 1980 figures
0-19 yrs. 144,000

Child is susceptible because of their anatomy

2:44

Sen Parr - Questions

2:45

Dr. Lillibridge

3:03

Sen. Josephson - Why ^{do} have the infractions ^{do} not constitute contributory negligence

3:45

Sen. Colletta

3:58

Sen Josephson

3:46

4:05

Dr. Lillibridge

4:19

Sen. Josephson

4:44

Sen Parr

4:58

Dr. Lillibridge

is it the same as motor cycle helmet
3rd party, not old enough to do it on
their own

Children cause accidents - driver distracted
or grabs driver or wheel

Public funds:

4:61

Ms. Moore Highway Safety

Anch, Juneau & Sitka banner program
state run w/ Fed \$
Seed program
through state

Side 2

~~0:00~~

Juneau program flourishing

0:00

Sen. Josephson - is it based on need.

0:04

Ms. Moore -

0:10

Sen. Colletta - including cost of seats in new cars

0:38

Ms. Moore -

061

Lynn Johnson-Joseph -
personal experience
have people who have used seats

090

Wolgemuth - State Troopers
Troopers in support

118

Par - check on making sure Troopers can enforce this
Sen. Colletta - using the pt. system means it will cover state

132

Mike Baldwin - Nat'l Hwy Traffic Safety

Fed. viewpoint

AK has been a leader in many ^{of traffic} laws.

Drunk Driving & Safety belt ^{and} ~~and~~ : 2 mjr ^{hwy} safety problems
which need attention

Novell Larson

Jan 1, 1981 all devices must pass car crash test

Physicians for ~~the~~ Highway

Shoulder strap on a child crosses the neck not body

~~enforce~~

enforceability of law - people will do it anyway
if it is law

law should include all minors

TRPG 2

000

Ms. Larson

020

Dee Parr

044

Michele Flynn Cook ^{???} Inlet Native Pro
Ed & Lamer Program
164 seats

Give copy back
to
Mason

72
55

Funding came from BIA 200 seats
only can be used by BIA applicants

- 145 Mr. Baldwin
- 159 Ms. Moore - Toddler can be used
- 185 Mr. Bailey - (Inch. Municipal Prosecutor) as a parent
Parents don't really care when it
comes to safety
- 203 Peggy McBinnis - in support - personal use of CRD
- 239 Carmen Fisher - in support
- 319 Morris Anch. Medical Society Auxiliary
loaner program initiated a ~~small~~
CRD in autumn. Peeka Bu
- 7 Virginia Com. Anch. Med. Soc. Aux. - support
Ed is good but Ed combined w/ leg will be
more effective
- 458 Ray Sully Anch. Med. Soc. Aux. support leg
& directed toward col and
a very strong law
children lack the cushioning effect of a
well developed sinus system
- 518 ^{President} Anch. Med. Soc. Aux.
loaner program - non-profit
- 627 Dunlithbridge spoke for Dr. Doye
case of an unrestrained child in

645 Couch

^{North Carolina}
Was in ~~Tennessee~~ when the bill was passed
worked w/ a loaner program there (500 seats)
AR - 340 births of MD in Arch
want 500 seats \$12,800
distraction

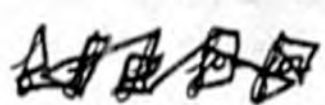
TAB END
000

seat belt legislation required in other countries
infirmary on rights ~~disagement~~ doesn't work
public money goes to catastrophic illness loans, etc
the loaner program is the law as complementary

165 \sum Ms. Merchant Med. Aux. - in Support

224

^{David}
Dr. Spence - Div. of Public Health - Tennessee
leg makes excellent public policy
esp. from an econ. viewpoint.
handicapped children program will not have
to take care of ^{as many} handicapped children



370

Could Hogan - Providence

looking into whether or not insurance Co.
will pick up the cost of a car seat
as part of the cost of delivery



000 San Collette
012 Adjourner

015

Evening

Decker - in favor of ^{mandatory} ~~all~~ ^{all} son in accident 4 yrs old
Parents control the Child
Children can't initiate the action

074 Alice Samuelson = in favor of mandatory law

should use devices ~~not~~ especially under age of 3 or 4

III Peggy Wilson - Mother
in favor ^{1st} Past Pres. Child Birth Education Assoc
^{2nd} Regional Health of Anch Planning Agency
President - AK Child Passenger Safety Assoc.
Based in Anch but reach out to other communities

?? Statewide ~~the~~ Conference in March

History, Use, Legislation

No one's taken the lead - many groups getting together
Preventable nature of deaths & injuries from car accidents

Letter from Mothers Against Drunk Drivers
MADD endorses CRD's

270 Dr. Morris Hording - in favor of CRD

data shows that ed. programs do not work
Relying on people doing what's good doesn't work
Every time a state passes a law mand. CRD, the
rate of serious injury/death is greatly reduced

Risk of the Child

Risk of the Child causing the accident

Public cost for traumatic injury

PREVENTION

If we exclude the parents from negligence, it must be political. We should have it in there.

449 Sam Pan - Contributory Negligence

565 Barbara Bonk - in favor of mand. Law

Humana Pre & post natal

Nursing Assoc. of Obstetrics & Gynecology

Educational of mothers about CRD

Contributory negligence comparative

690

Marcy Margol Nurse & wife of Phys.
Pres. of State Med. Aux.

In support of the mand. law

On a limited budget - you should start w/ newborns -
parents of newborns are more approachable 1 yr. old

009

X James Nesbitt - Pediatrician
Strongly in favor

Unique opportunity to legislate better health care

0-4 yrs. old is a good age. People won't

stop after 0-4 but hopefully
it will be higher as old as you can make it

118

Earl Crouch - Ophthalmologist

182

Dr. James Scully - Ear Nose Throat & Plastic Surgery

(Randy Phillips - give copy of back-up)

1981 INTERIM
GENERAL INFO.
1981 INTERIM
HEARINGS

PUBLIC SERVICE ANNOUNCEMENT
For Immediate Release 9/9/81

For further information call Senator Parr's office at 456-8925.

The Senate Health, Education and Social Services Committee will be holding a public hearing on September 12, from 9 am til 5 pm, in the borough building, 520 Fifth Avenue. The purpose of the meeting will be to take testimony on various aspects of health care in Alaska, and on House Bill 41. For further information call 456-8925.

Please run on Thursday, Friday and Saturday, if possible.
Thanks!

CHARLIE PARR

ALASKA LEGISLATURE

S.R. Box 5059C
Fairbanks, Alaska 99701
(907) 456-5029

Fairbanks Interim Office
545 Third Avenue, Suite D
Fairbanks, Alaska 99701
(907) 456-8925

Pouch V
Juneau, Alaska 99811
(907) 465-4907

DATE: September 1, 1981

TO: All interested parties

FROM: Senator Charlie Parr, Chairman ^{CP}
Senate Health, Education, and Social Services Committee

SUBJ: Forthcoming hearing in Fairbanks

* * * * *

The Senate Health, Education, and Social Services Committee will be meeting in Fairbanks on Saturday, September 12, from 9:00 a.m. until 5:00 p.m., in the Borough Assembly Chambers at 520 Fifth Avenue.

The committee will be meeting in Fairbanks, as well as in several other communities around the state, to take public testimony on various aspects of health care and the health care delivery system in Alaska. Some topics of special interest to the committee include the statewide availability and accessibility of health care, emergency medical services, health systems agencies and the planning of health care, health regulatory boards, health education, wellness training and preventative medicine.

The committee is also interested in taking testimony on House Bill 41, regarding the health residents of the state. This proposed legislation has been referred to the Senate HESS Committee and will come up for action sometime during the next legislative session.

If you would like to comment on any of the above topics, or on any other subjects relating to health care in Alaska, please plan to attend this public hearing. If you have any questions about the hearing, or wish to submit written testimony to the committee, call 456-8925, weekdays, during business hours for further information.

Copies of House Bill 41 may be obtained in person or by mail from the Fairbanks Legislative Information Office, 315 Barnette Street, Room 101, telephone 452-4448.

CHP/dm

CHARLIE PARR

ALASKA LEGISLATURE

S.R. Box 50599
Fairbanks, Alaska 99701
(907) 456-5029

Fairbanks Interim Office
545 Third Avenue, Suite D
Fairbanks, Alaska 99701
(907)456-8925

Pouch V
Juneau, Alaska 99811
(907) 465-4907

DATE: August 18, 1981

TO: All interested parties

FROM: Senator Charlie Parr, Chairman *CP*
Senate Health, Education and Social Services Committee

SUBJ: Forthcoming public hearings

* * * * *

* The Senate Health, Education and Social Services Committee will conduct public hearings *
* in the following communities during the interim to consider aspects of health care and *
* health care delivery systems within Alaska. *

All interested parties are invited to attend and present testimony.

For further information, please contact Sandra Stringer in Fairbanks at 456-8925 or
Nancy Deitrick in Juneau at 465-4907.

<u>FAIRBANKS</u>	<u>Saturday, September 12, 1981</u> 9:00 a.m. - 5:00 p.m.	<u>Borough Assembly Chambers</u> 520 Fifth Avenue
<u>KENAI</u>	<u>Saturday, September 26, 1981</u> 9:00 a.m. - 5:00 p.m.	<u>Borough Building</u>
<u>NOME</u>	<u>Saturday, November 7, 1981</u> 9:00 a.m. - 5:00 p.m.	<u>City Hall</u>
<u>BETHEL</u>	<u>Saturday, November 14, 1981</u> 9:00 a.m. - 5:00 p.m.	<u>Legislative Information Office</u>
<u>ANCHORAGE</u>	<u>Thurs., Friday, December 9-10, 1981</u> 9:00 a.m. - 5:00 p.m.	<u>Committee work sessions only</u> <u>Legislative Information Office</u>
	<u>Saturday, December 11, 1981</u> 9:00 a.m. - 5:00 p.m.	<u>Public hearing</u> <u>Legislative Information Office</u> <u>1024 W. 6th Avenue</u>

CHP:dm

QUESTIONS FOR INTERVIEW OF FBX SEN. CHARLIE PARR, CHAIRMAN OF THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE, REGARDING THE SAT. SEPT. 12 MEETING OF THE SENATE HESS COMMITTEE HERE IN FBX.

For further information call Drena McIntyre or Sandra Stringer at 456-8925.

1. What is the Senate Committee on Health, Education and Social Services? What kinds of work does the Committee do?
2. What is the purpose of the September 12 hearing here in Fairbanks?
3. Where will the public hearing be held?
4. What time?
5. Who are you encouraging to attend? Health care professionals? The general public?
6. What topics is the committee interested in taking testimony on?
7. Why are you interested in the health care system in Alaska at this time?
8. What are HSA's? (Alternatively: What are Health Systems Agencies?)
9. Why are you interested in public comment on the health care regulatory boards?
10. What is Emergency Medical Services?
11. Why should the state of Alaska be interested in looking into wellness training and preventative medicine?
12. What is the state presently doing to help assure good health care for Alaskans?
13. How accessible is health care for most Alaskans?
14. What are some of the special problems rural Alaskans face in obtaining adequate health care?
15. Are you planning to look into the affordability of health care in Alaska?
16. I understand the Senate Health, Education and Social Services Committee will be looking at a piece of legislation this next session that originated in the state House of Representatives... What is House Bill 41?
17. Do you expect this bill to pass your committee sometime this next session? Do you feel it needs to be modified, or is it acceptable as is?
18. Will you be asking for public comment on House Bill 41 at the meeting tomorrow?

19. Where can people get a copy of House Bill 41 before the meeting tomorrow?
20. Will other members of the legislature be present at the meeting tomorrow? Anyone from elsewhere in the state?
21. Is this the only meeting you'll be holding on health care in Alaska during the interim between legislative sessions?
22. What if someone wants to make comment on House Bill 41, or some other subject related to health care, but can't make it to the meeting tomorrow? Will you accept written comments?
23. Do you have any advise to listeners who might be interested in coming down to attend part of the meeting tomorrow, but who might be a little uncertain about what to expect or how to present testimony to a legislative committee?
24. Should people who might want to testify also prepare a written summary of their comments for the committee?
25. How long will each person be given to make comments?
26. The public hearing is scheduled tomorrow-Saturday-at the borough building for 9am til 5 pm...Is it necessary for someone who wants to make comments to plan to attend all day?
27. Do you have an agenda set according to time? For example, you only want to take testimony from 9 til 10 on topic "X"..?
28. Any further comments about tomorrow's meeting, or anything else regarding the Senate HESS Committee's work?

CHARLIE PARR

ALASKA LEGISLATURE

S.R. Box 50599
Fairbanks, Alaska 99701
(907) 456-5029

Fairbanks Interim Office
545 Third Avenue, Suite D
Fairbanks, Alaska 99701
(907) 456-8925

Pouch V
Juneau, Alaska 99811
(907) 465-4907

PUBLIC SERVICE ANNOUNCEMENT:

For immediate release on December 1, 1981. For further information please call the Senate HESS Committee office in Fairbanks (456-8925) or in Juneau (465-4907).

* * * * *

The Senate Health, Education and Social Services Committee will be conducting a public hearing on Tuesday, December 15, 1981, from 9:30 a.m. til 4:30 p.m., at the Anchorage Legislative Information Office, 1024 West Sixth Avenue.

Any member of the public who wishes to make comments on aspects of health care in Alaska including availability and affordability of health care, emergency medical services, the health systems agencies, preventative medicine, or any similar topics is urged to attend this meeting. The Committee is particularly interested in any comments the public might wish to make regarding legislation that will come before it this spring including HB 41. Copies of all such legislation may be obtained free of charge by calling the Legislative Information Office at 278-3668.

Anyone who wishes to comment on health related subjects but is unable to attend the hearing on December 15 may submit written testimony to the Committee through the Legislative Information Office, or by writing the Senate HESS Committee, Pouch V, Juneau, Alaska 99811.

CHP:dm

QUESTIONS FOR INTERVIEW OF FBX SEN. CHARLIE PARR, CHAIRMAN OF THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE, REGARDING THE SAT. SEPT. 12 MEETING OF THE SENATE HESS COMMITTEE HERE IN FBX.

For further information call Drena McIntyre or Sandra Stringer at 456-8925.

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27. Do you have an agenda set according to time? For example, you only want to take testimony from 9 til 10 on topic "X"..?
28. Any further comments about tomorrow's meeting, or anything esle regarding the Senate HESS Committee's work?

→ Sandra — Fri Aug 7
sounds OK.
Blouli

Charlie —

I spoke to Nancy this morning & confirmed with her the dates & places we talked over yesterday. She is arranging places to meet in Kenai/Soldatna, Nome & Bethel. I have arranged for the Boro Assembly Chambers in Fbx, & the Legislative Office in Anchorage.

Nancy & I will talk again Monday a.m., then prepare:

* ① a memo to committee members with a copy of the schedule including times & places

* ② a copy of the schedule plus a letter to go to all other legislators

* We might want to originate the above in this office: Drena could type them & get them out by this coming weekend (Fri Aug 14). We could also add a note regarding the existence & location of the office here in Fbx.

I suggest we put together a program schedule to be done by Aug 26-28, & Drena could get that out the 27 & 28. ↓

That could serve as the basis of the
press releases & letters/calls to
interested parties in Fbx that
could start going out about the
same time for the Sept 12 meeting.
S.

northern alaska health resources association, inc.

DATE: September 01, 1981

TO: Sandra Stringer
Administrative Aide

SFP 2 1081

FROM: Charles M. Kaltenbach, Dr. P.H. 
Executive Director

RE: Topics For HESS Hearings

The following is a list of potential topics you may want to consider for creating interest and remarks from health-care consumers and providers:

1. Which health services should the State provide, and which ones should the private sector provide?
2. Should there be a State subsidy for health insurance coverage for all Alaskans, and, if so, what form should it take? (Example: HB 41)
3. What are the status and future of emergency medical services in Alaska?
4. How should local and regional health planning occur?
5. What should be done in the areas of prevention and health promotion?
6. How can health and human service program evaluation be improved?
7. What is occurring with coordination and communication in health and social services statewide?
8. What minimum set of services should be available to every Alaskan in his home community?
9. Are the personal costs of medical and dental care reasonable? What impact do health care costs have on families' other needs?
10. Are there needs for residential care services for handicapped children and adults?

CMK:flr

afternoon

serve all people in level I + II
communities

state - community health aide -
an assistant to the
~~the~~ itinerant health nurse

village health aides - IHS #
one aide - in Manley Hot Springs -
non Native & 80% of pop also
non Native

no trust responsibility for health
care - rather an "historical
relationships

^{MS} Manley? social security & "state grants"
today

DHSS in 4/6 & also June

to → 5 weeks to make an initial
13 months to make a decision ^{decision}

Arturo - statewide training coordinator

stress cont of classroom
central dispatch

ask the legislature to
have MAST fly to the border

Chuck Kattenbach - speaking on
HSA's

HSA's eliminated for 1982 from
state budget

24 HSA's in US - 3 of these
in Alaska

(see if you can get position paper
health care figures

possibly provide evaluations of
health issues to the legislature.

municipality of Anch has its own
planning group for health

Michael Graf - med staff office of alcohol &
drug abuse - here in Hon

advocate of NAHIC +

afternoon III

Michael Graf, colt.

ref. HSA's - "can't have an agency
paying 'no' without some community
recognition

statewide health coordinating
council

mini-block grant - Charles
suggests hand it in to us

Wayne Myers - rep. self

ref. Partnow's comments on how
well things work in NW territories

WHO - surprised Alaska

WHO - delegation to Alaska in early
Nov.

high praise for health aides
accomplishments - but very
poorly paid - not eligible
for reimbursement thru Medicare
or health insurance

Afternoon IV

Wayne Myers - state pharmacy regs
need change to permit potent
drugs in villages

health aides not recognizable
as a state entity - because
Fed. funding

health related research in
Alaska virtually unfunded

alcoholism is at least as
genetically

"Murkowski Bill" - up to 25 million
per year - sec. Defense, Commerce
& Interior - fed receipts from
oil revenue - research to assist
resource extraction

inquiries - office in June

suggest put \$ in ACSF for
research in medicinal abuse
specifying intent

Paul Sherry *

Kaltenbach

NATHRA annual board mtg - Oct 2/3 Fbks Clinic

K - critical mass 3 people on staff

S - focus on problems not facility-oriented

S - looking for consensus in state as to what

HSA's do and fund them accordingly

K - SOADA rep in Fbks for N Region

S - Wayne Myers, Minnie Dixon on rural care

Kenneth
27 Nov 1972

P.S. note Sept. 1 appt. in schedule book
can you make it? yes NO - Tues thru
Fri - PM
if so, I will call her to confirm ...

Charlie. -

Please look at the following schedule
for publicity for the Sept. 12 meeting. I
should call back Monday Aug 31 to confirm
with the various stations if you wish to appear
on the following:

① yes NO KUAC "access" 5-10 min taped interview
to be filmed any time
after 6:30pm Tues. Sept. 8
in KUAC studios (if yes,
what time Tues. night?)
What time? 6:30
Jim Hall 6:45 - come
to KUAC -
10 min.
Called to remind Charlie at 2:45 pm Tues. - spoke to Charlie the younger
Confirmed Sept 4 with Steve Smith

② yes NO KFAR Problem Corner - prob. 1/2 hr.
from 11-11:30 am Fri
Sept 11 - live
~~Charlie~~
Sandra
Nancy

③ yes NO KFAR-TV public service prog.
to be aired live 11:30am -
12:30 Fri Sept. 11
Charlie

✓ Also
we need to define/refine the
agenda for the FBX public hearing &
do so by Mon. Aug. 31 so that I can

get some PSAs together, plus some general publicity info to take to the newspapers & write up in the form of a memo to post at the hospital, etc.

* Charlie, you need to draft a letter of invitation to the hearing to be sent by Drena to various people in Fbx — Partnow, etc. — or, an invitation could be phoned.

We also need to make up a list of such people.

Nancy is arriving Thurs. night. I will pick her up & get her squared away in the hotel. I expect to spend Friday ~~gone~~ going over the questionnaire with her, etc.

Everything else seems to be flowing ok.

S.

Aug. 28

★ confirm Charlie's Radio + TV ^{schedule}
Aug 31 Mon (S) narrow down topics for Sept 12 meeting - ^{OK} accessibility & affordability - letter drafted to miss. people who should get personal invitation ^{OK} general press release drafted ^{OK} list of people for personal (phoned or written) invitation compiled ^{OK}

Sept. 1 Tues (D) ^{OK} type all of above; mail out those that need to be mailed

Sept. 2 Wed (D) ^{OK} phone any invitations to be phoned

Sept. 3 Thurs (S) ^{OK} take articles to All Alaska Weekly, & 2 SA's to ^(Sept 8) KATK ^{Fri} speak to Geoff Kennedy - ^{↑ Spoke to him Fri Sept 4 - call on Sept 8}

Sept. 4 Fri (S) ^{OK} get info around to be posted - at hospital, public health clinic, WASHU, etc. ^{OK}

Sept 5 Sa }
Sept 6 S } holidays
Sept 7 m }

Sept. 8 Tues ⑤ ^{Also KIAK}
PSAs to KUAC, KFAK & KFRB
Charlie tapes Tues night

↓
Sept. 9 Wed ⑤ Ann Spink - news story
News mic - news story

Sept 10 Thurs ① (1/2?)
⑤ Sandra music running
around - pick up
Nancy at airport 7pm

Sept 11 Fri ①
⑤ *S - get key toborough bldg.*
* Charlie - Problem correct
now to 12:30 prog. KFAK TV

Sept 12 Sa ⑤ NESH meeting

Radio / TV / newspapers / newsletters

News Miner

456-6661

contact Sue Lewis, city editor

2-3
pm

Sue says get a story re. the meeting; topics
to be discussed to her by Sept 9 (Wed) for
printing Sept 10 or 11

*ALSO - city news in brief

All Ala.'s Weekly

Tom Snapp ed.

456-6426

get short article to Tom by Fri Sept 4
for feature in paper published on Sept. 11

Newsletters -

NATHIA &

The medical records

assn. newsletter - OK -

state wide

Radio/TV/newspapers/newstellers

KIAK
452-1931

Pete Van Nost - will accept PSA's -
prefer about 15 sec - would
be happy to run 2-3 short
ones in rotation
get typescript of PSA's to
him by Sept 3

*ALSO

contact Geoff Kennedy ref.
news story

KUAC FM & TV
479-7191

get short summary of
meeting info to front desk
by Sept 8, for play Sept 9, 10 & 11

Steve Smith - call again ref. access, etc.

Sept. 8 - Tues.
evening 6:30 or later
Charlie

to be aired 9pm Thurs 10th
2:30pm Fri 11th

*call Steve Smith back Aug 31 to confirm

KFAR radio
452-1000

Problem Corner - set up
for Sept 11 (Fri) - Charlie
11 - NOON - to discuss
health delivery systems, etc

NB - maybe
only 1/2 hr, if we do
KFAR (?) TV
on Sept 11
see next
page

Call Jack & Van Nost to confirm

ALSO - PSA's - 1 to 2 days in advance Sept 8?

Radio / TV / newspapers / newsletters

KFAR (?) TV

452-2125

confirmed
Sept 4 with
Dec Dee Sp.

Spoke to Dec Dee Spencer

ref. TV appearance from
noon - 12:30 on Fri Sept 11

(see notes on KFAR radio)

Charlie - must be there by
11:30 am

* needs 25 questions ref. topic
to be discussed several
days in advance. * (Sept. 8?)
call Dec Dee back to confirm

KTVF / KFIB (?)

PS 45 - 1 day lead - Sept 8 or 9

452-5121

Anne Spink - news story
C drop off copy Sept 8 or 9

possibly John Hilliard -
Interior magazine - but
we may not have enough
lead time - also, Town Center?

KJNP - AM & FM

76x

Sa Sept 12 - Boys Assembly Chambers 9-5
conferred with Robbie
* must come in a day or two
early to fill out form + get key
452-4761

Anch

9-5

Th, F + Sa

8-10 people TH + F

Dec. 10, 11 + 12

1024 W. 6th

278-3668

DATES confirmed with Charlie Aug
& Nancy Aug 7

Possible schedule - revised after talking
with Nancy 7/22/81

come in
fill out
form

9-5

Xoro assembly chambers
Bobbie

Sa Sept. 12 - Fbx

Sa Sept. 26 - ^{Kenau} Soldatna (Oct 3)

Sa Oct. 17 - Nome (Oct 24)

Sa Nov. 14 - Bethel

Th, F, Sa Dec. 10, 11 & 12 - Anch

~~Planning
Group
Reach out
as much as
possible~~

dates + places okayed with Charlie 8/6/81

① get copy to committee members

② separate memo/letter sent to
all legislators - Senate & E.S

com. will be conducting hearings
according to the schedule below

com
concerning
regulation
of health
care state

gam?

Where & times - airline schedules
PSA &
EMS / H.S.A. / hospitals

notification - Sen HESS meeting - FBX

Lee Russell (?) - Social worker

(Aug 27) Vicki Campbell - FHM Hosp. - medical records section - Vicki Campbell very cooperative - offers to put meeting schedule in Medical Records Schedule newsletter - get schedule plus 1-2 paragraphs to her by Thurs Aug 27

Marilyn Waugh - Tom Mingen's office - she will check with Mingen to see if it would be appropriate to distribute memo at Sept 1 exec. com. staff meeting

NA:KKA - called to double check if schedule had been distributed to them for publication in their newsletter (statewide)

Battelle group

Sharon Blackwell
Golden
488-6866

1981 INTERIM

FARRBANKS

9/12/81

Practice of Kinlein is explained by founder at presentation in NR

By Mary Sather

What is the practice of Kinlein? An answer to the question was provided by M. Lucille Kinlein at a presentation May 7 here at Indianhead Technical Institute. Kinlein's visit was sponsored by The National Center of Kinlein, Minneapolis, with arrangements made by Sue Irlie and Barb McGurran, local Kinlein practitioners.

Kinlein is the founder of the practice of Kinlein, which she defines as a new professional practice discipline which assists the person in the exercise of his/her self-caring agency in regard to living.

"In any practice discipline, the discipline comes from practice," said Kinlein. "A discipline is a structured body of knowledge which can be taught, can be replicated in practice by others and is capable of being researched in formal settings. The practice of Kinlein has my name on it because my clients told me it was different, new, and the best word they could think of to describe it was to use my name. You can look at your own name with objectivity. As far as I was concerned, the practice could have been named anything."

The Kinlein practice evolved over a ten-year period of time after Kinlein became the first registered nurse in the United States to set up an independent private practice. She feels that the practice is new and a discipline within its own right for a number of reasons. First of all, no other discipline gives the client the opportunity to say how much time he or she needs for an appointment, said Kinlein. A Kinlein client contacts the practitioner and sets the appointment time and the desired length of that appointment.

A second concept that is new, according to Kinlein, is that the person involved in the caring process is involved to the extent that he or she controls it. "Other professions thrive on control," said Kinlein. "They say, 'I will tell you what your problem is. I will tell you what your need is. I will tell you what your care is.' The assumption is that there is a problem, a need, a deficit, a lack, and that the professional will supply something. To the Kinlein practitioner, the word 'problem' is anathema.

"In the dictionary, the definition of 'care' denotes a passivity," continued Kinlein. "There is, however, a difference between taking care of, providing for, or giving care to, and caring with. It is the difference between singing to you or singing with you. Every person has a self-caring agency, a power given by God at the time of birth. It is the power to care for oneself on a day-to-day basis. Isn't it nice to know that there is a profession that you can go to where you will be helped on that kind of basis, a self-care agency?"

No one can take the self-care agency away from you, asserted Kinlein. No one can give it to you and you can't get rid of it. "It is a responsibility," she said. "Kinlein builds on that power in you, that ability to choose, to make decisions. Your philosophy is worked with and that potential within you is built on. No one of us has begun to scratch the power that lies within us. There is no greater power than the power of the individual."

The theory applies to all, said Kinlein. It is universal. But the Kinlein practitioner never says, "I know what you should do," according to Kinlein. "The client leads from wherever he wants to start and the Kinleiner follows with a judgment which allows the client to make a decision to go further and so forth. Learning how to make those judgments is the study of the practice of Kinlein. The client is

given a safe feeling in knowing that no matter what he says or does is all right. There is the caring with principle in the gentle holding self in the hands of the Kinleiner.

"The client is communicating self in his words," continued Kinlein. "We can talk about self knowing that self is made up of several components, the intellectual, the physical, the spiritual, the emotions. The words spoken by the person become self in tangible form and the words must be handled with sacredness by the Kinleiner. The Kinlein practitioner records the words of the client verbatim and these words become the self of the client. There is structuring. The client speaks from where he is coming from and the Kinleiner must move with the words of the client. Anyone may visit Kinleiner for any reason or for no reason. It's all right where you are."

Educational background for the study of the practice of Kinlein is baccalaureate degree in any field, said Kinlein. "To be professional, you have to live a little bit, become seasoned in working with people," she maintained. "But the theory of Kinlein is so much bigger than any one field that it does not have to be confined to a particular background. Learnerships are now available. People make contracts with me and I come and teach. A course is now available at Alaska Pacific University and the University of Wisconsin is looking at it."

She said that the movement toward "wellness" and the holistic health concept are moving in the direction of Kinlein, but are satellites running around the sun. "None of them have hit it. So they have missed the boat," she said. Preparation for the practice of Kinlein presently consists of 30 hours given in Learnership I, II and III sessions.

Kinlein described the "evolution of a practice" from the time she established her independent nurse practitioner office in 1971. At that time nursing was under medicine, she said. "That was the accepted structure and people were thinking within that paradigm. Subsequently nursing chose to remain under medicine. They did not choose to change the paradigm, the word paradigm being defined as an accepted structure in regard to something that is followed by society. In 1977, I published my book, 'Independent Nursing Practice with Clients,' but nursing did not move. I went through a terrible period of disappointment and sadness, lamenting the waste of nurses, of talent.

"But, I couldn't wait for nursing to move," she continued. "The theory was pushing itself out. In 1979, I declared my separation from nursing and the new professional practice of Kinlein was born. At the break with nursing, the theory evolved freely. There were more restrictions. It was freed of nursing and the theory has exploded and developed."

Kinlein sees two types of Kinleiners, the Kinlein professional practitioner and the subprofessional, the Kinlein self-care assistant. The assistant would assist a client wherever that client sees the need for help, in personal hygiene, with shopping, or whatever is perceived as being needed done. In July she will be teaching the first course to prepare other teachers to teach the theory of Kinlein practice. A group of about 15 people are planning to take this course, she said.



M. Lucille Kinlein (center) founder of the practice of Kinlein, with Sue Irlie and Barb McGurran, local Kinlein practitioners. Kinlein spoke Thursday, May 7, at Indianhead Technical Institute in Nowa Richmond.

PAUL L. ENEBOE, M.D.
A PROFESSIONAL CORPORATION
P.O. BOX 194
HOMER, ALASKA 99603
TELEPHONE 235-8588

May 22, 1981

Representative Hugh Malone
P. O. Box 9
Kenai, Alaska 99611

Dear Representative Malone:

I am writing this letter to indicate support for Detente, a sort of independent do-it-yourself nursing home concept which is part of the Kinlein care program. Mrs. Mary Raymond of Homer has started a Detente in our community and has contacted you for assistance.

This type of nursing home concept answers a real need in our community. It provides a place for people who need care but who are not sick enough to be in the hospital and who wish to remain, not just in the community, but somewhat independent and self-sufficient as well.

From the medical standpoint and from the social and personal standpoint, Mrs. Raymond's Detente has been immensely successful even though it is small and has just opened. A major problem for me as a physician has been the fact that many patients of mine who would like to go to Detente are unable to do so because their Medicare or Medicaid benefits are not eligible for this type of nursing home. So instead of being able to live the independent, rather self-sufficient existence or to have a brief transitory recovery period after hospitalization, patients must remain in the hospital at a much greater cost than if they were at Detente.

This letter is first to indicate my strong support for the Detente concept and for the very capable job that Mrs. Raymond is doing. Secondly, to request your assistance in helping obtain recognition by the state government so that eligible patients can receive benefits and support while staying at Detente.

Thank you for your support. I appreciate your time and effort in considering Mrs. Raymond's request for assistance.

Yours,



Paul L. Eneboe, M.D.
Homer, Alaska

PLE:bem

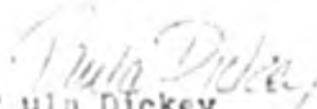
cc: Mr. Bob Ogden, Director of Health and Social Services
cc: Mrs. Mary Raymond

To whom it may concern
Re: "Detente" home in Homer, Alaska

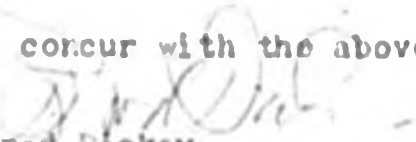
My father-in-law (age 89) and mother-in-law (age 81) entered the Detente home February 1, 1981 as its first residents. They moved to Detente for four reasons... they could no longer live by themselves in their own home due to multiple physical problems of aging, live-in help was impossible to find, they were vehemently opposed to moving into a traditional nursing home, and they had a son living in Homer.

The Kinlein philosophy of allowing and fostering self-determination, family-like participation within the living unit, and offering a support network of people to aid when needed is far different from institutionalizing someone who cannot function alone. My husband and I have observed a very loving, patient staff, directed by Mary Raymond, caring for the Detente residents with concern for their needs both physical and mental. And the mental needs of dignity and self-respect are all-important when one realizes he can no longer function on his own resources. Here lies a great strength of Kinlein care - concern for the inner self as well as nursing the body.

The residence is home-like, comfortable, cheery and has added assets of a wood-burning fireplace, sun room, long deck on south side, and space for pets if wanted. It is a new form of caring which deserves much merit. It rises far above the traditional health-care facilities in my observation.


Paula Dickey
July 13, 1981

I concur with the above.


Brad Dickey
July 13, 1981

panoply

family health care

October 1, 1981

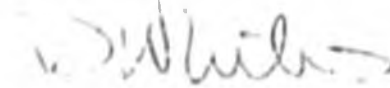
Helen D. Beirne
Commissioner of Health
Department of Health and Social Services
Fouch H-01
Juneau, Alaska 99811

Dear Ms. Beirne:

I am writing in support of Detente, our area's only residential care facility. This organization is providing a very needed service in making available a structured, supportive environment, and importantly, encouraging residents to be responsible for their surroundings in its Kinlein approach to care. Its largest limitation is its unavailability resulting from lack of funding from third-parties, especially Medicaid. I encourage you to obtain details of the operation of this facility, its professional background and approach, and to help those in need of structured residential care in our community gain access through appropriate legislation.

Thank you for your consideration of this matter.

Sincerely,



Don White, M.D.

cc: Pat O'Connell
Hugh Malone
Don Gillman



box 916 homer alaska 99603 (907)235-7725

Detente
Box 2335
Homer, Ak. 99603
October 21, 1981

Charles H. Parr
Chr. Senate Health, & Social Services Comm.
SR Box 50599
Fairbanks, Ak. 99701

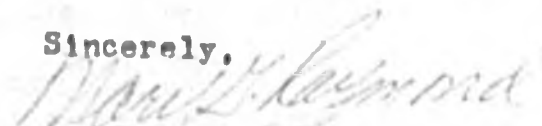
Dear Senator Parr,

Please receive this information re: The
Profession of Kinlein and Detente--the Kinlein
Care facility.

I wish to thank you and all members of
the Health, & Social Services Legislative Comm.
for the opportunity to speak to you and with
you.

I am looking forward to working with the
committee to obtain state reconization for
Detentes in the State of Alaska.

Sincerely,



Mary G. Raymond,
Kinleiner

MGR/ cph

cc. Sen. Stinson
Sen. Fischer
Sen. Kelly
Sen. Colleta
Rep. Beirne
Rep. Molone
Rep. Smith
Rep. Martin



Lucille Kinlein: "Homer was ready for Detente. It is small enough and aware enough to respond quickly to an idea that has merit."

Alaska individualism will make her method work, says Kinlein

By LAURA HAMILTON
For The Daily News

Are you thinking of changing jobs? Is a new baby in your life making you wonder how families should really operate? Does your sweet tooth control you? Do you have questions about a surgical procedure that's been recommended to you?

The Practice of Kinlein may lead you to some answers for questions like these, Lucille Kinlein explained Wednesday during a brief sojourn in Alaska. Her theory of care is best exercised, she said, when "I can hold a mirror to your own words, so you can see yourself."

The theory of Kinlein care is rooted in exercising "the self-caring agency — a God-given power to act on one's own behalf," Kinlein believes. The practice of Kinlein care involves absorptive listening, scientific judgment and the choosing of a technique for care.

Together, the theory and practice of Kinlein care offer a fresh approach to problem solving and personal enlightenment.

During her stay in Alaska, Kinlein, who lives in Hyattsburg, Md., has been evaluating the possibilities for her profession in the state. She's not only optimistic, she's enthusiastic: "No other state enjoys such a collection of individuals who are so aware of themselves as individuals. The Alaskan response to individualism will make (Kinlein care) work here."

The opening this past weekend of Detente-Homer, a Kinlein care facility in that Kenai Peninsula community, was a high point in her Alaska tour. It is the second facility of its kind in the nation; the first was opened by Kinlein in McLean, Va. in 1978. Kinleiner Mary Raymond of Homer organized the facility and will oversee its operation.

Although the number of professional Kinlein care-givers in Anchorage outnumbers those in Homer, "Homer was ready for Detente," Kinlein said. "It is small enough and aware enough to respond quickly to an idea that has merit. The community network there provides an instant kind of communication."

The three-bedroom home housing Detente-Homer will provide space for four residents and a full-time (24 hours a day) Kinleiner. Clients of all ages, from infants to the elderly, may find that living as a "family member" at Detente-Homer is an answer to their needs.

Although detente is the word often used to describe a particular strategy in American foreign policy, Kinlein said she "lamented the abuse of the word in international politics and decided to use it to describe our care facility. It is a French word that actually means 'living together harmoniously for mutual benefit.'"

Detente-Homer will provide a "family life feeling" for those who choose to live there for a period of time. Third-party payment by insurance companies or state

agencies for the time spent there and the care received is not possible at present, but Kinlein fully expects that it eventually will be.

For the elderly, the handicapped or anyone with special, temporary needs, Kinlein said, Detente-Homer may well be found superior to and less costly than traditional types of institutionalization.

In Anchorage, Kinlein has been kept busy meeting with her professional colleagues and clients and teaching her own course, "The System of Kinlein in the Field of Caring," at Alaska Pacific University. The course will be repeated in May, at which time she will return to Alaska.

Kinlein hopes eventually to see a master's degree in Kinlein care offered by a "visionary university." She believes APU may be that type of school.

Kinleiners are trained professionals who hold a baccalaureate degree in their field of study. Local Kinleiners have backgrounds in nursing, education, physiology, communications and nutrition, among other fields. Their formal college training is complemented by the training they have received from Lucille Kinlein, who began her independent practice in 1971.

Kinlein foresees a curriculum for would-be Kinleiners that would be broader-based than current liberal arts education. "It would cut across the standard curriculum of science and the humanities to provide knowledge about living and the human being," she said. Currently, several students are following a suggested curriculum at the University of Wisconsin that will lead them more perceptively toward the practice of Kinlein care.

Kinlein care often is described as a "self-help" approach to health care, or as preventive in nature. Kinlein seemed reluctant to accept those labels, although she repeated again and again the importance of exercising the "self-caring agency" in everyday living.

Who are Kinlein clients?

"They may come to us and say, 'I want someone to listen to me as a person, not break me down into parts,' she said. "They may say, 'I read about so many alternatives to orthodox medicine, I'd like to talk to someone about them.' They may say, 'I need a focus in my life,' or they may begin with, 'I need to tell someone how scared I am of surgery ...'"

"A Kinleiner may lead a client to information sources, if that seems to be what the client needs most. The approach is highly individual," she said.

Appointments at the Kinlein care center on Firwood Lane usually are an hour in length, although some clients request longer sessions. Each Kinleiner sets his or her fee. "It is always reasonable and is negotiable if it presents a problem," Kinlein said. Nationally, an hourly fee of \$30 is standard.

Kinlein practitioners in Anchorage currently see two to six clients per week. Anchorage Kinleiners include Mary Bolin, Patti Miller, Mona Harris, Charles Morel, Pat Steige and Linda Waggoner.

National Center of Kinlein

Board of Directors: M. Lucille Kinlein, Chairman, Hyattsville, Maryland
Annette L. James, Co-Chairman, Shinnston, W. Virginia
Mary A. Glynn, Treasurer, Minneapolis, Minnesota
Nancy Leipold, Secretary, Ann Arbor, Michigan
Linda Waggoner, Archivist, Anchorage, Alaska

System of Education

Courses taught in the Theory of the Practice of Kinlein at the University of Wisconsin-Superior and the Alaska Pacific University; Learnerships taught across the nation on a continuing basis.

Preparation of the Kinlein Self Care Assistant to begin 1981.

System of Practice

Independent practices.

Détente

Virginia - Pilot program, 1978-1981.

Alaska - 1981

Advisory Board:

L. Kinlein

Charles Morel

Director- Mary Raymond

Détente is a system within which persons are assisted in the exercise of self care agency so they can live harmoniously for mutual benefit. The care is in the form of a watchful eye, a ready hand, and a conversational, mildly stimulating environment. All persons connected with a Détente are members of a family, some pay for the care and others are paid.

System of Research

Blueprint for a national research design is being developed.

Annual Assembly of Kinlein, August, 1981 in Minneapolis, Minnesota.
Journal of Kinlein , first issue to be published in Fall, 1981.

CHARLIE PARR

ALASKA LEGISLATURE

Fairbanks Interim Office
545 Third Avenue, Suite D
Fairbanks, Alaska 99701
(907)456-8925

S.R. Box 50599
Fairbanks, Alaska 99701
(907) 456-5029

Pouch V
Juneau, Alaska 99811
(907) 465-4907

October 14, 1981

Ralph A. Wells, M.D.
Tanana Valley Medical-Surgical Group, Inc.
1001 Noble Street
Fairbanks, Alaska 99701

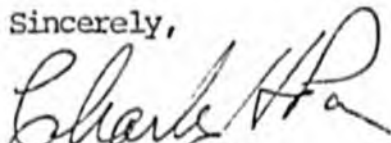
Dear Dr. Wells:

I apologize for my delay in response to your letter of September 16. In this interim period between legislative sessions there often do not seem to be enough hours in the day to earn my living running my business and take care of my legislative duties in a timely manner as well.

Please accept my thanks for taking the time to put your views on various health matters in writing for the Senate Health, Education and Social Services Committee. I am sorry you were unable to attend our public meeting here in Fairbanks, but your written comments will be added to the record of the Fairbanks testimony.

Thanks again for making time in a busy schedule to get your thoughts on these topics to us.

Sincerely,



Charles H. Parr

CHP:dm



TANANA VALLEY MEDICAL-SURGICAL GROUP, INC.

(A PROFESSIONAL CORPORATION)

1001 NOBLE STREET • FAIRBANKS, ALASKA 99701 • PHONE 452-1611

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COMPTROLLER

September 16, 1981

Senator Charlie Parr
Chairman
Senate Health, Education and
Social Services Committee
545 3rd Avenue - Suite D
Fairbanks, Alaska 99701

Dear Senator Parr:

I regret that I did not have time to testify before your committee when you held open hearings here in Fairbanks concerning health care and health care delivery systems in Alaska. I think that many answers to the questions raised by your committee can be found in the several studies made by the Northern Alaska Health Resources Association, Inc. which, of course, the State of Alaska has supported financially for several years. These people have been trying to find the answers to health related problems for some time and they have, as a result, learned a great deal about the subject.

There are several items that I would like to address in my comments here; they are as follows:

- 1) I do not think that the State of Alaska should provide medical assistance beyond what it is now providing, for two reasons:
 - a) Free and unrestricted support of a medical service program would be enormously expensive to the State of Alaska.
 - b) The Department of Health and Social Services is in no shape to take on the responsibility of administering a much larger program.

(The latter I specifically mention since we have been involved in health support services (Medicaid) for many years. During that time, we have suffered untold frustrations, deceptive and deceitful business practices, not to mention financial loss in our dealings with the State Department of Health and Social Services.)

- 2) I do not believe that the State should provide a subsidy for health insurance coverage for all Alaskans because most of them have this coverage already in one form or another which is in most cases adequate and compared to the type

of health insurance coverage suggested by House Bill 41, costs practically nothing. Furthermore, it is my belief that the type of health insurance coverage inferred by House Bill 41 would actually be a step backward for quality medical service in Alaska because it would allow people who are really not sick to jam doctor's offices and make it difficult for sick people to get the kind of care that may be needed. I do, however, feel that catastrophic cases do not receive the attention they deserve.

- 3) I think the emergency medical services system in Alaska is working very well at the present time, progress seems evident and under the circumstances, there does not appear to be any real need for State assistance beyond what is offered at this time.
- 4) The Northern Alaska Health Resources Association has done a very commendable job of structuring regional health planning and has spent a great deal of time and money already. Therefore, to duplicate this effort would be wasteful and unnecessary.
- 5) The Northern Alaska Health Resources Association has done a great deal in the areas of prevention and promotion of health matters. It would seem to me that this group should be encouraged and supported. If there are weaknesses in our delivery system, it would seem likely that they could be helpful.
- 6) A great deal is happening on a statewide basis in the health services field. Not only is there a great effort being made in the Alaska Native Health Services area, but the doctors throughout the state are united in attempting to improve their approach to medicine through self-evaluation and peer review. There are a good many professional organizations such as N.A.H.R.A. who are directly involved and working in the medical services area also. In view of this great activity, it does not appear that an additional agency of any kind would be needed; rather, it would seem that an evaluation of what services are being offered to various groups of Alaskan citizens to learn if there is a maldistribution of medical services and if there is, in what areas of medical service does this disparity exist.

There has been criticism regarding the costs of medical and dental care. I am not in a position to defend the cost of dental care, but I do know that medical care, as far as physicians' charges are concerned, has advanced at about the same rate as any other good or service in the state of Alaska. To confirm this statistic, I refer you to the last issue of the "Fairbanks North Star Borough Community Research Quarterly." On page 74, you will note that Fairbanks, even though

September 16, 1981

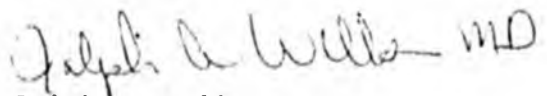
Page 3

situated in a very high cost area, is only .5 of 1% higher than the national norm. These figures, of course, are only for the most recent 12 month period. However, they are quite typical of the trend set some years back. Yes, medical/dental prices are too high, but so are food prices, housing prices, apparel prices, transportation costs and all other costs too high, in my view.

There has been some mention made of residential care for handicapped children and adults. Under a state-sponsored program, the Fairbanks Health Center is doing a creditable job and certainly before anything further is done, agencies like the Fairbanks Health Center should be brought into the planning process and their experience utilized. From such contributions by state agencies, it can be pretty well determined what the real need might conceivably be on a long-term basis.

Thank you very much for inviting me to appear before your committee, and I apologize once more for not having been able to make an appearance there. Perhaps you will accept this letter as a substitute.

Very truly yours,

A handwritten signature in cursive script that reads "Ralph A. Wells MD".

Ralph A. Wells, M.D.

RAW/das



FRANK J. GOLD, Ed.D.

Registered Psychologist
3098 AIRPORT WAY
FAIRBANKS, ALASKA 99701
(907) 456-4409

May 6, 1981

TO: Senator Frank Murkowski
Senator Ted Stevens
Representative Don Young

RE: Health System Agencies

For the record and for whatever it is worth, I am opposed to any continuation funding for health system agencies.

I have been dealing with the HSA in the Northern Region for quite some time now. Folks that have been on the Board of Directors with insight have resigned in disgust; the amount of authority built into the system--which calls for appeals from Fairbanks to Washington, DC--is scary; incompetence and a high degree of naivete totally undermine what should have been a boon to health and social services.

The details of my experiences can be had upon request, but I just wanted you folks to know that one person back home supports eliminating HSA funding.

A handwritten signature in cursive script, appearing to read "Frank J. Gold".

Health Agency Accountability, Methods Are Questioned

By FRANK GOLD

Executive Director, KILA, Inc.

On April 25, 1981, I attended a meeting of the Northern Alaska Health Resources Association (the regional health system agency for Northern Alaska).

On May 1, 1981, I read a short bit of fluff in the Fairbanks Daily News-Miner which bore little relationship to what happened at the meeting. It was then that I suddenly realized that no members of the press were present at the meeting nor were any other members of the public.

My concern is that this organization of consumers and providers of health and social services — approving of the expenditure of more than \$20 million annually in the northern region — do their job in almost total isolation.

The HSA's were created sev-

eral years ago and the history of our regional HSA is interesting in and of itself — with many vested interests and conflicting interests gathering together to control local expenditures.

What is important to me is that not one member of the working press ever realized the importance of the organization; nothing more than public relations releases was ever written. I am certain that a short speech I made to the organization several years ago was the first many of the lay members of the board of directors ever heard which outlined their enormous authority.

My concerns center around the total lack of accountability inherent in the local HSA. Half of the membership is appointed by Mayor John Carlson — without assembly approval (and without the bor-

ough having any health or social service authority).

If he would decide some time after making the appointment that he did not approve of the direction being taken by his appointee, there would be nothing he could do. If the public complained to Mayor Carlson, he still could do nothing.

The City of Fairbanks, which does have health and social services power has no appointees to the HSA; and it follows that the city has no way of interfering in the deliberations of the HSA. If a grant application who was turned away by the local HSA were to request an appeal, the appeal would be addressed to the Secretary of Health & Human Services in Washington, D.C. No local authority — or state authority — exists that can overturn a decision made by this little band of self-important elitists.

The HSA is supposedly responsible for coordinating health services throughout its area of jurisdiction. What this amounts to in reality is that a small staff attempts to review proposals and grant applications in more than 40-60 distinct areas of professional expertise; this staff of folks is comprised of health planners (not providers) and is simply unable to make determinations of any calibre.



The approach of the America and the world was appointment as a top human despite his questionable idea to support human rights principle national level.

In effect the braintrust domestic and international sincere commitment to human

There has been an escalation since the elevation of Reagan national implications of the of seemingly to be an ignoring violations both on the domestic virtual closet support for a condonement and fence strategy

It is increasingly apparent is not dead and now exposed braintrust. It is in effect fatal unless there is a radical change policy in this important area.

Since the ascendancy there has been an escalation "back the clock" on all of the in domestic life and conduct

One of the most blatant present proposal to scrap it out of the necessity of prior to the constitutional guarantee

STATE OF ALASKA

Rural Development Council Meeting

June 19-20

The State Rural Development Council will meet in the Copper

KILA, Inc.

Administration
(907) 452-5972

Fairbanks Education
Center
(907) 452-1841

Fairbanks Re-Entry
Center
(907) 456-3043

Fairbanks Treatment
Center
(907) 456-5715

Locally Controlled
Integrated and Coordinated
Human Services
3098 Airport Way
Fairbanks, Alaska 99701

October 14, 1981

TO: Members
Senate Health, Education, & Social Services Committee

FROM: Frank J. Gold, EdD
Executive Director & Staff Psychologist *FJG*

RE: Testimony not provided at the Fairbanks public hearing
9/12/81

Due to circumstances beyond my control, I could not be present at the hearing scheduled for 12 September 1981 in Fairbanks.

The attached documents relating to the health system agency system (most particularly the existence and cost of the Northern Alaska Health Resources Association) comprise most of what I would have stated in September. I would be happy to provide answers to any questions and/or additional testimony if requested.

I cannot strongly enough emphasize the uselessness and the lack of impartiality. Your careful consideration to NOT fund the HSA's after they are cut off from federal support is sought.



FRANK J. GOLD, Ed.D.

Registered Psychologist
3098 AIRPORT WAY
FAIRBANKS, ALASKA 99701
(907) 456-4409

May 6, 1981

TO: Senator Frank Murkowski
Senator Ted Stevens
Representative Don Young

RE: Health System Agencies

For the record and for whatever it is worth, I am opposed to any continuation funding for health system agencies.

I have been dealing with the HSA in the Northern Region for quite some time now. Folks that have been on the Board of Directors with insight have resigned in disgust; the amount of authority built into the system--which calls for appeals from Fairbanks to Washington, DC--is scary; incompetence and a high degree of naivete totally undermine what should have been a boon to health and social services.

The details of my experiences can be had upon request, but I just wanted you folks to know that one person back home supports eliminating HSA funding.

Handwritten signature

Health Agency Accountability, Methods Are Questioned

By FRANK GOLD

Executive Director, KILA, Inc.

On April 25, 1981, I attended a meeting of the Northern Alaska Health Resources Association (the regional health system agency for Northern Alaska).

On May 4, 1981, I read a short bit of fluff in the Fairbanks Daily News-Miner which bore little relationship to what happened at the meeting. It was then that I suddenly realized that no members of the press were present at the meeting nor were any other members of the public.

My concern is that this organization of consumers and providers of health and social services - approving of the expenditure of more than \$20 million annually in the northern region - do their job in almost total isolation.

The HSA's were created sev-

eral years ago and the history of our regional HSA is interesting in and of itself - with many vested interests and conflicting interests gathering together to control local expenditures.

What is important to me is that not one member of the working press ever realized the importance of the organization; nothing more than public relations releases was ever written. I am certain that a short speech I made to the organization several years ago was the first many of the lay members of the board of directors ever heard which outlined their enormous authority.

My concerns center around the total lack of accountability inherent in the local HSA. Half of the membership is appointed by Mayor John Carlson - without assembly approval (and without the bor-

ough having any health or social service authority).

If he would decide some time after making the appointment that he did not approve of the direction being taken by his appointee, there would be nothing he could do. If the public complained to Mayor Carlson, he still could do nothing.

The City of Fairbanks, which does have health and social services power has no appointees to the HSA; and it follows that the city has no way of interfering in the deliberations of the HSA. If a grant application who was turned away by the local HSA were to request an appeal, the appeal would be addressed to the Secretary of Health & Human Services in Washington, D.C.! No local authority - or state authority - exists that can overturn a decision made by this little band of self-important elitists.

The HSA is supposedly responsible for coordinating health services throughout its area of jurisdiction. What this amounts to in reality is that a small staff attempts to review proposals and grant applications in more than 40-60 distinct areas of professional expertise; this staff of folks is comprised of health planners (not providers) and is simply unable to make determinations of any caliber.

The recommendations produced by this group of administrators are passed on to the board of directors - a group that meets infrequently (with over half of the membership being individuals who have no expertise in the health fields). Just guess what is done with staff recommendations by a board of naive folks!

I would be more than happy to provide whatever information and documents I have available to anyone interested in investigating our HSA.

To the best of my knowledge, I am the only person in Fairbanks that has taken this group on; who has continually tried to force the public (including other providers of services) to take a bit more interest in the HSA.

Without some local controls over this operation, the power placed in the hands of a few well-meaning but uninformed folks is dangerous and threatening. I am requesting that the members of the working press take the time to investigate the validity of my concerns - and to do so without falling under the spell of nicely worded press releases.



The approach of the America and the world was an appointment as a top human despite a questionable idea to support human rights principle national level.

In effect the braintrust domestic and international sincere commitment to human

There has been an erosion since the elevation of Reagan national implications of the of seemingly to be an ignoring violations both on the domestic virtual closet support for no condonement and fence stand

It is increasingly apparent is not dead and non-existent braintrust, it is in effect fatal unless there is a radical change policy in this important area.

Since the ascendancy there has been an escalation back the clock" on all of the in domestic life and condition

One of the most blatant present proposal to scrap it out of the necessity of profit to the constitutional guarantee citizen's protection in the

In some areas of the the most abused of constitutions (black) predominantly) were some cases by blatant justice and it was only after many years that these abuses ended

There are reports from are still abuses of this right these claims are well peddled

The proposal of ten grams to the several states as until the federal govern these programs came with as there was in the area of turning overreliance of these a resurgence of past abuses as

It would seem that the "full speed in reverse!"

In the past the Ku Klux Black Americans and the Am but at the present with their organizing and training of us to America itself.

Due to the institution has been able to attract infiltrate the law enforcement to government and law enforcement

The training in the tactics in organized crime enforcement agencies that action against the lawless virtually inferior and impotent pathetic with this lawless group

The open terrorist transplanted Vietnam fishermen

STATE OF ALASKA

Rural Development Council Meeting

June 19-20

The State Rural Development Council will meet in the Copper Center area June 19-20. Sessions will be held in the Fairbanks Community Hall, beginning at 9 a.m. both days.

Council discussions will include the following topics:

- Energy - cost, availability, use and related problems in rural Alaska
- Capital formation and financing for business development
- Legislative actions affecting rural areas
- Local government - planning/administrative capacities

Guest speakers from throughout the state will address topics of energy and capital formation. Council meetings are open to the public. For further information, contact Rural Development Council staff at 465-4872.

Signed: Marie Matvano, Chairman
Rural Development Council
Pouch B
Juneau, AK 99811

UNION DIRECTORY

PLUMBERS AND STEAMFITTERS
3566 Corraughts Street
Meeting Third Monday of each month
7:00 P.M.
Lounge: Ardenault, Fire Society and Hall, Apt. 429-4154

STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF INSURANCE

What does this mean?
JAY S. HAMMOND, GOVERNOR

POUCH D
JUNEAU, ALASKA 99811
PHONE: 465-2515

NOTICE OF HEARING WORKER'S COMPENSATION PAYROLL TRANSITION RULE CHANGE

The Division of Insurance has received a request from the National Council on Compensation Insurance to consider and approve a modification to the Division's Order 81-4 concerning the Payroll Transition Program. The proposed change reads as follows:


"The payroll transition credit shall not be allowed with respect to payroll generated by employees whose job situs is north of the Brooks Range unless the employer is the State of Alaska, or a contractor therewith to the extent of regular governmental activity."

The requested effective date of change is January 1, 1982 on new and renewal business. Notice is hereby given that the Division of Insurance, under authority vested in AS 21.39.170 and AS 21.39.040, proposes to consider the propriety of the requested change, to consider any support for the change and to hear any public comment concerning the change.

Notice is also given that any person may present oral or written statements or arguments relative to the proposed change at a hearing to be held in Room C-122 of the Federal Building at 701 "C" Street, Anchorage, Alaska, commencing at 9:00 a.m. on October 29, 1981 and continuing until completed.

The Division of Insurance, upon its own motion or at the instance of any interested persons may, after the the hearing, approve, disapprove, or modify the proposed request without further notice.

DATE: September 30, 1981
Juneau, Alaska


Kenneth C. Moore, Director

State to solicit testimony on local health care

Peninsula residents will be asked to evaluate local systems of health care service and planning Saturday when the state conducts a day long hearing in Soldotna to determine the needs of the area.

All aspects of the field, including availability and accessibility of services, preventive and handicapped care, planning, and emergency medical services, will be discussed during the eight hour hearing, according to Nancy Deitrick, aide for the Senate Health, Education, and Social Services Committee, which is conducting the investigation.

"This is a prime opportunity for the public to approach their elected officials on the subject of their local concerns," Ms. Deitrick told the Homer News. "Many issues in the health area will be before the legislature during the next session and we are interested in hearing from as many people as possible on the subject."

Health care issues that have been of major concern to Homer area residents in the past several years have

included subsidizing emergency medical evacuation plane service to Anchorage, providing medical emergency technicians and equipment to outlying communities such as Ninilchik and Anchor Point, acceptance of state and private insurance monies for Kinlein care, and expansion of the

South Peninsula Hospital facility.

The public is invited to attend the hearings, even if they do not wish to testify, according to Ms. Deitrick. The hearing will be held in the Borough Assembly building in Soldotna from 9 a.m. to 5 p.m. Saturday, Sept. 26. For more informa-

tion, interested persons may call 262-9364.

Members of the Senate HESS committee include Chairman Charlie Parr, D-Fairbanks, Vice-Chairman Terry Stimson, D-Anchorage, Vic Fischer, D-Anchorage, Tim Kelly, R-Anchorage, and Mike Colleta, R-Anchorage.

Détente™ Care

A form of Kinleir Care

Détente™Care

Kinlein Care is defined as assisting the person in the exercise of his self-care agency in regard to living.

Détente™Care is a form of Kinlein Care where persons exercise their self-care agency on a day-to-day basis, engaging in activities that are much the same as in their own homes. The care that is given flows in concert with the person's perspective of his need for care and is discussed with the person in the manner of a member of a family. Effort is directed at maintaining the integrity of the person in a way that admits and protects the unique personality of the individuals being cared for and the unique personality of the person caring.

Every person at Détente™Deserves and receives equal consideration and it is the rationality of the individuals that assures concern for each other. It is the embodiment of mother-father-sister-brother caring, or caring by a stranger prepared in a particular field.

Persons of all ages can stay at Détente™for varying lengths of time. The number of people should be ten, maximum.

Relatives of persons who live or stay at Détente™can come in as in a private home and the openness of Détente™invites the relative to fix a cup of coffee, be invited to stay for dinner, or help to do the dishes.

Détente™has an atmosphere where each individual has the opportunity to grow in understanding of self and others.

The sociological theory of living is a blend of caring where everyone is being cared for. There are no job descriptions, only primary responsibilities which individuals assume, and for which they are paid.

Détente™Care helps a person develop his potential in living as an individual while in contact with others who are seeking the same goal.

The growth of understanding of the idea can be gleaned from these comments of those individuals who have had contact or association with Détente™since it began in October, 1978:

"Peaceful atmosphere"

"So much cooperation among all there"

"Personal all the way through"

"Such an upbeat idea"

"It has to be experienced"

Détente™is not a commercial venture with a profit motive; instead, it is an endeavor to fill a part of the pressing need for changes in the ways of caring for people.

Détente™
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McLean, Virginia 22101

DETENTE
Box 2335
Homer, Alaska 99603
235-7942

801 W. Freweed Lane, Suite 101
Anchorage, Alaska 99503

Journal of Kinlein

The Profession of Kinlein

The practice of Kinlein began in 1971 in Hyattsville, Maryland, when M. Lucille Kinlein, an educator, researcher, and theorist opened an independent practice of caring with people. From analysis of Miss Kinlein's practice and data collected from thousands of client records, the Theory of Exercise of Self Care Agency was articulated as the science of the practice of Kinlein which is now taught throughout the United States. The Kinleiner assists the person to exercise his self care agency.

Self care agency is the power which all people have within them to act on their own behalf. The exercise of self care agency:

- exists at birth and continues throughout the life span.

- is characterized by actions of an intellectual, physical, spiritual and emotional nature.

People can go through life making decisions based on the predominant influence of one or the other of these components: intellect, body, spirit, emotions. Marshalling all the components to act in concert and balance achieves the goal of self.

When definition of a concern and control in regard to it can come from within the person, the resulting growth is a move to perfecting the individual's own uniqueness. Although there are many resources to help individuals, the ultimate resource, which is God-given, is within themselves and that is the focus of the profession of Kinlein.

The Power and Peace of Taking Responsibility and Keeping Control of Self.....

The Beauty of Life.....

The Joy of Living It.....

Endlessly Interesting.....

The Essence of You...Me...and Every Other Human Being.....

Exercise of Self Care Agency.....

The Journal of Kinlein

after ten years it's ready.....

Journal of Kinlein

The Journal of the Exercise of Self Care Agency

Exercise of Self Care Agency
is the actualization of the power
to act on one's own behalf,
to take care of one's Self.

In the ongoing quest to understand the human condition, certain themes persistently emerge, such as actualizing the power of the individual, integrating body, mind, soul and emotions, respecting the dignity of persons, achieving control and accepting responsibility for the self.

The philosophy and practice of Kinlein, encompassing these themes, is the vehicle which has drawn them together in the form of a journal. The thread which runs throughout the Journal of Kinlein is the exercise of self care agency.

In light of the universality of the themes, the Journal features articles of a philosophical, theoretical, scientific and practical nature from all disciplines.

Journal of Kinlein

_____ 1 year (3 issues) \$30 Beginning Fall 1981 _____ 2 years (7 issues) \$60

Enclosed is my check or money order for \$_____ or charge my subscription to :

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Anchorage, Alaska 99503

Important: Canada and Mexico please add \$5.00 per year.

I was unable to attend your September 26, 1981 meeting at the Kenai Peninsula Borough Assembly building to receive public testimony on all aspects of health care. Our Center was represented by Deborah Rediske who is the Administrative Director of Central Peninsula Mental Health Center.

I am writing to you with respect to three primary issues. These issues are the stability of mental health care, the accessibility of mental health care, the licensing of psychologists, and health system agencies. First, with the passage of the new commitment statutes this past year, there is increasing demand for the services of mental health professionals. This demand has arisen associated with the increasing involvement of the community mental health professionals in the treatment of the chronically mentally ill. The statistics related to our own mental health center indicate that the availability of mental health care throughout our catchment area does not meet the level of demand for these services. We generally have a waiting list for services ranging from three to six weeks except for emergencies. Often individuals in our Center are working fifty plus hours a week. I would estimate that our frequency of dealing with after hour emergencies including hospital call, jail consultation, and dealing with our own clients' crises occurs with a frequency of thirty to fifty times per month. Our Center just does not have staff to meet the demands of our community.

The accessibility of our mental health care to the community is limited. It would be better if our Center could have services available on an out-patient basis in Soldotna. As it is, our office is located in Kenai, and we do deliver itinerant services to the hospital in Soldotna, the jail in Kenai and the schools throughout our communities. However, our services could be made more accessible to the community if we were to have a satellite office in Soldotna.

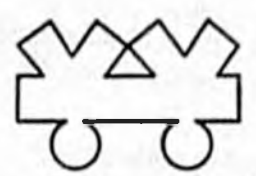
With respect to psychology licensing the Psychology Licensing Statute is under sunset review. I strongly encourage the Senate to extend continued board involvement in the licensing process of psychologists and psychological associates. I strongly encourage the Senate Health Education and Social Services

Dear Senator Parr:

Senator Charlie Parr
Pouch V
State Capitol
Juneau, Alaska 99811

October 30, 1981

Central Peninsula Mental Health Center
P. O. BOX 247 • KENAI, ALASKA 99611 • (907) 283-7501



Senator Parr
Page Two

committee to endorse the continuation of the Board. Psychology licensing allows consumers to choose individuals who are professionally trained to deal with mental health care. Second, the public in our state can use third party payors for psychological services provided by licensed individuals. In summary, I feel it is in the public's best interest for psychology licensing to continue.

Related to health system agencies, I strongly encourage the Senate Health Education and Social Services committee to support the continuation of the health systems agencies through Alaska. I feel these agencies are fundamentally necessary to act in the public's interest; to review, scrutinize, and request needed health services through out state; and to participate in review processes for expenditure of public monies on health care.

Thank you very much for the attention you accord this letter.

Sincerely,

Paul E Turner PhD

Paul E. Turner, Ph.D.
Clinical Psychologist
Director, Clinical Program

PET/vrf

xc: Rep. Hugh Malone
Rep. Pat O'Connell
Sen. Don Gilman

Opening-Remarks

Ladies and gentlemen, this is a hearing of the Senate Health, Education and Social Services Committee. Let me begin by introducing the persons here at the table. To my right is Senator _____ of Anchorage, to my left Senator ^{Rep} Hugh Malone of Anch. Senator Vio Fischer is unable to attend, but is represented by _____ of his staff. (Others)

To my far right are Sandra Stringer and Nancy Deltrick of the Committee staff. I am Charlie Parr, chairman of the Committee.

[(Optional) We feel fortunate to have with us in the audience today _____]

Our subject today is health care in the State of Alaska. We ~~will~~ ~~part~~ ~~part~~ would like to hear from you on any ~~part~~ of the ~~subject~~ subject, from health care planning to insurance, from lay midwives to advanced ~~education~~ education for nurses, from treatment of the ~~mentally ill~~ ^{victims.} mentally ill to emergency evacuation of highway accident ~~victims~~

[(Optional) We have a large crowd today, and in order to give everyone a chance to testify we ask that you ~~keep~~ be brief.] If you wish to submit ~~any~~ written materials, Mrs. Stringer or Ms. Deltrick will take them. ^{We will duplicate all} and furnish them to ~~all~~ written materials ~~will~~ ~~be~~ ~~distributed~~ ~~to~~ ~~all~~ ~~committee~~ ~~members~~. If you wish to send in testimony later, the Committee address is on one of the sheets on the table in the rear of the room.

We'll begin with testimony from _____

[(optional) who has to leave for _____]

Callie

INFORMATION ABOUT THE PROPOSED \$5.7 MILLION EXPANSION BOND ISSUE FOR THE CENTRAL PENINSULA GENERAL HOSPITAL

The Central Peninsula General Hospital proposes to remodel and expand its current surgical, obstetrical, and central sterile supply areas in accordance with the Long Range Hospital Plan.

Also, in accordance with the plan a ten-room patient ward and a two-room intensive care unit will be added in line with demand.

The remodeling, expansion and addition will accomplish the following:

The current surgical suite includes one operating room and small changing rooms for physicians and nurses. Surgical utilization has increased both on an inpatient and outpatient basis. As this trend continues it becomes extremely difficult to adequately schedule all cases. A new surgical suite containing two operating rooms will be added. Unlike the present operating room, the new rooms will properly handle orthopedic and other specialized surgery.

A new central sterile supply will be part of the new surgical addition. Much time and consideration has been given to determine the proper flow of supplies in and out of surgery.

The present surgery area will be changed by remodeling to an obstetrical area that will include birthing facilities and rooming in-rooms. The Central Peninsula General Hospital has not been able to offer these services due to limited and cramped facilities. The remodeling proposes a delivery room, a birthing room, a two-bed labor room, a one bed labor room, two obstetric bed rooms and two rooming in-rooms plus male and female changing rooms.

The addition of a ten room hospital is necessary to meet the present and projected use of the inpatient facility. Occupancy has been 60% or better for most of 1981. Occupancy will continue to rise with the arrival of an orthopedical surgeon, an internist, and other physicians.

Hospital use forecast for 1986 has occurred in late 1980 and 1981 making the expansion necessary now.

Passage of the bond proposal will make possible bidding in April of 1982 and building completion in October 1983.

The expansion will remove the need for transfers and transports to Anchorage except in unusual cases.

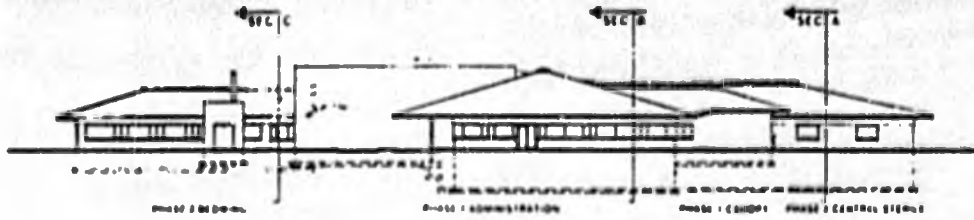
A bond proposal of 5.7 million at a municipal bond interest rate of 10.5% for 15 years on a Hospital Service Area tax base of \$1,934,136,000 would be .4 of a mill. This means \$20 on a \$50,000 piece of property or \$40 on a \$100,000 piece of property.

The project is eligible for a sizable State grant that will allow the Hospital Board to retire the entire debt or substantially reduce the amount owed in a year's time.

Passage of the hospital expansion bond proposal will aid in meeting the medical and health needs of our community in a timely and orderly fashion.

Prepared and paid for by the committee for Hospital Expansion.

Justin Maile, Treasurer

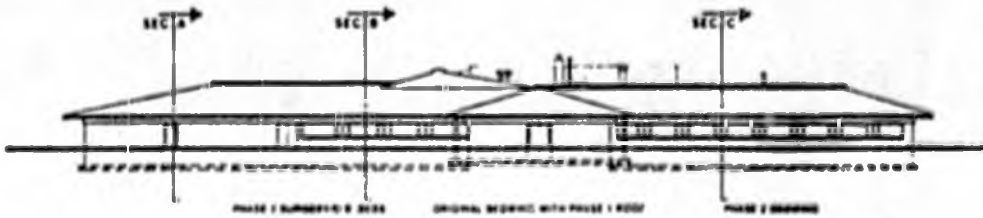


NORTH

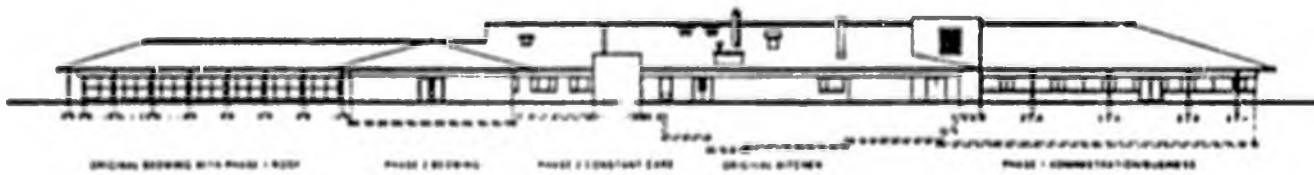
THE PROPOSED

\$5.7 MILLION EXPANSION BOND ISSUE

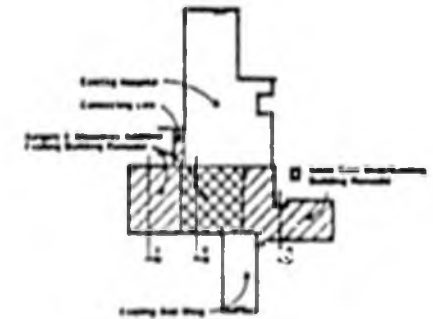
FOR THE CENTRAL PENINSULA GENERAL HOSPITAL



SOUTH



EAST



SEE PLAN



WEST

CENTRAL PENINSULA
GENERAL HOSPITAL
PHASE 3

ELEVATIONS

ORIGINAL DOCUMENT SCALE 1/8" = 1'-0"



ETA ARCHITECTS ENGINEERS
JAN 2 1981

Charlie - intro

Dr. Partnell - State Med. Board - Chair -

personal opinion on these subjects

HB41 - no off. Board position - but favor

concern
re. medical
bureaucracy

* rural health care

diff to attract M.D. to go to bush comm.
regardless of \$. Canadians set up satellite
clinics - full time w/ nurses. in close
contact w/ remote areas. team of M.D.'s
travel to clinics. My opinion is
that it works better than P.H.S.

* lay midwives - state med. Board may
not be the agency to deal w/ midwives
need some controls or abstrct. for
consumer protection.

Partial payments by Medicare/Medicaid is an
issue of patient care because M.D.'s
refuse to accept patients.

Rural - Things that's needed is in place
most of what is seen are minor physical
ailments. Major prob. will taken care of
though OHP caliber is not uniformly
good. (see good in prevention)
surveillance Diseases of neglect

Dental, up, skin.

Janice Carter - EMS - interior region

Three levels of EMT's. Starts with pre-hospital care.

P.A.'s in sub-regional areas

Eidson said they would stop running ambulances off base if Rep went into effect. Rep need work.

State funding - should go through medical agency (H & SS) rather than C & RA.

All emergencies are transferred up. Problem of payment. Problems getting money from Medicaid. Some are suffering from non-payment, and threatening to not transfer up payment up-front.

Equipment retrieval a problem. Airplane ratio high - services disappearing.

Insurance a vehicle done by depart. (Wash, Fols, Lakota, Nevada, Georgia not volunteer - all others are)

Communications (Div. of Comm. works well) Need a microwave system. - Small places are not covered. (a doc

Channel tower would be a savings for the state.

Capital Budg. - operations & equip. Southern Region not funded for capital purp. S.E. received microwave systems & today get planning money. Back up comm & major links on hull road not funded.

Need a TRAINING SITE - tracking at Ft. Wainwright in Kangaroo. No place in FRS. So use w/ looking security for equip.

Tom Mingen - Admin. Hosp.

Health Insurance - where is state going? Compare benefit. Ct study for Medicaid. Medicaid looking for interagency to process claims. Helen B. looking for better Catastrophic Ill. Concerned about lack of coordination.

9% cap on Medicaid.

Nurs. care - impact on skn. by bad diet, partial Med-Med. Private insurance is affected by add. charges to make up for losses.

C.O.N. - needs to be modified. Dollars amt. unrealistic for uk

Planning - coord w/ all agencies Private, State, Military, Native.

Cap. Proj. - with Rev. Sharing Changes, Legis. Should not have to foot up small projects but should make sure all are built properly / timely. Don't tie Rev. Sharing to any special purpose but allow facilities free-way.

Group Assoc. tackling a formula for Rev. Sharing. unrecognized hosp cost - insurance reimbursement - the avg. account takes 85 days to receive payment. Hosp. must find working capital for this time frame. Higher payment system would assist facilities.

all ins. in Senate - mail/comm. prob. what state have most favorable law re. insurance

~~Miss Patten~~

Prayer Blessen - N. Reg. EMS. Board of Nursing Chairman.

EMS - REGS. FOR EMT'S. - STATE - WIDE TRAINING
Committee working out licensure. - Regs in
draft form. Re-Act. May 2 yrs.
Nothing outlined in terms of enforcement.

On going support - NEED - training
particularly in rural. Need refresher
courses yearly. Salary/Travel for
instructors

Central Dispatch very helpful -

Pre-hospital training - greatest need. (Katzman
Barrow esp.) courses Oct-Apr

Liability insurance - State Stat. E. sets of
Criteria for good Samaritan

a discrepancy - getting the opinion
that a uniform standard in law

Separate for EMT - Para-medic and M.D.

Nurse Prac Act (Hans Hess)

Competency - maintenance of comp. surveyed
other states. Consumer survey (thinking
of) Regs. for nurse anesthetists and
L.P.N. what about C.E. What is
status of C.E.? a great transportation,
time off (go to lunch) req. a minimum
of 10 students. Hard to get min. 20.

(Media Project)

alternatives to get C.E. in state
indep. study
T.V. courses.
reference course.

requires clinical experience under supervision.
Many profess. have several areas for
each of projects. Stimulation.

Any proposal for C.E.?

A.N.P. report this will - nursing needs
for upcoming yrs.

Ways more on quality of handicapped -
some make some health
needed. filing a grievance of office
of Civil Rights. Supervisors talk
down to the handicapped.

Program Resources - on trace
mileage for the way. - now pay for
traveling time, deduct this from client
personal needs time.

Steve McHenry - Nat'l Assoc. of Soc. Workers
HB 41 - support concept of Health
Care.

Want to see products of Battelle

(Dir. of FBXS. Counseling & Adapt. - director)

In terms of CMHC (half staffed by Mr. Warner) but Medicaid services DHS rep. do not specify soc. workers for payment for non-profit agencies (about 30 in state) 7 years

ago the licenses were revoked in waiting for new regs. too long of a wait for licensing issue. 3rd party insurers will not pay unless licensed. Could be better self-sufficient if they could collect insurance monies.

discriminated against in sub-contracts from state because not licensed

non-profit can provide some services the state cannot. They frequently can avoid duplication of services.

Need for info-referral service for the handicapped. Also central location for info (Ark. Center for Indep. Living)

Prob. obtaining handicapped license plates. ^{are in progress - need funds}

Diff. w/ parking (a P.O.)

Diff. fees for parking in handicapped parking areas would help. Taxis frequently are offenders. See City Council