

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 8672

1573 SHESS HB 41 - HB 91

1573

Universal Coverage

Uniform and universal coverage for all residents is the fairest and most expensive approach to state sponsored health insurance. If group coverage comparable to the plan for state employees was purchased by the state for all state residents without federal health coverage, it would cost about 87 million dollars. Such broad coverage is certainly unnecessary because it duplicates and discourages coverage from other sources. It could also cause a substantial migration of people seeking free health coverage into Alaska. No state has tried such a plan.

Coverage for the Uncovered

State sponsored health insurance for all residents without coverage from other sources would avoid the problem of duplicating coverage, but it would still discourage private coverage and cause in-migration. Groups and individuals would drop their private coverage because they know the state would pick them up. In the long run, the program would approach universal coverage. Using estimates of the currently uncovered population, the cost for such state purchased coverage could be anywhere from \$27 million to \$40 million dollars in 1977. No state has tried such a plan.

Coverage for Non-Wage Earners and the Marginally Employed

State sponsored health insurance for defined groups of people who have no practical access to private health care coverage is the most limited approach to state sponsored health insurance. Under this ap-

proach state subsidies could be targeted for those who need them most. The main target groups to be considered would be the unemployed, part time, employed, and the low income self-employed--people without access to group coverage, or the financial resources to pay for private insurance. This plan avoids some of the problems of the broader coverage as discussed above, because it is not likely that significant numbers of people would leave their jobs to get state subsidized health insurance, nor is it likely the unemployed people from out-of-state could afford to move to Alaska just to get coverage. This approach would dovetail well with mandatory employer coverage as discussed later.

The cost to the state of subsidizing health care premiums for these groups would be substantial, but it could be contained in at least two dimensions: the eligible population could be limited by definition, and the state's rate of subsidy could be set at any desired level. To discourage in-migration, the state subsidy could vary according to length of residency, with first year residents getting little or no subsidy, and long term residents getting a more substantial subsidy. Or the state subsidies could vary according to the income of the subscriber with a higher subsidy for low income people and a lower subsidy for higher income people.

A sliding scale of premium subsidization would provide a continuum of access to health care insurance up and down the income scale, avoiding the injustices of an arbitrary threshold. However, it would also require an extensive investigation into each subscriber's income to determine which rate they are eligible for, much like the eligibility determination for welfare. Eligibility would constitute the largest administrative task under this plan.

The total premium costs for group coverage for the unemployed, self-employed and the non-labor force population without coverage from public sources would be an estimated \$25 million. If the state opted for less than 100% subsidization, some members of the target groups would not enroll. The resulting savings to the state would not be as large as one might expect, however, because with any voluntary plan in which subscribers bear some costs, the premiums would be higher than with a universal plan. This is due to the fact that subscribers would be self selecting toward higher use of medical care. In other words, people who do not expect to use much medical care would be less likely to purchase the insurance, while people who expect high medical expenses would be very likely to purchase the insurance. Also, many low income people who have immediate needs and expenses are less likely to purchase insurance, because the benefits of medical insurance are deferred and uncertain. Low enrollment on the whole would save the state money, but it would also contradict the purpose of state subsidized health insurance, namely to make health care available to more people. No state has ever instituted a direct health insurance subsidy program.

Income Tax Credit

A state income tax credit for health insurance would be an indirect way for the state to subsidize health insurance, and avoids many of the administrative problems associated with direct subsidy programs. The Alaska tax forms would provide a line for the taxpayer to enter the appropriate credit against their Alaska state taxes. The credit would be equally available to all state residents filing income tax returns,

including employers. Yet at the same time, if it were a fixed dollar amount, it would be a relatively greater benefit to low income people than to higher income people. If a fixed dollar tax credit were offered, the state would probably want to require evidence that the health insurance purchased meets minimum state standards. This would ensure that state dollars would subsidize only health coverage of acceptable quality, and no one could collect the credit for just token coverage costing less than the credited amount.

If the credit were computed as a percentage of the premium cost, with an upper limit provided, no minimum benefit level would need to be established, because the state would be contributing only a token amount to token coverage, and a more substantial amount to more substantial coverage.

This alternative would not reach low income people who do not file tax returns, nor those who cannot afford even a percentage of the premiums for health insurance. It would be extremely difficult to estimate how many people would respond to such an incentive program. A higher credit could predictably get more response. The current state employee health plan has an annual premium well over \$800. If an \$800 tax credit were offered currently covered taxpayers, the initial costs would be an estimated \$68 million, and would rise as more people responded to the incentive. If a \$250 credit were offered, the initial cost to the state would be around \$21 million.

Medicaid Medically Needy Program

"Medically needy" is an optional Medicaid program with federal matching dollars. Currently Medicaid provides medical care to anyone eligible for public assistance grants under categorical programs: Aid to families with Dependent Children, Old Age Assistance, Aid to the Blind, and Aid to the Disabled. These public assistance programs have program criteria (blindness, age, disability, dependent children) as well as income criteria for eligibility. There are many Alaskans who meet these categorical criteria, but have incomes a few dollars above the income threshold for public assistance eligibility. These Alaskans are able to meet their daily living expenses out of their own incomes, but medical expenses put a severe strain on their budgets, and often deplete their resources to the point that they must again resort to public assistance grants and Medicaid.

Under the medically needy option, people who meet program criteria but have incomes within a limited range above the income threshold for public assistance grants, are also eligible for Medicaid. Twenty nine states, two territories, and the District of Columbia currently participate in the medically needy option. Medically needy includes a "spend down" provision. This means that people categorically eligible but financially ineligible can become eligible for medical assistance if their income above the medically needy threshold is spent on medical bills. The difference between the person's income and the medically needy threshold is essentially an income-related deductible which must be met to be eligible for Medicaid. The medically needy program and the spend down provision soften the line between people eligible for both

public assistance grants and Medicaid, and those ineligible for either due to a few dollars more income. It also serves as an emergency medical resource for low income people with categorical eligibility who cannot afford adequate health insurance.

Originally, the Alaska Medicaid program was limited to the federally mandated target groups and benefits. The primary reason for this was that 65% of Medicaid eligibles have another medical resource--the Alaska Native Health Service--which is 100% federally funded. Medicaid is funded jointly by the state and federal governments. The state has kept its 100% state funded General Relief-Medical program which can pay for medically necessary services not provided by Medicaid, or ANHS, subject to state administrative controls.

Since the Indian Healthcare Improvement Act of 1976, the federal government must reimburse the State for Medicaid expenditures on behalf of Natives. This act has not yet been implemented in Alaska, but when it is implemented, it will significantly reduce the fiscal liability of the State for Medicaid. A program expansion such as Medically needy would then become much more feasible. Some of the medical assistance now provided under the state's General Relief-Medical program could be paid for jointly by the state and federal governments under the Medicaid medically needy program. HEW Region X estimated that, based on Washington State experience, a medically needy program would expand the current Medicaid budget by 10-13%.

Unlike other Medicaid eligibles, for "spend downers" (those who must spend their excess income on medical bills to become eligible for Medicaid under the medically needy option) there is a dual liability for

medical bills - the person is responsible for medical bills until the deductible is met, then Medicaid takes over. This dual liability causes administrative problems. It is difficult to determine exactly when the deductible has been met and when eligibility commenced, which bills the patient is liable for, and which Medicaid is liable for. The only states that have developed an efficient system of administering the spend down program are out of compliance with federal regulations.

Mandatory Employer Coverage

Of the various approaches open to the Legislature for extending health care coverage, the program with the least impact on the state budget for the greatest increase in coverage would be mandating employer sponsored coverage available to all employees. Such legislation would stipulate minimum benefit standards for employee group plans and would set minimum rates for employer contributions to the premium costs. To make such a program more palatable the legislation could also provide that the state subsidize premiums when necessary in small, marginal businesses.

Hawaii for example requires that employers pay at least 50% of the premium. Employers with fewer than eight employees whose share of the premiums would exceed 1.5% of their payroll, are entitled to state subsidies in the amount that the excess over 1.5% of the payroll exceeds 5% of the employers income from the business. Though several employers applied for state subsidies under the Hawaii legislation, none were found to be eligible according to these criteria.

Mandating employer coverage however has potential side effects. Mandatory group health plans would be similar to raising the minimum wage - it would be more expensive for employers to employ people, so fewer people would be hired. Though the resulting unemployment would probably not be significant among skilled and experienced workers, teenage workers would certainly be hit hardest. On the positive side, mandating employer coverage would be most beneficial to women and minorities who often work in the non-union low paid jobs without fringe benefits such as health insurance.

High Risk Reinsurance Pools

Many people are unable to purchase full health insurance coverage because existing health conditions (a weak heart, chronic illness, etc.) make them a bad insurance risk. To fill this gap in health insurance availability, two states, Minnesota and Connecticut, have established mandatory carrier reinsurance pools. All health insurance carriers in each state are mandated to offer a health insurance package to high risk subscribers at a reasonable premium. Such coverage is reinsured by the carriers association, in which membership is mandatory, so that the risk is pooled among all carriers in the state.

Because premiums are limited to affordable levels, the high risk coverage does not necessarily pay for itself. Any deficit must either be absorbed by the insurance carriers, or by the state. Connecticut and Minnesota both have established such reinsurance pools with virtually no administrative or premium expenses for the state.

Minimum Benefits Standards

Legislation establishing minimum standards for health benefits is a form of consumer protection. It is designed to insure that purchasers of state approved plans have the recommended range of coverage to protect them from financial hardship due to large medical expenses. The legislation can either mandate that all plans sold in the state meet minimum standards, or that all carriers offer a state qualified plan. Another variation is mandating that all employment related group health plans meet minimum benefit standards.

Such standard setting legislation would be an extension of existing state regulatory powers. The impact of such regulation on the state's major carriers would probably be minimal, but some small carriers may decide to drop their health insurance business rather than comply with such regulations. The more stringent regulation, setting minimum benefit standards for all health insurance plans, may also make it more difficult for low income people to afford health insurance, because low priced, low benefit insurance would be prohibited.

The Ninth Legislature considered minimum benefit legislation in their second session. House Bill 792 would have required that health insurance policies written in the state cover less costly alternatives to hospitalization, such as nursing care and home health care.

VI. CONCLUSION

The possible legislative approaches outlined in this report are only partial. They are not solutions to the problems of the health care system in this country. The health care system has many other major problems not addressed in this report, such as: cost control, quality control, appropriate levels of care, unnecessary treatment, and access to providers. The remedies discussed in this report don't even resolve the issue that they address: that of financial access to health care. It is not likely that all these problems of the health care system can be resolved on a state by state level.

However, states can take significant steps in each of these areas, and in doing so contribute to the body of knowledge and experience on which a national solution may be built. The intent of this report is to provide the legislature with the information they need to consider whether or not state intervention to improve third party coverage in Alaska is desirable, and what, if any, the next step will be.

There are three general philosophies of state intervention in service delivery. One assumes that the private sector is capable of meeting the demand for services, and that the state need only subsidize the purchase of services to ensure the satisfactory delivery of services to the desired target group. The second assumes that additional state intervention is necessary, in the form of regulation to ensure quality or accountability, or centralized planning to ensure coordination of service delivery, or technical or financial assistance to aid the private provider, to ensure that the private sector will deliver services

to the desired target group to the satisfaction of the state. The third philosophy assumes that it is to the state's and the public's advantage, for whatever reason, to deliver the desired services directly.

The first four remedies discussed in this report, three levels of state sponsored coverage and the income tax credit, would subsidize consumers to purchase health coverage from private providers. They reflect the first philosophy, that the private sector is capable of satisfactorily meeting the expanded demand. The last four approaches, Medicaid medically needy, mandatory employer coverage, high risk pools, and benefits regulation, embody the second philosophy, that intervention on a policy level is required. The Catastrophic Illness Program, already enacted by the state, reflects the third philosophy of direct state service delivery. The state is directly providing a form of catastrophic health insurance to all state residents.

Any of these alternatives that significantly expand health care coverage would increase the demand for health care, and as a result, health care costs would tend to rise. It would therefore be prudent to accompany any legislation substantially expanding coverage with legislation instituting cost controls on the health care industry. Though cost control legislation is not within the scope of the analysis presented here, it also deserves consideration.

The alternatives discussed in this report are not exclusive or exhaustive. Many of the ideas can be re-combined with each other or with other ideas not explored in this report. State intervention in third party coverage is a subject for pioneering.

VII APPENDIX

TABLE I - SUMMARY OF STATE LEGISLATIVE OPTIONS TO EXPAND COMPREHENSIVE HEALTH CARE COVERAGE

<u>Program</u>	<u>Who It Would Cover</u>	<u>State Administrative Tasks</u>	<u>Estimated Annual Premium Costs To The State*</u>	<u>Other Payers</u>
1. Universal State sponsored coverage	All state residents without federal health coverage (267,500)	Verification of residency, enrollment, accounting, and financing	\$87 million (if 100% subsidized)	Taxpayers (optional cost sharing with subscribers)
2. State sponsored coverage for the uncovered	All state residents not covered under other public or private plans and their dependents (56,000-71,000 estimated)	Eligibility determination, enrollment, accounting, and financing	\$27 - \$41 million (if 100% subsidized)	Taxpayers (optional cost sharing with subscribers)
3. State sponsored coverage for non-wage earners without coverage from public sources	The unemployed, self-employed, and the non-labor force and their dependents (60,000 estimated)	Eligibility, determination, enrollment, accounting, and financing	\$25 million (if 100% subsidized)	Taxpayers (optional cost sharing with subscribers)
4. Income tax credit	All residents filing tax returns (124,000 estimated) and their dependents	Negligible	\$21 million (assuming a flat \$250 credit)	Taxpayers and subscriber
5. Medicaid medically needy program	Categorically needy with income above the public assistance level (1,580 estimated)	Eligibility determination, enrollment, accounting, and financing	\$1.1 - \$1.4 million (cost savings in GRM not included)	Federal government, federal taxpayers, and Alaska taxpayers
6. Mandatory employer coverage	All non-agricultural wage and salary employed people, and their dependents (200,000 estimated)	Regulation of Employers	\$0 (state cost sharing optional)	Employers and their client (optional cost sharing with subscribers)
7. High risk reinsurance pool	People who are unable to obtain health insurance at a reasonable premium due to health conditions	Investigation on a complaint basis	\$0 (state cost sharing optional)	Subscribers, insurance companies and their client
8. Health insurance regulation	Better coverage for current subscribers; possible decline in the number of low-income subscribers	Regulation of carriers	\$0	Subscribers (including employers and other sponsors).

* These estimates are based on estimates of the current extent of coverage. Presumably alternatives 2, 3, & 4 would provide incentives for increasing health coverage, and therefore the state's premium costs would tend to rise over time.

TABLE II ESTIMATED PREMIUM COSTS OF STATE-WIDE HEALTH COVERAGE
WITH BENEFITS EQUIVALENT TO THE STATE EMPLOYEE HEALTH
PLAN

Total FY '77 Civilian Population	398,000
U. S. Public Health Service Eligibles	(70,000)
CHAMPUS Eligibles	(55,000)
Medicaid Eligibles (excluding USPHS)	(5,500)
Eligible Population	267,500

	<u>19 and Under (32.5%)</u>	<u>Over 19 (67.5%)</u>
Number eligible	86,900	180,600
Premium Rate	<u>\$12.40</u>	<u>\$34.10</u>
Monthly Premium	\$1,078,000	\$6,158,000

ESTIMATED ANNUAL PREMIUM \$86,800,000

TABLE IIIESTIMATED RANGE OF INITIAL¹ PREMIUM COSTS OF HEALTH
COVERAGE FOR THE UNCOVERED POPULATION

	<u>High</u>	<u>Low</u>
Uncovered Population	71,000	56,000
19 and Under (32%)	23,000	18,000
Premium Rate ²	<u>\$22.00</u>	<u>\$19.00</u>
Monthly Premium	\$506,000	\$342,000
Over 19 (68%)	48,000	38,000
Premium Rate ²	<u>\$60.00</u>	<u>\$51.00</u>
Monthly Premium	\$2,880,000	\$1,938,000
ESTIMATED ANNUAL PREMIUM	\$41,000,000	\$27,000,000

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1. These costs would approach the cost of universal coverage over time, as private subscribers opt for state subsidized coverage.
 2. The estimated premium rate for state wide coverage, +50 to 75%. See Blue Cross memo which follows.

TABLE IV ESTIMATED RANGE OF PREMIUM COSTS OF HEALTH COVERAGE FOR NON-WAGE EARNERS AND DEPENDENTS WITHOUT HEALTH COVERAGE FROM PUBLIC SOURCES

Unemployed	18,300
Self-employed	15,000
Non-labor Force	244,000
Wage earner dependents	(105,000)
CHAMPUS eligibles	(46,000)
Medicaid eligibles	(14,800)
U. S. Public Health Service Eligibles	(<u>51,500</u>)
TOTAL	60,000

	<u>High (+30%)</u>	<u>Low (+20%)</u>
19 and Under (32.5%)		19,500
Premium Rate	<u>\$16.12</u>	\$14.88
Monthly Premium	\$314,000	\$290,000
Over 19 (67.5%)		40,500
Premium Rate	<u>\$44.33</u>	<u>40.92</u>
Monthly Premium	\$1,795,000	\$1,657,000
TOTAL ANNUAL PREMIUM	\$25,300,000	\$23,400,000

TABLE V ESTIMATED COST OF INCOME TAX CREDIT FOR PRIVATE HEALTH
COVERAGE

Tax Returns Filed	124,000
Filers with Private Health Coverage (68.5%)	85,000
Annual Tax Credit	<u>\$250.00</u>
TOTAL	\$21,000,000

Blue Cross[®]
of Washington and Alaska



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November 30, 1977

Ms. Sharman Haley
Research Analyst
Legislative Affairs Agency
State of Alaska
Pouch Y, State Capitol
Juneau, Alaska 99811

Dear Sharman:

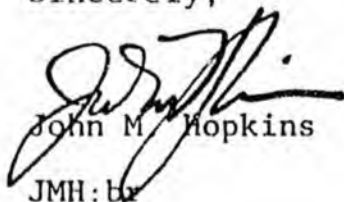
On September 29, you requested information concerning projected costs of a Blue Cross medical package for various classifications of State residents.

Three alternative approaches were requested in your letter. The attached proposal is applicable only for the first alternative, "coverage for all residents". The second alternative, to cover "all residents not currently covered under comprehensive group health plans", would present problems in defining and administering eligibility and in developing a controlled risk. Rates for the second alternative would probably be 50% to 75% higher than the rates for the first alternative.

The third alternative, to cover "the unemployed, the temporarily or seasonally employed, and the self-employed (mandating employer-sponsored coverage for all regular employees and their dependents)", would present fewer problems in controlling risk but would still require rates 20% to 30% higher than the first of the three alternatives and probably would have the least economic impact on the State's health care system.

We recognize that you may have many questions concerning the information contained in this letter. Please give me a call and we will try to help in any way we can.

Sincerely,



John M. Hopkins
JMh:bt

EXHIBIT 'A'

Blue Cross medical coverage extended from the Alaska State Employees to eligible residents of Alaska, given the following assumptions:

- I. A resident is a person whose primary residence has been within the State of Alaska for a continuous period of at least six months.
- II. An eligible resident is a resident not eligible for medical care benefits available through the following entities:
 - a. Federal Employee Health Programs
 - b. United States Armed Forces
 - c. CHAMPUS
 - d. Medicaid
 - e. United States Public Health Service
- III. Healthcare benefits would be provided as primary coverage, with the sole exception that the Program be coordinated as secondary coverage to Medicare. Any persons eligible for Medicare and not enrolling in the Medicare Program will receive the same coordinated benefits had they been covered under Medicare.
- IV. The State of Alaska would identify all eligible residents and submit necessary eligibility data to the Blue Cross Plan monthly on a computer tape in order that an updated eligibility file could be maintained for the Program. Administration and enforcement of eligibility rules would be the responsibility of the State of Alaska.
- V. The State of Alaska would remit, monthly, funds due the Plan based on the eligibility file and contract rates.
- VI. At the end of each contract year the Plan would provide a summary of income, incurred claims and administrative expenses under the Program. Any surpluses would be refunded to the State of Alaska. Any deficits would become due and payable to the Plan by the State of Alaska. The Plan would provide monthly reports to the State of Alaska during each contract year, itemizing year-to-date income and expense data.
- VII. During the initial years of the Program it is likely that abnormally high rates of inflation and increases in utilization of healthcare services will occur. In an attempt to control these anticipated trends and their effects on the cost of the Program, it would be desirable for the State of Alaska to enact legislation to control the expansion of healthcare facilities and to set reasonable limits on the rate of return healthcare providers may be allowed.

VIII. If the first contract year is from 7-1-78 through 6-30-79, one of the following options could be used in determining the monthly funds due to the Plan:

A. Rates by eligible resident-

1. Adult (age 19 and over) = \$34.10/month
2. Child (under age 19) = \$12.40/month

B. Rates by type of family unit-

1. Single Adult = \$34.10/month
2. Husband & Wife = \$68.20/month
3. Husband, Wife & one or more Children = \$96.70/month
4. Husband, or Wife and one or more Children = \$62.60/month

C. Rate for any Family Unit = \$71.40/month

Each family unit would coincide with one of the categories itemized in section VIII, B., above. Children must be unmarried and meet the IRS definition of a dependent to be considered an eligible member of any covered family unit.

The above rates assume all eligible residents will participate in the Program.

IX. To minimize the chance of duplicate coverage and benefit payments each eligible resident should be assigned a unique membership number under the Program. This procedure would also facilitate computerized surveillance of medical utilization under the Program. Surveillance programs could be used to detect abnormal utilization of benefits by covered members and abnormal patterns of service by healthcare providers.

X. The Program should provide coverage for services rendered within the State of Alaska. For services outside the state, coverage should be limited to emergencies and to referrals by Alaska physicians for conditions that, in the opinion of the attending physician, cannot be adequately treated in the State's healthcare facilities.

SS HB 41: Section-by-section analysis

SECTION 1: Sets up a state comprehensive health plan and a state health insurance cost sharing program, by adding a new chapter to Title 18 (Health and Safety) of state law.

Sec. 18.27.010. State Comprehensive Health Plan. Provides for the establishment of the Plan in the Department of Administration. The Commissioner is directed to establish minimum benefit standards for the Plan, and provide for underwriting and administration of the Plan through competitive bidding. Any resident is eligible to enroll in the Plan. The Plan shall include an annual limit on the amount of copayments and deductibles that a resident will pay, and the limit must be the same for each family size. The contract for the Plan shall be for a period of three years.

Sec. 18.27.020. State Health Insurance Cost Sharing Program. A resident enrolled in the Plan, or another health insurance policy with benefits that meet or exceed the Plan's benefits, shall receive a subsidy to help defray the costs of health insurance. Every resident with health insurance, except those enrolled in a group health insurance policy or those covered under a state or federal health program, is eligible for a state subsidy, if they meet the income criteria of the subsidy schedule. The subsidy schedule is geared to family units, and a distinction is made between premium and out-of-pocket (copayment and deductible.) subsidies. The subsidy schedule can be summarized as follows:

<u>monthly income</u>	<u>family pays</u>	<u>state pays</u>
below 45% of median adj. gross income for Ak. (150% of poverty guideline)	0%	100%
45-75% of median	0% premium, portion of out-of-pocket	100% premium, portion of out-of-pocket
75-100% of median	portion of premium and out-of-pocket	portion of premium and out-of-pocket
100-125% of median income	portion of premium, 100% out-of-pocket	portion of premium and 0% out-of-pocket

(The attached charts describe the subsidy available to each family income category in a more detailed fashion.) The state subsidy available for health insurance other than the Plan is limited to the amount the state would have paid had the resident been enrolled in the Plan

SECTION 2: Report to the Legislature.

The Commissioner shall report back to the legislature at the beginning of the next session on the following items: (1) proposed minimum benefits for the Plan and the actuarial costs anticipated; (2) how many people are expected to enroll in the cost sharing program and how much it will cost the state; (3) a proposal to implement the Plan and the cost sharing program, to determine eligibility, to pay the state's share of the costs of the Plan and the cost sharing program, and to advertise the availability of the Plan and the cost sharing program; and (4) recommendations for implementation of AS 18.27.

SECTION 3: Effective date for AS 18.27.

Coverage under the Plan and subsidies under the cost sharing program must be available on July 1, 1982.

SECTION 4: Technical amendment to present law.

SECTIONS 5-8: Alcoholism and drug dependency coverage.

Requires state employee health insurance coverage to include coverage for treatment of alcoholism and drug dependency.

SECTION 9: Provides differing mechanisms for provider reimbursement under federal and state medical assistance programs.

Sec. 47.05.070. Medical Assistance By Insurance or Service Contracts. If the Commissioner (of Health and Social Services) determines that it would be more cost effective to pay for medical assistance services through means other than the current fee-for-service payment mechanism, she may do so. Payment of health insurance policy premiums or expenses of health maintenance organization, medical or hospital service contracts are authorized in this section.

Sec. 47.05.080. Contracts With Direct Providers of Care and Service. This section authorizes the Commissioner to enter into a contract with a computer firm to reimburse providers for services rendered under medical assistance programs. The firm would pay providers directly.

Sec. 47.05.090. Implementation. Requires the Commissioner to implement 47.05.070 - .090 only if it would be cost effective to do so. In other words, these mechanisms would be used only if it would cost the same or less than the current fee-for-service arrangement.

Sec. 47.05.100. Interim Payment. The Department of Health and Social Services may make an interim payment to a provider of a large volume of services under state medical assistance programs.

Sec. 47.05.110 Interest on Late Payments. Requires the Department to pay 1% interest per month on provider claims for services rendered under medical assistance programs that are not paid on time. The interest rate goes up to 2% for claims outstanding after three months.

page three.
SS HB 42

SECTION 10: Requires the state to offer Medicaid to all categories of eligibles for whom services may be provided under federal law.

Alaska currently provides Medicaid services to all categories of people that federal law requires, and additional categories that are considered optional under federal law. This section would require the Department of Health and Social Services to provide Medicaid services to other categories of people that Medicaid considers optional. The state would then be offering services to all categories of people for which federal matching Medicaid funding is available.

SECTION 11. Requires the state to offer all Medicaid services allowable under federal law.

Alaska currently provides all of the services required under federal law, and some that are considered optional. This section would require the Department to pick up the rest of the services that are considered optional. It would then be offering all services available for Medicaid matching funds.

SECTION 12: Deletes section of law that requires the Department to ask the Legislature's permission to add any new Medicaid service or eligible categories.

This section of law would no longer be needed since all available categories would be offered.

SECTION 13-16: Effective dates.

Secs. 1-4: 7/1/82

Secs. 5-8, 10-12: 1/1/82

Sec. 9: 7/1/81

Secs. 2-3: immediately in accordance with AS 01.10.070(c), or the day after the bill is signed by the Governor.

Section 1. As 18 is amended by adding a new Chapter to read:

Chapter 21
18.27.010

State Health Insurance Program (a) The Commissioner of administration shall establish a state health insurance program for residents of the state.

(b) The Commissioner shall establish by regulation minimum benefits for the state health insurance program.

(c) The Commissioner shall provide for the underwriting and administration of the plan. A contract entered into under this ~~plan~~ subsection will be for a three year period and shall be based on competitive bids.

(d) The State Health Insurance Program shall provide for copayments and deductibles. The annual deductible may not exceed \$100 per each enrolled resident ~~and may not be~~ \$500 per each enrolled family. The total cost of copayments may not exceed \$2,000 per year per any resident/family enrolled in the State Health Insurance Program ~~or \$400 per year for a family enrolled~~.

State Health Insurance Cost Sharing Program.

(a) Cost sharing under the State Health Insurance Program may be provided to a resident who

- (1) is enrolled in the State Health Insurance Program established under this chapter;
- (2) qualifies for cost sharing under (c) of this section.

(b) Cost sharing may not be provided if, and to the extent that, subsidized medical care or subsidized health insurance (other than the State Health Insurance Program established under this chapter) is available and accessible to the resident or would be or would have been available and accessible upon application by

The resident.

(C) The commissioner shall pay the state share of the ~~cost~~ premium costs of the State Health Insurance Program incurred by a resident of the state and his covered dependents qualifying for cost sharing under the following formula:

(1) If the total adjusted gross income of the resident and his dependents is at or below 75 percent of the base income, 100 percent of the premium cost of the program

(2) If the total adjusted gross income of the resident and his dependents is between 75 percent and 100 percent of the base income, a graduated percentage of the premium cost of the program between 100 percent and zero percent.

Definitions. In this Chapter

(1) "commissioner" means the Commissioner of administration;

(2) "copayment" means the portion of covered expenses paid by the resident after the deductible has been met

(3) "insurance" means prepaid plans or indemnity plans.

(4) "subsidized health insurance" means health insurance, all or part of the premiums of which are paid by an employer or trade union of the insured.

(5) "subsidized medical care" means medical care provided free of charge

(6) "adjusted gross income" - means the income of the resident determined under the

regulations of the commissioner

(7) "base income" means

(A) family median income for Alaska determined by the United States Bureau of the Census, and

(B) regional adjustments established by the commissioner to the family median income for Alaska determined by the United States Bureau of the Census that are based on relative costs of living in the state.

(8) "resident" means

Coverage under the state Health Insurance Program and the State Health Insurance Cost Sharing Program under AS begins on July 1, 1983.

Sec 1

(c) The Commissioner shall contract for the administration and may contract for the underwriting of the plan. A contract entered into under this subsection shall etc.

(D) The State Health Insurance Program shall provide for copayments and deductibles, and shall provide an annual limit on the total amount of copayments and deductibles for each enrolled resident and the covered dependents of the resident for each year. The annual limit shall be the same regardless of family size.

Sec 2

(2)(b) Cost sharing may be provided if and to the extent that, subsidized medical care or subsidized health insurance (other than the state health insurance program established under this Chapter) is, previously the 90 days preceding enrollment in the state health insurance program, has been, etc.

Arch. Sch. Dist.
Call Insurance
re: insurance
benefits

Call
Thurs AM
Ganner (2010) 361-3408
Joan?? Blue Cross.

How many people must be
in groups before cost effective?
Can several plans be offered?
negotiate - Ded./Copay./Benefits

Sally Sadler - D.L. Census Info.

Alaska OMB

Workers' Wages Samples

Alfreda Mullin - 4519 - UI

broken down by \$250 increments in wages.

SB 256 - Monday - Pioneers Home
3:00 -

State fire Marshall - 272-2406
Fed. retirement.

Emil Kowalchuk 586-7193

Dan Anderson - 586-7188

10 reports
Committee Elvason
Ketchella
press
basic report to
all Senators

John Lamm 3-31

variable plans -

- core program offered to all - then additional options. (would need health statement & age for add-ons and bonuses)

How will we handle these ^{unavailable} plans?

who is going to determine categories.

this type - social insurance group - may be high risk.

State needs to self-insure

seasonal people - high risk job - high risk health cond.

call Martin when bill comes in -

OMB Poverty guidelines for Alaska - April 1981

<u>Family size</u>	<u>Nonfarm</u>	<u>Farm</u>
1	\$5,410	\$4,610
2	7,130	6,070
3	8,850	7,530
4	10,570	8,990
5	12,290	10,450
6	14,010	11,910

add \$1,720 for each additional nonfarm family member and \$1,400 for each additional farm family member

Per capita personal income in AK. 1980 (US Dept. of Comm.)
\$12,790 (highest in the country)

Avg. industry earnings 1980 - Unemployment Insurance

Annual - \$23,380
monthly - \$1,948

* Annual mean income \$12,081
annual income median \$6,940 } TOTAL ALL INDUSTRIES

* Dept. of Labor - annual mean income is the most accurate reflection of the earning level of individual Alaskan workers.

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Date: May 26, 1981

From: Bettye Fahrenkamp

Phone: 465-3763

MEMORANDUM

From the Office of
Senator Bettye Fahrenkamp

To: Pam Tuomi, DVM
2036 E. Northern Lights
Anchorage, Alaska 99504

MESSAGE:

Thank you for your message regarding HB 55.

The bill is presently in the Senate HESS

Committee and I am forwarding a copy of your

message on to them.

MAY 20 1981

2

MSG B1-00017468 PRTY 1 05/19/81 17:35:09 ORIG: LA02 IN= 0004 OUT= 0091
FROM: ROBERTA TO: JUNO INFO
TARGET: LJH2 SUBJ: POMS PAGE 0003

TO: SENATOR FAHRENKAMP

FROM: PAM TUOMI, DVM, CHAIRMAN OF THE BOARD OF VETERINARY EXAMINERS,
2036 E NORTHERN LIGHTS, ANC 99504; 274-2816

I WOULD LIKE TO DIRECT YOUR ATTENTION TO HB 55. IN ADDITION TO THE HOUSEKEEPING OF TERMINOLOGY IT IS ESSENTIAL THAT THE AMENDMENTS FOR THE TEMPORARY LICENSE BE IMPLEMENTED AS SOON AS POSSIBLE. AT THE PRESENT TIME NO TEMPORARY LICENSES MAY BE ISSUED TO NEW GRADUATES. THE BOARD OF VETERINARY EXAMINERS WOULD APPRECIATE YOUR HELP IN PASSING THIS BILL INTO THE SENATE AS SOON AS POSSIBLE.

*Rep. Licensing Veterinarians
in (S) Dept. of Commerce*

*Waived Jan
22nd of May in
H&SS*

Effect of amendment. — The 1980 amendment substituted "commission" for "commissioner" wherever it appears throughout the section except the second time in the first sentence where it is substituted for "court", substituted "claimant" for "judgment creditor" wherever it appears throughout the

section, inserted "surety" and substituted "awarded" for "ordered" near the beginning of the first sentence, substituted "claim" for "judgment" near the end of the first sentence and near the middle of the second sentence, and inserted "real estate surety" at the end of the section.

Sec. 08.88.495. Disciplinary action against brokers and salesmen. Repayment in full of all obligations to the real estate surety fund does not nullify or modify the effect of disciplinary proceedings brought under the provisions of this chapter. (§ 1 ch 143 SLA 1974)

Revisor's note. — References to AS 45.85 were removed and the section was rearranged by the revisor of statutes, in

conjunction with the relocation of the material in AS 08.88.

Sec. 08.88.500. Definition. In this chapter, "commission" means the Real Estate Commission established under AS 08.88. (§ 40 ch 167 SLA 1980)

Chapter 92. Concert Promoters.

Sec. 08.92.030. Bond or cash deposit required.

Cited in Allison v. State, Sup. Ct. Op. No. 1703 (File No. 3716), 583 P.2d 813 (1978).

Chapter 98. Veterinarians.

Article

3. Enforcement (§§ 08.98.230 — 08.98.240)

Cited in Allison v. State, Sup. Ct. Op. No. 1703 (File No. 3716), 583 P.2d 813 (1978).

Article 1. Board of Veterinary Examiners.

Section

- 10. Creation and membership of the board
- 20. Term of office
- 25. Removal of board members
- 30. [Repealed]

Section

- 40. Board meetings
- 50. Powers and duties of the board
- 60. [Repealed]

Sec. 08.98.010. Creation and membership of the board. There is created the Board of Veterinary Examiners composed of five members

appointed by the governor and approved by the legislature. Four members shall be licensed veterinarians who have been in active practice in the state for at least five years preceding appointment and one shall be a public member. No person may serve on the board who is, or was during the two years immediately preceding appointment, a member of a faculty, board of trustees, or advisory board of a veterinary school. (§ 1 ch 91 SLA 1963; am § 1 ch 94 SLA 1966; am § 2 ch 130 SLA 1980)

Effect of amendment. — The 1980 amendment, effective July 1, 1980, rewrote this section.

Sec. 08.98.020. Term of office. Members of the board shall serve staggered terms of four years or until their successors are appointed and confirmed. Appointments for vacancies shall be for the unexpired term. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the last term. (§ 1 ch 91 SLA 1963; am § 3 ch 130 SLA 1980)

Effect of amendment. — The 1980 amendment, effective July 1, 1980, rewrote the section.

Sec. 08.98.025. Removal of board members. The governor may remove a member of the board for cause. The board may provide by regulation that unexcused absences from meetings constitute cause for removal. (§ 4 ch 130 SLA 1980)

Effective date. — Section 17, ch. 130, July 1, 1980, in accordance with AS SLA 1980, makes this section effective 01.10.070(c).

Sec. 08.98.030. Executive secretary of board.

Repealed by § 16 ch 130 SLA 1980.

Editor's note. — The repealed section derived from § 1, ch. 91, SLA 1963; § 59, ch. 218, SLA 1976.

Sec. 08.98.040. Board meetings. The board shall hold at least three annual meetings. The board may hold special meetings at the call of the chairman or of a majority of the members. A majority of board members constitutes a quorum and a majority vote of those present is the decision of the board. (§ 1 ch 91 SLA 1963; am § 5 ch 130 SLA 1980)

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Effect of amendment. — The 1980 amendment, effective July 1, 1980, substituted "at least three annual meetings" for "a regular meeting" in the first sentence and "or of a majority of the members" for "with prior approval of the governor" in the second sentence and added the third sentence.

Sec. 08.98.050. Powers and duties of the board. (a) The board shall

(1) establish examination requirements for eligible applicants for licensure to practice veterinary medicine;

(2) examine, or cause to be examined, eligible applicants for licensure or registration;

(3) approve the issuance of licenses to qualified applicants;

(4) establish standards for the practice of veterinary medicine by regulation;

(5) conduct disciplinary proceedings in accordance with this chapter;

(6) adopt regulations requiring proof of continued competency before a license is renewed;

(7) prepare and submit an annual report to the department containing information concerning board activities, the number of examinations held, the number of applicants for examination, the number of persons who pass and the number who fail each examination, financial data, including receipts and expenditures, and other information which the department may require;

(8) as requested by the department, monitor the standards and availability of veterinary services provided in the state and report its findings to the department;

(9) collect, or cause to be collected, data concerning the practice of veterinary medicine by veterinary technicians in the state and submit the data to the department for maintenance;

(10) establish, by regulation, educational and training requirements for the delegation of duties by veterinarians licensed under this chapter to veterinary technicians.

(b) The board may

(1) establish examination and registration requirements for veterinary technicians;

(2) adopt regulations or do any act necessary to carry out its duties under this chapter. (§ 1 ch 91 SLA 1963; am § 2 ch 94 SLA 1966; am § 1 ch 54 SLA 1967; am § 6 ch 130 SLA 1980)

Effect of amendment. — The 1980 amendment, effective July 1, 1980, rewrote the section.

Sec. 08.98.060. Board regulations.

Repealed by § 16 ch 130 SLA 1980.

Cross reference. — For present provisions as to the power of the board to enact regulations, see AS 08.98.050.

Editor's note. — The repealed section derived from § 1, ch. 91, SLA 1963.

Article 2. Licensing.

Section

- 120. License required
- 130. [Repealed]
- 140. Content of examination
- 165. Qualification for license
- 170. [Repealed]

Section

- 180. Temporary license
- 184. Licensure by credentials
- 186. Temporary permit
- 190. Fees
- 210. [Repealed]

Sec. 08.98.120. License required. No person may practice veterinary medicine, surgery, or dentistry unless he is licensed under this chapter or has a temporary permit, except that a veterinary technician may perform functions authorized by regulation of the board. (§ 1 ch 91 SLA 1963; am § 7 ch 130 SLA 1980)

Effect of amendment. — The 1980 amendment, effective July 1, 1980, added the language beginning "or has a temporary permit" to the end of the section.

Sec. 08.98.130. Examination.

Repealed by § 16 ch 130 SLA 1980.

Editor's note. — The repealed section derived from § 1, ch. 91, SLA 1963.

Sec. 08.98.140. Content of examination. (a) The examination shall be in subjects related to the practice of veterinary medicine, surgery, and dentistry and shall include

(1) the examination prepared by the National Board of Veterinary Medical Examiners or other national veterinary examination determined to be acceptable by the board; and

(2) a standardized written examination testing practical skills.

(b) The board may demand a practical demonstration of skills. (§ 1 ch 91 SLA 1963; am § 8 ch 130 SLA 1980)

Effect of amendment. — The 1980 amendment, effective July 1, 1980, designated the provisions of this section as subsection (a), deleted "veterinary anatomy, surgery, medicine, obstetrics, pathology, chemistry, diagnosis, materia medica, therapeutics, physiology, sanitary medicine, dentistry, and other scientific" preceding "subjects" in the introductory language of subsection (a), added all of the language beginning "and shall include" to the end of subsection (a), and added subsection (b).

Sec. 08.98.165. Qualification for license. (a) An applicant is qualified to receive a license as a veterinarian who

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(1) is a graduate of an accredited veterinary school or who has passed the examination of the American Veterinary Association's Education Commission for Foreign Veterinary Graduates;

(2) has passed an examination prepared by the National Board of Veterinary Medical Examiners or an equivalent examination as determined by the board, or qualifies for an exemption under (b) of this section;

(3) has passed the written examination of the state;

(4) has passed a practical examination of skills, if required by the board; and

(5) has no disciplinary proceeding, unresolved complaint, or professional association review proceeding pending at the time a license is to be issued, and has not had a veterinarian license revoked for cause in another jurisdiction.

(b) An applicant is exempted from taking the examination required under (a)(2) of this section if he furnishes proof acceptable to the board that he has passed the examination prepared by the National Board of Veterinary Medical Examiners or an equivalent examination within the five years before application, or has been in active practice of veterinary medicine for five of the seven years before application in another state, territory, or country with licensing requirements substantially similar to or higher than those of this state which were in effect at the time the applicant obtained his license in the other jurisdiction. (§ 9 ch 130 SLA 1980)

Effective date. — Section 17, ch. 130, July 1, 1980, in accordance with AS SLA 1980, makes this section effective 01.10.070(c).

Sec. 08.98.170. Qualification for examination.

Repealed by § 16 ch 130 SLA 1980.

Cross reference. — For present provisions covering the subject matter of the repealed section, see AS 08.98.165.

Editor's note. — The repealed section derived from § 1, ch. 91, SLA 1963; §§ 5, 6, ch. 94, SLA 1966; § 25, ch. 245, SLA 1970.

Sec. 08.98.180. Temporary license. A person who meets the requirements of AS 08.98.165(a)(1) and (5) is entitled to be temporarily licensed after completing the examinations under AS 08.98.165(a)(3) and (4) and after completing the examination required under AS 08.98.165(a)(2) or qualifying for an exemption to it. A license issued under this section is valid until the results of the examinations are published. No person may receive more than one temporary license. (§ 1 ch 91 SLA 1963; am § 7 ch 94 SLA 1966; am § 10 ch 130 SLA 1980)

Effect of amendment. — The 1980 amendment, effective July 1, 1980, substituted "AS 08.98.165(a)(1) and (5)" for "AS 08.98.170" and the language beginning "to be temporarily licensed" for "to be licensed" in the first sentence,

"examinations" for "examination following the issuance of the license" in the second sentence, and "temporary license" for "license under this section" in the third sentence.

Sec. 08.98.184. Licensure by credentials. The board shall approve the issuance of a license to an applicant who holds a valid license to practice veterinary medicine in another state, territory, or country with licensing requirements substantially similar to or higher than those of his state which were in effect at the time the applicant obtained his license in the other jurisdiction if the applicant

(1) has graduated from an accredited school of veterinary medicine or has successfully passed the examination of the American Veterinary Association's Education Commission for Foreign Veterinary Graduates;

(2) has been engaged in the active practice of veterinary medicine for at least five of the seven years before filing the application;

(3) has not failed the state written or practical examination;

(4) has no disciplinary proceeding, unresolved complaints, or professional association review proceedings pending at the time a license is to be issued, and has not had a veterinarian license revoked for cause in another jurisdiction; and

(5) has paid required fees. (§ 11 ch 130 SLA 1980)

Effective date. — Section 17, ch. 130, July 1, 1980, in accordance with AS SLA 1980, makes this section effective 01.10.070(c).

Sec. 08.98.186. Temporary permit. A person licensed to practice veterinary medicine in another state who meets the requirements of AS 08.98.165(a)(1) and (5) may be granted a temporary permit to conduct the practice of a person licensed in the state who is absent from his practice. An application shall be signed by the person who is or will be absent from his practice and by the applicant. A temporary permit is valid for no longer than 60 days after issuance but may be renewed. (§ 11 ch 130 SLA 1980)

Effective date. — Section 17, ch. 130, July 1, 1980, in accordance with AS SLA 1980, makes this section effective 01.10.070(c).

Sec. 08.98.190. Fees. The following fees are imposed as applicable:

- (1) application fee \$ 25
- (2) examination fee \$ 50
- (3) fee for investigation of credentials \$ 50
- (4) license fee \$200
- (5) renewal of license fee (due every four years) \$200

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- (6) temporary license fee \$ 50
 - (7) temporary permit fee \$ 50
- (§ 1 ch 91 SLA 1963; am § 1 ch 53 SLA 1968; am § 12 ch 130 SLA 1980)

Effect of amendment. — The 1980 amendment, effective July 1, 1980, rewrote this section.

Sec. 08.98.210. Out-of-state veterinarian.

Repealed by § 16 ch 130 SLA 1980.

Cross reference. — For present provisions covering the subject matter of the repealed section, see AS 08.98.184 and 08.98.186. Editor's note. — The repealed section derived from § 1, ch. 91, SLA 1963, § 8, ch. 94, SLA 1966; § 2, ch. 54, SLA 1967.

Article 3. Enforcement.

Section

- 230. [Repealed]
- 235. Grounds for imposition of disciplinary sanctions
- 240. Disciplinary sanctions

Sec. 08.98.230. Injunction.

Repealed by § 16 ch 130 SLA 1980.

Cross reference. — For provisions relating to disciplinary sanctions, see AS 08.98.235 and 08.98.240. Editor's note. — The repealed section derived from § 1, ch. 91, SLA 1963.

Sec. 08.98.235. Grounds for imposition of disciplinary sanctions. After a hearing, the board may impose a disciplinary sanction on a person licensed under this chapter when the board finds that he

- (1) secured a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) has been convicted of a felony or other crime which affects his ability to continue to practice competently and safely;
- (5) intentionally or negligently engaged in or permitted the performance of animal care by persons under his supervision which does not conform to minimum professional standards regardless of whether actual injury to the animal occurred;

- (6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;
- (7) continue to practice after becoming unfit due to
 - (A) professional incompetence;
 - (B) addiction or severe dependency on alcohol or other drugs which impairs his ability to practice safely;
 - (C) physical or mental disability;
- (8) engaged in lewd or immoral conduct in connection with the delivery of professional service. (§ 13 ch 130 SLA 1980)

Effective date. — Section 17, ch. 130, July 1, 1980, in accordance with AS SLA 1980, makes this section effective 01.10.070(c).

Sec. 08.98.240. Disciplinary sanctions. (a) When it finds that a licensee is guilty of an offense under AS 08.98.235, the board may impose the following sanctions singly or in combination:

- (1) permanently revoke a license to practice;
- (2) suspend a license for a determinate period of time;
- (3) censure a licensee;
- (4) issue a letter of reprimand;
- (5) place a licensee on probationary status and require him to
 - (A) report regularly to the board upon matters involving the basis of probation;
 - (B) limit practice to those areas prescribed;
 - (C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;
 - (6) impose limitations or conditions on the practice of a licensee.
- (b) The board may withdraw probationary status if it finds that the deficiencies which required the sanction have been remedied.
- (c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if he continues to practice. A person whose license is suspended under this section shall be entitled to a hearing by the board no later than seven days after the effective date of the order. The person may appeal the suspension after a hearing to a court of competent jurisdiction.
- (d) The board may reinstate a license which has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with skill and safety.
- (e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders. (§ 13 ch 130 SLA 1980)

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Effective date. — Section 17, ch. 130, July 1, 1980, in accordance with AS SLA 1980, makes this section effective 01.10.070(c).

Article 4. General Provisions.

Section

250. Definitions

Sec. 08.98.250. Definitions. In this chapter

(1) Repealed by § 16 ch 130 SLA 1980.

(4) "accredited veterinary school" means a veterinary college or division of a university or college that offers the degree of Doctor of Veterinary Medicine, or its equivalent as determined by the board, and conforms to the standards required for accreditation by the American Veterinary Medical Association;

(5) "animal" means any animal other than a human being including mammals, birds, fish, and reptiles, wild or domestic, living or dead;

(6) "practice of veterinary medicine"

(A) means for compensation

(i) to diagnose, treat, correct, change, relieve, or prevent animal disease, deformity, defect, injury, or other physical or mental condition, including the prescription or administration of a drug, biologic apparatus, anesthetic, or other therapeutic or diagnostic substance;

(ii) to use a manual or mechanical procedure for testing for pregnancy or correcting sterility or infertility; or

(iii) to render advice or recommendation with regard to any matter listed in (i) or (ii) of this subparagraph;

(B) means to represent, directly or indirectly, publicly or privately, an ability or willingness to do any act in (A) of this paragraph for compensation;

(C) means to use a title, abbreviation, or letters in a manner or under circumstances which induce the belief that the person using them is qualified to do any act in (A) of this paragraph whether or not for compensation;

(D) does not include, whether or not for compensation,

(i) practices related to artificial insemination and the use of a title, abbreviation, or letters in a manner which induces the belief that the person using them is qualified to perform artificial insemination;

(ii) the practices of a farrier done in the performance of his profession;

(iii) standard practices commonly performed on farm or domestic animals in the course of routine farming or animal husbandry, when performed by an owner or his employee unless ownership of the animal is transferred for the purpose of avoiding application of this chapter or the primary purpose of hiring the employee is to avoid application of this chapter;

(7) "veterinary technician" means a person who performs functions delegated by a veterinarian licensed under this chapter.
(am §§ 14, 26 ch 130 SLA 1980)

Effect of amendment. — The 1980 amendment, effective July 1, 1980, repealed paragraph (1), which defined a person who practices veterinary medicine, surgery, or dentistry, and added paragraphs (4)-(7).

As the rest of the section was not affected by the amendment, it is not set out.

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Alaska State Legislature

Sen. Parr

SENATOR BETTYE FAHRENKAMP
CHAIRMAN, RESOURCES COMMITTEE

4016 EVERGREEN
FAIRBANKS ALASKA 99701
907-479-3550



Senate

June 1, 1981

WHILE IN JUNEAU
POUCH V
JUNEAU, ALASKA 99811
OFFICE 907-465-3763
RESOURCES COMMITTEE
907-465-3834
HOME 907-789-9182

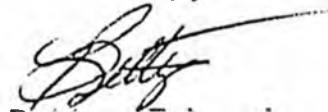
Jon Thomas, DVM
Chester Valley Animal Hospital
1571 Muldoon Road
Anchorage, Alaska 99504

Dear Dr. Thomas:

Thank you for your letter regarding HB 55. The Senate Commerce and Labor Committee waived referral of this bill and it is now in the HFSS Committee. I am forwarding a copy of your letter to Senator Parr, Chairman of that committee.

Again, thanks for writing about this legislation.

Sincerely,


Bettye Fahrenkamp
Alaska State Senator

BF/ab

✓ cc: Senator Parr w/encl.

CHESTER VALLEY ANIMAL HOSPITAL

1571 MULDOON ROAD
ANCHORAGE, ALASKA 99504
(907) 333-6591

MAY 21 1981

May 19, 1981

Senator Bettye Fehrenkamp
Pouch V
Juneau, AK 99811

Dear Senator Fehrenkamp:

I'm asking for your help in passing HB55 which I understand is in the Senate Commerce Committee at this time. The bill deals with temporary licensing of new graduate veterinarians.

Presently we cannot hire a new graduate to work as a veterinarian till that person takes the licensing test and holds a license. This may involve a 6 month wait for the new graduate!

Thus we have a genuine need for this provision (HB55) in our licensing statutes.

If you have any questions about this bill, please call me at 333-6591 or talk to the State Veterinary Association Lobbyist Jana Varrati.

Sincerely,



Jon Thomas, DVM,
Legislative Chairman

JT/dh

LC is following bill

January 12, 1981

Speaker of the House
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Mr. Speaker:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill allowing temporary licensing of qualified applicants who are waiting to take examinations given by the Board of Veterinary Examiners.

The current law requires an applicant who is qualified to take the veterinary examinations to wait until completing all required examinations before being able to work at all. Sometimes it will be months before an applicant can take the required examinations. This bill would amend the statute to allow an otherwise qualified applicant to be temporarily licensed to work under supervision of a licensed veterinarian after applying to take the required examinations.

The bill also corrects an error in the wording of AS 08.98.050(9) of the current law which creates the false impression that veterinary technologists may practice veterinary medicine.

Sincerely,

S. J. Hammond

Jay S. Hammond
Governor

IV. DATE 12/11/80

PREPARED BY Harry D. Treager *HT*
AGENCY Division of Occupational Licensing
PHONE 465-2534

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/79)

FY Note 2020

copy members

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MSG 81-00017919 PRTY 1 05/21/81 18:14:55 ORIG: LA02 IN= 0004 OUT= 0077
FROM: ROBERTA TO: JUNO INFO
TARGET: LJH2 SUBJ: PUBLIC OPINION MESSAGES PAGE 0011

TO: SENATOR FARR

FROM: DODY FROEHLICH, MEMBER BOARD OF VETERINARY EXAMINERS, P. O. BOX 10-849
ANC 99511; 345-1121

STRONGLY URGE YOUR POSITIVE SUPPORT FOR PASSAGE OF HB 55 AFTER IT CLEARS
PREVIOUS COMMITTEE.

H B

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A M E N D M E N T

OFFERED IN THE SENATE:
SCS CSBB 91(SA)

By: Senate HESS

To: _____ SENATE BILL No. _____

HOUSE BILL No. _____

PAGE: 4

LINE: 21 & 22

page 4, line 21: after the word "defendant" delete ", or a person related within the second degree by blood or marriage to the defendant"

DEPARTMENT OF HEALTH & SOCIAL SERVICES
 DIVISION OF ADULT & AGING SERVICES

2/81
 BWMc
 Updated 3/17/81
 Updated 3/19/81

PROGRAM	FY 81 FCC BEFORE GOV.'S ACTION	FY 81 CONTRACT	LEAA FY 81	TOTAL FY 81	FY 82 GOV. BUDGET	FY 82 LETTERS OF INTENT (PRELIM. REQUESTS)	FY 82 GRANT REQUESTS	FY 82 FCC	FY 82 GRANTS
<u>SHELTERS</u>									
* AWAIC (Anch.)	\$386,100	343,000	33,936	376,936		601,000	603,846 (incl. Men)		
* AWARE (Juneau)	250,500	225,500	7,300	232,800		405,819	436,154		
* WIC-CA (Frbks.)	350,000	300,580	8,711	309,291		354,446	384,483		
* TUNDRA WOMEN (Bethel)	199,300	167,000	7,459	174,459		340,695	340,697		
* BERING SEA (Nome)	154,900	138,000	4,865	142,865		377,100	377,100		
* WISH (Ketchikan)	112,500	110,000	17,347	127,347		357,346	393,080		
* KOTZEBUE WOMEN (9 mos.)	62,800	44,990	0	44,990		193,916	193,916		
* ARTIC WOMEN (Barrow)	0	0	0	0		14,328	141,377		
* BRISTOL BAY (Dillingham) (Men's resid/ treatment)	0	0	0	0		250,000	76,891		
* AL/PRIIBILOF ASSOC.	25,000	22,000	0	22,000		125,000	59,272		
Sub-Total	1,541,100	1,351,070	79,618	1,430,688	1,459,155	3,019,650	3,679,822		
<u>SAFE HOMES / WRC</u>									
* KENAI/ CRISIS/ WRC	79,100	66,000	14,718	80,718		161,715	161,735		
* KODIAK/CRISIS/WRC	60,000	50,000	7,792	57,792		173,357	180,694		
* SITKA/ CRISIS/ WRC	20,000	20,000	0	20,000		76,951	76,761		
* ADV./ VIOL./VICTIMS (Valdez)	0	0	0	0		100,000	76,813		

DEPARTMENT OF HEALTH & SOCIAL SERVICES
 DIVISION OF ADULT & AGING SERVICES

2/81
 BWMc

PROGRAM

FY 81 FCC
 - BEFORE GOV'S ACTION

FY 81
 CONTRACT

LEAA
 FY 81

TOTAL
 FY 81:

FY 82 GOV.
 BUDGET

FY 82 LETTERS
 OF INTENT
 Prelim. Requests

FY 82
 GRANT REQUESTS

FY 82
 FCC

FY 82
 GRANTS

Safe Homes - Cont.

VALLEY WOMEN'S RESOURCE
 (Palmer)

0

0

0

0

69,736

111,297

SO. PENINSULA WOMEN
 (Homer)

0

0

0

0

55,500

81,257

Sub - Total

159,100

136,000

22,510

158,510

146,880

637,259

688,557

MALE BATTERERS

MEN EMERGING NOW

(Juneau / 10 mos.)
 (Other Male Programs
 incl. : AWAIC, Sitka,
 Barrow, Kotz., Kodiak,
 Bering Sea & WIC-CA)

60,000

42,340

0

42,340

139,596

141,096

SEXUAL ASSAULT / RAPE

STANDING TOGETHER
 AGAINST RAPE (STAR)

89,400

72,500

0

72,500

274,450

261,360

All other non/Anch.
 Shelters /Safe Homes
 work with Rape & Incest
 Victims.

DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF ADULT & AGING SERVICES

2/81
BWMc

PROGRAM	FY 81 FCC BEFORE GOV'S ACTION	FY 81 CONTRACT	LEAA FY 81	TOTAL FY 81	FY 82 GOV. BUDGET	FY 82 LETTERS OF INTENT Prelim. Requests	FY 82 GRANT REQUESTS	FY 82 FCC	FY 82 GRANTS
<u>WOMEN'S RESOURCE CENTERS</u> (Adult Crisis Intervent:) (Displaced Homemaker)									
* ALASKA WOMEN'S RESOURCE (Anch.)	190,000	159,000	Ø	159,000		343,340	342,783		
* JUNEAU WOMEN'S RESOURCE	85,000	45,000	Ø	45,000		140,778	142,918		
WOMEN'S RESOURCE CENTER (Seldovia)	Ø	Ø	Ø	Ø		20,000	20,000		
Sub - Total	275,000	204,000	Ø	204,000	220,320	504,118	505,701		
<u>MISCELLANEOUS</u>									
COOK INLET NATIVE ASSOC.	Ø	Ø	Ø	Ø		189,000	189,000		
TANANA CHIEFS	Ø	Ø	Ø	Ø		110,000	97,800		
AL. INST./HUMAN DEVELOP.	Ø	Ø	Ø	Ø		150,000	Ø		
UNIV./ALASKA/FRBKS.	Ø	Ø	Ø	Ø		17,500	Ø		
ALASKA HOSPITAL	Ø	Ø	Ø	Ø		?	Ø		
NW EDUC. ARTS & THERAPY (Juneau) 9 mos.	41,800	35,530	Ø	35,530		75,000	74,827		
Sub - Total	41,800	35,530	Ø	35,530	38,372	541,500	361,627		
GRAND TOTALS	2,166,400	1,841,440	102,128	1,943,568	1,988,754	5,116,573	5,638,163		

POSITION PAPER
ON
CS FOR HOUSE BILL NO. 91 (Finance) am

"An Act relating to domestic violence, sexual assault and crisis intervention and prevention programs."

CS for House Bill No. 91 (Finance) am would transfer the Domestic Violence programs presently funded by the Department of Health and Social Services to a Council on Domestic Violence and Sexual Assault placed, for budgetary purposes, under the Department of Public Safety. The Council would act as an interdepartmental planning and coordinating agency of the Departments of Health and Social Services, Public Safety and Law.

The Council would consist of five voting members appointed by the Governor; three of those persons would be appointed from a list provided by the Network on Domestic Violence and Sexual Assault, two persons from the general public and representatives of the Departments of Health and Social Services and Public Safety; the Department of Law would be a non-voting member.

The Council would be empowered to: hire an executive director and staff, establish program standards, develop and implement a standardized data system, conduct studies on issues relating to domestic violence, develop a resource library of community education as well as a curriculum for use in public schools, award grants to programs, receive state and federal funds, and monitor programs.

The Department of Health and Social Services has some concerns about this Bill:

- 1) The Attorney General's Office has noted concerns regarding certain provisions of this proposed legislation and has prepared the attached memorandum on this topic.
- 2) While we recognize the importance of coordination and involvement of the criminal justice systems as well as other systems and agencies in addressing the problem of domestic violence and sexual assault, this Department is concerned with moving domestic violence programs from a human service treatment agency into a police model which has a primary focus on safety, and not treatment. We perceive a possible conflict of purpose to have the arresting agency and the treatment agency in the same organizational structure. There are differing philosophies in the domestic violence arena with regard to compulsory prosecution of the perpetrator and how that affects treatment of all members of the family unit.
- 3) We question the long range benefit of placing a social service function in a traditionally public safety oriented department. Research by the Center for Women Policy Studies in the summer of 1980 finds that of the 27 states that have services to violent families, 25 states place the lead responsibility in a human service agency. Of the remaining two, Minnesota places it in the Commission of the Department of Corrections; Ohio has joint responsibility shared by the Attorney General's Office and the Department of Economic and Community Development, Division of Criminal Justice Services.

- 4) The Council of State Governments in its publication 1980 Suggested State Legislation places the council on domestic violence problems in a department of health and social services.
- 5) Since the intention of the Bill is to authorize the support of programs which are presently receiving state funding, there appear to be several inconsistencies in some of the language: the title of the Act relates to domestic violence, sexual assault and crisis intervention and prevention programs. The following changes should be made in order to be consistent:
 - a) Page 1, Line 10 Chapter 66. COUNCIL ON DOMESTIC VIOLENCE, [AND] SEXUAL ASSAULT, CRISIS INTERVENTION AND PREVENTION.
 - b) Page 1, Line 11 and Line 12: The same changes as above.
 - c) Page 4, Lines 20-22 provide services approved by the council to victims of domestic violence or sexual assault, their families, or perpetrators of domestic violence or sexual assault or their families or to perpetrators of domestic violence or sexual assault without regard to ability to pay[.] and provide services approved by the council to individuals experiencing personal or professional transition; and
- 6) In order to make consistent the granting, standard setting and auditing provisions of this bill, we would recommend that AS 18.66.050 (a) (7) be modified to insure that the Council establishes standards and awards grants only for programs funded by the Council under this Chapter. This would eliminate confusion at the local level when a program might receive a grant from one agency, but yet be liable to meet standards established by both the granting agency and the Council. For example, a sexual assault program such as the Center for Children and Parents board might receive a grant from our Department. As a condition of receiving these monies, our Department would require the Center's board to meet certain standards. If this legislation were passed as written, the Center's board could be required also to meet the standards set by the Council. We do not believe that this is the intent, but rather the Council was indeed planned to be directly responsible only for those programs that receive funds from it. We would therefore recommend that the following change be made:

Page 3, Lines 9-11, Amend AS 18.66.050 (7) to read:

 - (7) award grants and contracts to qualified local community entities for domestic violence, sexual assault, and crisis intervention and prevention programs[;] with monies appropriated under this chapter;
- 7) Since the Bill as written would not be effective, if passed, until 90 days after the Governor's response, rather than July 1, 1981, the interim period will be a crucial time, possibly involving recommendations on the funding level of grants, new program acceptability, and the establishment of new systems, such a transition may place programs and their clients at risk. If this Bill becomes law, the Department of Health and Social Services will work cooperatively with the Department of Public Safety so that in the interest of clients and the state, services will not be interrupted.

The Department of Health and Social Services is pleased with the emphasis in the proposed legislation on the coordination aspects; certainly it is increasingly apparent that domestic violence issues involve several departments. The Department is also pleased that, if passed, legislative appropriations for support of the many programs presently being funded will be in authorized by statute as requested by the legislature last session.

The Department does prefer that the programs remain as the responsibility of our Division of Adult and Aging Services, since both prevention and treatment are provided through programs in our Department.

Recommendations: The Department of Health and Social Services recommends the establishment of a strong advisory council instead of an administrative council. Such an advisory council would have the power to recommend employment of staff, review and recommend regulations, review grant applications and recommend funding, etc. The actual administration would be under the authority of the department. This would relieve the Council of day to day administrative responsibilities so their efforts could go into long range planning and recommended policy development.

Recommended by: Elizabeth Muktarian
Elizabeth Muktarian, Director
Division of Adult and
Aging Services

Date: 5/12/81

Approved by: Helen D. Beirne
Helen D. Beirne, Commissioner
Department of Health and
Social Services

Date: 5/14/81

MEMORANDUM

State of Alaska



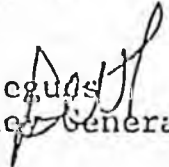
to: Hon. Helen D. Beirne
Commissioner
Department of Health & Social
Services

DATE: April 23, 1981
FILE NO: J-66-698-81

TELEPHONE NO: 55-3600

FROM: WILSON L. CONDON
ATTORNEY GENERAL

SUBJECT: Proposed Council on
Domestic Violence
and Sexual Assault

By: 
Rodger W. Pegues
Assistant Attorney General

You have asked whether establishment of a proposed Council on Domestic Violence and Sexual Assault poses any legal problems.

In the form proposed by the draft bill for an Act relating to domestic violence and sexual assault, the proposal violates the state constitution in two ways. */

The first constitutional infirmity in the proposed bill is that it unduly impairs the appointment authority of the chief executive, transferring it, as it were, to a special interest group under proposed AS 18.66.030(3). The proposed council's job is to carry out the law, and that function is vested by the constitution in the governor. To perform that function, he appoints subordinates to assist him. While reasonable qualifications may unquestionably be prescribed by law for those appointments, the power of selection cannot be shared except as the constitution itself provides. Bradner v. Hammond, 553 P.2d 1 (Alaska 1976).

Accordingly, in order to conform with the dictates of the state constitution, the requirement in proposed AS 18.66.030(3) that appointments be from a list should be changed to a requirement for consultation with the Network of Domestic Violence and Sexual Assault. (We are concerned that the network may lack a formal, corporate status, thereby making even consultation haphazard.)

The second constitutional infirmity is that the bill gives the council tenure and also the authority to super-

*/ There are other existing and proposed councils on ad hoc subjects which share one or both of these constitutional defects, for example, CSIB 198 (Fin), establishing a seafood market council.

April 23, 1981

visc and direct a unit of state government in carrying out a significant part of the law which, under the constitution, is expressly a function and responsibility of the governor. We are not dealing here with a regulatory or quasi-judicial council, the members of which under the constitution, need not serve at the chief executive's pleasure. Humphrey's Executor v. United States 295 U.S. 602 (1935); Buckley v. Valeo, 424 U.S. 1, 140-141 (1976) (dicta). We are dealing rather with persons who are being placed in charge of carrying on the duties of an executive department of the government, and such officers must be responsible to the chief executive. Myers v. United States, 272 U.S. 52 (1926); cf., Alaska State Operated School System v. Mueller, 536 P.2d 99 (Alaska 1975), Walker v. Alaska State Mtg. Ass'n, 416 P.2d 245 (Alaska 1966).

Accordingly, in order further to conform the bill with the dictates of the state constitution, the last sentence of proposed AS 18.66.040 should be amended to delete after the word "members," the words "shall be limited to no" and insert "serve at the pleasure of the governor and may not serve" instead.

There are other, technical changes which should be made. For example, the Attorney General, rather than the Chief Prosecutor, should be named to retain the parallelism. The Attorney General would have the option of naming a designee. It makes no sense to appoint a subcabinet, non-statutory officer to a statutory council.

Finally, experience teaches that the establishment of a line division on domestic violence and sexual assault in whichever department should handle the subject (with an advisory council of concerned and involved citizens) will have much more effect than the establishment of a separate council which will not be part and parcel of either department's operations. That is a practical matter rather than a legal one, and we do not insist on a change, but we strongly recommend one.

RWP/pjg

cc: Hon. W.R. Nix, Commissioner
Department of Public Safety

Hon. Donald Clocksin
House of Representatives

400 SUPPLIES	Books, film library	7,500
	Office and duplication	<u>2,500</u>
		10,000
500 EQUIPMENT	New position equipm't	6,000

122,015
10,000
6,000
136,015
136
272

LETTER OF INTENT

It is the intent of the legislature that the Department of Health and Social Services and the Department of Public Safety should cooperate and coordinate to the fullest extent to implement the provisions of HB 91 in order to insure the ongoing functions of programs to be funded in fiscal year 1982. It is the intent of the legislature that funding for services to clients for domestic violence and sexual assault shall not be interrupted during the transfer of program responsibility from the Department of Health and Social Services to the Department of Public Safety.

*They have no record of this.
House Finance. Letter of Intent?*

May 15, 1981

Ms. Jane Weber
Mr. Scott Hansen
SR 10040
Fairbanks, Alaska 99701

Dear Ms. Weber and Mr. Hansen:

Thank you for your message of May 14 about HB 91.

I tend to support this bill as a refinement of our Domestic Violence Act of last year (HB 392). My Committee hearings around the State had made the need for a solution obvious.

Sincerely,

Charles H. Parr

WE SUPPORT THE GO FOR HB 91.

CHP:vc

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
 Bill/Resolution No. CSHB 91 (Fin) (Page 1 of 2)
 Title Domestic violence, sexual assault, crisis intervention
 Requested by Finance committee Date 5/7/81

II. FISCAL DETAIL
 Agency Affected Public Safety
 Program Category Affected Administration of Justice
 BRU, Program, or Subprogram(s) Affected Council on Domestic Violence (Commissioner's office)
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		106.4				
200 TRAVEL		20.0				
300 CONTRACTUAL		115.0				
400 COMMODITIES		10.0				
500 EQUIPMENT		6.0				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		257.4				

FUNDING (Thousands of Dollars)

GENERAL FUND	257.4				
FEDERAL FUNDS					
OTHER (Specify Fund Source)					

POSITIONS

FULL TIME	3			
PART TIME				
TEMPORARY	1			

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

100 PERSONAL SERVICES: 1 Project Coordinator, Range 18 41,020
 1 Research Analyst, Range 16 35,835
 1 Clerk-Typist, Range 7 21,915
 98,770

Administration & Support BRU (DPS)
 1 Admin Support, Range 10 (4 mos) 7,592
 106,362

200 TRAVEL:
 Council members 10,000
 Staff 10,000
 20,000

300 CONTRACTUAL Phone, copying, postage, printing, rent 15,000
 Media communication 100,000

IV. DATE 5/7/81 PREPARED BY [Signature]
 AGENCY _____
 PHONE _____

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

400 SUPPLIES	Books, film library	7,500
	Office & duplication	<u>2,500</u>
		10,000
500 EQUIPMENT	New position equip	6,000

January 19, 1981

Speaker of the House
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Mr. Speaker:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill relating to domestic violence, sexual assault, and adult crisis intervention programs. Though \$1.8 million dollars were appropriated from the general fund by the legislature last session for these programs, legislation establishing responsibilities in the area has yet to be enacted. This bill authorizes the Department of Health and Social Services to monitor domestic violence, sexual assault, and adult crisis intervention programs, to adopt regulations to protect persons using those services, and to award grants to local community programs.

Sincerely,
S/SSH

Jay S. Hammond
Governor

Original sponsor: Rules/Governor

+ HESS FINANCE

1 IN THE HOUSE BY THE STATE AFFAIRS COMMITTEE
 2 SENATE CS FOR CS FOR HOUSE BILL NO. 91 (State Affairs)
 3 IN THE LEGISLATURE OF THE STATE OF ALASKA
 4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to domestic violence, sexual assault,
7 and crisis intervention and prevention programs."

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

9 * Section 1. AS 18 is amended by adding a new chapter to read:

10 CHAPTER 66. COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT.

11 Sec. 18.66.010. COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT.
12 in the Department of Public Safety

13 There is established the Council on Domestic Violence and Sexual Assault;
 14 *The purpose of the Council is to provide for planning and co-*
 15 *to provide for coordination of crisis intervention and prevention*
 16 *ordination of services to victims, families, and perpetrators of*
 17 *programs and programs which provide services to victims of domestic*
 18 *domestic violence and sexual assault and to provide for crisis*
 19 *violence or sexual assault or their families or to perpetrators of*
 20 *intervention and prevention programs.*
 21 ~~domestic violence and sexual assault.~~

22 Sec. 18.66.020. MEMBERSHIP, TERMS, VACANCIES, AND DISQUALIFICA-
23 TION. (a) The council consists of

24 (1) three persons appointed by the governor after consulta-
 25 tion with the Network on Domestic Violence and Sexual Assault, a non-
 26 profit corporation; the Network on Domestic Violence and Sexual Assault
 27 shall submit a list to the governor of persons recommended for appoint-
 28 ment;

29 (2) the commissioner of public safety or the designee of the
30 commissioner of public safety; and

31 (3) the commissioner of health and social services or the
32 designee of the commissioner of health and social services

33 (4) the commissioner of education or the designee of the
34 commissioner of education;

1 (5) the attorney general or the designee of the attorney
2 general.

3 (b) The term of office of a member appointed under (a)(1) of this
4 section is two years. A member appointed under (a)(1) of this section
5 serves at the pleasure of the governor and may not serve more than two
6 consecutive terms. A vacancy on the council shall be filled for the
7 unexpired term by appointment by the governor after consultation with
8 the Network on Domestic Violence.

9 (c) A person who receives compensation from or is an employee of
10 a domestic violence, sexual assault, or crisis intervention or preven-
11 tion program may not be appointed to the council.

12 Sec. 18.66.030. COMPENSATION AND EXPENSES. The members of the
13 council receive no salary but are entitled to transportation expenses
14 and per diem in accordance with AS 39.20.180.

15 Sec. 18.66.040. MEETINGS AND QUORUM. The council shall meet at
16 least four times a year. At least one meeting each year shall include
17 a statewide public teleconference hearing. The time and place of a
18 meeting shall be set by the presiding officer or by three members who
19 submit a written request for a meeting to the presiding officer. Four
20 members of the council constitute a quorum.

21 Sec. 18.66.050. DUTIES OF THE COUNCIL. (a) The council shall
22 (1) hire an executive director and necessary staff;
23 (2) elect one of its members as presiding officer;
24 (3) in consultation with authorities in the field, develop,
25 implement, maintain, and monitor domestic violence, sexual assault, and
26 crisis intervention and prevention programs, including educational
27 programs, films, and school curricula on the cause, prevention, and
28 treatment of domestic violence and sexual assault;

29 (4) coordinate services provided by the Department of Law,

1 the Department of Education, the Department of Public Safety, the
2 Department of Health and Social Services, and other state agencies and
3 community groups dealing with domestic violence, sexual assault, and
4 crisis intervention and prevention, and provide technical assistance as
5 requested by those state agencies and community groups;

6 (5) develop and implement a standardized data collection
7 system on domestic violence, sexual assault, and crisis intervention
8 and prevention;

9 (6) conduct public hearings and studies on issues relating
10 to violence, including domestic violence and sexual assault, and on
11 issues relating to the role of crisis intervention and prevention;

12 (7) receive and dispense state and federal money and award
13 grants and contracts to qualified local community entities for domestic
14 violence, sexual assault, and crisis intervention and prevention pro-
15 grams, with money appropriated under this chapter;

16 (8) oversee and audit domestic violence, sexual assault, and
17 crisis intervention and prevention programs which receive money under
18 this chapter;

19 (9) provide fiscal and technical assistance to plan, organ-
20 ize, implement and administer domestic violence, sexual assault, and
21 crisis intervention and prevention programs;

22 (10) make an annual report to the governor and the legisla-
23 ture on the activities of the council, plans of the council for new
24 services and programs, and concerns of the council, including recommen-
25 dations for legislation necessary to carry out the purposes of this
26 chapter;

27 (11) adopt regulations in accordance with the Administrative
28 Procedure Act (AS 44.62) to carry out the purposes of this chapter and
29 to protect the health, safety, well-being, and privacy of persons

1 receiving services financed with grants or contracts under this chapter.

2 Sec. 18.66.060. QUALIFICATIONS. A local community entity is
3 qualified to receive a grant or contract under this chapter if it
4 agrees to provide services approved by the council to victims of domes-
5 tic violence or sexual assault or their families or to perpetrators of
6 domestic violence or sexual assault without regard to ability to pay.

7 Sec. 18.66.900. DEFINITIONS. In this chapter:

8 (1) "council" means the Council on Domestic Violence and
9 Sexual Assault;

10 (2) "crisis intervention and prevention program" means a
11 community program that provides information, education, counseling, and
12 referral services to individuals experiencing personal crisis related
13 to domestic violence or sexual assault and to individuals in personal
14 or professional transition, excluding correctional half-way houses,
15 outpatient mental health programs, and drug or alcohol rehabilitation
16 programs;

17 (3) "domestic violence" means a crime specified in AS 11.41
18 when the victim is a spouse or a former spouse of the defendant, a
19 member of the social unit comprised of those living together in the
20 same dwelling as the defendant, or a person related within the second
21 degree by blood or marriage to the defendant;

22 (4) "domestic violence program" means a program that pro-
23 vides services to the victims of domestic violence, their families, or
24 perpetrators of domestic violence;

25 (5) "local community entity" means a city or borough or
26 other political subdivision of the state, a nonprofit organization, or
27 a combination of these;

28 (6) "sexual assault" means a crime specified in AS 11.41.-
29 410 - 11.41.450 or AS 11.51.130(a)(4);

(7) "sexual assault program" means a program that provides services to the victims of sexual assault, their families, or perpetrators of sexual assault.

* Sec. 2. AS 44.66.010(a) is amended by adding a new paragraph to read:

(10) Council on Domestic Violence and Sexual Assault --
June 30, 1985.

* Sec. 3. Of the first members appointed to the Council on Domestic Violence and Sexual Assault under AS 18.66.020(a) added in sec. 1 of this

(1) one member shall be appointed to serve a term of one year;

(2) two members shall be appointed to serve a term of two years.

MEMORANDUM

State of Alaska

TO: Walter Lawson, *Director*
Div. of Administrative Services
Div. of Public Safety
Dept.

DATE: May 20, 1981

FILE NO:

TELEPHONE NO: 465-3250

FROM: Betsey W. McGuire *BWM*
Family Violence Coordinator
Div. of Adult and Aging Services

SUBJECT:

May 21 1981

Commissioner Nix has asked me to submit another suggestion for a fiscal note for Senate CS for House Bill No. 91 (State Affairs) since I am unable to participate in the meeting with the Network on Friday.

Since the Council will have a number of mandates including being responsible for receiving and dispensing grant funds totaling, approximately \$3.5-4.0 million, and at least 20, if not more, programs will be funded, it is essential that the primary staff person be at a director level, (at least a Range 23, if not a range 24), since that position will be responsible for carrying out the total mandate of HB 91. Since the Council will also be made up of 4 Commissioners, in order for their executive to be effective in that position, it is necessary that the staff person be at a high range; Division Directors are either a Range 24 or 26. The Executive Director for the Commission on the Status of Women, which has far less responsibility and fewer funds to administer is a Range 23. The Executive Director of the Governor's Commission on the Administration of Justice is a Range 26; the Executive Director of the Historical Commission is a Range 26.

The Executive Director of the Domestic Violence and Sexual Assault Council will have, of necessity, the total responsibility for day to day decisions and is totally responsible to the Council for all the activities and responsibilities of the Council as defined in the proposed bill.

It should also be noted that since these positions will be employed by the Council, my understanding is that the positions would be Partially Exempt which is a slightly different range from Supervisory or General Government.

I have prepared a draft of a job description for the executive, and 3 options for staff; it seems essential to me that the staff consist of at least 3 professional people; Emergency Medical Services with a budget of \$1.4 million for grants has a staff of 6. As a result their accomplishments statewide have been many.

I have not included the non-personnel items, but consideration to the probable necessity of paying rent should be given; between 800 - 1,000 sq.ft. will be necessary; this building, for example, costs \$1.14 per sq.ft. (including custodial services). Costs for a phone system installation should also be included. It should be noted that this is not all new money; \$56.8 will be transferred from the DHSS/AAS budget to DPS for administration.

If you have further questions, please call Elizabeth Muktarian, Director of the Division of Adult and Aging Services or Marsha Hubbard, Director of DHSS Management and Budget in the next few days. I will return to the office on Wednesday, May 27th and will be anxious to hear the developments.

cc: Deborah Behr
Special Assistant; Office of
the Commissioner
DHSS

Caren Robinson, Director
AWARE

Marsha Hubbard, Director
Division of Management and
Budget

DEFINITION

Under the direction of the Chair of the Council on DV, SA ~~SA~~ plans, (AS 18.66.010) coordinates, administers and monitors programs funded by the Council; coordinates and administers the activities of the Council; supervises professional and support system staff.

EXAMPLES OF DUTIES

1. Establish new office, locate space, prepare P-402s, solicit and employ both professional and support system staff, plan use of office, purchase equipment, establish office policies and procedures and work guidelines, develop and implement training, supervise staff, prioritize and schedule work plans.
2. Develop fiscal policies and procedures; prepare Council budget; supervise the preparation of RFPs, grant and contract reviews; recommend funding levels to Council. Supervise the monitoring of expenditures and preparation of quarterly fiscal reports for Council.
3. Plan Council meetings and supervise the arrangement of schedule, travel and related details; provide liaison between Council and other state and federal agencies, as well as Alaska Network on Domestic Violence and Sexual Abuse as appropriate; maintain active communication system with Council members; prepare information, agenda, etc. as requested.
4. In consultation with authorities in the field, develop, implement, maintain, and monitor programs on the cause, prevention, and treatment of domestic violence and sexual assault;

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5. Coordinate services provided by other state agencies and community groups dealing with domestic violence, sexual assault, and crisis intervention and prevention, providing technical assistance as requested;
6. Assist local community entities engaged in the delivery of domestic violence, sexual assault, and crisis intervention and prevention services through the award of grants and contracts;
7. Develop needs assessment process and procedures to determine extensions of programs in rural and urban areas;
8. Supervise the provision of fiscal and technical assistance to plan, organize, implement and administer new or existing programs;
9. Supervise the development of minimum standards for operation of programs eligible for funding; (FY 81 legislative Intent)
10. Supervise the development and implementation of a standardized data collection system compatible with other data collection systems.
11. Supervise studies on issues relating to violence, including domestic violence and sexual assault, and to the role of crisis intervention and prevention;
12. Supervise the development of resource materials to provide for education of the public about domestic violence, sexual assault, and crisis intervention and prevention, including films and school curriculum;
13. Conduct public hearings as needed;

14. Award grants and contracts to qualified local community entities for domestic violence, sexual assault, and crisis intervention and prevention programs;
15. Receive and dispense state and federal money to carry out the purposes AS 18.66.010;
16. Oversee and audit domestic violence, sexual assault, and crisis intervention and prevention programs which receive money from the Council.
17. Supervise the writing and adaption of regulations in accordance with the Administrative Procedure Act (AS 44.62) to carry out the purposes AS 18.66.010 and to protect the health, safety, well-being, and privacy of persons using the services provided under this chapter;
18. Prepare and make an annual report to the governor and the legislature on the activities of the council, plans for new services and programs, and concerns of the council, including recommendations for legislation necessary to carry out the purpose of AS 18.66.010

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of: Budgetary and financial controls, as well as the state fiscal, and accounting and budget process and procedures, including procedures and policies for contracts and grants; organization and management principles; group and human relations, including women's issues; criminal justice, and human resource services.

Ability to: work with a policy making Council, which will include both professional and lay people; establish and manage an office; maintain effective relationships with other agencies and the public, including the Alaska Network on Domestic Violence

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and Sexual Assault as well as program people; participate effectively in conferences and meetings, as well as organize and plan meetings; [^]in public; analyze administrative problems and take appropriate action; write accurately and concisely; work under stress and time constraints.

Minimum Qualifications

Graduation from an accredited college or university with a degree in human services fields, such as education, psychology, sociology, anthropology, women's studies, etc. Must have 5 years of professional administrative experience and demonstrated ability in program development, community organization and managerial experience; preference will be given to a person having had experience either serving on Board or a Council, or having been a staff person for a Board or Council.

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The Project Coordinator (Range 18) would be responsible to the Executive for the following under AS 18.66.010

- (1) receive and dispense state and federal money and award grants and contracts to qualified local community entities for domestic violence, sexual assault, and crisis intervention and prevention programs; with money appropriate under this chapter.
- (2) oversee and audit domestic violence, sexual assault, and crisis intervention and prevention programs which receive money under this chapter;
- (3) provide fiscal and technical assistance to plan, organize, implement and administer domestic violence, sexual assault, and crisis intervention and prevention programs;
- (4) prepare regulations in accordance with the Administrative Procedure Act (AS 44.62) to carry out the purposes of this chapter and to protect the health, safety, well-being, and privacy of persons receiving services financed with these grants under this chapter.

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The Grants Administrator (Range 17) would be responsible to the Executive for the following under AS 18.66.010

- (1) receive and dispense state and federal money and award grants and contracts to qualified local community entities for domestic violence, sexual assault, and crisis intervention and prevention programs; with money appropriate under this chapter;
- (2) oversee and audit domestic violence, sexual assault, and crisis intervention and prevention programs which receive money under this chapter;
- (3) provide fiscal and technical assistance to plan, organize, implement and administer domestic violence, sexual assault, and crisis intervention and prevention programs;

WIC-CA CENTER

302 Charles Street
Fairbanks, Alaska 99701
452-2293

Shelters
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April 24, 1981

Senator Charlie Parr
Pouch V
State Capitol
Juneau, AK 99811

I have been involved with Women in Crisis almost since it's inception, for 3 and one half years, as a volunteer and as a paid staff member. I am very familiar with our services, our needs, our struggles, our successes.

Many of us have known of the acute needs of battered women for years - the need for safety, protection and counseling. More recently, this acute need has come to the attention of the public, the state and the country.

I urge you to support the committee substitute for HB 91. This enabling legislation will set up a council, within the Department of Public Safety, which will regulate, assist allocate funds to programs, and establish guidelines for new family violence programs. The establishment of this Council, and an alliance with Public Safety, will greatly improve the efficiency and effectiveness of our networking. We will be better able to serve troubled families in our own communities and to address the problem of violent families accross the state. (Plus, of course, without the enabling legislation we will not receive our operating budgets for FY 81).

Operating Budget: We are asking very little more than we asked for last year. We are still, very much, a frugal, shoestring operation. Any expansion we are making this year (positions of child specialist and shelter services coordinator) are at the demand of our clients and community. This change also reflects our desire to streamline and upgrade our services. Our new focus on children reflects our intense desire to break the cycle of violence (parent hits child who grows up to hit spouse and child who... etc.).

Capital Budget: The purchase of our facility would assist us as we attempt to establish permanence in our community. An economic upswing would create a housing shortage and with that the possibility the building would be sold out from under us. It took us a year to find this facility. Interruption of services could kill us... and some of our clients.

I have tried to keep this brief. I could've included "horror" stories in an attempt to draw your attention, sympathies and support. Instead I've tried to limit my comments to the most salient points. Besides I want to get back to work!

I urge you to goin our efforts to reduce family violence. I urge you to do your part, to do your best.

Thank you,



Trish Livingston
Irish Livingston
Human Resource Manager

women in crisis - counseling & assistance

Legislative history report. — For a report on Chapter 102, SLA 1980 (HCS CSSB 511), see 1980 Senate Journal Supplement, No. 44, May 29, 1980, or 1980 House Journal Supplement, No. 79, May 29, 1980.

DECISIONS UNDER PRIOR LAW

Separate crimes. — Rape, assault with a dangerous weapon, and kidnapping were separate crimes with separate elements. *Lacy v. State*, Sup. Ct. Op. No. 2039 (File No. 3741), 608 P.2d 19 (1980).

Article 4. Sexual Offenses.**Section**

410. Sexual assault in the first degree

440. Sexual abuse of a minor

Sec. 11.41.410. Sexual assault in the first degree. (a) A person commits the crime of sexual assault in the first degree if,

(1) being any age, he engages in sexual penetration with another person without consent of that person;

(2) being any age, he attempts to engage in sexual penetration with another person without consent of that person and causes serious physical injury to that person;

(3) being 16 years of age or older, he engages in sexual penetration with another person under 13 years of age or aids, induces, causes or encourages a person under 13 years of age to engage in sexual penetration with another person; or

(4) being 18 years of age or older, he engages in sexual penetration with another person who is under 18 years of age and who

(A) is entrusted to his care by authority of law; or

(B) is his son or daughter, whether adopted, illegitimate, or stepchild.

(b) Sexual assault in the first degree is a class A felony. (§ 3 ch 166 SLA 1978, am § 8 ch 102 SLA 1980)

Cross reference. — As to evidence of past sexual conduct in trials of sexual assault in any degree or attempt to commit sexual assault in any degree, see AS 12.45.045.

Effect of amendment. — The 1980 amendment, effective June 21, 1980, inserted "or aids, induces, causes or encourages a person under 13 years of age

to engage in sexual penetration with another person" near the end of paragraph (3) in subsection (a).

Legislative history report. — For a report on Chapter 102, SLA 1980 (HCS CSSB 511), see 1980 Senate Journal Supplement, No. 44, May 29, 1980, or 1980 House Journal Supplement, No. 79, May 29, 1980.

Effect of amendment. — The 1980 amendment, effective June 21, 1980, rewrote the section.

Legislative history report. — For a report on Chapter 102, SLA 1980 (HCS

CSSB 511), see 1980 Senate Journal Supplement, No. 44, May 29, 1980, or 1980 House Journal Supplement, No. 79, May 29, 1980.

Sec. 11.46.620. Misapplication of property.

(d) Misapplication of property is

(1) a class C felony if the value of the property misapplied is \$500 or more;

(2) a class A misdemeanor if the value of the property misapplied is less than \$500.

(am § 15 ch 102 SLA 1980)

Effect of amendment. — The 1980 amendment, effective June 21, 1980, rewrote subsection (d).

As the rest of the section was not affected by the amendment, it is not set out.

Legislative history report. — For a report on Chapter 102, SLA 1980 (HCS CSSB 511), see 1980 Senate Journal Supplement, No. 44, May 29, 1980, or 1980 House Journal Supplement, No. 79, May 29, 1980.

Chapter 51. Offenses Against the Family.

Section

130. Contributing to the delinquency of a minor

Sec. 11.51.120. Criminal nonsupport.

DECISIONS UNDER PRIOR LAW

An illegitimate should normally be considered the child of both his parents. *S.L.W. v. Alaska Workmen's Compensation Bd.*, Sup. Ct. Op. No. 736 (File No. 1333), 490 P.2d 42 (1971).

And is entitled to support and maintenance. — Under former AS 11.35.100, an illegitimate child was as much entitled to support and maintenance as any other child. *S.L.W. v. Alaska Workmen's Compensation Bd.*, Sup. Ct.

Op. No. 736 (File No. 1333), 490 P.2d 42 (1971).

Illegitimate may enforce obligation of support against parent. — An illegitimate child has an inherent right, apart from any statute, to enforce against its parent an obligation of support. *S.L.W. v. Alaska Workmen's Compensation Bd.*, Sup. Ct. Op. No. 736 (File No. 1333), 490 P.2d 42 (1971).

Sec. 11.51.130. Contributing to the delinquency of a minor. (a) A person commits the crime of contributing to the delinquency of a minor if, being 19 years of age or older, he

(1) aids, induces, causes, or encourages a child under 18 years of age to do any act prohibited by state law;

(2) Deleted.