

ALASKA LEGISLATURE COMMITTEE FILES 1983-1984 86/2

2274 HHESS HB 548 - HB 566

324

MEMORANDUM

Wassillie Ilutsik, Mayor
Aleknagik City Council
re: South Shore Clinic Equipment Estimates
March 2, 1984
Page Two

<u>EQUIPMENT</u>	<u>COST ESTIMATE(WITHOUT FREIGHT)</u>
(2) Two Garbage Cans (Barratt Office Supply)	\$ 38.00 Each (no freight) (\$ 76.00) FOR TWO GARBAGE CANS
Mayo Instrument Stand (American Hospital Supply)	\$179.00 (no freight)
Cool-Mist Vaporizer (Sears)/ 4 pounds, 12 oz.	\$ 20.00 (no freight)
Adult Scale (American Hospital Supply) (Redmond, Washington)	\$265.00 (no freight)
Stainless Steel Utility Table (American Hospital Supply) (Redmond, Washington)	\$400.00 (no freight)
Stainless Steel Worktable (American Hospital Supply) (Redmond, Washington)	\$325.00 (no freight)
<hr/>	
ESTIMATE TOTAL COST EQUIPMENT (FREIGHT COSTS NEED TO BE INCLUDED):	\$5,350.00 (COST WITHOUT FREIGHT)

Barbara said she had other Hospital Equipment catalogs, if we would like to sit down with her sometime, at the Bristol Bay Area Hospital and go over clinic equipment catalogues with her. Barbara is "holding" an infant scale for the South Shore Clinic. The hospital potentially will be able to provide the South Shore Clinic with a short-wave radio. We will need to provide (2) two fire extinguishers.

CHOG LUMBER & SUPPLY

"The Blue Building on the Bay"

P. O. BOX 196
DILLINGHAM, ALASKA 99576
PHONE 842-1200

March 8, 1984

Ms. Helen M. Chythlook
City Administrator
City of Aleknagik 99555

Dear Ms. Chythlook

Enclosed is is an itemized materials list I have estimated for the proposed South Shore Health Aide Clinic as per your letter dated 3/5/84. The price includes all materials necessary to bring the building to an operational condition. I have also included an estimation of materials and a schematic drawing for the electrical which should be installed during construction.

We certainly appreciate the opportunity to bid this project, and look forward working with our friends in Aleknagik. If I may be of further service or answer any questions concerning the enclosed estimate please contact me at Chog Lumber 842-1200.

Sincerely,

CHOG LUMBER

Jon E. Sorensen
General Manager

Enclosures

CHOG LUMBER & SUPPLY

"The Blue Building on the Bay"

P. O. BOX 196
DILLINGHAM, ALASKA 99576
PHONE 842-1200

City of Aleknagik

Proposed South Shore Health Aide Clinic

Attached is a comprehensive itemized materials list and prices for all building materials through the completion stage. You will also find a schematic drawing of an electrical system.

Building Material :	\$8,952.34	<u>F.O.B. Aleknagik North Shore</u>
Electrical Package:	\$1,342.74	" " " "

CHOG LUMBER & SUPPLY

"The Blue Building on the Bay"

P. O. BOX 196
DILLINGHAM, ALASKA 99576
PHONE 842-1200

ITEM	DESCRIPTION	EXTENTION
Foundation Girders	4 X 12 #2 D/Fir 2/16 1/20	689/M 143.31
Floor Joist - 16"o/c	2 X 10 #2 H/Fir 6/12 20/12	615/M 319.80
Subfloor/Underlayment	3/4" T & G Plywood 15pcs.	865/M 415.20
Plate - Ext. Walls	2 X 6 #2 H/Fir 6/10,6/14,6/20	533/M 140.71
Studs - " "	2 X 6 #2 H/Fir 88/92-5/8"	546/M 384.38
Headers " "	2 X 8 #2 H/Fir 3/16	748/M 47.87
Plywood Siding	4 X 9 5/8" T-1-11	805/M 753.48
15lb. Felt-roof/siding	5 rolls @ 19.00	95.00'
Interior Wall Plate	2 X 4 #2 H/Fir 14/14	590/M 77.29
Interior Wall Studs	2 X 4 #2 H/Fir 70/92-5/8"	488/M 209.44
Interior Headers	2 X 6 #2 H/Fir 4/8	546/M 17.47
Ceiling Joist 24"o/c	2 X 6 #2 H/Fir 16/20	533/M 170.56
Roof Rafter 24"o/c	2 X 6 #2 H/Fir 28/12	533/M 179.08
Roof Sheathing	4 X 8 1/2" CDX Plywood 20pcs.	477/M 305.28
Brown Steel Eaves Flashing	5 pcs. @ 10.00	50.00
Brown Steel Gable Flashing	4 pcs. @ 11.60	46.40
Brown Steel Roofing 12ft.	12 pcs. @ 15.00	180.00
Brown Steel Ridge	3 pcs. @ 11.00	33.00
Butyl Adhesive Tape	4 roll @ 9.00	36.00
Foam Closure Tape	2 roll @ 6.50	13.00
Brown Roofing Screws	300 screws @ .07	21.00
Sheetrock - Ceiling	4 X 12 5/8" Type X 10 pcs.	434/M 208.32
Sheetrock - Walls	4 X 8 1/2" Regular 52 pcs.	355 590.72
Visqueen Vapor Barrier	10 X 100 6mil	45.00
4 gallon Sheetrock Joint Compound	6 @ 17.00	102.00
Beadex Corners	20 @ 1.50	30.00
Paper Joint Tape	3 @ 3.95	11.85

CHOG LUMBER & SUPPLY

"The Blue Building on the Bay"

P. O. BOX 196
DILLINGHAM, ALASKA 99576
PHONE 842-1200

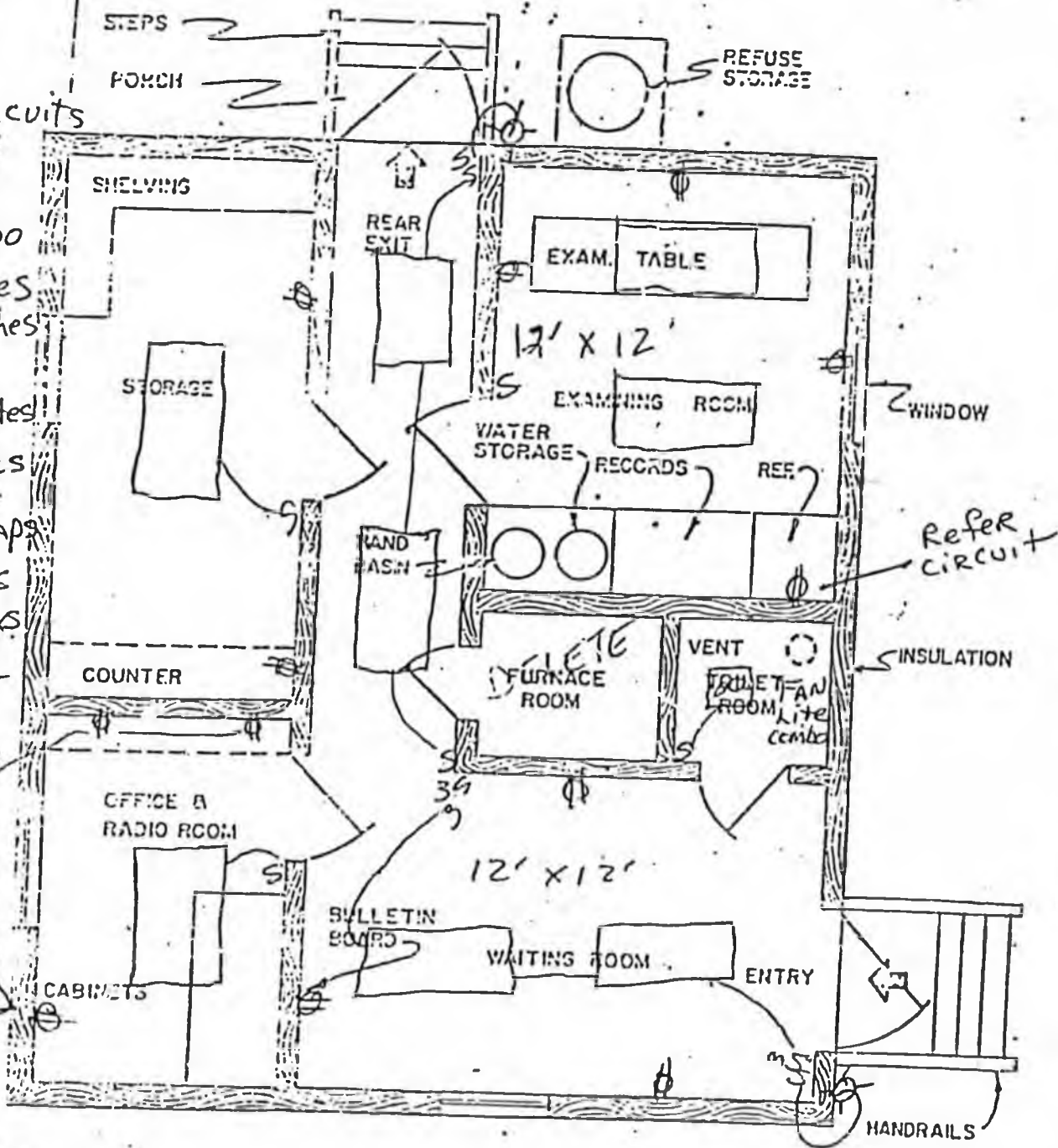
ITEM	DESCRIPTION	EXTENTION
Insulation		
Walls & Floors	R-19 X 15 6 @ 72.00	432.00
Ceiling	R-38 X 24 6 @ 110.00	660.00
Interior Paint		
Fuller OBrien P.V.A. Primer	2-5 gal. @ 75.00	300.00
" " Latex Enamel -	2-5 gal. @ 95.00	190.00
Exterior Stain		
Olympic Solid Oil -	1 - 5 gal. 75.00	75.00
Exterior Decks		
2 X 6 Cedar Decking and Steps	4/10, 12/8, 6/12, 546/M	113.56
2 X 10 #2 H/Fir Stair Stringers	6/12 615/M	59.02
2 X 2 TK Cedar pickets for rail	14/8	28.00
Flush 3/0 X 6/8 Outswing Insulated Steel Door	2 @ 230.00	460.00
Flush Hollow Core Mahogany 2-2/4, 1-2/0	3 @ 56.00	168.00
Pine Craft Insulated Wood Casement Windows	4 @ 230.00	920.00
Rough Opening : 3-3-5/8" X 3-5 1/2"		
Miscellaneous		
16d Galvanized Box Nails	50lbs.	47.00
8d " " "	50lbs.	47.00
7d " Siding	25lbs.	25.00
5/8" Z- Flashing	5 @ 3.00	15.00
Sheetrock Nails	20lbs.	22.00
Pine Shelving 1 X 12 #3 Common 8/10	80 @ 1.00	80.00
2-1/4" Hemlock Casing & Base Molding	200 @ .55	110.00
Preway 50,000 BTU Oil Heater w/fan		375.00
Metalbestos 6S-CSP Ceiling Support	1 @ 18.00	18.00
" 6S-30 Insulated Pipe	3 @ 45.00	135.00
" 6S-SF Special Flashing	1 @ 15.00	15.00
" 6S-SC Storm Collar	1 @ 3.60	3.60
" 6S-CT Round Top	1 @ 28.00	28.00

Minimum Dimensions 20' x 24'

ALASKA AREA CIRCULAR NO. 81-43

ATTACHMENT #2

- 25 Red wirenuts
- 200 staples
- 500' 12-2
- 5 20amp circuits
- 6 Single gangs
- 3 Two gangs
- 1 Fan lite combo
- 2 plugs & plates
- 1 3 ways switches
- single pole "
- Two gang sw plates
- single sw plates
- 4' 2 tube wraps
- outside lites
- 3/p cut-in BXS
- 1 lite circuit
- convenience
- plug circuits



Radio Rm
Circuit

Service gear

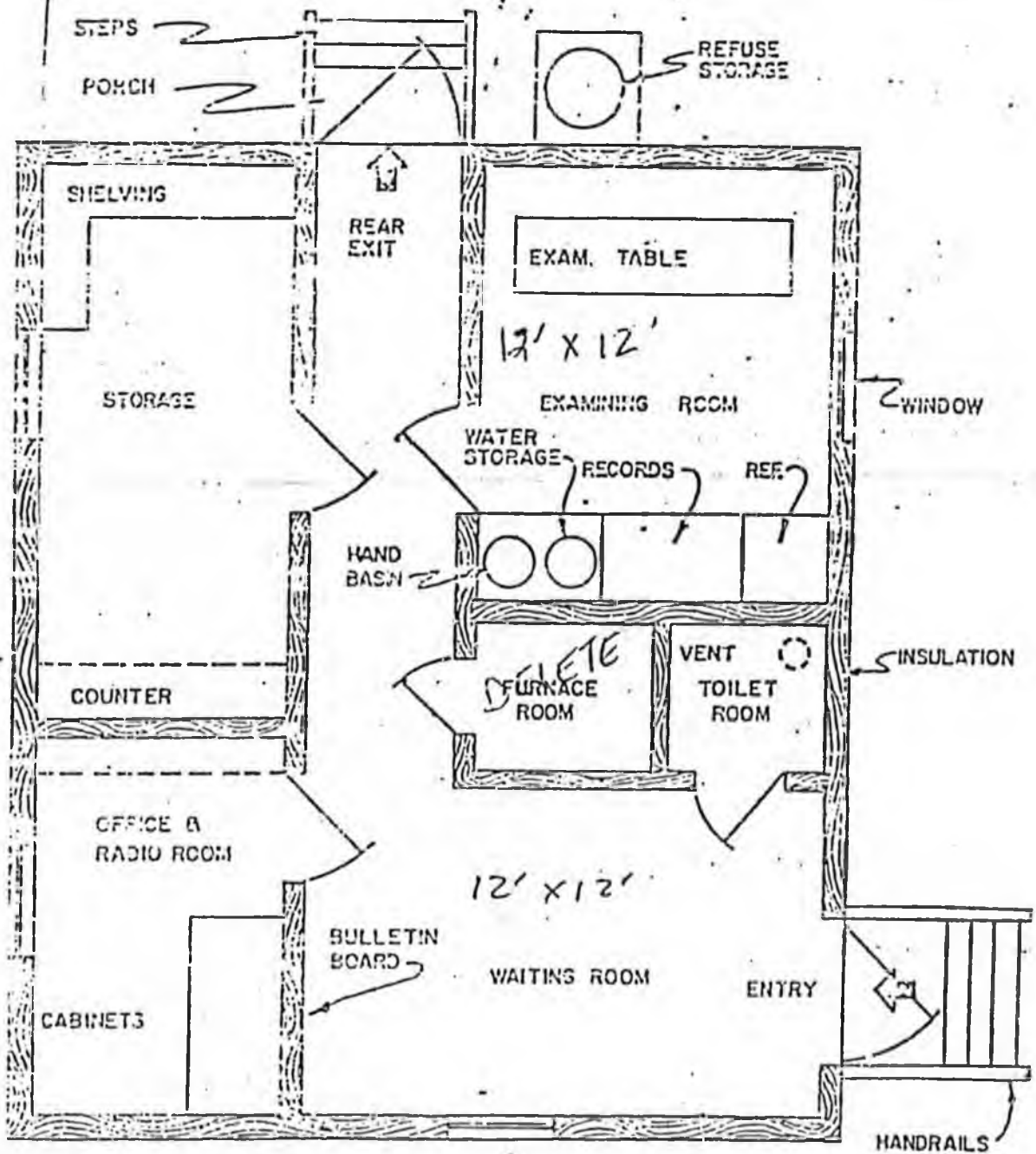
- 125 amp panel
- 125 meter disconnect
- grnd Rod 10' copper
- Approved for burial Grnd Clamp
- 10' #4 bare grnd wire
- 10' #2 THHN
- 20' #4 THHN
- Weather head 2"
- Strike knob 2"
- Flashing 2"

- 20 3/8" 2 screw connectors
- 10' 2" Rigid
- 2 2" Plastic bushings
- 4 2" Lock nuts
- 1 2" x 5" nipple
- 2 7" U bolts
- 1 2" hub

SUGGESTED BASIC CLINIC FOR VILLAGES UNDER 200 POPULATION

Minimum Dimensions 20' X 24'

ALASKA AREA CIRCULAR NO. 81-43 ATTACHMENT #2



SUGGESTED BASIC CLINIC FOR VILLAGES UNDER 200 POPULATION

58' INT. WALL X 6

CITY OF ALEKNAGIK
P.O. Box 33
ALEKNAGIK, ALASKA 99555
(907) 842-5953

March 5, 1984

Mr. Jon Sorensen
Chog Lumber Supply
Dillingham, AK 99576

Dear Mr. Sorensen:

Enclosed is a list of building materials that the City of Aleknagik would like price estimates on for the proposed South Shore Health Aide Clinic. The minimum dimensions are: 20 foot by 24 foot.

I would like to present the enclosed figures to Representative Herrmann by Thursday of this week (March 8th). The Council would like to delete the furnace room. Therefore, there are 4 rooms:

- A. Exam Room, Dimensions have to be 12 foot by 12 foot, according to the Public Health Service Requirements.
- B. Waiting Room/Office - suggested dimensions are also 12 foot by 12 foot, or 12 foot by 10 foot.
- C. Bathroom--for now, we are not anticipating installing water and sewage system, but we would like to reserve space for that in the near future.
- D. Storage Room-This must have some shelving, and a counter with a counter top.

See attached list, and enclosures for further details.

Sincerely,

CITY OF ALEKNAGIK

Helen M. Chythlook

Helen M. Chythlook
City Administrator

Enclosures

CITY OF ALEKNAGIK

P.O. Box 33

ALEKNAGIK, ALASKA 99555

(907) 842-5953

3/5/84

SOUTH SHORE HEALTH AIDE CLINIC (Dimensions 20' x 24' Minimum)

PRICE ESTIMATES FOR BUILDING MATERIALS

FROM CHOG LUMBER SUPPLY

<u>Item(s)</u>	<u>Quantity</u>	<u>Each Item Price List</u>	<u>Total Price</u>
Oil Heater (non electric) (To heat clinic)	1	_____	_____
30" to 42" Size Windows	4	_____	_____
16" Foil Insullation (Wall Studs to 20' x 24')	For the whole Clinic	_____	_____
Siding Lumber (For Outside of Building)		_____	_____
Wall Paneling (For Inside)	4 Rooms	_____	_____
Ceiling Tile	4 Rooms	_____	_____
1" or 3/4" (Flooring)	4 Rooms	_____	_____
10" Floor Goist	4 Rooms	_____	_____
6" Floor Goist	4 Rooms	_____	_____
1/2" Roof (CDX) Material	20' x 24' Bldg.	_____	_____
Tin Roof Galvanized	20' x 24' Bldg.	_____	_____

South Shore Health Aide Clinic
Price Estimates
From Chog Lumber Supply
March 5, 1984
Page Two

<u>Item(s)</u>	<u>Quantity</u>	<u>Each Item Price List</u>	<u>Total Price</u>
Metal Bestos Chimney	3 Sections		
Complete Doors w/ Door Jam & Door Locks	Two (2)		

Lumber for
2 Back Steps /handrails
& Back Porch

Lumber for 3
Front Steps /handrails
& Front Perch

Counter & Countertop 1

Shelving (1 x 12) 1

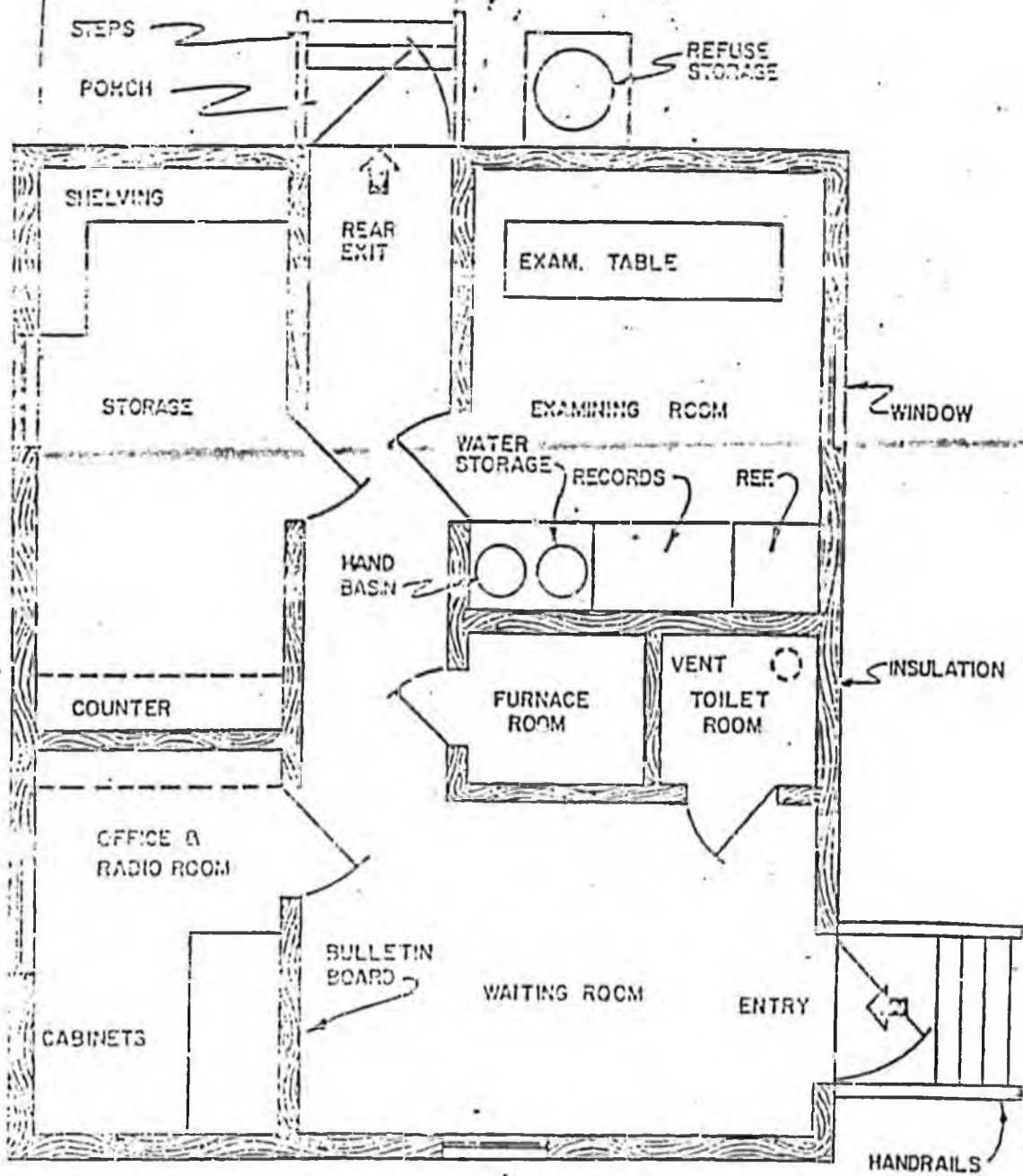
Electrical Outlets 2
Minimum (2)

Light Bulb Fixtures 4
Light Switch 4

Door Knobs 2

OTHER ITEMS NEEDED:

TOTAL PRICE ESTIMATE: _____
BUILDING MATERIALS &
SUPPLIES



SUGGESTED BASIC CLINIC FOR VILLAGES UNDER 200 POPULATION

A REPORT TO THE ALASKA STATE SENATE
AND HOUSE HESS COMMITTEE
13th ALASKA STATE LEGISLATURE, 1984
PROPOSED SOUTH SHORE HEALTH CLINIC
CITY OF ALEKNAGIK- FY84

INTRODUCTION

In the December 17, 1974, Memorandum of Agreement signed by Emery A. Johnson, M.D. Assistant Surgeon General, Indian Health Service, James S. Dwight, Jr., Administrator, Social and Rehabilitation Services, and Peter F. Holmes, Director, Office for Civil Rights, there is a provision of Medical Services to Indians and other Native Americans, that state in the policy: "Indians and other Native Americans are entitled under the fifth and fourteenth amendments to the Constitution of the United States, and Title IV of the Civil Rights Act of 1964, 42 U.S.C. 200-d et. seq., to equal access to State, Local, and Federal programs to which other citizens are entitled." It also mentions that "The United States Indian Health Service is a residual rather than primary health service resource." Moreover, the Indian Health Service Policy outlines, under the provision of its approved medical assistance plan or other public assistance plans, the state agency is responsible for meeting the cost of the services provided therein for all individuals, regardless of race, who apply and are found eligible.¹

EXISTING MEDICAL CARE (SECONDARY)

The central medical facility, is the Bristol Bay Hospital, in which the management recently was transferred to the local Bristol Bay Area Health Corporation, by the Indian Health Service. The hospital provides secondary medical service to approximately 32 villages. For major medical emergencies that cannot be treated at the Bristol Bay Hospital, they transport patients to the Alaska Native Medical Center in Anchorage.

The medical providers at the Bristol Bay Hospital communicate with the immediate health needs of each village, by the Community Health Aide Program (CHAP), which is funded by the Bristol Bay Area Health Corporation. Each day at an assigned time, the hospital doctor on duty, has "traffic hour," with the 32 villages and hears medical reports, prognosis, seen and monitored by the Community Health Aide, by VHF Radio Communications.

Thank goodness to the inventor (Alexander Graham Bell) of telephones, there are now "bush phones" in some of the villages, and the Community Health Aides can call the hospital if immediate, medical care is needed for patients. After hearing the Community Health Aides prognosis on the patient, the doctor recommends the appropriate medication treatment, and a follow-up visit to be done by the Community Health Aide. If the patient is still ill, and prescribed medical treatment isn't working, then the medical doctor will recommend that the patient be sent via airplane to the hospital for further medical treatment.

PROBLEM STATEMENT AND FACTS

If it weren't for the Community Health Aides Program in the villages, a lot of older adults and infants, who are mostly affected by illness, the death mortality rate would be higher than what it is today. Plus, it would be costing the elderly persons' and Alaska Natives, a fortune, to get to their final destination for immediate, medical attention, since most transportation is by air in the winter, and by boat in the summer. Although there is a 23 mile "dirt" road between Aleknagik and Dillingham, where the hospital is located, most elders do not drive, and they are the ones most affected by sudden illnesses and need immediate medical attention.

Therefore, I propose to the 1984 Alaska State Legislature, that a Community Health Aide Clinic be built on the South Shore of Lake Aleknagik, so that the elderly can have a closer access to quality health care. The elderly also do not operate outboard motors, and it is rather

difficult for most of them to "get around," and they mostly need "escorts" to help them get medical care, because they do not speak English, as their first language. If the New South Shore Clinic was built, this would benefit the elderly's well being, mentally, physically, and emotionally. Because, the South Shore Health Clinic would be on the same side of the lake they they live on, and they would call the Community Health Aide for immediate medical aide. She/he in turn, would contact the hospital if it was a serious emergency, and be able to drive the elder person, or infant, to the hospital, since the road is accessible on the South Shore vicinity. This medical care routine would affect persons of all ages, who need immediate medical care. For those persons who are too ill, disabled to go to the clinic, the Community Health Aide would make home visits, and follow-up visits, until the person's illness has subsided; or the person has been referred for further medical treatment at the Bristol Bay Hospital.

The approval of the South Shore Clinic, by the Alaska State Legislature would also be an improvement in the existing Community Health Aide facility, which is at the home of the South Shore Health Aide, who does not have built-in water and sewer in her home. When the weather is real cold, the existing oil heater doesn't provide adequate heat, and the medicine and supplies have frozen solid, thus having to dispose of medicine that should be locked up in an adequate medicine cabinet, and be well supplied in advance, for unexpected emergencies. The current "home clinic" equipment consists of one, four-drawer steel file cabinet, in which the Shore Shore Community Health Aide keeps her medical records in one drawer, medicine that doesn't need refrigeration in another, medical utensils, such as thermometers, stethoscope and related equipment in one drawer. The home is a small, two room, plywood built construction. The other equipment is the South Shore Community Health Aide's personal mini-refrigerator, in which she keeps her food and medicine that needs to be refrigerated.

Personally, I don't think I would like to be treating the medically ill in my home. It takes a special person with some dedication and sympathy, for the well being of others, first, to be treating the ill in his/her home.

CONCLUSION

Therefore, for the previous reasons mentioned, that for the physical, mental, and emotional well-being of the elderly, and ill, and those who need immediate medical attention, as well as for the betterment of the existing health care delivery and Community Health Aide's well being, I propose that the 13th Alaska State Legislature take all that has been said into consideration, and approve the funding of a new health clinic facility, in the South Shore vicinity of Aleknagik. Thank you for your time and consideration.

¹ Emory A. Johnson, M.D., Assistant Surgeon General, Indian Health Service; James S. Dwight, Jr., Administrator, Social and Rehabilitation Services, and Peter F. Holmes, Director, Office for Civil Rights, "Memorandum of Agreement: Provision of Medical Services to Indians and Other Native Americans." (letter). United States Government, Department of Health, Education and Social Services, Washington, D.C., December 17, 1974, p. 1.



**South Central
Health Planning and Development, Inc.**

1135 West Eighth Avenue • Suite 1 • Anchorage, Alaska 99501

(907) 278-3631

February 29, 1984

Honorable Mae Tischer
Alaska State House of
Representatives
Pouch V
Juneau, Alaska 99811



Dear Representative Tischer:

Re: HB 548 Relating to Community Health Aide Training and Support

The full Board of South Central Health Planning and Development, Inc., met on February 25, 1984. The proposed bill to provide funding for Community Health Aide training was discussed fully. A motion to support the concepts of HB 548 was passed unanimously.

The Community Health Aide program continues to be the most effective, least costly, and best accepted health care service in rural Alaska. I urge you to act expediently to support this Bill.

Sincerely,

Steve Lesko
President

Attachment

SL/ab

SOUTH CENTRAL HEALTH PLANNING AND DEVELOPMENT, INC.

PRESENT STATUS OF FULL BOARD MEMBERS

Subarea #1 - Aleutian Chain

Consumer: Marie Osterback
P.O. Box 156
Sand Point, Alaska 99661
Home: 383-2363

Subarea #2 - Municipality of Anchorage

Provider: Sharon Anderson
112 Fish Hatchery Road
Eagle River, Alaska 99577
Home: 688-9064
Work: 276-1131 (ext. 330)

Consumer: Laura Lee Calhoon
Star Route A, Box 20481
Anchorage, Alaska 99507
Home: 344-7463
Work: 276-1333

Provider: Bill Faulkner
2011 Atwood Drive
Anchorage, Alaska 99503
Home: 272-5091
Work: 272-2557

Consumer: Peter Gallagher
1766 Morningtide
Anchorage, Alaska 99501
Home: 279-4187
Work: 786-1426

Provider: Steve Lesko
6419 Blackberry
Anchorage, Alaska 99502
Home: 243-7438
Work: 274-1581

Consumer: Lillie McGarvey
42300 Tahoe Drive
Anchorage, Alaska 99502
Home: 243-1078

Provider: Beth Taeschner
Box 56
Soldotna, Alaska 99669
Home: 262-4287
Work: 262-4344

Consumer: Robert Niebrugge
P.O. Box 365
Glennallen, Alaska 99588
Home: 822-3256
Work: 822-3823

Subarea #6 = Kodiak Island

Provider: Daniel Van Wieringen
P.O. Box 1187
Kodiak, Alaska 99615
Home: 486-5959
Work: 486-3281

Subarea #6 = North Pacific Rim

Provider: Jonathan Sewall
Box 1184
Seward, Alaska 99664
Home: 224-3577
Work: 224-5205 (ext. 207)

Subarea #7 = Norton Sound

Provider: Carolyn Michels
P.O. Box 966
Nome, Alaska 99762
Home: 443-2026
Work: 443-5411 (ext 202)

Subarea #9 = Yukon-Kuskokwim

Consumer: Louise Charles
P.O. Box 663
Bethel, Alaska 99559
Home: 543-2954

Provider: George Peratrovich
P.O. Box 528
Bethel, Alaska 99559
Home: 543-2476
Work: 543-3321



DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE

March 2, 1984

ALASKA AREA NATIVE HEALTH SERVICE
BOX 7-741
ANCHORAGE ALASKA 99510

Refer to: A-D (A-CHAP)

The Honorable Mae Tischer
Alaska House of Representatives
Chairman of H. E. S. S.
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Ms. Tischer:

I have just reviewed HB 548, "An act relating to state assistance for Community Health Aide Programs; and providing for an effective date." I would like to go on record as supporting this significant legislation in terms of the Community Health Aide Program (CHAP).

As Director of the Alaska Area Native Health Service, I have come to know and appreciate the importance of the CHAP in helping to make possible an improved health status of Alaskan Natives. Community Health Aides (CHAs) are located in 171 isolated communities, from Point Hope to Kasaan. They provide year round primary health care coverage. Not only does this coverage consist of emergency and acute care, it also embraces a wide range of health surveillance and other preventive activities. Drugs may be administered by a CHA under a physician's direction. The CHA, then, represents the front line in the delivery of health care, the link between village residents and the appropriate health care backup system.

The foundation of the CHAP is formed by a consistent training program, which includes a published curriculum and skills list. Using established guidelines and tested approaches to training, health care professionals, whether in the training centers or the field, are better able to relate to training needs of the CHAs. CHA certification is offered to those CHAs who are able to acquire the skills and successfully meet other training requirements. Certification is a milestone for a CHA in the acquisition of specified competencies, and it indicates that a CHA may practice safely with an high level of independence. The term "practitioner" is often used when referring to CHAs who have reached the certificate level.

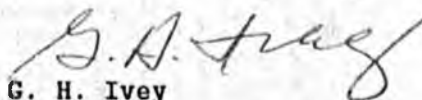
The Honorable Mae Tischer
Community Health Aide Program
March 2, 1984

Page 2

The difficulty of making appropriate health care accessible and cost-effective to sparsely populated and widely scattered villages remains an acute problem in many countries. The achievements of the CHAP in helping to reduce this health care service gap in rural Alaska has repeatedly been recognized and acknowledged by health care professionals. The CHAP has been regarded by the World Health Organization as a model program because of its success in utilizing the village resident in improving his own health status.

With the passage of HB 548, significant resources will be made available. From the viewpoint of AANHS, the strong funding assistance proposed in the bill is welcomed and encouraged. This bill will allow not only for program maintenance but also for continued growth and improvement. Passage of this bill will also see the State of Alaska making a much-appreciated budget commitment to the overall program. It is apparent that if the configuration of well-trained CHAs providing primary health care services from small rural clinics is to be maintained and enhanced, the combined resources of the State of Alaska, the Regional Health Corporations, and AANHS will be required.

Sincerely,



G. H. Ivey
Director
Alaska Area Native Health Service



Official Business

Alaska State Legislature



Pouch V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

TO: Rep. Mae Tischer Chairperson
House Health, Education
and Social Services Committee

FROM: Rep. Jack Fuller *JA*

DATE: February 24, 1984

SUBJECT: House Bill 548 - An Act relating to
State Assistance for Community
Health Aide Programs

Attached for your review and files is a letter from the Mayor of Kotlik, Joseph P. Mike, with regard to House Bill 548.

JOSEPH P. MIKE/MAYOR
Kotlik, City Council
Kotlik, Alaska 99620

February 14, 1984

JACK FULLER/REPRESENTATIVE
Pouch V
Juneau, Alaska 99811

Dear Mr. Fuller

Just recently I have received a copy of House Bill No. 548 which is introduced by Herman, Hulbert, M.W. Miller, Shultz, Fritz, BettiWorth, Gall, Zharoff and McBride.

I am in support of House Bill No. 548 which concerns about the Primary Health Aide which relates to State Assistance for Community Health Aide Programs.

Our Primary Health Aides within the A.V.C.P. Region have the lowest salary even though they have the same qualification as the other Health Corporation.

As you may not be aware our Health Aides are on call 24 hrs daily. I know the Health Aides work longer hrs in the villages because we do not have a PHS Hospital near our village.

The people in the villages depend on our Health Aides to help them with their sickness, and they do a real good job.

The Health Aides leave their families when they are asked to attend trainings in Bethel for about (2-3) weeks to improve their Health skill.

Also there are beginning to be more High School graduates who are interested in Health Fields.

They are benefiting from the training programs, and they should continue their job they can become Physician Assistant in the Health Corporation or the training will encourage them what their goals are for the future.

Since you are representing our District I once again ask you to strive real hard to get the House Bill no. 548 to go thru legislation, this is something that is badly needed by our Health Aides

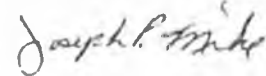
Thank you for taking your time to read the letter.

Have a nice day and do a good job.

If there should be any question do not hesitate to write to the above address or give us a call at (907) 899-4313.

Once again Thank You.

Sincerely,



Joseph P. Mike
Mayor

cc: George Peratrovich/YKHC
Tony Vaska /Representative
Frank Ferguson/Senator
Dorothy Schiller/YKHC

JPM/lro

municipality under this section shall be on a form furnished by the Department of Administration and shall be executed within 60 days after the effective date of the appropriation or allocation.

(b) An appropriation or allocation for a grant to a municipality for construction of a public facility lapses if substantial, ongoing work on the project has not begun within five years after the effective date of the appropriation or allocation.

(c) In accepting a grant of money for construction of a public facility, a municipality covenants with the state that it will operate and maintain the facility for the practical life of the facility and that the municipality will not look to the state to operate or maintain the facility or pay for its operation or maintenance. This requirement does not apply to a grant of money for repair or improvement of an existing facility operated or maintained by the state at the time the grant is accepted if the repair or improvement for which the grant is made will not substantially increase the operating or maintenance costs to the state.

(d) Not less than 20 percent of a grant shall be paid to a municipality within 10 days of the effective date of the agreement under (a) of this section. The remainder of the grant shall be paid either in monthly installments equal to the amount of grant money the municipality expended in the previous month or in a lump sum as determined by the Department of Administration. (§ 1 ch 156 SLA 1980; am § 1 ch 4 SLA 1982)

Effect of amendments. — The 1982 amendment in subsection (a), substituted "amount is appropriated or allocated" for "appropriation is made" in the first sentence, inserted "or allocation" in items (1) and (3) in the second sentence, and added "and shall be executed within 60 days after the effective date of the appropriation or allocation" to the end of the third sentence; redesignated the former fourth and fifth sentences of subsection (a) as subsection (d); inserted "or allocation" in two places in subsection (b); substituted "a" for "each" preceding "municipality covenants" and

"the practical life of the facility and that the municipality" for "its practical life and that it" in subsection (c); added the second sentence of subsection (c); deleted the provisions of former subsections (d), (f), and (g), which may now be found in AS 37.05.316, 37.05.317, and 37.05.318, respectively; and in present subsection (d), added "under (a) of this section" to the end of the first sentence. The substance of the provisions of former subsection (e) may now be found at the end of the third sentence of subsection (a).

Sec. 37.05.316. Grants to named recipients. When an amount is appropriated or allocated to a department as a grant for a named recipient which is not a municipality, the department to which the appropriation or allocation is made shall promptly notify the named recipient of the availability of the grant and request the named recipient to submit a proposal to provide the goods or services specified in the appropriation act, or both, for which the appropriation or allocation is made. At the same time, the department may issue a request for proposals from other qualified persons to provide the same goods or services, or both, in the same area. The department shall contract with

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the named recipient unless the Office of the Governor, with due regard for any local expertise or experience among those making proposals, determines that an award of the contract to a different party would better serve the public interest. If the contract is awarded to another party than that named by the legislature, the basis of that action shall be stated in writing at the time the grant is issued and a copy of the written statement shall be sent to the Legislative Budget and Audit Committee. A contract shall be executed within 60 days after the effective date of the appropriation or allocation. The purchase of the goods or services, or both, shall be in accordance with AS 37.05.230(1)(C). (§ 2 ch 4 SLA 1982)

Sec. 37.05.317. Grants to unincorporated communities. When an amount is appropriated or allocated as a grant under this section to an unincorporated community, it shall be disbursed as follows:

(1) Within 45 days after the effective date of the appropriation or allocation, the Department of Community and Regional Affairs shall notify the governing body of the unincorporated community, if any, that a grant is available.

(2) The Department of Community and Regional Affairs shall determine if there is a qualified incorporated entity in the community area that will agree to receive the grant and administer it, subject to terms generally applicable to private grantees. If there is more than one such entity, the Department of Community and Regional Affairs shall select the most qualified and the grant shall be awarded to that incorporated entity for the purposes specified in the appropriation act. However, the Department of Community and Regional Affairs shall give preference to a nonprofit corporation organized by a community for receipt of the grant.

(3) If there is no incorporated entity qualified to receive the grant, the Department of Community and Regional Affairs shall administer the program as specified in the appropriation act directly or through agents or contractors with whom it may contract in the community area. (§ 2 ch 4 SLA 1982)

Sec. 37.05.318. Further regulations prohibited. Notwithstanding the Administrative Procedure Act (AS 44.62), the Fiscal Procedures Act (AS 37.05), and the Executive Budget Act (AS 37.07), a state agency may not adopt regulations or impose additional requirements or procedures to implement, interpret, make specific, or otherwise carry out the provisions of AS 37.05.315 — 37.05.317 unless required by the federal government for participation in federal programs. (§ 2 ch 4 SLA 1982)

Sec. 37.05.325. Definitions for AS 37.05.315 — 37.05.317. In AS 37.05.315 — 37.05.317, "allocation" and "appropriation" have the meanings given in AS 37.07.120(2) and (3). (§ 2 ch 4 SLA 1982)



**South Central
Health Planning and Development, Inc.**

1135 West Eighth Avenue • Suite 1 • Anchorage, Alaska 99501
(907) 278-3631

February 13, 1984

Mae Tischer, Co-Chairperson
House Health, Education and Social
Services Committee
Pouch V
Juneau, Alaska 99811

Dear Ms. Tischer:

Re: HB 548 Regarding Community Health Aides

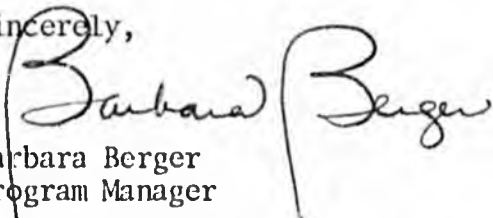
The delivery of primary health care in rural Alaska has long been dependent on the Community Health Aide (CHA). The development of health skills of indigenous providers has worked remarkably well for Native people in 200 sites throughout the State, and has become a model worldwide.

With the State's unprecedented population growth in the last 10 years and increasing numbers of non-natives moving to rural villages, demands on these essential health providers have also grown. The demands are constant but frequently show seasonal increases. With the growth has also come increased public expectations for new types of services from CHAs including health education, sanitation and hygiene, crisis intervention for behavioral health problems, and increasing levels of EMS interventions.

Concerns which have been brought to the attention of SCHPD during our needs assessments and plan development include high turnover and "burnout" of the primary aides; problems with recruitment, retention and adequate training of alternates; adequate continuing education for all aides; and adequate supervisory consultation for the aides. House Bill 548 addresses many of the concerns which we have emphasized. The Bill's provision for future support of aide services is essential to assure the stability of the program and the vital role CHAs play in health care in rural areas.

South Central Health Planning and Development, Inc. enthusiastically supports this bill and its intent.

Sincerely,


Barbara Berger
Program Manager

cc: Aleutian/Pribilof Islands Assoc. Bristol Bay Area Health Corp.
Cook Inlet Native Health Dept. Copper River Health Dept.
Kodiak Island Native Health Auth. North Pacific Rim Native Health Dept.
Norton Sound Health Corp. Yukon-Kuskokwim Health Corp.
Mauneluk Association Tanana Chiefs Health Authority
Southeast Alaska Health Corp. North Slope Borough Health Dept.
Alaska Native Health Board

MEMORANDUM

TO: Interested Parties

FROM: Adelheid Herrmann,
Representative/District 26

DATE: February 15, 1984

SUBJECT: Background on HB 548 on Health Aides

The Health Aide Bill, HB 548, is aimed at training and supervising health aides that service communities throughout the State. The bill establishes a funding formula to ensure that funding is provided to each region on an equitable basis. The formula for funding is based on the number of health aides employed in each region during the previous fiscal year.

Each of the 12 Regional Health Corporations would receive:

- \$30,000 to fund a COMMUNITY HEALTH AIDE PROGRAM, and
- \$8,000 which covers TRAINING AND SUPERVISING for each current community health aide, and SALARIES for alternate community health aides.

The bill would only commit an additional \$1 million of State funds over the total amount allocated last year for the same programs.

On the next page, I have outlined the costs that are covered and the total amount that would be awarded to each region.

Community health aides perform important services, and their support is especially important in areas where doctors, nurses and other professionally trained medical staff are scarcely available.

	FY 85	PROJECTED	EXPENSES	FOR	EACH	REGION
<u>Region</u>	<u>No. of</u>		<u>\$ for Aides</u>	<u>\$ for</u>		<u>Total Grant</u>
	<u>Health Aides</u>			<u>Program</u>		
APIA	7		56,000	30,000		86,000
Bristol Bay	37		296,000	30,000		326,000
Cook Inlet	1		8,000	30,000		38,000
Copper River	6		48,000	30,000		78,000
Kodiak	7		56,000	30,000		86,000
Mauneluk	15		120,000	30,000		150,000
North Pacific Rim	4		32,000	30,000		62,000
North Slope	12		96,000	30,000		126,000
Norton Sound	21		168,000	30,000		198,000
Southeast	15		120,000	30,000		150,000
Tanana Chief Conf.	29		232,000	30,000		262,000
Y/k	73		548,000	30,000		614,000
<u>TOTAL:</u>	227		1,780,000	360,000		2,176,000

FY 84 ACTUAL EXPENSES

Bristol Bay	163,000
Kodiak	60,000
Mauneluk	170,000
Norton Sound	103,300
Tanana Chiefs	348,000 (including 100,000 for leases)
Yukon Kuskokwim	142,000
Kuskokwim Community College	146,000
<u>TOTAL:</u>	1,132,300

The total grants awarded last year for health aide and related programs was approximately \$1.2 million, but not all the regions listed above were recipients. The total projected amount granted under this bill represents about a \$1 million increase over last year's funding.

AH/dlg

AVCP

Association of Village Council Presidents
P. O. Box 219 • Bethel, Alaska 99559 • Phone 543-3521

COMMUNITY HEALTH AIDE PROGRAM (CHAP)

RESOLUTION # 83-10-04

HSS

AVCP RESOLUTION IN SUPPORT OF PROPOSED LEGISLATION TO
PROVIDE FUNDS FOR SALARY INCREASE AND TRAINING OF COMMUNITY
HEALTH AIDES IN THE STATE OF ALASKA.....

- WHEREAS, the Community Health Aide Program (CHAP) is the mainstay and the key element to an effectively functioning health system in Rural Alaska and particularly in the Yukon-Kuskokwim Delta;
- WHEREAS, the Yukon Kuskokwim Health Corporation Community Health Aide Program is the largest program in the entire State of Alaska, comprised of about 130 health aides and 12 administrative/supervisory employees, serving the primary health care needs of around 13,000 inhabitants in 48 villages in the Yukon-Kuskokwim Delta, excluding Bethel;
- WHEREAS, for the past fifteen years of its formal existence, the Community Health Aide Program in the Yukon-Kuskokwim Delta had distinguished itself in accomplishing the original goals and objectives aside from its being constantly aware of its original mandate and mission;
- WHEREAS, the individual health aide in each Yukon-Kuskokwim village had contributed immensely and is committed to the delivery of quality primary health care to each and every villager now and in the future;
- WHEREAS, the winds of change that affect us all place increasing demands on the entire health system including the Community Health Aide Program which makes it necessary to provide more stability in the administration and supervision of health aides and more training to our health aides in order to meet newer and more sophisticated demands from, wants and needs of the villagers;
- WHEREAS, to accomplish the above, there is a crying need for all types of support from all of us living here in the Yukon-Kuskokwim Delta and from other sectors outside of the Delta;
- WHEREAS, moral and human services support for each individual health aide are essential and are within the capabilities of each one of us;
- WHEREAS, it is well documented that our health aides in the Yukon-Kuskokwim Delta are the lowest paid health care providers

AVCP

Association of Village Council Presidents
P. O. Box 219 • Bethel, Alaska 99559 • Phone 543-3521

COMMUNITY HEALTH AIDE PROGRAM (CHAP)

RESOLUTION # 83-10-04

in the entire State of Alaska and the lowest paid health aides among the 12 native health corporation Community Health Aide Programs;

WHEREAS, The Regional Health Directors of the 12 native health corporations are in the process of developing a bill through the State legislature to address these inequities in the Community Health Aide salary structures and the Community Health Aide Training needs on a Statewide basis;

NOW THEREFORE BE IT RESOLVED that AVCP fully support the intent, the thrust and the content of the above-named legislative proposal;

AND BE IT FURTHER RESOLVED that AVCP fully support and encourages any and all individual and/or collective efforts to provide needed human services, moral, financial and other forms of support for our health aides which would surely redound to the benefit of each and every inhabitant in the Yukon-Kuskokwim Delta Region.

Passed and approved this 14 day of October, 1983



Willie Kasayulie, Chairman

10/14/83

DATE



Ivan M. Ivan, President

10/14/83

DATE SIGNED

HB 548

Regional Health Directors

Cook Inlet
Jeanne Bouquet
Kodiak
Susan Coffland

Denny Nelson
Exec. Dir
AK Native Health
Board

Alaska Pulmonary Inland Assoc.
Kathleen Sutcliffe

Bristol Bay
Robert Clark

Copper River Health
Clara "Billy" Peters

North Pacific Lin & Soc. Sec.
Richard Lulare

Manitowish Association
Howard Monroe

Norton Sound
~~Carolyne~~ Michael

Southeast AK Reg. Health Corp.
Neil Casan

Tanana Chiefs Health Authority
David Mather

Yukon - Kuskokwim
Georg Peratrovich

North Slope Health
Mike Stockhouse

POSITION PAPER

COMMITTEE SUBSTITUTE FOR HOUSE BILL No. 548 (HESS)

For "An act relating to State assistance for community health aide programs; and providing for an effective date."

This bill provides for expansion of financial assistance to non-profit health organizations for training and supervision of community health aides (CHA) or equivalently trained individuals. Funding will be provided through a two phased formula that allocates: 1) a \$30,000 base for each regional corporation serving more than 4,000 square miles, plus \$8,000 for each primary CHA or similar individual who averages at least 20 hours of service a week; 2) for local corporations providing services to less than 4,000 square miles, funding provided through this formula would be limited to \$8,000 per CHA or similar individual.

BACKGROUND

Community Health Aide

Community health aides provide primary health care to approximately 37,000 to 40,000 people in bush communities. A CHA is a community based medical paraprofessional who provides limited diagnostic and treatment services through standing orders or in radio/telephone consultation with IHS or health corporation physicians. Health care training of a CHA is based on a standardized curriculum consisting of three basic sessions that are oriented towards utilizing the Guidelines for Primary Health Care In Rural Alaska, adopted by Alaska Area Native Health Service. Qualifications for being a primary CHA require completion of first session with certification depending upon completion of all three sessions. In addition to the requirements for basic sessions, a CHA must complete a preceptorship with a supervising physician at a medical centers and attend continuing education session that range from 1-2 days, to 1-2 weeks once a year. In addition, CHA's have periodic contact with supervisor/ instructors (S/I) employed by the corporations. The S/I are generally mid-level practitioners or registered nurses, who conduct site visits 1-3 times a year for continuing education, skills evaluation and administration. In addition, the state public health nurses provide education and support during their itinerant visits.

The number of CHAs per village varies with population size ranging from a half-time equivalent to a maximum of two. In addition to the primary community health aides, alternates are also assigned to provide relief support and coverage during absence of the primaries. Training for alternate aides varies widely with the minimum standards that range from emergency trauma technician skills to completion of the first basic session.

Historically the CHA program has been sponsored and funded by the Federal Indian Health Service (IHS). This program was formulated in 1967 although the concept and practices have a longer history. Until recent years financial support for this program rested solely with the Federal Government which contracted with regional or local corporations. Starting in FY 82, selected health corporations received designated state grants through direct legislative appropriation for

This trend has continued through the current fiscal year budget approaching \$1,100.0 being allocated towards support of programs in the areas of the Bristol Bay Health Corporation, Yukon-Kuskokwim Health Corporation, Norton Sound Health Corporation, Maniilaq Association and Tanana Chiefs Conference. The FY 85 Governor's Budget maintains these services and expands assistance for training and supervision programs into the areas of Aleutian Pribilof Island Association and Southeast Regional Health Corporation. The need for State support of the CHA programs has been recognized as a means of addressing problems associated with provision of health care in rural communities. While the Federal budget supports a basic level of service there are insufficient funds to meet the demands for adequate field supervision by supervisor/instructors, training of the aides in all three basic three sessions, and salary support for alternates. In addition to an insufficient Federal budgetary base, State involvement is also based upon the issues of responsibility for rural health services. While CHAs are theoretically responsible for provision of care to IHS beneficiaries, by virtue of being the only community based primary medical provider, aides care for non-beneficiaries also.

Similarly Trained Individuals

This bill (Sec. 18.28.010 (b)) provides for support of individuals with training similar to that of a CHA as defined by the Department of Health and Social Services. It should be noted that a crucial aspect of the CHA program is its interaction with the Indian Health Services (IHS) which assures medical supervision, patient referral and quality control that are necessary elements of health care. A functional definition of a similar program must incorporate a supervisory and referral system. Duplication of the IHS system is not feasible in terms of cost and legal constraints for all parties involved. The only program that is conceptually comparable is a pilot project currently being developed by the Southeast Alaska Regional Health Corporation under a grant from this Department. While this project is not a replication of CHA services it does offer a degree of similarity in that it is a means of providing limited primary care in isolated rural communities.

RECOMMENDATIONS

Given that a similar training program and the necessary infrastructure do not exist, the Department anticipates to define "similar" in terms of the Health Observer Project currently being piloted by the Southeast Alaska Regional Health Corporation. Grants provided through this bill would be directed to Regional Emergency Medical Services Council or Regional Health Corporations and not directly with the individual communities. This would be necessary in order to assure cost effective utilization of the funds through economy of scale and assure continuity of service.

POSITION PAPER/Department of Health & Social Services

Position Paper CSHB 548
Page 3

POSITION

The Department of Health and Social Services recognizes the value of community health aide and similar programs in providing primary medical care in rural communities and strongly supports the enhancement of supervision and training as provided by this bill.

Recommended by:

E.S. Rabeau, M.D.
E.S. Rabeau, M.D., Director
Division of Public Health

Date:

3-22-84

Approved by:

for E.S. Rabeau
Robert London Smith, Ph.D.
Commissioner
Department of Health &
Social Services

Date:

3-22-84

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date March 20, 1984

REQUEST

Bill/Resolution No.: CSHB 548 (HESS)
 Title: Assistance for Community Health Aide Program
 Sponsor: Herrmann, et al
 Requestor: House HESS
 Date of Request: 3/20/84

II. FISCAL DETAIL

Agency Affected: Dept. Health & Social Servs.
 Program Category Affected: Public Health
 BRU, Program of Subprogram(s) Affected: Health Grants BRU Community Health Grants Component

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LANDS & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		1148.0	1289.4	1442.1	1514.2	1589.9
800 MISCELLANEOUS						
TOTAL OPERATING		1148.0	1289.4	1442.1	1514.2	1589.9
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND		1148.0	1289.4	1442.1	1514.2	1589.9
FEDERAL FUNDS						
OTHER						
TOTAL		1148.0	1289.4	1442.1	1514.2	1589.9

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for Analysis

Prepared By: Dwayne Peeples Phone: 465-3090
 Division: Public Health Date: 3/20/84
 Approved by Commissioner: [Signature] Date: 3/22
 Agency: _____

Distribution (by Agency preparing fiscal note):

Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

12/1/83

Fiscal Analysis
CSHB 548 (HESS)

"Assistance for community health aide program."

State assistance for provision of CSHB 548 (HESS) would require a total appropriation in FY 85 of \$2,280.0. This calculation is based upon the following consideration.

(1) \$30.0 to be used for expenses of conducting a community health aide program x 12 Regional Health Corps.	360.0
(2) \$ 8.0 per each primary community health aide x 230	1,840.0
(3) \$80.0 Health Observer Program for 10 communities	80.0
TOTAL	<u>\$2,280.0</u>

The additional General Funds required to meet the obligations as proposed in CSHB 548 (HESS) in FY 85 would be \$1,148.0. This projected expenditures is based upon the off set from the FY 85 Governor's budget for this program. This funding FY 85 request is as follows:

Department of Health and Social Services

Health grants BRU. Community Health Grants:	\$551.4
State Health Services BRU. Public Health Administration:	<u>263.0</u>
	\$814.4
Maniilaq BRU. Health Services	\$170.0

University of Alaska

Community Colleges Kuskokwim Community College	\$ 147.6
Total FY 85 Governor's Budget	\$1,132.0
Total HB 548 Required	\$2,280.0
<Governor's Requested>	<u><1,132.0></u>
	1,148.0

FY 86 thru FY 89 budget estimates include the Governor's FY 84 off-set, incorporates a 5% annual inflationary adjustment and an incremental growth for the Health Observer Program from \$80.0 in FY 85, to \$168.0 in FY 86 and \$264.0 in FY 87. The proposed budget for the Health Observer Program is based upon the assumption that:

- (a) approximately 30 communities would qualify for this program; and,
- (b) due to the pilot nature of this project, a maximum of 10 communities would be served during FY 85 assuming demonstrated feasibility an additional 10 would be incorporated in FY 86 and with maximum community involvement not occurring until FY 87.

portunities for Indians, and state asserted no specific, legitimate regulatory interest to justify the imposition of its gross receipts tax. *Ramah Navajo School Bd., Inc. v. Bureau of Revenue of New Mexico*, N.M.1982, 102 S.Ct. 3394.

2. Duty of Secretary

Failure of Secretary of Interior, through Bureau of Indian Affairs subordinates, to recognize and give serious consideration in written decisions rejecting plaintiffs' lease bids on

six Indian reservation grazing units to stated economic interest of Indian landowners who recommended that plaintiffs be granted lease continuances for one year to give plaintiffs time to comply with brucellosis retesting program constituted serious breach of Secretary's fiduciary duties to Indian tribes and their members and violated Congressional policy of Indian self-determination. *Coomes v. Adkinson*, D.C.S.D.1976, 414 F.Supp. 975.

(c) "Tribal organization" means the recognized governing body of any Indian tribe: any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: *Provided*, That in any case where a contract is let or grant made to an organization to perform services benefitting more than one Indian tribe, the approval of each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant;

(d) "Secretary", unless otherwise designated, means the Secretary of the Interior;

(f) "State education agency" means the State board of education or other agency or officer primarily responsible for supervision by the State of public elementary and secondary schools, or, if there is no such officer or agency, an officer or agency designated by the Governor or by State law.

(Pub.L. 93-638, § 4, Jan. 4, 1975, 88 Stat. 2204.)

¹ So in original. Section was enacted without a par. (*)

§ 450a. Congressional declaration of policy

(a) The Congress hereby recognizes the obligation of the United States to respond to the strong expression of the Indian people for self-determination by assuring maximum Indian participation in the direction of educational as well as other Federal services to Indian communities so as to render such services more responsive to the needs and desires of those communities.

(b) The Congress declares its commitment to the maintenance of the Federal Government's unique and continuing relationship with and responsibility to the Indian people through the establishment of a meaningful Indian self-determination policy which will permit an orderly transition from Federal domination of programs for and services to Indians to effective and meaningful participation by the Indian people in the planning, conduct, and administration of those programs and services.

(c) The Congress declares that a major national goal of the United States is to provide the quantity and quality of educational services and opportunities which will permit Indian children to compete and excel in the life areas of their choice, and to achieve the measure of self-determination essential to their social and economic well-being.

(Pub.L. 93-638, § 3, Jan. 4, 1975, 88 Stat. 2203.)

Historical Note

Codification. This section was not enacted as part of Title 1 of Pub.L. 93-638, which comprises this subchapter.

Legislative History. For legislative history and purpose of Pub.L. 93-638, see 1974 U.S. Code Cong. and Adm. News, p. 7775.

§ 450b. Definitions

For the purposes of this Act, the term—

(a) "Indian" means a person who is a member of an Indian tribe;

(b) "Indian tribe" means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act [43 U.S.C.A. § 1601 et seq.] which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians;

Historical Note

References in Text. This Act, referred to in text, is the Indian Self-Determination and Education Assistance Act, which is Pub.L. 93-638, Jan. 4, 1975, 88 Stat. 2203. For complete classification of this Act to the Code, see Short Title note set out under section 450 of this title and Tables volume.

The Alaska Native Claims Settlement Act, referred to in text, is Pub.L. 92-203, Dec. 18, 1971, 85 Stat. 688, as amended, which is classified generally to chapter 33 (section 1601 et

seq.) of Title 43, Public Lands. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of Title 43, and Tables volume.

Codification. This section was not enacted as part of Title 1 of Pub.L. 93-638, which comprises this subchapter.

Legislative History. For legislative history and purpose of Pub.L. 93-638, see 1974 U.S. Code Cong. and Adm. News, p. 7775.

Cross References

Indian tribes or tribal organizations as having same meaning as under this section for purposes of—

Aid to small business, see section 632 of Title 15, Commerce and Trade.

Alcohol and drug abuse and mental health services block grants, see section 300x-1 of Title 42, Public Health and Welfare.

Defining local government, see section 3371 of Title 5, Government Organization and Employees.

Food stamp program, see section 2012 of Title 7, Agriculture.

Preventive health and health services block grants, see section 300w-1 of Title 42, Public Health and Welfare.

Primary care block grants, see section 300y-3 of Title 42.

Programs for older Americans, see section 3057a of Title 42.

Review by health systems agency of proposed use of federal funds by Indian tribes, see section 300f-2 of Title 42.

Watershed protection and flood prevention, see section 1002 of Title 16, Conservation.

Code of Federal Regulations

Additional definitions, see 34 CFR 250.4, 250.5, 408.203.

Applicability of this section to contract programs for Indian tribes, see 34 CFR 408.202.

Applications for assistance contracts, see 34 CFR 408.206.

STATE OF ALASKA
THE LEGISLATURE

POUCH Y STATE CAPITOL
JUNEAU, ALASKA 99811
907 465-3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

February 15, 1984

SUBJECT: Community Health Aide Programs (HB 548)
TO: The House HESS Committee
FROM: Tamara Brandt Cook
Deputy Director
Division of Legal Services

Here is the sectional analysis that you requested for HB 548.

Section 1 adds a new chapter to the statutes creating a program of state assistance for community health aide programs.

Sec. 18.28.010 A qualified health corporation may receive a grant each fiscal year of \$30,000 plus \$8,000 for each primary community health aide works a minimum number of hours each week. The grant is to be used for training of community health aides, supervision of community health aides, and salaries for alternate community health aides.

Sec. 18.28.020 To qualify for a grant a health corporation must be engaged in conducting a community health aide program, provide services of community health aides on a nondiscriminatory basis, apply for the grant, and supply information requested by the Department of Health and Social Services.

Sec. 18.28.030 A community health aide grant account is established in the Department of Health and Social Services. Money to carry out the program of state assistance appropriated to the account shall be distributed as grants by the department. Each fiscal year the department shall determine the amount of money needed to fund all grants for the next year and shall request an appropriation of that amount from the legislature.

Sec. 18.28.040 The department is authorized to adopt regulations to carry out the program of state assistance for community health aides.

Sec. 18.28.050 Definitions of department, health corporation, and primary health aide are provided. Under this bill only the Native regional health corporations qualify for grants.

Section 2 The Act takes effect at the beginning of the next fiscal year.

TBC:ojb
J3/099

STATE OF ALASKA
THE LEGISLATURE

POUCH Y STATE CAPITOL
BUREAU ALASKA 99811
907 465 3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

March 21, 1984

SUBJECT: Community health aides
(CSHB 548 (HESS))

TO: Representative Mae Tischer
Chairman, House HESS Committee

FROM: Tamara Brandt Cook *TBC*
Deputy Director
Division of Legal Services



You have asked whether the state could be held liable as a result of use made of money obtained from the state as a community health aide grant. Although the state has generally relinquished sovereign immunity for tortious acts under AS 09.50.250, a clearly expressed intention to retain immunity for the state in a particular situation is controlling over AS 09.50.250. CSHB 548 (HESS) contains in section 18.28.040 a provision precluding the state from liability for any injury resulting from use of money awarded as a community health aide grant. In view of that section, the state is protected from liability.

You have also asked whether the CSHB 548 (HESS) poses any discrimination problems. The bill provides for state assistance to certain health organizations to be used in community health aide programs. Sec. 18.28.020(2) requires that a health organization provide the services of community health aides on a nondiscriminatory basis for the benefit of the public if it is to qualify for a grant of state money. There is no question of state money being used to benefit one group of people to the exclusion of others. Any health organization with a qualifying program can receive a grant under AS 18.28.010(b). Only regional health organizations qualify for a grant under AS 18.28.010(a), and it is my understanding that only regional Native health corporations actually qualify for grants under that provision now. However, if a non-Native regional health organization were ever established, it too could qualify for a grant under this section. The only requirement imposed for receipt of

Representative Mae Tischer
Page 2
March 21, 1984

the grant, other than the general qualification for all recipients contained in section 18.28.020, is that the regional health organization be a nonprofit corporation that provides health services in a rural area of at least 4,000 square miles. The bill does not appear to discriminate in any way under either the state or federal constitutions.

TBC:ojb
J4/108

POSITION PAPER

HOUSE BILL No. 548

For an act "An act relating to State assistance for community health aide programs; and providing for an effective date."

This bill provides for expansion of financial assistance to the regional health corporations for community health aide (CHA) programs by subsidizing supervision and training and alternate community health aide salaries. Funding will be provided to the health corporations through a formula that allocates \$30.0 base for each corporation and \$8.0 for each primary community health aide who averages at least 20 hours of services a week.

BACKGROUND

Community health aides provide primary health care to approximately 37,000 to 40,000 people in bush communities. A CHA is a community based medical paraprofessional who provides limited diagnostic and treatment services under standing orders or in radio/telephone consultation with IHS or health corporation physicians. Health care training of a CHA is based on a standardized curriculum consisting of a ten week core course taught in three sessions, a preceptorship and on-the-job skills acquisition. Training is based on the Guidelines for Primary Health Care In Rural Alaska, adopted by the Alaska Area Native Health Service. An individual may begin to function as a primary CHA before completion of the entire training program, but certification is not awarded until all training requirements are met. Most corporations attempt to provide at least one continuing education or refresher course each year. CHAs have periodic contact with supervisor/instructors (S/I) employed by the corporations. The S/Is are generally mid-level practitioners or registered nurses who attempt to visit each CHA 1-3 times a year for continuing education, skills evaluation and administration. In addition, the state public health nurses provide educational and program support during their itinerant visits.

The number of CHAs per village varies with population size ranging from a half-time equivalent to a maximum of two. In addition to the primary community health aides, CHA alternates are also assigned to provide relief support and coverage during absence of the primaries. Training for alternate aides varies widely with minimum standards that range from emergency trauma technician skills to completion of the first basic session.

Historically the CHA program has been sponsored and funded by the Federal Indian Health Service (IHS). This program was formulated in 1967 although concept and practices have a longer history. Until recent years financial support for this program rested solely with the Federal Government through contracts with the regional health corporations. Starting in FY 82, selected health corporations received designated State grants through direct legislative appropriation for support of community health aide supervision and training.

This trend has continued through the current fiscal year with approximately \$1,100.0 being allocated towards support of programs sponsored by the Bristol Bay Health Corporation, Yukon-Kuskokwim Health Corporation, Norton Sound Health Corporation, Maniilaq Association and the Tanana Chiefs Conference. The FY 85 Governor's Budget request maintains these grants and provides for expansion of training and supervision programs for organizations such as the Aleutian Pribilof Island Association and Southeast Regional Health Corporation.

The need for State support of the CHA programs has been recognized as a means of addressing problems associated with provision of health care in rural communities. While the Federal budget supports a basic level of service, there are insufficient funds to meet the demands for adequate field supervision by supervisor/instructors, training of the aides to the certification level, and salary support for alternates. State assistance to the CHA program is also based upon the fact that Federal appropriations for the program are intended to provide health care only for the Native population while, in fact, CHAs, by virtue of being the only health care providers in many bush communities, must provide primary care services to the entire population, both Native and non-Native.

RECOMMENDATIONS

While State support of this program will greatly enhance opportunities for CHAs to complete the entire training program, obtain closer supervision and increase stability through salaries for the alternates, there are several inherent problems with increasing State involvement. With the probability of increasing federal funding constraints, there is potential that as the State increases its involvement, IHS will correspondingly decrease its financial commitment for this program. In addition, there is potential for legal and ethical state responsibility for medical malpractice liability of the community health aides and alternates. Currently medical malpractice is covered through the Federal Tort Claims Act for IHS beneficiaries. The issue of liability for non-beneficiaries within the Federal structure and legal consequences of the State paying for salaries has yet to be resolved. At this time, the Department of Health and Social Services recommends the State continue its role in supervision and training, but refrain from direct involvement in salaries by deleting in Sec. 18.28.010 (a)(2) (c). It is also recommended that formula funding in (a) (1) be modified from \$8.0 per primary health aide to \$6.0 per aide to reflect only the costs of training and supervision.

POSITION

The Department of Health and Social Services recognizes the value of community health aide program in providing primary medical care in bush communities and supports the enhancement of supervision and training. It is in the best interest of the State that the image and status of CHAs be enhanced, but the department strongly recommends direct involvement in salaries not be pursued until the State obtains further experience with this program and the malpractice issues are clarified.

POSITION PAPER/Department of Health & Social Services

Position Paper HB 548
Page 3

Recommended by: *E.S. Rabreau (Acting)*
E.S. Rabreau, M.D., Director
Division of Public Health

Date: 2-18-84

Approved by: *Robert London Smith*
Robert London Smith, Ph.D.
Commissioner
Department of Health &
Social Services

Date: 2/10/84

THE FOLLOWING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.



STATE OF ALASKA
OFFICE OF THE GOVERNOR
BILL ANALYSIS

DEPARTMENT Health & Social Servs.	DIVISION Public Health	BILL NUMBER HB 548	SPONSOR Herrmann et. al.
DEPARTMENT POSITION Department supports HB 548			
PREPARED BY Dwayne Peoples	DATE 2/5/84	COMMISSIONER'S SIGNATURE <i>[Signature]</i>	DATE 2/10/84

SUMMARY

OTHER AGENCIES AFFECTED BY BILL University of Alaska Alaska Area Native Health Assoc.	CONSTITUENT GROUP(S) AFFECTED BY BILL Regional Health Corporations (12)
ORGANIZATIONAL SUPPORT FOR BILL Regional Health Corporations (12) Alaska Native Health Board	ORGANIZATIONAL OPPOSITION TO BILL

FISCAL IMPACT: NONE FISCAL NOTE ATTACHED

BACKGROUND/LEGISLATIVE INTENT

Community Health Aides (CHA) provide primary health care to approximately 37,000 to 40,000 people in bush communities. Historically the program has been sponsored by the Federal Indian Health Service with the State gradually becoming involved in selected geographic areas. HB 548 expands the State participation in training, supervision and salary support to all 12 of the Regional Health Corporations on a formula basis.

ANALYSIS OF BILL/PROGRAM EFFECTS

The bill as proposed would increase State funding of the CHA program from the FY 85 Governor's budget of \$1,132.0 to \$2,176.0. The provision of the bill expands state participation beyond training and supervision into salary support for community health aide alternates. These individuals provide back-up to the primary CHAs and are often inadequately trained. While the Department recognizes the need for expanded training and supervision, there are questions concerning legal liability for malpractice. In light of this consideration, the Department recommends amending the bill to limit support for training and supervision.

AMENDMENTS PROPOSED

Deletion of Sec. 18.28.010 and (2) (a) "salaries for alternate community health aides; and aides."

Modification of Sec. 18.28.010 (2) from "\$8,000 for each ... for" to "\$6,000 for each primary community health aide." This is intended to leave funds for training only and to keep State out of salary issue.

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL COMMENTS OR ANALYSIS

THE PRECEDING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

Fiscal Analysis
HB 548

"Assistance for community health aide program."

State assistance for community health aide as proposed in Sec. 18.28.010 (a) would require a total appropriation in FY 85 of \$2,176.0. This calculation is based upon the following consideration.

(1) \$30.0 to used for expenses of conducting a community health aide program x 12 Regional Health Corps.	360.0
(2) \$ 8.0 per each primary community health aide x 227	1,816.0
TOTAL	\$2,176.0

The additional General Funds required to meet the obligations as proposed in HB 548 in FY 85 would be \$1,044.0. This projected expenditures is based upon the off set from the FY 85 Governor's budget for this program. This funding request is as follows:

Department of Health and Social Services

Health grants BRU. Community Health Grants:	\$551.4
State Health Services BRU. Public Health Administration:	263.0
	\$814.4
Maniilaq BRU. Health Services	\$170.0

University of Alaska

Community Colleges Kuskokwim Community College	\$ 147.6
------------------------------------------------	----------

Total FY 85 Governor's Budget	\$1,132.0
-------------------------------	-----------

Total HB 548 Required	\$2,176.0
<Governor's Requested>	<1,132.0>
	1,044.0

Estimate expenditure increase FY 86 thru FY 89 is based upon an 5% annual inflation adjustment.

If the Department recommendations concerning elimination of salary supports are adopted, the total program cost in FY 85 would be \$1,722.0 Additional general fund allocations necessary in FY 85 would be \$590.

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date 2/3 , 1984

REQUEST

Bill/Resolution No.: HB 548
 Title: Assistance for Community Health
 Aide Program
 Sponsor: Rep. Adelheid Herrmann
 Requestor: House HESS & Finance
 Date of Request: _____

II. FISCAL DETAIL

Agency Affected: Dept. Hlth. & Soc. Svcs.
 Program Category Affected: Public Health
 BRU, Program of Subprogram(s) Affected:
Health Grants BRU, Community Health
 Grants Component

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LANDS & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		1044.0	1096.2	1151.0	1208.6	1269.0
800 MISCELLANEOUS						
TOTAL OPERATING		1044.0	1096.2	1151.0	1208.6	1269.0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND		1044.0	1096.2	1151.0	1208.6	1269.0
FEDERAL FUNDS						
OTHER						
TOTAL		1044.0	1096.2	1151.0	1208.6	1269.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for Analysis

Prepared By: Dwayne Peoples
 Division: Public Health

Phone: 465-3090
 Date: 2/3/84

Approved by Commissioner: Robert Landon Amundson
 Agency: Dept. of Health & Social Services

Date: 2/10/84

Distribution (by Agency preparing fiscal note):

Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

12/1/83

H

B

549

POSITION PAPER

HOUSE BILL NO. 550

"An Act relating to premarital blood tests; and providing for an effective date."

This Bill amends AS 25.05.101 by adding a new subsection stating that a blood test for syphilis is not required for the issuance of a premarital certificate.

In calendar year 1983, a total of 51 cases of syphilis in all stages was reported. Of these 32 were in the infectious stage. The rate for all cases of syphilis for 1982 was about 12.2 and 10.4 for 1983. Since 1973, Alaska's syphilis rate has been consistently lower than the rate for the U.S. as a whole. The 1980 U.S. rate was 30.38.

Premarital testing is no longer an effective case finding tool. Between 1975 and 1980, a total of about 60,000 premarital specimens were tested with a yield of only two cases of previously unknown infectious syphilis. In 1982, one case was found in a total of about 12,000 premarital tests. In recent years, about 65% of new cases of syphilis in Alaska have occurred in the homosexual population, a group not ordinarily reached through a premarital testing program. Most cases are detected through self-referral of symptomatic persons or through epidemiologic investigation of sexual contacts of detected cases.

Historically, the major purpose of premarital testing was the prevention of congenital syphilis. The existing Alaska statute became effective in 1949 when syphilis was much more common with over 100 cases per year.

Passage of this Bill would have no effect on VD control efforts in the State. Prenatal testing will continue as a preventive measure for congenital syphilis. Syphilis testing will still be available to private health care providers and to the sexually transmitted disease clinics. Efforts will continue to be directed at high risk groups and known associates and contacts of person with the disease in an infectious stage.

Passage of this legislation is supported by the Alaska Public Health Association, the Alaska State Medical Association, the Alaska State Hospital Association and the Alaska Native Board of Health. Opposition has been voiced by the Faith Hospital in Glenallen.

The intent of this Bill is similar to that of SB 343. The Department of Health and Social Services prefers SB 343 because it deletes all references to the need for premarital health certificates as a condition for

Position Paper HB 550
Page 2

the issuance of a marriage license while HB 550 leaves intact such references in AS 25. 05.091, AS 25.05.101, AS 25.05.105, AS 25.05.131, AS 25.05.141, AS 25.05. 151, AS 25.05.181, AS 25.05.201, AS 25.05.221 and AS 25.05.341.

Recommended by: (Acting) Philip Jones
E.S. Rabeau, M.D. Director
Division of Public Health

Date: 2/9/84

Approved by: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and
Social Services

Date: 2/10/84

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date _____, 1984

REQUEST
Bill/Resolution No.: HB 550
Title: Premarital Blood Tests

Sponsor: Fritz & Szymanski
Requestor: House HESS
Date of Request: 1/31/84

II. FISCAL DETAIL
Agency Affected: Health & Social Servs.
Program Category Affected: Public Health

BRU, Program of Subprogram(s) Affected: State Health Services, Laboratory Services

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LANDS & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
800 MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY	0	0	0	0	0	0

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for Analysis

Prepared By: Dean Tirador Phone: 465-3090
Division: Public Health Date: 2/7/84

Approved by Commissioner: Robert London Smith, Ph.D. Date: 2/12/84
Agency: Dept. of Health & Social Services

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

**Municipality
of
Anchorage**



POUCH 6-650
ANCHORAGE, ALASKA 99502-0650
(907) 264-4111

TONY KNOWLES
MAYOR

DEPARTMENT OF HEALTH AND ENVIRONMENTAL PROTECTION

January 5, 1984

Representative Milo H. Fritz, M.D.
Chairman, Health, Education
and Social Services Committee
State House of Representatives
Pouch V (Mail Stop 3100)
Juneau, Alaska 99811

Subj: Making vital statistics available to
municipal health officers

Dear Representative Fritz:

Vital statistics are the basis for intelligent public health activity, yet municipal health officers are not clearly entitled to vital statistics records under AS 18.50.310.

Under the Anchorage Municipal Code (AMC 3.20.085, 15.05.020, etc.) I am responsible for the health and well being of the residents in Anchorage. It makes sense, therefore, for me to have ready access to birth certificates, death certificates, and the like. I have been unable to get copies of certificates of death and certificates of birth in Anchorage from the State.

Vital statistics collection and collation is minimal in Alaska. DHSS does produce an annual report of vital statistics, but it comes out about 2 years after the year studied. It is therefore more of historical interest than current utility. I understand that funds for this function have recently been reduced even further.

Attached is suggested language amending the statute to make it perfectly clear that a municipal health officer may have January 5, 1984 access to vital statistics documents.

Sincerely,

Rodman Wilson, M.D.
Director, Department of Health
and Environmental Protection

Attachment

House Bill No. 549

"An Act relating to vital statistics records"

Under the Vital Statistics Act inspection of records is limited to agents of the state or federal government, acting in the performance of official duties. Amending AS 18.50.310 by adding a new section (f) would permit inspection of the records of human vital events of a particular municipality by the principal health officer or a designee.

An agreement would be required from each health officer that the information from any vital record will be used only for research and health planning, that the records remain confidential and that after use, the information is destroyed.

The Department of Health and Social Services Supports passage of HB 549.

RECOMMENDED BY:

Joan P. Brooks
JOAN P. BROOKS
STATE REGISTRAR
BUREAU OF VITAL STATISTICS

DATE:

February 6, 1984

APPROVED BY:

Daniel J. Middleton
DANIEL J. MIDDLETON
DIRECTOR, DIVISION OF
PLANNING, POLICY AND
PROGRAM EVALUATION

2/7/84

DATE:

February 6, 1984

APPROVED BY:

Robert London Smith
ROBERT LONDON SMITH, PH.D.
COMMISSIONER

DATE:

2/7/84

POSITION PAPER/Department of Health & Social Services

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST
Bill/Resolution No.: HB 549
Title: An Act Relating to
vital statistics records
Sponsor: Fritz and Szymanski
Requestor: _____
Date of Request: _____

FISCAL DETAIL Department of
Agency Affected: Health & Social Services
Program Category Affected: Division of Planning
Policy and Program Evaluation
BRU, Program or Subprogram(s) Affected:
Bureau of Vital Statistics

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING	0	0	0	0	0	0
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

POSITIONS:

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

No fiscal impact

ANALYSIS: Attach a separate page for analysis

Prepared By: Paul P. Drake Phone: 465-3391
Division: P.P. & P.E. / Bureau of Vital Statistics Date: 2/6/84
Approved by Commissioner: Robert Gordon Smith, M.D. Date: 2/7/84
Agency: Dept. of Health & Social Services

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

H

B

550

POSITION PAPER

HOUSE BILL NO. 550

"An Act relating to premarital blood tests; and providing for an effective date."

This Bill amends AS 25.05.101 by adding a new subsection stating that a blood test for syphilis is not required for the issuance of a premarital certificate.

In calendar year 1983, a total of 51 cases of syphilis in all stages was reported. Of these 32 were in the infectious stage. The rate for all cases of syphilis for 1982 was about 12.2 and 10.4 for 1983. Since 1973, Alaska's syphilis rate has been consistently lower than the rate for the U.S. as a whole. The 1980 U.S. rate was 30.18.

Premarital testing is no longer an effective case finding tool. Between 1975 and 1980, a total of about 60,000 premarital specimens were tested with a yield of only two cases of previously unknown infectious syphilis. In 1982, one case was found in a total of about 12,000 premarital tests. In recent years, about 65% of new cases of syphilis in Alaska have occurred in the homosexual population, a group not ordinarily reached through a premarital testing program. Most cases are detected through self-referral of symptomatic persons or through epidemiologic investigation of sexual contacts of detected cases.

Historically, the major purpose of premarital testing was the prevention of congenital syphilis. The existing Alaska statute became effective in 1949 when syphilis was much more common with over 100 cases per year.

Passage of this Bill would have no effect on VD control efforts in the State. Prenatal testing will continue as a preventive measure for congenital syphilis. Syphilis testing will still be available to private health care providers and to the sexually transmitted disease clinics. Efforts will continue to be directed at high risk groups and known associates and contacts of person with the disease in an infectious stage.

Passage of this legislation is supported by the Alaska Public Health Association, the Alaska State Medical Association, the Alaska State Hospital Association and the Alaska Native Board of Health. Opposition has been voiced by the Faith Hospital in Glenallen.

The intent of this Bill is similar to that of SB 343. The Department of Health and Social Services prefers SB 343 because it deletes all references to the need for premarital health certificates as a condition for

Position Paper HB 550
Page 2

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Recommended by: (Acting) Philip J. Jones
E.S. Rabeau, M.D. Director
Division of Public Health

Date: 2/9/84

Approved by: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and
Social Services

Date: 2/10/84

H

B

5

6

5

INTENT OF LEGISLATION

HB 565 - "An Act relating to hearsay evidence in prosecutions for sexual abuse of a minor; and amending Rules 803 and 804, Alaska Rules of Evidence."

This legislation will allow hearsay evidence of statements made by children under the age of 10 relating to sexual abuse of that child if:

- 1) The court determines that the circumstances indicate the statement would be reliable, and
- 2) The child either testifies in person or, if the child is unavailable as a witness, there is additional evidence to corroborate the statement.

We have been advised by troopers that they have videotapes of children 2½ or 3 years old where the sexual abuse is articulated clearly. However, they are unable to proceed with the grand jury indictment because these very young children often block out the experience before they are questioned in court. The sworn statement of the professional who interviewed the child, along with the videotapes, would be admissible under this act.

DEPARTMENT OF PUBLIC SAFETY

POSITION PAPER

HB 565

"An Act relating to hearsay evidence in prosecutions for sexual abuse of a minor and amending Rules 803 and 804, Alaska Rules of Evidence."

The Council on Domestic Violence and Sexual Assault supports the admission of hearsay evidence in child sexual assault trials. Many victims of child sexual assault are too young to withstand the rigors of a trial or to be effective witnesses. Yet their disclosure of sexual assault to police officers and other professionals in less threatening circumstances should be available to juries for consideration.

Children often block out their very negative experiences and cannot remember specifics of the experience, particularly under the pressures of a trial. These children deserve the protection of the criminal justice system as much as older, more articulate individuals.

Although the admittance of hearsay evidence is not traditional in court, there are many exceptions to the rule. This circumstance, child sexual assault, warrants another exception.


Robert Q. Sundberg
Commissioner

DEPARTMENT OF PUBLIC SAFETY

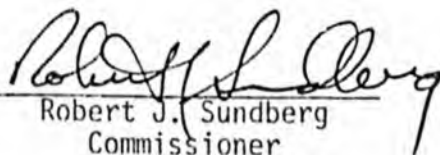
POSITION PAPER - HB 565

Support

February 7, 1984

HB 565 - "An Act relating to hearsay evidence..."

Passage of this legislation will make prosecution of cases involving sexual abuse of a minor less difficult and may reduce the emotional distress to the victim.


Robert J. Sundberg
Commissioner

DEPARTMENT OF PUBLIC SAFETY

POSITION PAPER

HB 565

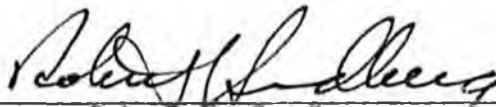
"An Act relating to hearsay evidence in prosecutions for sexual abuse of a minor and amending Rules 803 and 804, Alaska Rules of Evidence."

The Council on Domestic Violence and Sexual Assault supports the admission of hearsay evidence in child sexual assault trials. Many victims of child sexual assault are too young to withstand the rigors of a trial or to be effective witnesses. Yet their disclosure of sexual assault to police officers and other professionals in less threatening circumstances should be available to juries for consideration.

Children often block out their very negative experiences and cannot remember specifics of the experience, particularly under the pressures of a trial. These children deserve the protection of the criminal justice system as much as older, more articulate individuals.

Although the admittance of hearsay evidence is not traditional in court, there are many exceptions to the rule. This circumstance, child sexual assault, warrants another exception.




Robert U. Sundberg
Commissioner

ALASKA NETWORK ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

110 SEWARD #13 JUNEAU ALASKA 99801
(907)585-3550

POSITION PAPER

HB 565: An Act relating to hearsay evidence in prosecutions for sexual abuse of a minor; and amending Rules 803 and 804, Alaska Rules of Evidence

The Alaska Network on Domestic Violence and Sexual Assault, a non-profit corporation representing 20 programs statewide that provide services to victims of domestic violence and sexual assault, supports HB565, which would facilitate the prosecution of cases of child sexual assault.

As you may be aware, the Network several years ago supported legislation that permitted the videotaping of testimony of young victims (aged 16 and under) of sexual assault in order to spare them the added trauma of testifying in open court. Since its passage, that legislation has worked successfully in cases of sexual assault involving children ages 5 and over, but has had little impact on the successful prosecution of sexual assault involving very young children.

Because there has been a dramatic increase in the number of cases of child sexual assault reported to the Division of Family and Youth Services, there is a real need to address the issue of prosecution of these crimes.

A very young victim of sexual assault will often tell the non-offending parent or day care worker about the assault, but they most often will not repeatedly relate the details of the incident. Consequently, it is the parent or day care worker who reports the crime to the Division of Family and Youth Services, a sexual assault program, or a law enforcement agency.

However, because prosecutors generally do not feel that a very young child is a reliable witness and because there is rarely a witness to the crime, the testimony of the adult person to whom the child disclosed the incident is the most reliable testimony available. Since that testimony is considered hearsay evidence and is not admissible in court, these cases are not being prosecuted but are, in fact, being dropped.

Washington State has enacted legislation similar to the bill that has been introduced. It is the Network's position that an exception to the hearsay rule is more than justified in order to facilitate prosecution of these cases.

In order to protect child victims from further harm, the Network urges your support for and passage of this bill.

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: HB 565
 Title: "An act relating to hearsay evidence...."
 Sponsor: Representative Lacher
 Requestor: House HESS
 Date of Request: 2-14-84

FISCAL DETAIL

Agency Affected: Public Safety
 Program Category Affected: Administration of Justice
 BRU, Program or Subprogram(s) Affected: Alaska State Troopers

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	0.0	0.0	0.0	0.0	0.0	0.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis

Prepared By: Francis C. Allan *F.C.A.* *MD* Phone: 269-5691
 Division: Alaska State Troopers Date: 02/07/84
 Approved by Commissioner: Robert J. Sundberg *RJS* Date: 2/14/84
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- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

IS THE CHILD VICTIM OF SEXUAL ABUSE TELLING THE TRUTH?

by

Kathleen Coulborn Faller, M.S.W.
Lecturer in Social Work, Co-Director
Interdisciplinary Project on Child Abuse and Neglect,
University of Michigan
Ann Arbor, Michigan

I. INTRODUCTION

A question asked of child welfare workers and mental health experts in cases of child sexual abuse is whether or not a child's statement that he/she has been sexually mistreated can be taken at face value or believed. The implications for action if the child's story is trusted are far reaching for both the child and the family. Likewise, if professionals decide not to believe the child (and the allegation is true) the effect on the child will almost surely be devastating. Because of these implications, mental health professionals need guidance in assessing allegations of sexual mistreatment. For the most part, this article will focus on sexual abuse with female victims and male perpetrators and will pay special attention to the problem of substantiating allegations by young children.

II. THE PROFESSIONAL'S PROPENSITY TO DISBELIEVE

When a child reports he/she has been physically abused or neglected by a parent, (or by someone else), professionals spend little time querying whether the child is telling the truth. Not so in a case of sexual abuse. With sexual abuse reports, professionals may agonize for a very long time over whether the allegation is true or not. While the lack of physical evidence may contribute to this caution, the major obstacle for professionals and lay people alike is difficulty in coping with the fact that some adults have sexual involvement with children. For many people human sexuality in general, is an anxiety producing topic, and sexual encounters with children invoke even more psychological stress.

However, it is not sufficient for professionals who work with sexual abuse to understand these dynamics and take them into account in evaluating their own responses to a case. They still must persuade others, be they lawyers, police, judges, or treatment personnel of the veracity of the child's story.

III. WHO HAS THE MOST TO LOSE?

It is useful to frame an understanding of an allegation of sexual abuse in terms of various parties vested interest in the story being true or not true.

For the victim, she (and most reported cases are of female victims) may suffer significant losses as a result of telling. She may be rejected and ostracized by the perpetrator and also by her family. She may be "punished" by placement in foster care or an institution. The family may be torn apart and the victim may see herself as responsible for its demise. She will have to tell the intimate details of her story to many people. She frequently must tell it in the court room, to strangers and with the perpetrator facing her, and she may be subjected to harsh cross-examination by the perpetrator's attorney. Often the perpetrator will warn the victim of these consequences and tell her not to tell. In such a situation the child feels helpless in the face of a powerful adult. Because of the anticipated consequences, victims may keep the secret for months and sometimes years.

Therefore a delay in the report of sexual abuse, particularly when there is a close personal relationship between the victim and the perpetrator, is to be expected rather than seen as a reason to question the veracity of the allegation. Similarly, it is quite common for a child to reveal that she was molested and later retract her story as she experiences the negative effects on herself and her family of telling.

In contrast, the perpetrator has everything to lose if the child's story is believed and thus in most cases will deny the allegations. The perpetrator may be rejected and extruded from the family because of the abuse. In father-daughter incest cases, divorce may ensue. The extended family may ostracize him. In some cases, his employment may be in jeopardy. He has reason to fear the Juvenile Court who may deprive him of his child, impose treatment, and intrude in other ways into the family. He has even more cause to fear the Criminal Court where he may be tried for Criminal Sexual Conduct, sent to prison, or at least placed on probation.

Because a substantial percentage of sexual abusers are to some extent character disordered, they may lie and lie convincingly, and they may lie persistently over a period of months and even years. It is not uncommon for them to continually call the caseworker insisting upon their innocence and to enlist the help of others, family and friends, in this endeavor.

Mothers, in father-daughter incest cases as well as in other types of in-household sexual abuse, may also have a lot to lose if the child's allegation is believed. Incest often develops when the sexual relationship between the perpetrator and spouse is not good, and this may happen because the mother does not wish a sexual relationship with the perpetrator. The child victim relieves the mother of that sexual responsibility, and therefore there may be costs for the mother if the incest relationship ends.

More concrete and practical problems may arise for the mother. She may be financially dependent upon the perpetrator. Therefore, if she has to expell him or he goes to prison, she must seek other means of support. This may mean going on ADC or seeking employment when she has never worked or has not worked for years.

Finally she loses the emotional support of her spouse when he leaves or is incarcerated. While he may not seem to the outsider as very supportive, frequently he is all the mother has, and she cannot imagine life without him. Often mothers of incest victims are very dependent upon their spouses, suffer from low self-esteem, and may choose their spouses over their children when they must take one side or the other.

Therefore, it is not uncommon for mothers to disbelieve their daughters allegations, to ignore them when they are made, or to try to deal with the problem without bringing in outside help. Alternatively, mothers may initially side with the child, but as they experience the practical consequences of the spouse's anger and/or loss of the spouse, may switch their loyalties and side with the perpetrator.

IV. EXAMINING THE CHILD'S STORY

We know for the reasons stated already that children do not make up stories asserting they have been sexually molested. It is not in their interests to do so. The only cases where that possibility should be considered is where an adolescent who is making an allegation appears character disordered. An angry acting-out adolescent who does not invest in people might possibly make up such a story in order to gain some immediate goal (getting back at the perpetrator, getting out of the house). However, even such cases as these reports should be taken very seriously because difficult adolescence is the frequent outcome of an experience of sexual abuse. Thus the victim in adolescence may be belligerent and aggressive, may truant from school and violate curfew, and may be sexually provocative and promiscuous.

For a long time some mental health professionals attributed children's allegations of sexual molestation to oedipal fantasies. It is easier to believe that these assertions are fantasies rather than the truth. If the report is to fit the oedipal fantasy conceptualization, it should be placed in time when the child would be four or five, and we expect the memory to be shadowy or repressed. However, today many professionals question whether there is such a phenomenon as an oedipal fantasy, and query whether we are not dealing with instances of molestation even in cases which fit the description above.

Reports of sexual abuse can usually be differentiated from fantasy by the victim's ability to report specific details (if they are willing to discuss the incident(s)). The best way to get information in cases where the child is verbal is to ask about the last time it happened. Usually considerable detail can be elicited about surrounding events so that the idiosyncratic nature of the incident is quite clear. (E.G., "It was raining and I thought my daddy was asleep so I was playing in my brother's room where I'm not supposed to play. My dad came in and I thought he would be mad at me, but he said he wouldn't be mad if I laid on the bed with him".) The child may be much more reticent about giving the detail of the sexual abuse, and may get embarrassed or agitated in answering questions about the abuse, than in giving specific events surrounding the incident.

It is important to get this specific detail if possible. Sometimes this can be effected by asking question "did he do this", "did he do that", or by relating what you think happened and asking the child to respond "yes" or "no" to each statement.* It is preferable however, to get a spontaneous statement if this is possible.

A young child may become somewhat confused about the exact sequence of events, or may forget certain parts of the story at certain times, but this should not call into question the veracity of the story. Further, children, depending upon their age, may not be able to afix dates or exact times but will be able to locate incidents of molestation in relation to significant events (E.G., birthday, the day it rained, about supper time).

Another important finding may be that he child has knowledge about sexual matters which go well beyond what can be expected of the child's age or indicates sexual information for which the family cannot explain the source (E.G., a child of four may know a penis gets big and white juice comes out of it). While it is possible that the child gained this knowledge from observation of sexual acts, it is not likely. If the observation is the source of the victim's information, there is cause to be concerned about children being exposed to sexual activity.

It is important to go beyond eliciting information about the most recent incident of sexual abuse and query whether it happened before and how often. Does the victim know whether the perpetrator ever did this kind of thing with anyone else? Thus the goal of the interview is to elicit specific detail but also to get a broader picture of the perpetrator's sexual activity.

* Note: The suggestion of the author to ask the child whether certain things have happened is not endorsed. There are many problems with this technique of gathering information. Generally, specific, narrow questions tend to mislead the respondent into believing you only want to hear about the things you ask about, so the respondent will not add other information. More specific to sexual abuse of young children, there are two risks. First, one important way of establishing the likelihood that abuse occurred is by showing that the child described sexual events that childrens of his or her age seldom know about unless they have been victimized. If you describe the event, the child's credibility may later be attacked by someone alleging that you planted the idea. Secondly, if the child has not experienced the activity you describe, you are further adding to whatever experiences he or she has had. This information can be very frightening to the child, even when dealt with matter-of-factly.

Myra M. Munson
Division of Family and Youth Services
Staff Development Training Center
December, 1981

V. STRATEGIES FOR CORROBORATING DIRECT STATEMENTS BY THE CHILD TO THE INTERVIEWER

A. The Child's Statement to Significant Others

As a rule a case of sexual abuse comes to professional attention because the child has made a statement to someone (other than the evaluator) about the molestation. The interviewer should talk directly with those persons to get all the information they have and to assess the reliability of these reports. Often a child will be candid with a parent or relative but will be quite reticent with a professional.

Having those persons whom the child has told tape record the child's statements can be useful. If the child has not been forthcoming during the evaluation but later talks about the incidents sometimes a parent or relative can call the evaluator on the phone and get the child to make statements over the phone. Therefore at the end of the interview, the professional should tell the caretaker to call if the child says or does anything related to the abuse after the interview.

B. Indirect Methods of Assessment

There are certain child behaviors indicative of molestation which can be used to substantiate a report of sexual abuse. One type are indirect indicators which can be elicited in doll play, drawing, story telling, and other projective techniques. Such indirect methods are much less threatening to the child, and with children who are reticent, may be the only data which can be elicited from the child in a formal evaluation. The interviewer must be patient and willing spend a fair amount of time and sometimes several sessions gathering information.

What one looks for are sexual themes in play, pictures, or stories. The interviewer allows the child to use these media in whatever way he/she wants to for a period of time, but may later structure the interaction so it focuses on the context in which the interviewer thinks the molestation took place.

For example, if a doll house and doll play are used, the interviewer will begin by allowing the child to play with the dolls in the doll house. Sometimes sexual concerns may immediately emerge. For instance, the child undresses all the dolls and looks between their legs. The worker may nevertheless want to structure the situation by focussing on the daddy doll and the little girl doll and asking "what do daddies and little girls do together?" or "what does the daddy doll do with the little girl doll?" If sexual content is elicited, for example the child puts the two dolls in the bed with the daddy doll on top of the little girl doll, it is important to then ask what the child does with her own daddy. A potential disadvantage of indirect methods of

assessment is that the evaluator may get sexual themes in play but may not be able to tie what occurs in play to the allegations. By moving gradually in play closer to the actual allegation, it is possible to make the link between the general sexual content and the reported sexual abuse. Similar strategies can be employed with picture drawing, and story telling.

We must also understand why certain children are not forthcoming about the molestation. First, most interviewers are relatively unknown to the child and usually less wellknown than the perpetrator. The child may admit the abuse to someone he/she trusts, the mother, an aunt, or friend of the family, but be much less willing to make the revelation to a stranger. A related point is that in many cases even though the child has been molested by the perpetrator, the child may be attached to him and will not want to cause him trouble. Alternatively as noted earlier, the child may fear negative consequences for the family or retribution by the perpetrator if she reveals the sexual abuse.

C. Sexual Behavior

Another source of corroborative data is sexual behavior by the child. This is somewhat different from information elicited in a structured interaction with the interviewer. It is more spontaneous and may occur in the context of the interview or in other settings. These sexual behaviors will vary with the age of the child.

Excessive masturbation is one kind of behavior to ~~look~~ look for in young children. While all children masturbate, molested children may do so to a marked degree. Thus, they may masturbate when they are upset or when they are questioned about the sexual abuse. They do so even though an adult requests they not masturbate in public or they may injure their genitals in the course of repeated masturbation.

Young children who have been sexually molested may also initiate sexual encounters with others. In a day care or hospital setting, they may sexually accost other children. In such a context, they may take on the role of the aggressor and victimize other children, or they may persist in their victim role. They may also attempt to elicit sexual responses from adults for whom they have some affection, assuming that is the way adults and children who like one another interact. Thus, a little girl may rub a male worker's penis or wriggle her bottom on his lap. A boy who has been a victim of a female perpetrator may attempt to squeeze a nurse's breast.

Latency aged victims are often described as seductive and extremely concerned with their physical appearance. They may appear unusually feminine and coy. As they grow older and reach early adolescence, they are likely to be sexually quite active and to be described as promiscuous. The sexual encounters may be with peers or with older men. In later years victims may develop lesbian relationships. Because their heterosexual experiences have been exploitative, they look for more nurturing relationships with other women.

D. Other Behavioral Indicators

Additional supportive evidence which can complete the picture may be behaviors which indicate the child anxiety or mental state arising from the sexual abuse.

With young children regression is frequently seen as a result of the onset of sexual abuse. A child who previously was toilet trained may begin to wet the bed or may become fearful of the dark and refuse to go to bed without a trusted adult in the room when previously bedtime was not problematic. Nightmaring and night waking may also occur.

A child's fear of the perpetrator may generalize to all men (assuming the perpetrator is a man). Sometimes this fear is more apparent with other men than with the perpetrator. Often observers note a personality change in the victim, which seems to coincide with the onset of the abuse. Alternatively the symptoms occur around the incident, then diminish, and recur when another incident occurs. Thus, one victim's mother stated her daughter used to be "a motor mouth" before the molestation began but now appears shy and worried. Children may appear depressed and become withdrawn. Victims who previously did well in school sometimes present with school problems.

Adolescents may present with acting out or self-destructive behavior. Thus, the adolescent victim may run away, be aggressive toward others, be incorrigible, hating both parents, but often mother more than father, steal and shoplift, and in general appear out of control. In general, the intensity of the adolescent victim's acting out is greater than the typical adolescent rebelliousness. Professionals often suggest institutional treatment for these victims because their deviance is so severe, (frequently without comprehending the underlying cause). Self destructive patterns found in adolescent are alcoholism, drug use and addiction, self mutilation, and attempts to suicide (or success).

CONCLUSION:

If the professional takes together a child's statements which may have been made to others but not to the professional or were made at one point and later retracted and buttresses these with other information a clear picture will evolve. Supplementary data may be sexual themes in play, in picture drawing or story telling elicited in an interview, sexual behavior by the child, or non-sexual behavioral indicators that the child is under stress. Obviously, the more information from the range of areas described the evaluator has, the more convinced the evaluator will be and the more persuasive the report will be to others. However, the only information which should not be taken by itself as a sign there has been sexual abuse is the non-sexual behavioral indicators. These indicators can also be a result of problems other than sexual ones.

Rule 803. Hearsay Exceptions — Availability of Declarant Immaterial.

The following are not excluded by the hearsay rule, even though the declarant is available as a witness:

(1) **Present Sense Impression.** A statement describing or explaining an event or condition made while the declarant was perceiving the event or condition, or immediately thereafter.

(2) **Excited Utterance.** A statement relating to a startling event or condition made while the declarant was under the stress of excitement caused by the event or condition.

(3) **Then Existing Mental, Emotional, or Physical Condition.** A statement of the declarant's then existing state of mind, emotion, sensation, or physical condition (such as intent, plan, motive, design, mental feeling, pain, and bodily health) offered to prove his present condition or future action, but not including a statement of memory or belief to prove the fact remembered or believed unless it relates to the execution, revocation, identification, or terms of declarant's will.

(4) **Statements for Purposes of Medical Diagnosis or Treatment.** Statements made for purposes of medical diagnosis or treatment and describing medical history, or past or present symptoms, pain, or sensations, or the inception or general character of the cause or external source thereof insofar as reasonably pertinent to diagnosis or treatment.

(5) **Recorded Recollection.** A memorandum or record concerning a matter about which a witness once had knowledge but now has insufficient recollection to enable him to testify fully and accurately, shown to have been made or adopted by the witness when the matter was fresh in his memory and to reflect that knowledge correctly. If admitted, the memorandum or record may be read into evidence but may not itself be received as an exhibit unless offered by an adverse party.

(6) **Business Records.** A memorandum, report, record, or data compilation, in any form, of acts, events, conditions, opinions, or diagnosis, made at or near the time by, or from

information transmitted by, a person with knowledge acquired of a regularly conducted business activity, and if it was the regular practice of that business activity to make and keep the memorandum, report, record, or data compilation, all as shown by the testimony of the custodian or other qualified witness, unless the source of information or the method or circumstances of preparation indicate lack of trustworthiness. The term "business" as used in this paragraph includes business, institution, association, profession, occupation, and calling of every kind, whether or not conducted for profit.

(7) **Absence of Record.** Evidence that a matter is not included in the memoranda, reports, records, or data compilations, in any form, kept in accordance with the provisions of subdivision (6), to prove the nonoccurrence or nonexistence of the matter, if the matter was of a kind which a memorandum, report, record, or data compilation was regularly made and preserved, unless the sources of information or other circumstances indicate lack of trustworthiness.

(8) **Public Records and Reports.** (a) To the extent not otherwise provided in (b) of this subdivision, records, reports, statements, or data compilations in any form of a public office or agency setting forth its regularly conducted and regularly recorded activities, or matters observed pursuant to duty imposed by law and as to which there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

(b) The following are not within this exception to the hearsay rule: (i) investigative reports by police and other law enforcement personnel; (ii) investigative reports prepared by or for a government, a public office or an agency when offered by it in a case in which it is a party; (iii) factual findings offered by the state in criminal cases; (iv) factual findings resulting from special investigation of a particular complaint, case, or incident; (v) any matter as to which the sources of information or other circumstances indicate lack of trustworthiness. Any writing admissible under this subdivision shall be received only if the party offering such writing has delivered a copy of it or so much thereof as may relate to the controversy, to each adverse party a reasonable time before

the trial, unless the court finds that such adverse party has not been unfairly surprised by the failure to deliver such copy.

(9) **Records of Vital Statistics.** Records or data compilations, in any form, of birth, fetal deaths, deaths, or marriages, if the report thereof was made to a public office pursuant to requirements of law.

(10) **Absence of Public Record or Entry.** To prove the absence of a record, report, statement, or data compilation, in any form, or the nonoccurrence or nonexistence of a matter of which a record, report, statement, or data compilation, in any form, was regularly made and preserved by a public office or agency, evidence in the form of a certification in accordance with Rule 902, or testimony, that diligent search failed to disclose the record, report, statement, or data compilation, or entry.

(11) **Records of Religious Organizations.** Statements of births, marriages, divorces, deaths, legitimacy, ancestry, relationship by blood or marriage, or other similar facts of personal or family history, contained in a regularly kept record of a religious organization.

(12) **Marriage, Baptismal, and Similar Certificates.** Statements of facts contained in a certificate that the maker performed a marriage or other ceremony or administered a sacrament, made by a clergyman, public official, or other person authorized by the rules or practices of a religious organization or by law to perform the act certified, and purporting to have been issued at the time of the act or within a reasonable time thereafter.

(13) **Family Records.** Statements of fact concerning personal or family history contained in family bibles, genealogies, charts, engravings on rings, inscriptions on family portraits, engravings and urns, crypts, or tombstones, or the like.

(14) **Records of Documents Affecting an Interest in Property.** The record of a document purporting to establish or affect an interest in property, as proof of the content of the original recorded document and its execution and delivery by each person by whom it purports to have been executed, if the record is a record of a public office and an applicable

statute authorizes the recording of documents of that kind in that office.

(15) **Statements in Documents Affecting an Interest in Property.** A statement contained in a document purporting to establish or affect an interest in property if the matter stated was relevant to the purpose of the document, unless dealings with the property since the document was made have been inconsistent with the truth of the statement or the purport of the document.

(16) **Statements in Ancient Documents.** Statements in a document in existence twenty years or more the authenticity of which is established.

(17) **Market Reports, Commercial Publications.** Market quotations, tabulations, lists, directories, codes, standards, or other published compilations, generally used and relied upon by the public or by persons in particular occupations.

(18) **Learned Treatises.** To the extent called to the attention of an expert witness upon cross-examination or relied upon by him in direct examination, statements contained in published treatises, periodicals, or pamphlets on a subject of history, medicine, or other science or art, established as a reliable authority by the testimony or admission of the witness or by other expert testimony or by judicial notice. If admitted, the statements may be read into evidence but may not be received as exhibits.

(19) **Reputation Concerning Personal or Family History.** Reputation among members of his family by blood, adoption, or marriage, or among his associates, or in the community, concerning a person's birth, adoption, marriage, divorce, death, legitimacy, relationship by blood, adoption, or marriage, ancestry, or other similar fact of his personal or family history.

(20) **Reputation Concerning Boundaries or General History.** Reputation in a community, arising before controversy, as to boundaries of or customs affecting lands in the community, and reputation as to events of general history important to the community or state or nation in which located.

(21) **Reputation as to Character.** Reputation of a person's character among his associates or in the community.

(22) **Judgment as to Personal, Family, or General History, or Boundaries.** A judgment as proof of a matter of personal, family or general history, or boundaries, essential to the judgment, if the same would be provable by evidence of reputation.

(23) **Other Exceptions.** A statement not specifically covered by any of the foregoing exceptions but having equivalent circumstantial guarantees of trustworthiness, if the court determines that (a) the statement is offered as evidence of a material fact; (b) the statement is more probative on the point for which it is offered than any other evidence which the proponent can procure through reasonable efforts; and (c) the general purposes of these rules and the interest of justice will best be served by admission of the statement into evidence. However, a statement may not be admitted under this exception unless the proponent of it makes known to the adverse party sufficiently in advance of the trial or hearing to provide the adverse party with a fair opportunity to prepare to meet it, his intention to offer the statement and the particulars of it, including the name and address of the declarant. (Added by Supreme Court Order 364 effective August 1, 1979)

Rule 804. Hearsay Exceptions — Declarant Unavailable.

(a) **Definition of Unavailability.** Unavailability as a witness includes situations in which the declarant

(1) is exempted by ruling of the court on the ground of privilege from testifying concerning the subject matter of his statement; or

(2) persists in refusing to testify concerning the subject matter of his statement despite an order of the court to do so; or

(3) establishes a lack of memory of the subject matter of his statement; or

(4) is unable to be present or to testify at the hearing because of death or then existing physical or mental illness or infirmity; or

(5) is absent from the hearing and the proponent of his statement has been unable to procure his attendance (or in the case of a hearsay exception under subdivision (b) (2), (3), (4), or (5), of this rule, his attendance or testimony) by reasonable means including process.

A declarant is not unavailable as a witness if his exemption, refusal, claim of lack of memory, inability, or absence is due to the procurement or wrongdoing of the proponent of his statement for the purpose of preventing the witness from attending or testifying.

(b) **Hearsay Exceptions.** The following are not excluded by the hearsay rule if the declarant is unavailable as a witness:

(1) *Former Testimony.* Testimony given as a witness at another hearing of the same or a different proceeding, or in a deposition taken in compliance with law in the course of another proceeding, if the party against whom the testimony is now offered, or, in a civil action or proceeding, a predecessor in interest, had an opportunity and similar motive to develop the testimony by direct, cross, or redirect examination.

(2) *Statement Under Belief of Impending Death.* A statement made by a declarant while believing that his death was

imminent, concerning the cause or circumstances of what he believed to be his impending death.

(3) *Statement Against Interest.* A statement which was at the time of its making so far contrary to the declarant's pecuniary or proprietary interest, or so far tended to subject him to civil or criminal liability, or to render invalid a claim by him against another, that a reasonable man in his position would not have made the statement unless he believed it to be true. A statement tending to expose the declarant to criminal liability and offered to exculpate the accused is not admissible unless corroborating circumstances clearly indicate the trustworthiness of the statement.

(4) *Statement of Personal or Family History.* (A) A statement concerning the declarant's own birth, adoption, marriage, ancestry, or other similar fact of personal or family history, even though declarant had no means of acquiring personal knowledge of the matter stated; or (B) a statement concerning the foregoing matters, and death also, of another person, if the declarant was related to the other by blood, adoption, or marriage or was so intimately associated with the other's family as to be likely to have accurate information concerning the matter declared.

(5) *Other Exceptions.* A statement not specifically covered by any of the foregoing exceptions but having equivalent circumstantial guarantees of trustworthiness, if the court determines that (A) the statement is offered as evidence of a material fact; (B) the statement is more probative on the point for which it is offered than any other evidence which the proponent can procure through reasonable efforts; and (C) the general purposes of these rules and the interests of justice will best be served by admission of the statement into evidence. However, a statement may not be admitted under this exception unless the proponent of it makes known to the adverse party sufficiently in advance of the trial or hearing to provide the adverse party with a fair opportunity to prepare to meet it, his intention to offer the statement and the particulars of it, including the name and address of the declarant. (Added by Supreme Court Order 364 effective August 1, 1979)

Changes made - CS HB565

- 1) Change in title from "prosecution for sexual abuse of minors" to "prosecution for certain sexual offenses."
- 2) Line 12 from "prosecution for the crime of sexual abuse of a minor in any degree" to "prosecution for an offense under AS 11.41.410-11.41.440 or 11.41.455."
- 3) Line 14 from "a child under the age of 10 describing an act of sexual contact with the child" to "a child under the age of 10 who is the alleged victim of the offense describing the conduct establishing the offense."
- 4) Line 24 inserts (3) "the prosecutor informs the defendant of the intention to offer the statement and the contents of the statement sufficiently before the proceedings to give the defendant a fair opportunity to respond to the statement."
- 5) Line 28 - defines "unavailable" and "statement"

H B

566

Introduced: 2/1/84
Referred: Health, Education &
Social Services

1 IN THE HOUSE

BY LACHER, PHILLIPS, FLOOD,
CLOCKSIN, KOPONEN AND MCBRIDE

2

HOUSE BILL NO. 566

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - SECOND SESSION

5

A BILL

6 For an Act entitled: "An Act relating to training of teachers and princi-
7 pals on the subject of sexual abuse of minors."

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

9 * Section 1. AS 14.03.030 is amended by adding a new subsection to
10 read:

11 (b) The school term in each school district shall include two
12 days of in-service training of teachers and principals on the subject
13 of ~~sexual~~ ^{child abuse and} abuse of minors.

INTENT OF LEGISLATION

HB 566 - "An Act relating to training of teachers and principals on the subject of sexual abuse of minors."

This legislation will do much to fill the educational gap which now exists within our school districts on the topic of sexual abuse of minors. It will require teachers and principals to attend two days of mandatory in-service training each school term on the subject of sexual abuse of minors. They must be familiar with the sexual assault laws of Alaska, and be aware of their statutory responsibility to report any suspected cases of abuse.

School personnel are the most likely group of people to see physical and behavioral indicators in children which signal sexual abuse has occurred. Because of the many hours children spend in the classroom, teachers are in a key position to know their students and to build relationships which would allow them to assist a child in a crisis situation.

Chapter 03. Public Schools Generally.

Section

- 10. Establishment of school system
- 20. School year
- 30. School term
- 40. Day in session
- 50. School holidays
- 60. Elementary, junior high and secondary schools
- 70. School age
- 80. Free education

Section

- 83. Contracting for services
- 90. Sectarian or denominational doctrines prohibited
- 100. Use of school facilities
- 110. Questionnaires and surveys administered in public schools
- 130. Display of flag
- 140. Emergency drills

Collateral references. — 68 Am. Jur. 2d Schools § 1 et seq.
 78 C.J.S. Schools and School Districts, §§ 1, 2, 12 et seq.
 Equivalence of educational facilities extended by public school system to members of white and members of colored race. 103 ALR 713.
 Residence for purpose of admission to public school. 83 ALR2d 497.

Modern status of doctrine of sovereign immunity as applied to public schools and institutions of higher learning. 33 ALR3d 703.
 Noncustodial parent's rights as respects education of child. 36 ALR3d 1093.
 Tort liability of public schools and institutions of higher learning for educational malpractice. 1 ALR4th 1139.

Sec. 14.03.010. Establishment of school system. There is established in the state a system of public schools to be administered and maintained as provided in this title. (§ 1 ch 98 SLA 1966)

NOTES TO DECISIONS

This title was enacted pursuant to Alaska Const., art. VII, § 1. *Hootch v. Alaska State-Operated School Sys.*, Sup. Ct. Op. No. 1154 (File No. 2157), 536 P.2d 793 (1975).
History of public education in Alaska. — See *Hootch v. Alaska State-Operated School Sys.*, Sup. Ct. Op.

No. 1154 (File No. 2157), 536 P.2d 793 (1975).
Collateral references. — Incorporated educational body as an institution belonging to the state. 65 ALR 1394.
 What is common or public school within contemplation of constitutional or statutory provisions. 113 ALR 697.

Sec. 14.03.020. School year. The school year begins on the first day of July and ends on the 30th day of June. (§ 1 ch 98 SLA 1966)

Sec. 14.03.030. School term. The school term begins and ends on the dates fixed by the governing body of the school district. However, the term shall include not less than 180 days in session, except that, subject to the approval of the commissioner, a day used for in-service training of teachers may be substituted for a day in session, up to a maximum of 10 days. (§ 1 ch 98 SLA 1966; am § 1 ch 65 SLA 1972; am § 1 ch 137 SLA 1976; am § 1 ch 24 SLA 1979)

Effect of amendment and sentence provided

Sec. 14.03.04
 a day in session on Saturdays shall be at least second, and all other provisions for any of the instruction SLA 1966:

Sec. 14.03.04
 session on the day in New Years holidays for school holidays immediate required to the salary perform etc.
 (b) The day upon school of the day
 (c) The day holidays.

Editor's note of subsection substituted for "h"

Sec. 14.03.04
 schools. through this range
 (b) A separate appropriate establishment with the
 (c) Graduated combination high school
 (d) This diploma to 1966)