

ALASKA LEGISLATURE COMMITTEE FILES 1983-1984 86/2

2287. HHESS SB 19 - SB 97

228



November 16, 1981

Members of the Alaska State Legislature
Juneau, Ak. 99801

Sirs:

The Board of Directors of the Homer Chamber of Commerce would like to voice unanimous support for the requested legislative appropriation of \$5,200,000 for the construction of housing units for the Kenai Peninsula Community College.

The Kenai Community College serves the Soldotna/Kenai area, the remainder of the Peninsula and many students from other areas of the state and even "outside". Their unique course offering, including instruction in the fields of oil, industry, mining and secretarial sciences attracts students from many geographic locations. As the state's industrial base continues to grow, so to will the Kenai Peninsula Community College.

There are many factors leading to the need for college housing at the facility. There is a housing shortage in the Kenai/Soldotna area. Thus - students are often forced to take isolated or sub-standard housing situations. More likely, they are discouraged from even considering attendance due to the problems of finding suitable housing. The housing that is available, because of the shortage, is expensive and this puts an additional burden on the student. There is no public transportation so the students who are able to secure housing must also invest in a car.

Campus housing would alleviate these problems. It would encourage attendance by those who have stayed away because of the housing situation. It would facilitate students from Homer, Anchor Point and other out-lying areas of the Peninsula in obtaining their core education. Dormitory housing on the campus would be of benefit to every peninsula community and many other communities not within our borough. We have reviewed the findings by the College staff and feel that they have proven that the housing would be used to capacity and that it is a needed addition to continue the growth and service of the college.

We urge that the appropriation be passed during the upcoming legislative session.

Sincerely,

HOMER CHAMBER OF COMMERCE

Gil Russell
President Post Office Box 541 • Homer, Alaska 99603 • (907) 235-7740

Kenai Chamber of Commerce

Box 497

Kenai, Alaska 99611

(907) 283-7989



RESOLUTION 81-11

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE KENAI CHAMBER OF COMMERCE EXPRESSING SUPPORT FOR THE KENAI PENINSULA COMMUNITY COLLEGE'S ENDEAVOR TO PROVIDE ON CAMPUS LOW-COST HOUSING FOR STUDENTS ENROLLED IN THE COLLEGE'S CURRICULUM.

WHEREAS, the Kenai Peninsula Community College has embarked upon a program to increase the number of faculty members to cope with the increased number of students attending the college, and

WHEREAS, increasing numbers of students are in desperate need of low-cost housing to be in economic position to pursue their academic goals, and

WHEREAS, the Kenai Peninsula Community College is a growing economic and academic facility that is extremely beneficial and supportive of local industry and local commercial enterprises, and

WHEREAS, the Board of Regents for the University of Alaska has authorized on-campus housing as one of their priorities for Kenai Peninsula Community College.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE KENAI CHAMBER OF COMMERCE, that said directors, is on record in support of the Kenai Peninsula Community College's effort to provide low-cost housing for the students attending the college.

PASSED BY THE DIRECTORS OF THE KENAI CHAMBER OF COMMERCE AD KENAI, ALASKA, this 4th day of December, 1981.

HARRY GAINES, PRESIDENT
Kenai Chamber of Commerce

DISTRIBUTION LIST

1. Dr. Jay Barton, President, University of Alaska
2. Dr. Ed Biggerstaff, Chancellor, C.R.E.E.
3. Members, University of Alaska Board of Regents
4. Dr. Lester Vierra, President, Kenai Peninsula Community College
5. Tom Wagoner, Dean of Academic Affairs, Kenai Peninsula Community College
6. Dr. Margo Zuelow, Dean of Outreach, Kenai Peninsula Community College
7. Governor J. Hammond, State of Alaska
8. Representative Hugh Malone, House District 5 Legislative Delegate
9. Representative Pat O'Connell, House District 5 Legislative Delegate
10. Senator Don Gilman, Senate District A Legislative Delegate
11. Members, Alaska State Senate
12. Members, Alaska State House of Representatives
13. Mayors, Peninsula Communities
14. All Presidents of All Chambers of Commerce on the Kenai Peninsula
15. Members, News Media

KENAI PENINSULA COMMUNITY COLLEGE COUNCIL
Minutes of January 13, 1983 Meeting

Meeting called to order at 7:05 P.M. by Chairman Heath.

MEMBERS PRESENT: LeRoy Barton, Charlotte Calhoun, John Douglas, George Ford, Hazel Heath, Marion Hylan, Debra Mullins, Jason Roth, Alex Shadura, Donnis Thompson, Walter Ward. Ex-Officio: Les Vierra, Tom Wagoner, Katr O'Dell, Kate Fenton, Bonnie Heimbuch.

MEMBERS ABSENT: Roger Holl. Ex-Officio: Michael Beck, Nancy DuPaul.

GUESTS: Dottie Krzyzanoski, Ethel Clausen, Patricia Morris.

AGENDA: Agenda approved as submitted.

MOTION: By Hylan, seconded by Thompson, passed unanimously.

That the Minutes of the December 9, 1982 meeting be approved as submitted with the correction made under Chairman's Report that she had traveled to Juneau for the Older Alaskans Commission.

REPORTS: Chairman. Read letter received from President Barton concerning his informative meeting with the Council. Reported that KPCC's Homer Branch open house had been successful.

President. Reported that UA has submitted 1984 Budget to the Governor; the February 1 audio conference for defense of Budget; Council members encouraged to attend and speak; Carolyn Cannava from Kenai Peninsula Borough School District (KPBSD) will speak on behalf of KPCC; KPCC starting FY-85 Budget process within next few weeks; projected enrollment for 1992 is 1200 FTES; projections to be mailed to Council as soon as completed; hope to involve everyone who is interested in FY-85 Budget; after prioritization, will be presented to Council for adoption; KPCC has requested continuation budget from KPBSD; student body will be coming to Council for request of increase in student activity fee and student budget, will be presented at next meeting; Chancellor Melican and Vice Chancellor Bomotti will be in attendance at next Council meeting to speak regarding the machinist-millwright instructional position; two proposals received on Student Housing thus far.

Dean, Support Services. Reported that KPCC is in process of doing final spring reconciliation (budget) to determine what our status is; Spring registration duplicated headcount as of January 13 is 2,242

Dean, Academic Affairs. ~~Reported that letter had been sent to~~ Chancellor; to eliminate Industrial Electronics degree program; John Rogers hearing scheduled on this campus on February 8; possibility of facility being donated for Homer Branch, is in preliminary talking stage; new facility (Phase v) basically 98% complete and we are utilizing space this semester.

MOTION:
83-17

By Barton, seconded by Ward.

Move that the Council concur with the decision to eliminate the Industrial Electronics degree program based on the enrollments presented at this meeting.

MOTION WITHDRAWN.

Suggestions: That this matter be brought before Council at next meeting; that more information on the second year offerings be presented; obtain reaction from industry; advertise more widely for this program.

REPORTS:
(CONTINUED)

Dean, Student Services. Reported that Student Body Officers, Dean and President would have audio-conference with Chancellor on January 25 (9:00 A.M.) regarding Student Constitution - Council members encouraged to attend; reported enrollments in Learning Skills Center; 295 state loans awarded as of December 10, 7 of the 42 students who applied for state incentive grants were awarded, 395 KPCC students have applied for state/federal financial aid grants; announced hiring of new personnel: Sharon Williams as Media Services Technician, Dodie Smith as Arm Chair College Facilitator.

Council Members. Thompson requested that there be a presentation of Arm Chair College at future meeting; questioned whether Senator Fischer and Representative Malone had been apprised of happenings at meeting with local legislators. Mullins questioned if we keep Representative Cato informed of KPCC happenings. Calhoun stated that Homer residents are aware that KPCC Homer Branch has moved into new location; questioned if Homer and Seward students charged student activity fee, what would be the benefit, suggested that student newspaper would be one way; suggested that KPCC register the logo as adopted by the Council and if royalties ever received could they be dedicated to scholarship account.

Faculty, Students and Staff. No reports.

Public. No reports.

DISCUSSION:

Community College Council Handbook. The complete handbook is to be handed out at the next meeting. This document will be single spaced and paginated. Questioned how changes in the handbook would be brought about. Suggested that blanket statement regarding Council's acceptance of Board of Regents policies be placed in front of the handbook as well as referrals to BOR policies at appropriate sections. Recommended that personal pronouns reflect both gender. Questioned was whether or not faculty, staff and students can feel free to go to Council members without

permission of College administration, or whether Council members can go directly to faculty, staff and students with concerns.

Advisory Committee Handbook. Concern as to how advisory committees were to bring back information to the Council, Council to receive copies of minutes from all committees. Recommended that information regarding termination of committee members be recommended to the Council be placed in handbook. With consent of Council, this item will be brought back to the Council at their next meeting for approval.

MOTION:
83-18

By Hylen, seconded by Douglas, passed unanimously.

That the Administration present a continuation budget request to the Kenai Peninsula Borough School District to reflect programs related directly to the agreement with the District.

NEXT MEETING:

The next meeting of the Council will be held February 10, 1983 at 7:00 P.M. on campus. Chancellor Melican and Vice Chancellor Bomotti will be in attendance.

ADJOURNMENT:

Meeting adjourned at 9:45 P.M.

Respectfully submitted,

Gwen Freeman—
Recording Secretary

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ALASKA STATE LEGISLATURE - SENATE

SENATOR RICHARD I. ELIASON

LABOR AND COMMERCE COMMITTEE, CHAIRMAN
RESOURCES COMMITTEE
JUDICIARY COMMITTEE
FISHERIES SUB-COMMITTEE



P. O. BOX 143
SITKA, ALASKA 99835

POUCH V
JUNEAU, ALASKA 99801
(907) 465-4916

MEMORANDUM

TO: Sen. Bill Ray, Chair
Senate Judiciary Committee

FROM: Sen. Dick Eliason *Dick Eliason*

DATE: May 18, 1983

RE: SB 26 - "An Act providing for immunity from civil liability for certain persons who render services in response to hazardous materials emergencies."

As requested, I have reviewed the above-referenced legislation and I am now reporting my findings to you.

SB 26, introduced by Senators Ziegler and Halford, would add a new section to the "Alaska Good Samaritan Act" to include civil liability cases involving a person responding to a hazardous materials emergency. This legislation would grant immunity from civil liability to those individuals who render assistance during a hazardous materials emergency at the request of trained professionals. It does not guarantee immunity in cases of gross negligence or intentional misconduct.

Distributed by Senator Ziegler

SB 26 - IMMUNITY FROM CIVIL LIABILITY TO PERSONS RESPONDING TO HAZARDOUS MATERIALS EMERGENCIES.

SECTION 1

(a) GRANTS CIVIL LIABILITY EXEMPTION TO A PERSON REQUESTED TO RESPOND TO A HAZARDOUS MATERIALS EMERGENCY FOR AN ACT OR OMISSION WHILE GIVING AID.

(b) DOES NOT PRECLUDE LIABILITY FOR A PERSON RENDERING AID IF THAT PERSON CAUSES DAMAGES THROUGH GROSS NEGLIGENCE, RECKLESS OR INTENTIONAL MISCONDUCT; OR THROUGH SIMPLE NEGLIGENCE IN THE ORDINARY CONDUCT OF THAT PERSON'S BUSINESS (EXCEPT FOR THOSE REQUIRED TO RESPOND TO AN EMERGENCY BY THEIR PROFESSION); OWNS, LEASES OR CONTROLS THAT WHICH IS INVOLVED IN THE ACCIDENT; OR A PERSON EXPECTING REIMBURSEMENT FOR SERVICES.

(c) IMMUNITY GRANTED IN (a) EXTENDS TO THE PERSON'S EMPLOYER OR ANY PERSON OR ENTITY RESPONSIBLE FOR THE PERSON RESPONDING TO THE EMERGENCY FOR ACTS OR OMISSIONS OF THE PERSON.

(d) DEFINES HAZARDOUS MATERIAL AS A SUBSTANCE CLASSIFIED AS HAZARDOUS BY THE STATE OR FEDERAL GOVERNMENTS OR A CHEMICAL, PETROLEUM PRODUCT, GAS, OR OTHER SUBSTANCE THAT IS LIKELY TO CAUSE HARM IF RELEASED

THE LEGISLATURE OF THE STATE OF ALASKA
THIRTEENTH LEGISLATURE

FISCAL NOTE

Expenditure Type
 Revenue Type

I. REQUEST

Bill/Resolution No. SB 26
Title "...immunity from civil liability..."
Requested by SENATE HSS Date _____

II. FISCAL DETAIL

Agency Affected Department of Public Safety
Program Category Affected Administration of Justice
ERU, Program, Or Subprogram(s) Affected Alaska State Troopers
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	0	0	0			

FUNDING (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Source)						
	0	0	0			

POSITIONS

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
FULL TIME						
PART TIME						
TEMPORARY						

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

No fiscal impact is anticipated.

RECEIVED

FEB 8 1983

LEGISLATIVE FINANCE

IV. DATE January 10, 1983 PREPARED BY Francis C. Allan Phone 269-5691

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

DIVISION State Troopers Initials mck
DEPARTMENT OF PUBLIC SAFETY Initials mck



ALASKA STATE FIREFIGHTERS ASSOCIATION

P.O. Box 187

~~1450 MISSION ST.~~

Juneau, Alaska 99801 99802

SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Hearing on Senate Bill No. 26 "Providing for Immunity from Civil Liability for Certain Persons who Render Service in Response to Hazardous Materials Emergencies"

May 2, 1983

Mr. Chairman:

My name is E. Robert Haag representing the Alaska State Firefighters Association and the Alaska Fire Chiefs Association.

We wish to speak in favor of Senate Bill No. 26 now before your Committee. Our two Associations, at their annual meetings last October 1982, passed a number of resolutions pertaining to the Fire Service. One of the resolutions concerned supporting of a State enacted "Hazardous Materials Good Samaritan Act".

Senate Bill No. 26 would provide for a new section to AS 09.65 to add to the "Alaska Good Samaritan Act" (AS 09.65.090) a section "Civil Liability for Responding to Hazardous Material Emergency". The existing AS 09.65.090 covers only "Civil Liability for Emergency Aid". A copy of this section is enclosed for your general information. It covers "a person at a hospital or any other location who renders emergency care or emergency counseling to an injured, ill, or emotionally distraught person....".

Alaska Fire Chiefs and Firefighters are concerned since incidents involving hazardous materials are happening with increased frequency in all areas of the State of Alaska. These incidents often require immediate assistance of

persons with technical expertise to advise the Fire Service as to how to deal with the hazardous materials accident or spill. Many persons, outside of the Fire Service, who are technical experts, are reluctant to provide advice because of fear of legal liability.

Take an example of a Fire Chief in a small community who encounters a hazardous materials accident. When he arrives on the scene he finds a powdered substance spilled from a container. He does not know what it is and the container is not marked. His quick reaction is to call the local high school chemistry teacher to see if he can possibly identify the powder. That teacher could refuse to make a test in fear of a civil liability. If the proposed Statute were law, that same teacher would feel more at ease to make the test since he could be protected under the "Civil Liability Act".

A number of States have enacted "Good Samaritan Acts" similar to the proposal before your Committee.

Mr. Chairman and members of the Committee, we strongly urge your "DO PASS" on this Bill so that it may proceed through the Senate and the House to become a valuable Statute. The saving of even one life, by the passage of this Bill, would make you feel proud that you had an important part in its becoming law. Mr. Chairman, if we can provide you with any information to assist in the Bill's passage, please let us know.

We thank you for your valuable time in allowing us to testify.

Alaska Fire Chiefs' Association



RESOLUTION No. 82-3

WHEREAS incidents involving hazardous materials are happening with increased frequency in all areas of the State of Alaska; and

WHEREAS these incidents often require assistance of persons with technical expertise to help with their management; and

WHEREAS many persons outside of the fire service are reluctant to provide this advice because of legal liability,

NOW, THEREFORE, BE IT RESOLVED that the Alaska Fire Chiefs' Association support the concept of a State enacted "Hazardous Materials Good Samaritan Act" patterned on similar acts recently enacted in other states; and

BE IT FURTHER RESOLVED that the Alaska Fire Chiefs' Association urges the Alaska State Legislature to pass such a law in the next legislative session.

APPROVED in conference October 20, 1982 in Ketchikan, Alaska.

BASIL J. SANDS, Jr., President

ALASKA STATE FIREFIGHTERS ASSOCIATION

RESOLUTION No. 82-16

WHEREAS incidents involving hazardous materials are happening with increased frequency in all areas of the State of Alaska; and

WHEREAS these incidents often require assistance of persons with technical expertise to help with their management; and

WHEREAS many persons outside of the fire service are reluctant to provide this advice because of legal liability,

NOW, THEREFORE, BE IT RESOLVED that the Alaska State Firefighters Association support the concept of a State enacted "Hazardous Materials Good Samaritan Act" patterned on similar acts recently enacted in other states; and

BE IT FURTHER RESOLVED that the Alaska State Firefighters Association support and assist the Alaska Fire Chiefs' Association in this regard.

ACTION Passed

DATE: October 23, 1982

Leigh Gallagher
LEIGH GALLAGHER, President, ASFA

GOOD SAMARITAN ACT

Sec. 09.65.090. Civil liability for emergency aid. (a) A person at a hospital or any other location who renders emergency care or emergency counseling to an injured, ill, or emotionally distraught person who reasonably appears to the person rendering the aid to be in immediate need of emergency aid in order to avoid serious harm or death is not liable for civil damages as a result of an act or omission in rendering emergency aid.

(b) This section does not preclude liability for civil damages as a result of gross negligence or reckless or intentional misconduct. (§ 1 ch 52 SLA 1967; am § 1 ch 119 SLA 1971; am § 38 ch 102 SLA 1976)

Cross references. — As to constitutionality of ch. 102, SLA 1976, see notes to AS 09.55.536 and Alas. Const., art. II, § 14.

Effect of amendments. — The 1976

amendment rewrote subsection (a) and deleted the second sentence of subsection (b) which read "Gross negligence means reckless, wilful, or wanton misconduct."

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COMMITTEE REPORT
HOUSE

(7)

FURTHER: FINANCE

3/22/84

Date: 4/30/84

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSSSSB 72 (HESS) am
"An Act relating to sexual assault investigations."

under consideration and recommends:

- do pass do not pass
- do pass with attached amendments(s)
- replace with ^{li}CS for CSSSSB 72 (HESS) same title
 new title
- and recommends "do pass."
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation Zero Fiscal Note Attached
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Rich Kelly

T.M. Martin

Mike Davis

Alvin Korman

John Lee

Sam Vestinger

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Mar Tucker - no Rec.

Mar Tucker
CHAIRMAN

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: CSSSSB72 (HESS)
 Title: "An act relating to sexual assault investigation."
 Sponsor: Senator Kerttula
 Requestor: House HESS
 Date of Request: 4/13/84

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		5.0				
200 TRAVEL		70.0				
300 CONTRACTUAL		38.0				
400 SUPPLIES		9.0				
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		122.0	-0-	-0-	-0-	-0-
CAPITAL						
REVENUE			- -	- -		

FUNDING: (Thousands of Dollars)

GENERAL FUND		122.0	-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: Joe Mapranan *JM* Phone: 465-4336
 Division: Administrative Services Date: _____
 Approved by Commissioner: Robert J. Sundberg *RJS* Date: 4/13/84
 Agency: Public Safety

Distribution (by Agency preparing fiscal note):

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

12/1/83



Official Business

Alaska State Legislature

Senate

Office of the President

Pouch V
State Capitol
Juneau, Alaska 99811

MEMORANDUM



TO: Mae Tischer, Chair
House HESS Committee

FROM: Senator Jay Kerttula

SUBJECT: SSSB 72, "An act relating to sexual assault investigations"

DATE: April 5, 1984

Attached is back-up for SB 72, which provides for a statewide protocol and training for use by professionals of sexual assault examination kits. SB 72 also stipulates that sexual assault examinations be performed at no charge to the alleged victim.

If you need further information on this legislation, please don't hesitate to contact my office.

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

BY KERTTULA, V.FISCHER
AND JOSEPHSON

1 IN THE SENATE

2 SPONSOR SUBSTITUTE FOR SENATE BILL NO. 72

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 sexual assault investigations."

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

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

9 CHAPTER 68. SEXUAL ASSAULT INVESTIGATIONS.

10 Sec. 18.68.010. SEXUAL ASSAULT EXAMINATION KIT. (a) The De-
11 partment of Public Safety in conjunction with the Department of Law
12 and the Department of Health and Social Services shall develop a
13 uniform sexual assault examination kit.

14 (b) Under protocols developed under AS 18.68.020

15 (1) the Department of Public Safety shall distribute the
16 kits throughout the state; and

17 (2) peace officers and health care providers shall use the
18 kits for the gathering of evidence in cases of suspected sexual as-
19 sault.

20 (c) The appropriate person under the protocols developed under
21 AS 18.68.020 shall provide a sexual assault examination kit at no
22 charge to an alleged victim of a sexual assault.

23 Sec. 18.68.020. SEXUAL ASSAULT INVESTIGATIONS PROTOCOLS. (a)
24 The Department of Public Safety in conjunction with the Department of
25 Law and the Department of Health and Social Services shall develop a
26 manual of protocols governing the distribution and use of the sexual
27 assault examination kit developed under AS 18.68.010.

28 (b) The Department of Public Safety shall distribute copies of
29 the protocol manual developed under this section to the appropriate

FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: SSSB 72
 Title: "An Act relating to sexual assault investigations."
 Sponsor: Sen. Kerttula
 Requestor: Senate Hess
 Date of Request: 2/2/84

FISCAL DETAIL

Agency Affected: Department of law
 Program Category Affected: Administration of Justice
 BRU, Program or Subprogram(s) Affected: Prosecution

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES		49.6	52.6	55.8	59.1	62.6
200 TRAVEL		7.5	8.0	8.5	9.0	9.5
300 CONTRACTUAL		24.8	10.4	11.0	11.7	12.4
400 SUPPLIES		4.5	3.2	3.4	3.6	3.8
500 EQUIPMENT		1.5				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	-0-	87.9	74.2	78.7	83.4	88.3

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	87.9	74.2	78.7	83.4	88.3
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	-0-	1	1	1	1	1
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

N/A

ANALYSIS: Attach a separate page for analysis

Prepared By: Richard I. Pegues, Director Phone: 465-3672
 Division: Administrative Services Date: 2-6-84
 Approved by Commissioner: Norman C. Gofsuch Date: 2-6-84
 Agency: Department of Law

Distribution (by Agency preparing fiscal note):

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

12/1/83

February 3, 1984

This bill provides that the Department of Public Safety, in conjunction with the Department of Law and the Department of Health and Social Services shall develop and distribute a uniform sexual assault examination kit. The bill further provides that these departments shall develop a manual of protocols governing the distribution and use of the sexual assault examination kit.

The Department of Law will have primary responsibility for developing the manual of protocols. Some preliminary work in this project has already been accomplished as an outgrowth of the establishment of specialized sexual assault prosecution units and the use of victim/witness assistance paralegals in several of the department's District Attorney offices. In addition to developing protocols that enhance the preservation and protection of evidence, and writing protocols that deal with victims in a sympathetic and supportive manner, the department believes that it will be necessary to develop training packages for police officers. These training packages would then be incorporated into the regular police training curriculum and be available to Village Public Safety Officers, local police agencies and the Alaska State Troopers.

The biggest single obstacle to be cleared in making the sexual assault examination kit program work is the training of health care providers and private medical practitioners who examine and treat rape victims, in the preservation of evidence and the handling of victim/witnesses. There is no mechanism to command the attendance of health care providers at standardized training courses, nor would such a mechanism be a practical solution. Consequently, the department believes that this critical link in the chain of evidence can be best assured by providing on-site training and consultation to health care providers on a recurring basis. Recurrent on-site training will also be of vital importance for the staffs of the Department of Health and Social Services and the Council on Domestic Violence and their contractors who assist victims of sexual assault and particularly victims of child sexual abuse.

The Department of Law therefore requests sufficient funds to hire an Associate Attorney II who will be responsible for writing and revising the protocols for the distribution and use of the sexual assault examination kit. This position will also be responsible for developing police agency training packages and the position will develop and provide ongoing training for health and social services care providers. Funds are also requested for the printing of training materials and protocol manuals.

The Associate Attorney will be located with the Violent Crimes/Sexual Assault supervisor in the Office of the Chief Prosecutor.

FISCAL ANALYSIS - SSSB 72

This analysis is based upon establishing an Associate Attorney II position at Juneau. It provides for usual position support cost. Travel is set at a higher than usual level to allow for the training of rural health care and social services care providers. Ongoing costs include \$400 per month for communications and copying, and \$250 per month for office and library supplies. One-time expenses include \$1,500 in new position office commodities and \$1,500 in new position equipment. Another one-time expense is for the printing of protocol manuals, as well materials for and printing of training manuals. These costs are estimated at \$20,000, in the first year, and \$5,000 per year, thereafter. These costs have been estimated on the basis of similar projects requiring training efforts such as the criminal code revision. Costs beyond FY 85 include a 6% inflation factor.

1st Year Costs (FY 85)

	Associate Attorney II
Personal Services	49.6
Travel	7.5
Contractual	
Communications & Copying	4.8
Protocol/training materials	20.0
Commodities - ongoing	
Office Supplies	1.8
Library Materials	1.2
Commodities - single time	
New position supplies	1.5
Equipment - single time	
New position equipment	1.5
	<hr/>
Total	87.9

1.	POSITION TITLE ASSOCIATE ATTORNEY II			RANGE/STEP 19A	BARG. UNIT PX	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER	BRU PRIORITY	LOCATION Juneau	ELECTION DISTRICT 4	LEG.	
3.	CONTINUATION LEVEL			ADDITION	JUSTIFICATION				
4.	TYPE OF EXPENDITURE			AMOUNT					
	1	2	3						
	PERSONAL SERVICES								
5.	Salary	3,193/mo.	38,316						
6.	Benefit:		6,284						
7.	Supplemental Benefits		2,349						
8.	Fixed Benefits		2,630						
9.	TOTAL PERSONAL SERVICES		01	49,579					
10.	Travel		02	7,500					
11.	Contractual		03	24,800					
12.	Commodities		04	4,500					
13.	Equipment		05	1,500					
14.	Other								
15.	TOTAL COST			87,900					
	RECEIPT CODE	FUNDING SOURCE							
16.		Federal Receipts 1002							
17.		G.F. Hatch 1003							
18.		General Funds 1004		87,900					
19.		I-A Receipts 1005							
20.		Program Receipts 1028							
21.		Other							
FOR B&H USE ONLY									
4A KEY NUMBER									

This position is required to develop and revise protocols for the distribution and use of a sexual assault examination kit. The position will also develop and write training guides for police officers to be incorporated in various training programs used by the Village Public Safety Officers, local police departments, and the Alaska State Troopers. The position will also provide recurrent on-site consultation for health care and social services care providers who assist the victims of sexual assault, particularly the victims of child sexual abuse. The position will interpret the legal requirements for safeguarding the evidence of sexual assault by health care and social services care providers such as hospitals, private medical practitioners, domestic violence shelters and village health aides.

13 REQUEST FOR
NEW POSITION

AGENCY DEPARTMENT OF LAW
PROGRAM DUE PROCESS
BRU PROSECUTION

Page 1 of 1

FY 85

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

FEB 1984

Revision Date: _____

REQUEST

Bill/Resolution No.: CSSSSB72(HFSS)
Title: "An act relating to sexual
assault investigation."
Sponsor: Senator Kerttula
Requestor: Senate Finance
Date of Request: 2-15-84

FISCAL DETAIL

Agency Affected: Public Safety
Program Category Affected: Administration of Justice
BKU, 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		5.0				
200 TRAVEL		70.0				
300 CONTRACTUAL		38.0				
400 SUPPLIES		9.0				
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		122.0	-0-	-0-	-0-	-0-
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
GENERAL FUND		122.0	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL		122.0	-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:

ANALYSIS: Attach a separate page for analysis

Prepared By: Francis C. Allan

Phone: 269-5691

Division: Alaska State Troopers

Date: 02/06/84

Approved by Commissioner: Robert J. Sundberg

Date: 2/6/84

Agency: Public Safety

Distribution (by Agency preparing fiscal note):

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

12/1/83

CSSSSB 72 (HESS)
FISCAL NOTE
FY'85

100 -	<u>Personal Services</u> - 10 hours of overtime per month for a Alaska State Trooper, Sergeant, 78K (Note - Much of this training involving the legal implications of sexual assault investigations will need to be provided by a lawyer from the Department of Law.)		\$ 4,979
200 -	<u>Travel</u>		
	a) Travel & Per Diem must be provided for the Registered Nurse who will train Medical Institutions throughout the state in the use of the sexual assault kits.	\$14,000	
	b) Travel & Per Diem must be provided for a three man team which will train all state and local law enforcement officers with training in witness/victim interviews, victim sensitivity, crisis intervention and serological and biological evidence gathering.	<u>\$56,000</u>	\$ 70,000
300 -	<u>Contractual</u> - Personal Services contract with Registered Nurse to train Medical Facilities throughout the state in the use of the sexual assault examination kits.		\$ 38,000
400 -	<u>Commodities</u> - We would need approximately 600 kits the first year to replace all of the kits now in use and for training purposes. The cost is estimated to be about \$15.00 for each kit.		<u>\$ 9,000</u>
		Total	\$121,979

Note - These costs are needed in the first year only. Replacement costs for the kits are budgeted in the operating budget of the Crime Lab.

FEB 21 1984

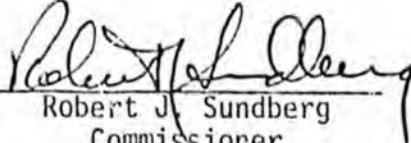
DEPARTMENT OF PUBLIC SAFETY
POSITION PAPER - CS SS SB 72 (HESS)

Support

February 6, 1984

CS SS SB 72 (HESS) - "An Act relating to sexual assault investigations."

By making the sexual assault examination kits universal and by providing sufficient training in their use, a significant increase in the number of sexual assault convictions is expected.


Robert J. Sundberg
Commissioner

POSITION PAPER

SENATE BILL NO. 72

"An Act relating to free emergency medical examinations of victims of sexual offenses."

This Bill adds a new section to the statute governing the Violent Crimes Compensation Board which provides that the victim of sexual assault or, in the case of a minor, a victim of sexual abuse may request and shall receive free emergency medical examination at a public or private hospital or other emergency medical facility so that evidence may be gathered to assist in the possible prosecution of the offender. The Bill also provides that the Board may reimburse the hospital or emergency facility for the reasonable costs of the examination. It further provides for retroactive payment to the victim or parent if the victim agrees to aid in the prosecution of the offender.

The Department of Health and Social Services endorses measures which assist in law enforcement. Costs of examinations for victims are coverable under the state's Medicaid program at present and under many health insurance programs. We have no means to estimate how this Bill would affect the costs of the Violent Crimes Compensation Board. We do not anticipate any increased costs to the medical assistance programs administered by this Department.

It is noted that no provision is made for reimbursement of costs to physicians or other health care providers who may be involved in such examinations.

Recommended by:

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

Date:

Feb 10, 1983

Approved by:

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

Date:

2/14/83

ALASKA NETWORK ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

110 SEWARD #13 JUNEAU ALASKA 99801

(907)585-3550

POSITION PAPER: SSSB72 AN ACT RELATING TO SEXUAL ASSAULT INVESTIGATIONS

The Alaska Network on Domestic Violence and Sexual Assault, representing twenty member programs statewide providing services to victims of domestic violence and sexual assault, supports sponsor substitute for Senate Bill 72, An Act Relating to Sexual Assault Investigations.

The Network's primary area of concern is provision of comprehensive, sensitive, and timely services to victims. In cases of sexual assault, this concern involves assuring the victim that all necessary evidentiary information will be gathered in order to facilitate a successful prosecution. For that reason, it is imperative that uniform kits are provided for use statewide, that protocols be developed for use and distribution of the kits, that protocols address needs of both rural and urban areas, and that training be provided in both the use of the protocol and the kit to peace officers, District Attorneys, other appropriate law enforcement agencies, health care providers, and sexual assault program personnel.

Uniformity of kits is necessary in order to insure that evidence is gathered properly and that all necessary materials are available for a complete and thorough examination.

The development of protocols that address that unique and specific needs of rural areas is necessary because the level of health care provision may differ from that available in urban areas and because law enforcement personnel may not be immediately available.

It is the Network's position that training in the protocol and the use of the kit is primary. Availability of the kits is incidental if health care providers and criminal justice personnel are unaware of their availability and untrained in their use. Sexual Assault examinations can be an additional trauma to the victim, and so should be done in a sensitive and efficient manner. Training in performing sexual assault examinations is necessary in order to accomplish this aim.

In cases of sexual assault investigation and prosecution, collection of evidence plays a crucial role. In the opinion of the Network, more efficient, timely, and sensitive performance of sexual assault examinations can be accomplished by the provision of uniform kits, development of protocols, and provision of training to involved personnel in their use.

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF PUBLIC SAFETY

COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

POUCH N
ROOM 312, GOLDSTEIN BUILDING
JUNEAU, ALASKA 99811

PHONE: 465-4356

November 4, 1983

Elizabeth J. Hickerson
Senior Advisor
Senate Advisory Council
1024 W. 6th Avenue, Suite 203
Anchorage, Alaska 99501

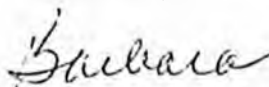
Dear Elizabeth:

I just received your letter and am planning to be out of town for the beginning of next week for regional provider meetings, so I wanted to contact you regarding rape kits. For your information, I have attached some research Susan McInnis in Fairbanks did on the status of rape kits in the Fairbanks area.

I certainly am not locked into developing any sort of task force and am anxious to explore other options. However, I want to state that I feel the Council is not the appropriate group to develop specific rape kit materials and protocols. The development of those items will require legal, medical and law enforcement expertise not present on the Council. I agree that we are the appropriate agency to oversee coordination of other agencies with specific expertise as that is mandated in our legislation. I also think it is appropriate that we establish and implement a system to assure humane and adequate collection of evidence.

I will call you when I return to the office, so we can discuss possibilities. Now that I am more aware of what is happening statewide, I should be of more help.

Sincerely,



Barbara Miklos
Executive Director

Enclosure



OCT 28 1983

Barbara Miklos
CDVSA
Pouch N
Juneau, Alaska
99811

October 24, 1983

Dear Barbara,

Enclosed you'll find comments from the Troopers, D.A.'s office, and Alaska Native Health Service doctors. I called each, asked how well they felt medical rape exams were being performed; asked about problems encountered and possible solutions. You'll be interested, I'd think, in the responses. I paraphrased in most cases, caught a quote or two, and tried to preserve the integrity of the responses throughout.

Interesting assignment. If notes from these people inspire more questions, I have permission from each to call again. Feel free to ask.

I'd be interested in your and Elizabeth's thoughts after reading the enclosed. I passed copies to Ruth.

Stay well.

Susan McInnis

Postscript: Barbara, you'll notice that the different points of view also interpret 'reality' differently. I suspect you'd get differing points of view from any number of people queried.

Troopers:

First Sergeant Close, in Fairbanks; supervisor for Interior Troopers.

There are health clinics in all sub-regional centers (eg: Galena, Tok, Ft. Yukon, etc.). Staffed by physician, health aide, physician's assistant, or paramedic. For the most part Close thinks they do a pretty good job. Troopers know which health aides are capable of doing the work and which are not --because they work with them daily. When the health aide (p.a., paramedic, etc) is incapable, Troopers do their best to get the victim to a better staffed clinic. Not always possible. Where there is no clinic, Troopers will try to get the victim to a subregional center where she can receive an exam.

Troopers responsible (DPS is) for cost of rape exam, for providing rape kits, for securing the evidence and transporting it to Fairbanks. Because chain of evidence is their responsibility, they try to assure an effective exam.

Close feels reporting is pretty good overall in the bush. Lots of attempted reports, and of child sexual assault. Fewer actuals. Attempteds and child sexual assaults may not necessitate exams as often as sexual assault 1.

Says their greatest problems are weather and funding. A man died in Huslia the other day --from a gunshot wound to the head-- because Troopers could not get in to airvac him. Autopsy shows he probably would have died anyway, but it shows that AST is crippled by adverse weather conditions. Had Huslia had the proper equipment for guiding a plane, they might have been able to land. Same problem besets them when there is a reported sexual assault. May always be a problem in rural Alaska. Here, funding (for equipment) might help; might not.

Because AST is responsible for securing evidence, the lack of sufficient funding for rape kits is a real problem. If they can't afford to make up the kits, they can't oversee proper collection of evidence. ... As well, transportation of victims to a clinic or hospital, and paying for the exam when it's done, are both stymied by insufficient funds.

District Attorney's office:

Terry Foster, past Assistant D.A. in charge of the special assault unit.

Medical Exams from the bush are simply not up to snuff. There are logistical, emotional and training problems not encountered in urban areas. These prohibit uniform and effective collection of medical evidence. In Terry's opinion, a new law won't help.

Some of the problems:

There is much late reporting in bush communities. A sexual assault may be reported 2, 3, 4 days after taking place. Community education, a concerned and effective medical/law enforcement team could increase timely reports.

Police officers (both troopers and VPSOs) tend to minimize the importance of the rape exam. Don't effectively oversee thorough exam.

eg: If a victim says, "Hey, I'm fine. I don't need to go see the doctor (especially if seeing the doctor requires a trip to town). I just want to go home and take a bath," the p.o. is likely to let her go home. Often this is out of a desire to be sensitive to her needs, but it thwarts the collection of evidence.

eg: She related a case where the p.o. had the woman go into another room and clip her own pubic hair. Undoubtedly out of modesty or sensitivity to her modesty, but it again thwarted the collection of legal evidence. ...Another sample case, the p.o. asks the woman to brush off her own coat for evidence. Just doesn't work legally.

There is often more violence associated with a sexual assault in the bush. When this is the case, the medical exam often takes a lower priority than necessary attention to other injuries. It is excluded or only partially completed.

Health aides, paramedics, doctors, and physician's aides in the bush just aren't as sophisticated as their urban counterparts. They may do the vagina' smear, but not know to have the woman undress over a sheet of paper to catch falling fibers, blood, etc. May not do pubic combings, nail clipping, etc. This is a problem of ignorance and of staff turnover. One MD (health aide, etc.) may be very well trained, but may only stay 6 months. Replacement never receives adequate training.

In areas where there is no clinic or where it is felt that the clinic personnel cannot do a good exam, the victim may not receive an exam. She may be transported to an urban or subregional clinic. In this case, AST faces weather problems, and the problem of separating the woman from her support group at a time she most needs support. Here the state faces a dilemma: separation from her support group may

create problems for the victim but guarantee legal evidence. Not separating her from her support group means a loss of evidence for the case. Transporting the victim can also mean a delay in time which will mean loss of evidence.

Another example of the problems created by distance and weather: A woman was assaulted in Kaltag shortly after Terry became a d.a. At the time, she wanted to report, she had support from the community. Troopers were called, but it took them two days to get there. Meanwhile supportive villagers were protecting the victim from the assailant, but "that maniac was still running around loose and by the time they got there the evidence was lost."

In Terry's mind, sexual assault and child sexual assault in the bush "are the prime unmet issues in law in Alaska." Because of the idiosyncracies in the bush, no system can be effectively applied over time. Each case must be dealt with individually.

Nonetheless, she would oppose new laws. Laws, she says, are to enforce what the people refuse to do on their own. Law enforcement officers, health aides, etc., are not refusing to do their job. They don't know what to do... Or they don't know why they are being asked to do it. (Terry says the latter may be the greatest problem. The explanation sheet with the exam tells what to do --it doesn't tell the officer or medical person WHY he/she is being asked to do it. So, they get lax). In some cases an experienced person (eg: Trooper) is frustrated in his/her work by an inexperienced person (generally the health aide, p.a., md, etc.) No law will rectify that situation.

Finally, emotional ties in the bush often preclude effective exams. The health aide is the assailant's aunt... has a bit of a feud going with the victim's family... has been told to steer clear of either family, etc.... Small bush communities are family-oriented communities. Where that creates a problem for effective medical exams or collection of evidence, no law will offer a solution.

Terry does agree that a simplified protocol which could be followed by a partially educated medical person or law enforcement officer might help. Standardized rape kits, readily available and understood by police and medical personnel would help. Education about sexual assault generally, legal aspects, emotional aspects, medical aspects --in the community and particularly for those legally involved--would help. Laws won't do it.

Pat Duggan, Assistant District Attorney, Fairbanks. In charge of the Barrow area.

Pat feels that medical rape exams are done pretty well. No significant problems.

He does encounter a bureaucratic problem with the Public Health Service from time to time. They have been reluctant in certain cases to do rape exams to collect evidence. Most recently, doctors' supervisors have been reluctant to have the physicians, physician and patient records subpoenaed. He has worked with them and settled the problem.

Non-native patient/victims may be a problem. Although the Barrow hospital is the only available health service, it is a native facility and non-natives can be refused service such as a rape exam. (Pat hadn't any specific problems or complaints in this area --was simply saying that it could be a problem).

No, says Duggan, a law would not help the effectiveness of rape exams. In Barrow, as in all Indian Native Health Service communities, the staff is made up of federal employees. No state statute would govern their provision of care. They now perform rape exams at the request of the state --but exams for the purpose of collecting evidence would not be considered a medical service.

Pat believes that where there is reluctance to collect evidence, it would be exacerbated by a state law. The federal facility might just refuse.

At this point he usually speaks with a new physician, discusses the state's needs and gains the doctor's willingness to assist. Good rapport between the government agencies seems the better route. *object*

Dr. Ron Gould; Director of Patient Care Services. Supervises health aides in 23 villages.

Referred me to Dr. Pete Marshall, but did give the following comments:

Villages of a size to have a health aide would usually transport the patient to a subregional center for the exam. By and large they are not trained in gyn: pelvics, paps, etc.

Dr. Gould suspects there is little call for rape exams in health-aide staffed villages. He believes he would be getting calls from health aides seeking assistance or to check on their work were there more exams being given.

When asked if the health care system in villages should be upgraded to include training and protocol for rape exams, he said: It would be reasonable, but must take into account the varying levels of sophistication among health aides, and the family ties in villages. Any confrontation requiring medical assistance places the health aide in jeopardy. "A health aide would rather 'cool off' from all that to protect herself." Giving a rape exam could be a sign of taking sides in a confrontation which also included sexual assault.

Dr. Peter Marshall --Alaska Native Health Service; Clinical Director (over health care in regional/subregional centers)

Dr. Marshall sees that the bureaucratic system is in place: things flow well from village to subregional or regional center --but it doesn't work. He does not feel that laws or regulations will help it function any better.

In Marshall's experience and belief, there is an "incredible range of assaults and abuses taking place, but no complaints."

"You can see why when you know what happens when someone does complain..." In Stevens Village, for example, a woman was raped by two men. The health aide reported the incident and the woman was transported to Fairbanks (regional center for S.V.). The men were identified, taken to Fbx for arraignment, and released on bail within 24-hours. They returned to Stevens Village to threaten the health aide for having reported the incident. In addition to threats, the men shot at her house with a rifle. She has since (because of that and other incidents) resigned and left the village.

Marshall believes that the reality of the village situation lags far behind the hopes of anyone who wants to improve care (legal/medical) to individuals there. There is an intense distrust of any interference in local relationships or problems.

'We recognize the rights of the accused (and have a system to protect him/her, as well as the victim and the state), but you can't convince small villages of that. 110 people living in a scattered cluster of cabins spread over a remote area are totally interdependent. When one of those people commits what we see as a crime, even when we protect his/her rights, we are still seen as ripping him away from his people and his position in the community. To the villagers, the person who complains is at fault --and at risk of retribution.'

Indirectly, I think Dr. Marshall is making a bid for education and altered services over any laws you might propose. He suggests --as concerns the whole range of child abuses-- that the system be decriminalized. The state or feds could 'encourage people to come forth because the act in question is not good for the people or for the village. Then help them work out an in-place solution.' When asked if he suggests that same altered system when it comes to sexual assault of adults, he said: "We're not getting anywhere with the current system. A changed one might work better."

Marshall

He cited the example of the state regs re child abuse (etc.): They allow the state to remove children from a home which neglects or abuses them. The federal regs now require that children of Natives be returned to the immediate family, extended family or tribe as soon as possible. The difference between the two laws puts health care providers in a bind. As a result, he says, they have had to take a closer look at counseling/working with the families, in order to facilitate a speedy return of the child. In cases where the state has been able to make a good placement (in a native home) of the abused/neglected child, and give excellent counseling to the problem parent --as well as other family members-- they are finding that the family can recover and change.

He feels that if the state concentrates on the possible consequences of laws (more laws regarding reporting would result in an uproar --and danger to those who would report, collect evidence, etc.), and on improving the outcome for people, there may be a better result.

At this point, however, he agrees with Terry Foster that matters having to do with crimes in villages will have to be taken case by case --suspending system to work with the idiosyncracies of village life.

Dr. Marshall had some thoughts on alcohol during the conversation. Venetie is and has been a dry community. In the four years Dr. M. has been traveling to Ft. Yukon and its near villages, "the worst thing that ever happened in Venetie was when a Ft. Yukon man came in, beat up old Mr. Christian (who was 90) and killed him." In Stevens Village --a wet village-- assaults and abuses, and murders, happen all the time. People are drunk all the time. "In Venetie, people live normal lives. There is very little violence." It's a tangent, but a thoughtful one, yes?

SB 72: BACKGROUND INFORMATION

It appears that payment for emergency medical examinations for victims of sexual offenses has at times varied throughout the state. The following supports this statement.

Anchorage, Bethel, Barrow, Fairbanks and Juneau police departments were asked how these exams were paid for in their areas. The following is information gathered from those departments.

Anchorage - When a victim of sexual assault is taken by the city police to the hospital and an exam is administered, the police department pays for the exam with department funds which essentially come from the Municipality of Anchorage.

Bethel - In Bethel the police department stated that the majority of sexual offense victims in their area are native and would be taken to the native hospital in Bethel where there would be no charge to the native victim (hospital is federally funded). But in the case of a nonbeneficiary (non-native) the victim would be personally responsible for the payment of the exam.

Barrow - In Barrow the same standards are followed as in Bethel.

Fairbanks - The police department in Fairbanks stated that if the city police take a sexual assault victim to the hospital and the victim undergoes an exam, the expense of the exam is the responsibility of the investigating agency, in this case the city police department would pay for the exam with funds from their operating budget. In a case outside of the city limits where the State Troopers were called, the exam would be paid by the State Troopers with state funds which come from the Department of Public Safety.

Juneau - As far as the Juneau police department knew, the victims of sexual assault would be responsible for the expense of an exam given.

Nola Capp, administrator to the Violent Crimes Compensation Board, stated that awards of compensation for emergency medical examinations have been made both to a provider via the victim and also to the victim who had previously paid at the time of the exam.

According to the Network on Domestic Violence and Sexual Assault, the payment for these examinations have been a problem in past years. It seems that on occasions an examination would not be administered unless payment was made. This seems to have been generally corrected. Incest victims, however, have been treated differently. According to the Network often the incest victim must be reimbursed through the board which causes financial hardship.

Given the different procedures utilized throughout the state for these examinations, it is in the best interest of the state to enact a uniform law.

SB 72 adds a new section to AS 18.67 "Violent Crimes Compensation Board" and provides that emergency examinations for victims of sexual offenses will be provided at no cost to the victim when the purpose of the examination is to gather evidence to assist in the possible prosecution of the offender.

As the evidence gathered is used only for the benefit of prosecution there is no justification for a victim having to pay for this examination, even if later reimbursed by the board.

STATE OF ALASKA
PRELIMINARY STATEMENT OF FISCAL IMPACT

Bill No: Senate Bill No. 72 Date on Bill: 1/25/83
 Title: "An Act relating to free emergency medical examinations of victims of sexual offenses"
 Sponsor: Sens. Kerttula, V. Fischer and Josephson
 Requestor: _____

1. Estimated fiscal impacts on:

a. Expenditures:

(Thousands of Dollars)

			FY 83	FY 84	FY 85	FY 86		
Capital			0	0	0	0		
Operating			0	0	0	0		
Total			0	0	0	0		

b. Revenues:

Revenue								
---------	--	--	--	--	--	--	--	--

2. Source of funds to offset fiscal impact of bill:

3. Assumptions:

4. Disclaimer:

This statement has not been reviewed by the OMB in the Office of the Governor. It not represent the policy of the Sheffield Administration or the final estimate of fiscal impact.

Prepared By: Dean Tirador Phone: 465-3090
 Division: Public Health Date: 2-10-83
 Approved by Commissioner: Robert London Date: 2/14/83
 Department: Health and Social Services

5. Distribution:

- Original to Legislative Finance
- Copy to OMB
- Copy to Sponsor
- Copy to Requestor

S

B

7

8

Alaska State Legislature



House of Representatives

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9071465 4958
9071586 2660

COMMITTEE
CHAIRMAN
HOUSE TRANSPORTATION
MEMBER
HOUSE COMMUNITY AND
REGIONAL AFFAIRS

M E M O R A N D U M

April 9, 1984

TO: Representative John Cowdery
Chairman, House Labor & Commerce

FROM: Representative Bette Cato *BC*

SUBJECT: CSSB 78 (HESS) am. "Relating to teachers' collective bargaining agreements; and providing for an effective date."

In reading over this bill, I have one question and that is, throughout the bill it has referred to "educational employees labor relations agency", is this NEA?

If so, I want to amend this entire bill to include the AFT as well. If this is not I would like to propose the following amendment:

Page 10, lines 17-19: DELETE: "one each from lists of nominees submitted by the National Education Association of Alaska and the Alaska Association of School Boards"

There are two unions in Alaska and they are the Alaska Federation of Teachers and the National Education Association, therefore, I want AFT included.

With this amendment, I respectfully request that this bill be heard in your committee at your earliest convenience.

Thank you.

cc: Representative Mae Tischer ←

S

B

9

6

3/14

3706 called Sackett for backup

3/21

passed out

POSITION PAPER.

SENATE BILL NO. 96

"An Act making a special appropriation to the Department of Health and Social Services for inoculations for hepatitis B; and providing for an effective date."

Sponsor: Sackett

This bill appropriates \$250,000 SGF to the Department of Health and Social Services for inoculations for hepatitis B and provides for an immediate effective date.

Background

A. The Disease

Hepatitis B is a disease caused by a virus. Disease severity can range from inapparent infection to a fulminating process leading quickly to death. There is currently no specific treatment against the virus.

Once infected, individuals may become chronic carriers of the virus, i.e., continue to be infected and to be able to spread infection to others. Moreover, chronic carriers of hepatitis B virus (HBV) are subject to complications including primary liver cancer with a nearly 100% mortality rate unless detected early or polyarteritis nodosa, a serious inflammatory disease of arteries with a 30% mortality rate. It is estimated that 20-25% of chronic HBV carriers will develop chronic active hepatitis with cirrhosis.

B. Prevalence

Both the rates of infection and the rates of chronic HBV carriers are known to be very high in certain Native groups in Alaska, particularly the Yupik-speaking groups in the Bethel area. In some villages which have been surveyed, the infection rate has been found to be as high as 73.1%.

Less is known about prevalence in other Native groups but there are reasons to suggest that rates are probably higher than among non-natives.

Other groups at high risk of HBV infection include: health and hospital care providers; hemodialysis patients; recipients of blood products, laboratory workers; dentists and allied dentist personnel; homosexuals; illicit users of injector drugs; staff and residents in institutions for the mentally retarded; sexual and household contacts of HBV carriers; newborn infants whose mothers are HBV carriers; and immigrants from geographic areas with a high incidence of HBV such as Southeast Asian refugees.

OSAIKON PAFEM/Department of Health and Social Services

C. Vaccine

In November, 1981 a vaccine against hepatitis B was licensed for use in individuals 3 months of age or older. Vaccine is administered to high risk groups in three doses over a six month period. The vaccine is estimated to be 80-95% effective in protecting susceptible individuals. Duration of protection, and consequently the need for booster doses, is not known.

The vaccine is expensive (current cost is \$95.55 for sufficient vaccine for the three-dose course for one individual). Because of the high vaccine cost and because the vaccine is of no value to individuals already infected, pre-vaccination blood testing of potential recipients is recommended. Cost of blood testing is estimated at \$10-15 per test. To these costs must be added cost of vaccine distribution and administration plus data processing.

D. Existing programs

In the current fiscal year, DHSS undertook screening and vaccination of high risk groups in state institutions including Harborview Developmental Center, The Alaska Psychiatric Institute and State Correctional Centers.

The Alaska Native Health Service (ANHS) in cooperation with the federal Center for Disease Control has undertaken a vaccination program in the Bethel area villages where prevalence studies have been conducted. They have also used federal fiscal year-end monies (\$500,000 for FFY 1982) to purchase additional vaccine.

Proposed program

The proposed activities during FY 83 involve close correlation with the Alaska Native Health Service hepatitis B program. Emphasis will be placed on screening of the highest risk population who will not be reached by the ANHS. Susceptibles will receive vaccine.

Position

The Department is strongly supportive of funding in FY 83 which would permit intensification of the program in the current fiscal year. However, the Governor's Office is submitting a delete-add supplemental for \$250.0 utilizing funds already appropriated for Permanent Fund Hold Harmless. Thus, costs of HBV program activities in FY 83 could be absorbed without additional appropriation.

OSITION PAPER / Department of Health and Social Services

Recommended by: E.S. Rabeau, M.D. / DB
E. S. Rabeau, M.D., Director
Division of Public Health

Date: Feb 3, 1982.

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

Date: 2/7/83

COMMITTEE REPORT

SENATE

FURTHER: FINANCE

1/31/83

Date: 2/7/83

Mr. President:

The Committee on HESS has had SENATE BILL NO 06

Special appropriation to the Department of Health and Social Services for inoculations for hepatitis B; eff. date.

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

- [/] do pass [] do not pass
[] do pass with attached amendments(s)
[] replace with CS for [] same title [] new title
and recommends
[] AND attaches a "Letter of Intent" [] New Fiscal Note
[] reports it back without recommendation
[] referred to the Committee

MEMBERS SIGNING DO PASS

MEMBERS HAVING OTHER RECOMMENDATIONS:

Handwritten signatures: Paul Beapion, V. F. ... Paul Frede

Handwritten signature: Rick Halford No Rec.

Handwritten signature: Paul Beapion CHAIRMAN

Alaska State Legislature

SENATOR

John C. Sackett

CO-CHAIRMAN

SENATE FINANCE COMMITTEE

MEMBER

COMMUNITY & REGIONAL AFFAIRS COMMITTEE

LABOR & COMMERCE COMMITTEE

BUDGET & AUDIT COMMITTEE

REGULATION REVIEW COMMITTEE



Senate

HOME ADDRESS
P.O. BOX 11
RUBY, ALASKA 99768

WHILE IN JUNEAU
POUCH V
JUNEAU, ALASKA 99811
TELEPHONE 465-3753

March 4, 1983

The Honorable Ted Stevens
United States Senate
147 Russel Office Building
Washington, D.C. 20510

Dear Senator Stevens:

As you are aware Alaska faces a very serious problem because of the increasing numbers of people who either have or are susceptible to hepatitis. The State Department of Health and Social Services in conjunction with the Alaska Native Health Service has outlined a detection, surveillance and control program which will be administered by the State over the next four-five years. The program includes inoculation for those determined to have a high risk of contracting the disease. By 1987 the State Department of Health expects to have the problem under control and will continue monitoring the population as part of their regular programming.

The joint venture will cost an estimated \$5.75 million over the life of the program. The State anticipates providing \$2.75 million in funds and the Alaska Native Health Service will request federal funds of \$2 million through FY84 and FY85, in addition to \$500,000 which has already been received through ANHS, and another \$500,000 of FY82 year-end ANHS funds which were used to purchase vaccine for the inoculation program.

This letter is to call your attention to the fact it appears only \$500,000 has been proposed in the federal FY84 budget. (See attachment). It is important every effort be made to secure the full \$1 million in funds to augment state funding so the detection and inoculation program may continue on schedule.

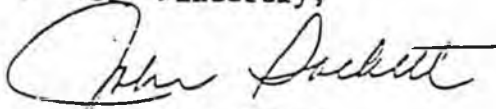
Funding of \$250,000 from the state is in the process of being authorized by the State Legislature and the Governor for FY83, and an additional \$500,000 is expected to be approved for FY84. State health officials note it is vitally important that the program be kept on schedule so the "chain of infection" will be broken reducing the high-risk factor that faces so many Alaskans, particularly Native Alaskans.

The Honorable Ted Stevens
March 4, 1983
Page Two

Your help in securing the needed funds from the federal government for the coming fiscal year would be greatly appreciated. Please feel free to contact me, or my assistant, Max Gifford, if more information is needed. We can be reached in Juneau at: 465-3753.

Thank you very much for your attention to this important matter.

Very Sincerely,



JOHN C. SACKETT
State Senator

JCS/mg

enclosures

cc: The Honorable Frank Murkowski
The Honorable Don Young

also: Governor
- Roman
- Locke
- [unclear]
KV



Official Business

Alaska State Legislature

Senate

Committee on Finance

Pouch A
State Capitol
Juneau, Alaska 99811

February 17, 1983

Gene Dusek, Associate Director
Office of Management and Budget
Office of the Governor

Dear Gene:

Attached is a copy of the proposed committee substitute for SB 96, reducing the Permanent Fund hold-harmless appropriation by \$250,000 and reappropriating those funds to the Department of Health and Social Services to fund the hepatitis B inoculations program.

Senator Sackett, the original sponsor of the legislation, would very much appreciate a letter from you or the appropriate spokesperson in the Governor's office acknowledging that this approach for funding the inoculation program meets with the Governor's approval.

Use of the committee substitute for SB 96, as opposed to introducing new legislation, should expedite the bill through the legislative process so that it can be transmitted to the Governor quickly.

Although no date for hearing the substitute in committee has been set your participation at the hearing would be appreciated.

Thanks for your help. Please call me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Max Gifford".

Max Gifford
Administrative Aide

attachment: CSSB 96 (Finance)

FEB 23 1983

BILL SHEFFIELD
GOVERNOR



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

February 24, 1983

The Honorable John C. Sackett
Senator
Alaska State Legislature
Pouch 7
Juneau, AK 99811

Dear Senator Sackett:

The proposed approach for funding the hepatitis B inoculations program contained in CSSB 96 should expedite approval of the funding for this important program. Accordingly, we will delete this item from the FY 83 appropriations transfer bill the Administration is preparing.

The identification of the funding sources for appropriation bills is a vital element in our State government's demonstration of fiscal responsibility. Thank you for your help.

Sincerely,

A handwritten signature in dark ink, appearing to read "Bill Sheffield".

Bill Sheffield
Governor



From The
**SENATE
FINANCE COMMITTEE**

TO: House HESS

Subject: CSSB-96, hepatitis inoculation,
\$250.0 for FY83.

Here is the back-up material assembled
by Senate Finance.

If you need more information or need
points of clarification, please call
Max Gifford, A.A., to Senator Sackett.

Thank you,

MG

x3753

John W. ...

Preliminary FY. 84 Budget

Line 100 Personnel Costs

A.	1 Medical Officer (project coordinator)		
	Base 4885.00 mo. + benefits at 27% = 6203.95 mo. x 12 mo.		74,447.40
B.	1 PHN Base 2838.00 mo. + benefits at 27% = 3604.26 x 12 mo.		43,251.12
C.	1 Microbiologist 2 Base 2838. mo + benefits at 27% x 12 mo.		43,251.12
D.	1 Programmer Base 2838. mo + benefits at 27% x 12 mo.		43,251.12
E.	1 Lab Technician Base 1673. mo + 27% benefits x 12 mo.		25,496.52
F.	1 Publications Specialist II-Base 2463. mo + benefits x 12 mo.		<u>37,536.12</u>

Total Line 100 \$267,233.40

(All salaries based on current salary schedule in effect on 12/30/82)

Line 200 TRAVEL AND PER DIEM

Screening

Assume 50 Urban/Rural Communities
 Average cost of Round trip ticket \$400.00
 # of days per visit (2)
 per diem- \$90.00 per nite x 1.5 nights x 2 nurses

Travel \$400.00 per trip x 2 PHN's x 50 communities x 1 trip	40,000.00
Per diem \$90.00 x 1.5 x 2 nurses x 50 communities	13,500.00
Travel for Training 10 trips @ 400.00 round trip ticket + 3 days per diem per trip @ 80.00 per day	<u>6,400.00</u>
Screeni	59,900.00

Vaccination

50 Urban/Rural Communities @ 400.00 ticket cost 1 Nurse	
3 trips to administer vaccine for each patient (3 doses)	
1 night per diem at each community	
50 communities x \$400.00 x 1 nurse x 3 trips	60,000.00
Per diem 1 nurse x 90.00 night x 1.5 nights x 150 villages x 3 trips to administer 3 doses	<u>20,250.00</u>

VACCINATION 80,250.00

TOTAL LINE 200 140,150.00

Line 300 Contractual

Telephone	6,250.00
Data Hardware leasing costs	12,000.00
Printing Costs (Brochures, pamphlets, letters, etc.)	10,000.00
Shipping for supplies	
\$50.00 each shipment x 150 villages	
x 3 shipments of vaccine and 1 shipment	
of testing equipment	\$30,000.00
Less supplies that could be hand carried	
by nurses on their trips	20,000.00
Postage	5,000.00
Advertising (radio, newspaper)	12,500.00

Hepatitis Laboratory equipment leasing costs \$600.00 mo x 12 mo.	7,200.00
1 Contract Public Health Nurse	<u>40,000.00</u>

TOTAL LINE 300	102,950.00
----------------	------------

Line 400 Commodities

Supplies

Initial Screening		
\$10.00 per test for supplies x 10,000 patients, x 3 tests		100,000
per person		300,000.00
Vaccine \$90.00 per person x 9,000 persons		810,000.00
Blood Drawing Supplies \$2.50 per person x 10,000 persons		25,000.00
Office Supplies		<u>2,600.00</u>
TOTAL LINE 400		\$1,137,600.00

LINE 500 Equipment

1 Freezer for storing serum	4,000.00
2 refrigerators for storing vaccine	4,000.00
3 Centrifuges	1,500.00
1 IBM selectric typewriter	<u>1,000.00</u>
Total Line 500	10,500.00

TOTAL ESTIMATED COST--ALL LINES -FY 84	\$1,158,433.40
--	----------------

(e) Hepatitis B Screening and Immunization Program (Alaska)
 (Dollars in thousands)

	Actual Obligations 1982 <hr/> Amount	Amount Available 1983 <hr/> Amount	Estimate 1984 <hr/> Amount	Increase (+) Decrease (-) <hr/> Amount
Direct				
Appropriation..	\$ ---	\$500	\$500	\$---
Reimbursements..	---	---	---	---
Total	<hr/> \$ ---	<hr/> \$500	<hr/> \$500	<hr/> \$---

The funding in FY 1983 for the Hepatitis B Screening and Immunization Program will allow partial completion of a three year program to deliver comprehensive hepatitis B control services in Alaska. Funds will allow staff to deliver services to the Alaska Natives at risk or suffering from hepatitis. Supplies will include the blood drawing and testing kits necessary for screening patients and supplies for administering hepatitis B vaccine.

The program will collect approximately 20,000 blood samples for hepatitis B screening and epidemiological studies and immunize approximately 3,000 people in 1983. People primarily targeted for this program, in order of priority, include: newborns whose mothers are hepatitis B surface antigen (HBsAg) positive or who will be living in villages where the prevalence of HBsAg is 5% or greater; new Alaska Area Native Health Service and Native Corporation employees who are both susceptible to hepatitis and providing direct health care services; household members where another member is HBsAg positive; and residents of communities where the prevalence of HBsAg is 5% or greater.

The epidemiological studies will provide a better understanding of the risk of sequelae of hepatitis B and to better determine where at-risk populations reside so future vaccination programs can be efficiently targeted.

The proposed funding of \$500,000 in FY 1984 will allow a continuation of the program efforts started in FY 1983. Approximately 25,000 blood samples for hepatitis B screening will be collected and approximately 4,000 people will be vaccinated. The screening and epidemiological studies will be continued.

From Indian Health Service

Administrative FY 84 Budget Document

Hepatitis B Virus (HBV)

HBV infection is becoming a significant health problem in Alaska, especially in the highly susceptible Alaska Native community and, in particular, the Yupik Eskimo.

Hepatitis B infection is usually caused by prolonged close and intimate contact with a carrier and/or infected blood or blood products or serous discharges.

Complications of HBV infection can be many e.g. polyarteritis nodosa (serious inflammatory condition of the arteries) with a 30% mortality rate; primary hepatocellular carcinoma (PHC), has the highest incidence in the U.S.A. Estimated 10% of HBV chronic carriers will develop PHC; chronic active hepatitis with cirrhosis (CAH) will develop in 20 to 25% of chronic HBV carriers.

People at high risk include:

- Yupik Eskimos and to a lesser variable extent
other Alaskan Natives
- Health and hospital care providers
- Hemodialysis patients
- Recipients of blood products
- Laboratory workers
- Dentists and allied dental personnel
- Gay communities
- Illicit injectable drug users
- Staff and patients of mentally retarded institutions
- Sexual and household contacts of known carriers
- Newborn infants of mothers who are HBV carriers
- Southeast Asian groups

In late November 1981 a request for a supplemental appropriation of about 800,000 dollars to initiate a HBV program was sent to the Governor's Office. It never reached the legislature.

Normally the State provides and totally runs immunization programs for all State residents. Due to shortage of funds, high cost of HBV program and availability of some funds to ANHS in their budget ANHS (Alaska Native Health Service) and the State (Division of Public Health) are coordinating a joint effort. A Memorandum of Understanding has been jointly developed by both agencies covering many issues e.g.

- (a) Public Health Nurses will assist ANHS personnel where possible in screening initial vaccination and particularly follow-up vaccination.
- (b) If ANHS cannot hire people because of locale of fund allocation of last \$500,000, they will contract with us to provide all the necessary program people and activities.

- (c) In predominantly Native communities their screening teams will screen all citizens. We will be responsible for the lab testing of non-natives and will make arrangements for vaccination or replacement of vaccine if they do it.
- (d) ANHS and the State will use common forms e.g. info sheet, indications for blood-testing, vaccination, refusal-for-vaccination form. These forms are being edited for both parties.

The attached report gives necessary funding for a control program.

Because of the economics, a control program rather than an eradication program is proposed at this time. The purpose of such a program is to identify foci of infection and wall it off (break the chain of infection) by vaccinating the appropriate susceptibles.

Enclosed also is a document in which the population for an urban non-military, non-native program will go hand in glove with the rural predominantly native program.

We cannot estimate the cost of vaccine down the road but guess it will drop fairly precipitously within five years.

REPORT ON HEPATITIS B

The following action program outline is of two parts; an HBV program to control non-native population, one to coordinate a joint ANHS/State program and a total for a State-wide program conducted by the State.

Personnel required to handle project for the non-native, non-military Alaska population:

Project supervisor	21A	41.7
Clerk IV	9B	19.5
Microbiologist II	16A	34.0
2 Nurse Practitioners or equiv.	18A (34 x 2)	68.0
		163.2
Computer Programmer		32.0
		195.2

4 Months Program (March thru June, 83) FY 84 Program

Personnel	48.8	195.2
PCIS	25.0	10.0
Lab	50.0	90.0
Travel	38.0	91.0
Vaccine	80.0	112.0
Equipment, Misc.	8.2	1.8
	250.0	500.0

Much of the vaccinations would be handled by PHN's, health centers and by staffs of institutions. Screening i.e. blood collection, likewise would be done by health care facilities and private practitioners to a great extent. Much of the non-native possible high risk populations may be clustered around the various cities.

These program logistics are in addition to the program proposed by the ANHS. They anticipate expenditure of one million dollars a year for three years.

The total cost of a State-wide program is about 5 3/4 million dollars through June, 1987. It is based on State funding of \$250.0 balance of present fiscal year, \$500.0 FY 84, \$600.0 FY 85, \$700.0 FY 86, \$700.0 FY 87 along with the ANHS expenditure of 3 1/4 million over first three years of above activity. It is anticipated that these dollars would be turned over to the State through contract to get Alaskan Natives to a maintenance level. If, for any reason, the Federal monies were not appropriated, it would require additional State funding. ANHS received \$500,000 FY 82 year end monies and they purchased vaccine sufficient for the first year of the program. They received \$500.0 in their FY 83 appropriation which is \$265.0 less than their indicated program need. They envision 60,000 patients screened and 19,000 vaccine recipients over the three years. They plan for a staff of 10 persons - we would reduce this to 8 persons if we do (hopefully) the program.

- ANKS.

The following table summarizes their proposed Hepatitis B Detection Surveillance and Control Program for Alaska Natives.

3 Year Proposed Budget

<u>Item</u>	<u>Year One</u>	<u>Year Two</u>	<u>Year Three</u>	<u>Total</u>
Personnel	385.0	300.0	316.0	901.0
Travel	294.0	147.0	294.0	735.0
Supplies	172.0	172.0	172.0	516.0
Equipment	15.0	-0-	-0-	15.0
Vaccine	-0-	405.0	518.0	923.0
	already bought (with year-end FY 82 monies)			
Total	766.0	1024.0	1300.0	3090.0

Population at High Risk for HBV
(excludes Military and Native Populations)

The assumptions are made that the Native population, as well as the military, will be handled by the ANHS (Alaska Native Health Service) and the military health system respectively.

Various population groups are at high risk; they may be so for a variety of reasons, ranging from geographic location, occupation, sexual practices to life style.

The following chart illustrates the types, numbers and rationales. This is followed by summary tables elaborating on numbers to be screened and numbers for potential vaccination. (numbers rounded off to nearest twenty-five for ease)

1)	EMS workers (non-native, non-military)	1500
2)	Health Care Workers (long term care)	1400
3)	Hospital staff (exc. Federal Hospitals)	3500
4)	Harborview, already screened, vacc. on 1/26/83	0
5)	Developmentally disabled (500 staff, 200 clients)	700
6)	Hemodialysis and hemophiliacs (patients & family)	200
7)	Gay community, est. 9600 (Anch., Fairbanks, Juneau)	7800
8)	Illicit injectable drug users (600-700)	650
9)	Household and sexual contacts of known carriers 2000-3000 (allowing for double reporting)	2500
10)	Corrections inmates (first study shows not at high risk)	0
11)	To identify newborn infants of mothers who are carriers	8000

EMT's	1500 x 90% =	1350
L.T. Care Workers	1400 x 90% =	1250
Hospital Workers	3500 x 90% =	3150
Dev. disabled staff & patients	700 x 80% =	550
Hemodialysis, hemophiliacs & staff	200 x 90% =	175
Gay community est. 9600 (Anch., Fairbanks, Juneau)	7800 x 20% =	1550
Illicit injectable drug users	650 x 20% =	125
Household and sexual contacts, carriers	2500 x 85% =	2125
Correction inmates	0	
Newborns of carriers	8000 x 0.3% =	25
	<u>26,250</u>	<u>10,300</u>

(rounded-off figures)

Indian Health Service

26,250 estimated to be screened (exclusive of IHS program). This will not include other people not included above who will ask for test.

39% (est. 8,700) susceptibles to be vaccinated.

The above needs to be done within the next 16 months, (FY 1984, plus last 4 months of FY 83).

APPENDIX :

Methodologies Used

- 1) EMS population figures from Section of EMS, DPH, reduced by eliminating Natives.

Health care workers population (long term care) taken from State Health Plan Data Appendix.
- 2) Hospital staffs (exclusive ANHS and Military) taken from State Health Plan Data Appendix.
- 3) Developmentally disabled patients and staff members given by Division of Mental Health.

Harborview staff and clientele already done by Division of Public Health.
- 4) Hemodialysis patients and staff, hemophiliacs numbers supplied by Section of Family Health, DPH.
- 5) Gay community numbers arrived at by figuring male population (non-native and non-military) between ages of 15 and 65; taking 10% of that number. Number used was calculating numbers for Anchorage, Fairbanks and Juneau. 1980 census for numbers of sex, racial and age characteristics was used.
- 6) Numbers of illicit injectable drug users was furnished by Office of Alcoholism and Drug Abuse.
- 7) Contacts of household and sexual contacts was estimated trying to eliminate double reporting of ones that would be counted under any of the above categories.
- 8) Numbers of corrections' inmates is counted as zero because study we did shows them not to be at high risk at this time. We screened over 350 long term males. Many of new ones will have been screened under one of the aforementioned programs.
- 9) There are about 10,000 births in the State annually; 2000 of them are Native and can be excluded from this listing.

Assumptions are many --

- a) It is difficult to accurately predict numbers that will accept screening and/or vaccination. Probably the screening numbers may be as much as 10-20% under our figures.
- b) For vaccination the percentages used were to allow for varying numbers of susceptibles and also refusal to accept vaccine.
- c) The percentage used for calculating male homosexual population was received from homosexual physician in Anchorage plus articles in medical journals.

- d) This program is considerably different than any other immunization program. The cost of the test and the exorbitant cost of the vaccine makes it necessary to screen rather than to vaccinate carte blanche.
- e) In addition, it is necessary to test to identify carriers (HBV surface antigen bearers) in order that testing for liver cancer can be done.

I. Statement of Introduction

The State of Alaska, Department of Health and Social Services, Division of Public Health and the United States Public Health Service, Indian Health Service, Alaska Area Native Health Service intend to enter into a memorandum of understanding to cooperatively develop and deliver a preventive program of Hepatitis B Virus infection control in Alaska.

Hepatitis B Virus (HBV) infection is a significant health problem in Alaska, especially in the highly susceptible Alaska Native Community. The recently available hepatitis B vaccine is an effective tool to control this important infection and to prevent the HBV related complications of liver cirrhosis, primary hepatic cancer and vasculitis.

A Hepatitis B Immunization and Control Program is a complicated one, and multifaceted activities are required at all organizational levels by several agencies to make it successful. Therefore, it is the desire of the Alaska Native Health Service and the Division of Public Health to coordinate available financial resources, personnel, laboratory services and professional expertise for implementation of a quality Hepatitis B Immunization and Control Program in an expeditious and cost-effective manner and to designate major administrative priority to the Program.

Implementation and accomplishment of the Hepatitis B Control Program depends upon the availability of continued State of Alaska funding and USPHS funding. Lack of funding would invalidate or necessitate modification of this understanding.

II. Areas of Agreement

A. Needs

1. At risk individuals need to be identified through expert analysis of appropriately obtained blood sera.
 - a. adequate laboratory facilities and technical capabilities are necessary to perform a large number of serologic determinations.
 - b. specialized personnel are necessary to obtain blood specimens from all individuals in entire rural Alaska Communities and who can separate serum, accurately identify specimens and ensure arrival at the laboratory expeditiously and intact.
2. Data systems need to be accessible and able to provide:
 - a. census data
 - b. demographic identification of all specimens
 - c. integration of individual serological and immunization data into the medical record.

- d. lists of susceptible individuals
 - e. lists of susceptible individuals by risk category
 - f. lists of individuals who are HBs Ag carriers.
 - g. the established data system would provide the above data on an ongoing basis.
3. As much as possible, the immunization phase of the Hepatitis B Immunization and Control Program needs to be integrated into existing vaccine delivery programs.
- a. Initially, the immunization phase needs coordinated efforts from public health nurses, specifically employed supplemental personnel, Community Health Aides and Alaska Native Health and Native Health Corporation health care providers.
 - b. Specialized care provided to newborns and infants of HBs Ag positive mothers needs to be provided in the hospitals at the time of delivery and the times when routine care coincides with established hepatitis B immunization protocols.
4. Sera aliquots from specimens needed by CDC need to be provided with demographic and serologic data to the CDC, Alaska Investigations Division.
- a. to establish a sera bank
 - b. to provide cancer screening with alpha-fetoprotein determinations on all HBs Ag positive individuals.

B. Risk Priorities

1. Infants born to HBs Ag positive carriers.
2. Household contacts of HBs Ag carriers.
3. Rural Alaska communities with a HBs Ag carrier rate of 5 percent or greater.
4. Individuals and staff in institutions for the mentally retarded.
5. Renal hemodialysis patients and hemophiliacs.
6. Active male homosexuals.
7. Health care providers having frequent blood contact.
8. Identified high risk prison groups.
9. Illicit injectable drug users.

1. To meet the high risk needs in the Alaska Native Community, the Alaska Native Health Service intends to enter into a contract with the State of Alaska.
 - a. to develop and maintain a Hepatitis B Control Program in cooperation with the AANHS Project Officer and the C C-AID Director.
 - b. to identify and vaccinate high risk Alaska Natives.
 - (1) household contacts of known HBs Ag+ carriers
 - (2) village residents of known villages with 5 percent or greater HBs Ag+ carriers.
 - (3) high risk villages in Western Alaska with first priority to the Yukon-Kuskokwim Delta Area.
 - c. the contract will be written immediately and implementation start as soon as possible.
2. Coordination of the Hepatitis B Immunization and Control Program will be cooperatively directed by the Chief, Communicable Disease Control Section and the Chief, Community Health Services.
 - a. Monthly meetings involving key persons will occur
 - b. Records of discussion and decision made in the monthly meetings will be appropriately distributed.
 - c. A periodic information circulation will be published.
3. Free access and exchange of Hepatitis B epidemiologic information will be shared between the State of Alaska, Alaska Native Health Service and the Centers for Disease Control.

D. Specific Responsibilities

1. The State of Alaska Division of Public Health will be responsible for the administration of Hepatitis B vaccine. The vaccine will be administered by public health nurses, supplemental personnel, and other health care providers as needed.
2. Initial hepatitis preventive care and care that coincides with routine preventive care of newborns and infants will be provided by the Alaska Native Service or contract physicians.
3. Sera aliquots with demographic and serologic data will be sent to CDC, Alaska Investigation division by the State Laboratory.
4. Alpha Fetoprotein determinations will be performed by the CDC, Alaska Investigations Division.
5. Serologic determinations for the clinical needs of the Alaska Native Health Service and for the prenatal screening of Alaska Native Service beneficiaries will be provided by the Clinical laboratory of the ANMC.

6. In consultation with appropriate experienced CDC persons, the Laboratory Section, Division of Public Health, State of Alaska will develop the capability and quality assurances to assume responsibility for all the serologic screening necessary to conduct the Hepatitis B Immunization and Control Program.
7. In consultation with the appropriate CDC and PCIS persons the State of Alaska will develop an accessible and acceptable computer service to conduct the Hepatitis B Immunization and Control Program in the State Northern Regional Laboratory in Fairbanks.
8. The administration of the Hepatitis B Infection and Control Program will be the responsibility of the State of Alaska.
9. Evaluation of the impact of the Hepatitis B Infection and Control Program on the beneficiaries of the Alaska Native Health Service will be a responsibility of appropriate Alaska Native Health Service personnel. The State of Alaska Division of Public Health will evaluate the effect of the Program on the overall state population.

III. Renewal/Modification Clause

This Memorandum of Understanding is in effect for three (3) years unless modification or termination is issued with thirty (30) days advance notice by the offices of the original signers.

IV. Conclusion

Although the need to begin Hepatitis B Infection prevention and control is urgent, actions in program development and delivery must hold to the following principles;

1. Cooperation and trust
2. Open communication
3. Quality assurance
4. Rational planning.

Signatures:

B. A. Akey
Director, Alaska Area Native Health Services

January 27, 1983

E. S. Ruben
Director, Division of Public Health, State of Alaska

Jan. 28, 1983

Robert London Smith
Commissioner, State of Alaska Department of Health & Social Services

January 28, 1983

IMPORTANT INFORMATION
ABOUT HEPATITIS B AND HEPATITIS B VACCINE

Please read this carefully

WHAT IS HEPATITIS B?

Although Hepatitis B is an unpredictable disease with a variety of presentations and outcomes, most patients recover. Persistence of viral infection (the chronic carrier state) occurs in 5 to 10% of persons who become infected with hepatitis B virus. Acute Hepatitis B infection may be symptomatic and can incapacitate a person for weeks to months or lead to complications or chronic sequelae. However, 50 to 60% of all Hepatitis B infections are subclinical, asymptomatic, and usually undetected. These cases have a greater risk of progression to chronic sequelae. Chronic sequelae of Hepatitis B infection include:

- Chronic carrier state - develops in 6-10% of adult patients who have Hepatitis B.
- Chronic persistent hepatitis - generally benign.
- Chronic active hepatitis - major late complication; occurs in 3-5% of cases; often progresses to cirrhosis.
- Cirrhosis - an estimated 11% of deaths due to cirrhosis are associated with Hepatitis B. (4000/year)
- Liver Cancer - the relative risk for carriers is 273 times greater than for non-carriers (800 die/year from Hepatitis B related liver cancer)

There is no specific treatment and no known cure for Hepatitis B. The new vaccine can help prevent Hepatitis B.

HEPATITIS B VACCINE

The Immunization Practices Advisory Committee (ACIP) USPHS, has identified certain populations at risk of HBV infection and has recommended vaccination for appropriate members of the following groups:

ACIP recommendations for vaccination against Hepatitis B infection

- | | |
|--|---|
| .health-care workers | .classroom contacts of deinstitutionalized mentally retarded |
| .hospital staff | HBV carriers who behave aggressively. |
| .clients and staff of institutions for the mentally retarded | .special high-risk populations from areas where Hepatitis B is highly endemic |
| .hemodialysis patients | Indochinese and Haitian refugees |
| .homosexually active males | Alaskan Eskimos |
| .illicit injectable drug users | .inmates of long-term correctional facilities |
| .recipients of certain blood products | |
| .household and sexual contacts of HBV carriers | |

Persons at substantial risk of Hepatitis B infection who are demonstrated or judged likely to be susceptible should be vaccinated.

VACCINATION: Vaccination consists of 3 intramuscular doses of vaccine. The second and third doses should be given 1 and 6 months, respectively, after the first. Vaccine doses administered at longer intervals than those stipulated provide equally satisfactory protection, but optimal protection is not conferred until after the third dose. The duration of protection and the need for booster doses have not yet been determined.

Vaccination of individuals who possess antibodies against HBV from a previous infection is not necessary but will not cause adverse effects. The vaccine produces neither therapeutic nor adverse effects in Hepatitis virus carriers.

POSSIBLE SIDE EFFECTS FROM THE VACCINES:

Adverse Reactions: Hepatitis B vaccine is generally well tolerated. No serious adverse reactions attributable to vaccination have been reported during the course of clinical trials involving administration of Hepatitis B vaccine to over 6,000 individuals. Approximately half of all reported reactions were injection-site soreness. Other less common local reactions have included erythema, swelling, warmth, or induration. These signs and symptoms of local inflammation are generally well tolerated and usually subside within 2 days of vaccination.

Low-grade fever (less than 101°F) occurs occasionally and is usually confined to the 48-hour period following vaccination. Although uncommon, fever over 102°F has been reported. Systemic complaints, including malaise, fatigue, headache, nausea, dizziness, myalgia, and arthralgia, are infrequent and have been limited to the first few days following vaccination. Rash has been reported rarely.

As with any vaccine, there is the possibility that broad use of the vaccine could reveal rare adverse reactions not observed in clinical trials.

WARNING - SOME PERSONS SHOULD NOT TAKE THIS VACCINE WITHOUT CHECKING WITH A DOCTOR:

.Hepatitis B vaccine is not known to cause special problems for pregnant women or their unborn babies. However, doctors usually avoid giving any drugs or vaccines to pregnant women unless there is a specific need. Pregnant women should check with a doctor before taking Hepatitis B vaccine.

.Those who are sick right now with something more serious with a cold.

QUESTIONS: If you have any questions about Hepatitis B vaccination, please ask us now or call your doctor or health department before taking the vaccine.

REACTIONS: Anyone receiving vaccine who gets sick and seeks medical help in the 4 weeks after vaccination should report this to the facility which provided the vaccine.

Division of Public Health
State of Alaska
January 7, 1983

STANDING ORDERS
Hepatitis B Vaccine

Type of Vaccine

Age

Dosage

Hepatitis B

3 months through
life

3 doses i.m.; given on days 0, 1
month later and 6 months after 1st
dose.

	Initial	1 mo.	6 mo.
3 months to 10 yrs.	0.5ml	0.5ml	0.5ml
> - 10 yrs.	1.0ml	1.0ml	1.0ml
Dialysis and Immuno- compromised	2.0ml*	2.0ml*	2.0ml*

* Two 1.0 ml doses given at
different sites, i.m.

1. Store vials at 2-8°C. (35.6 - 46.4°F)
2. Shake well before using.
3. DO NOT FREEZE
4. Provide Hepatitis B Vaccine information sheet to each person before vaccination.

Contraindications: Hypersensitivity to any component of the vaccine.

- Precautions:
1. Not recommended for use in pregnant women. Ask if woman is pregnant. If answer is no, vaccine may be administered.
 2. Not recommended at present for use in children below the age of 3 months.

- Indications:
1. Indicated for immunization against infection caused by all known subtypes of Hepatitis B virus.
 2. Vaccination is recommended in persons 3 months of age or older who are at substantial risk of infection with Hepatitis B virus.
 3. Groups and individuals to be vaccinated are designated by the Medical Epidemiologist, Division of Public Health or his designee.

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
SECTION OF COMMUNICABLE DISEASE CONTROL

ROOM 222, MACKAY BUILDING
338 DENALI STREET -- ANCHORAGE 99501

January, 1983

HEPATITIS B AND HEPATITIS B VACCINE

I certify that I have been provided information about Hepatitis B. I am aware that I may be at increased risk of contracting Hepatitis B infection because of my work or my residence. I have had an opportunity to ask questions about Hepatitis B and to discuss Hepatitis B with staff at this facility. I understand that I can have my blood tested free of charge to see if I have been infected with Hepatitis B in the past or whether I could become infected with Hepatitis B in the future. I understand that I can also be vaccinated against Hepatitis B free of charge and that vaccination can protect me from becoming infected with Hepatitis B in the future. I understand that this program is entirely voluntary but that the Division of Public Health strongly recommends that I have my blood tested and, if I have not been infected with Hepatitis B in the past, that I receive Hepatitis B vaccine.

I do not wish to have my blood tested for Hepatitis B.

I do not wish to be vaccinated against Hepatitis B.

(Signature)

(Date)

(Witness)

EPIDEMIOLOGY & COMMUNICABLE DISEASE BULLETIN

DIVISION OF PUBLIC HEALTH

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

EPIDEMIOLOGY OFFICE

3601 - C Street

Anchorage, Alaska 99502-0333

(907) 561-4406

APR 22 1983

BULLETIN NUMBER 7 WEEK ENDING APRIL 8, 1983
HEPATITIS B SEROSURVEY RESULTS

Since November 1982, the Division of Public Health systematically has been testing certain populations suspected to be at increased risk of hepatitis B virus infection. The preliminary results presented here provide overall prevalence data of hepatitis B infection for the groups listed. More detailed analyses to derive age, sex, and race specific attack rates will not be possible unless computer data processing becomes available.

<u>Group Tested</u>	<u>HbsAg</u>	<u>(%)</u>	<u>HbcAb</u>	<u>(%)</u>	<u>Total Tested</u>
State Public Health Nurses	0	(0)	7	(10.3)	68
State Laboratory Employees	0	(0)	4	(14.3)	28
Harborview Developmental Center, Valdez					
Staff	4	(2.5)	20	(12.7)	158
Patients	21	(24.4)	77	(89.5)	86
Alaska Psychiatric Institute Patients	0	(0)	16	(16.5)	97
Corrections - Long-term Inmates	3	(0.8)	80	(22.5)	356
Seward Hospital Staff and Wesleyan Nursing Home	1	(1.0)	9	(9.2)	98
Wrangell Hospital Staff	0	(0)	3	(7.3)	41
Nuiqsut (young adults only)	0	(0)	2	(3.2)	62

<u>Group Tested</u>	<u>HbsAg</u>	<u>(%)</u>	<u>HbsAb</u>	<u>(%)</u>	<u>HbcAb</u>	<u>(%)</u>	<u>Positive For Any Marker</u>	<u>(%)</u>	<u>Total Tested</u>
Rural School Teachers (637 person-years exposure)	0	(0)	4	(4)	4	(4)	6	(6)	100
Stony River	9	(12.7)	6	(8.5)	14	(19.7)	18	(25.4)	71
Sheldon's Point	16	(15.5)	39	(37.9)	59	(57.3)	61	(59.2)	103
Russian Mission	21	(11.6)	67	(37.0)	86	(47.5)	89	(49.2)	181
Marshall	24	(10.1)	55	(23.1)	85	(35.7)	88	(37.0)	238

As expected from previous epidemiological studies, the prevalence of hepatitis B virus infection varied widely among these high risk populations. Because of the sporadic distribution of hepatitis B virus infection, it is impossible to predict accurately the prevalence of hepatitis B infection in any population or in population subgroups.

Results of serosurveys can provide accurate information on the prevalence of infection among many subpopulations within high risk groups. Individuals can then make an informed choice about whether or not to receive hepatitis B vaccine based on their community, occupation, and lifestyle, taking into account the documented prevalence of infection in their group.

(Reported by Gerard Lowder, M.D., South Baltimore General Hospital, Epidemiology Office, and Don Ritter, Northern Regional Laboratory, Section of Laboratories, State of Alaska.)

S

B

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- 5/11 Called Norma Lang for a DHS position paper.
- 5/12 Contacted Max in Sen. Sackett's Ofc for back-up
- 5/12 Called John Pugh, DHS, relation between HB 383 + SB 97



Bethel Social Services, Inc.

• A PRIVATE NON-PROFIT CORPORATION •

November 5, 1982

Senator John Sackett
P. O. Box 29
Ruby, Alaska 99678

Dear Senator Sackett:

This letter is to follow-up on our recent conversation regarding the cost of care dilemma that the Bethel Receiving Home is now in.

Bethel Social Services, Inc., opened the original Receiving Home in 1969 in an old B.I.A. building. This project was closed on 1976 as the building was simply not licensable. At the request of many State agencies, especially the Department of Corrections, Bethel Social Services, Inc., built a new receiving home with a combination of borrowed funds and Criminal Justice monies. This facility was constructed at great financial risk to the Corporation with assurances from the State that it would be fully utilized.

Our cost of care was set at \$55.63 based on the proposed budget divided by 75% of the number of licensed beds. Thus began the cost of care rate of having to lose money to get the cost of care rate up to make money. The following circumstances have prevailed at the Bethel Receiving Home in regard to the cost of care:

1. When the new home was opened in 1980, the cost of care rate was set too low because the anticipated usage AS ESTIMATED BY THE STATE fell below the actual usage.
2. With the exception of one facility which has donated labor, the Bethel Receiving Home has had the lowest cost of care rate throughout the State.
3. The Bethel Receiving Home has lost money each year. It failed to lose enough money, however, to raise the cost of care rate substantially to make money.
4. We have always been opposed to the cost of care method of setting rates. It rewards the inefficient. However, the interim method of freezing the rates will cause the Bethel Receiving Home to close. Our rate has been frozen

at the lowest receiving home rate in the State with the exception of the Sitka Home which has donated labor, we understand.

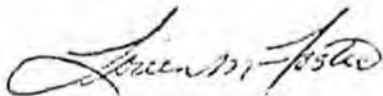
5. We were not aware that there had even been a change in the process until three months after it went into effect.
6. We are requesting the legislature set a cost of care rate for the Bethel Receiving Home at \$115.00 per day. Our current rate is \$75.52 per day. The \$115.00 is the average rate taken from averaging the rates from the receiving homes in Anchorage, Juneau, Nome and the North Slope. In essence we are saying that it should cost us an average of what the other facilities are providing care for. With sound management, this rate will allow the Bethel Receiving Home to provide care and reduce it's indebtedness. ✓

Just to clarify the relationship between Bethel Social Services, Inc. and the Bethel Receiving Home, Inc. --- Bethel Social Services, Inc. operated the old receiving home. The building was owned by the Bureau of Indian Affairs. Bethel Social Services, Inc. built and owns the new receiving home and is the parent corporation and registered agent for Bethel Receiving Home, Inc., which operates the Bethel Receiving Home. (Without the two separate entities, there is no provision for paying the lease on the building under cost of care regulations.)

We are also enclosing a copy of the current rates for facilities throughout the State and a table of information pertinent to the Bethel Receiving Home's operations during the past three fiscal years. We have been in contact with John Pugh, Division of Youth & Family Services, and are trying to keep him abreast of our request through the legislature.

Please let us know if we can provide you with any additional information.

Sincerely,



Loreen Foster
Administrative Director

cc: John Pugh, Director, Div. of Youth & Family Services
Chet Adkins, President, Board of Directors

Encl: (2)

SUMMARY OF OPERATIONS
 BETHEL RECEIVING HOME
 FEBRUARY, 1980—JUNE, 1982

PERIOD	TOTAL EXPENDITURES	EXCESS OF EXPENDITURES OVER REVENUES	TOTAL KID DAYS	COST OF RATE	ACTUAL COST OF CARE
Feb - June, 1980	\$39,728.	(\$8,883.) (Losses covered by Crimi- nal Justice Start-up Funds)	695 (audited)	\$53.63	\$57.16
July, 1980- June, 1981	\$126,061.	(\$3,520.)	1,903	\$64.02	\$66.24
July, 1981- June, 1982	\$131,768.	(\$28,121.)	1,350	\$75.52	\$97.61

IN-STATE INSTITUTIONAL CARE RATES

PROVIDER	NAME	FY83 RATE	EFFECTIVE DATE	PROVISIONAL FY82 RATE	AUDITED
004996	ALASKA BAPTIST FAM SVS CTR	\$117.02	7/1/82	\$117.02	
232007	ACS RECEIVING HOME	149.85	7/1/82	149.85	\$189.44
001455	ACS AQUARIUS HOUSE	107.60	7/1/82	107.60	106.61
002122	ACS COLLETTI HOUSE	117.51	7/1/82	117.51	118.79
001394	ACS JESSE LEE	165.46	7/1/82	165.46	134.70
001398	ACS RABBIT CREEK	166.40	7/1/82	166.40	168.84
001098	ACS NORTH STAR	103.55	7/1/82	103.55	102.61
004227	BETHEL GROUP HOME	59.06	7/1/82	59.06	57.72
231001	BETHEL RECEIVING HOME	75.52	7/1/82	75.52	
003339	BOOTH MEMORIAL	146.90	7/1/82	146.90	
001404	COVENANT HIGH SCHOOL	51.16	7/1/82	43.26	
004287	HILLTOP HOME	85.53	7/1/82	85.53	
001409	JUNEAU RECEIVING HOME	106.17	7/1/82	106.17	
004404	KENAI COMM CARE CTR	91.74	7/1/82	91.74	
236007	KETCH. INTENSIVE CARE UNIT	152.56	7/1/82	152.56	
004594	KETCHIKAN TEEN HOME I	74.26	7/1/82	74.26	69.59
236001	KETCHIKAN TEEN HOME II	81.61	7/1/82	81.61	69.59
001843	KODIAK BAPTIST MISSION	61.61	7/1/82	61.61	61.43
001037	KODIAK BAPTIST MISSION	61.61	7/1/82	61.61	61.43
005412	NOME RECEIVING HOME	116.97	7/1/82	116.97	109.20
233001	NORTH SLOPE BOROUGH REC HME	168.35	7/1/82	170.80	170.80
001004	NORTH STAR CHILDRENS HOME	62.25	7/1/82	62.25	
004247	PRESBYTERIAN HOSPITALITY HSE	111.98	7/1/82	111.98	
232005	"R" HOUSE			111.98	
001414	ST. MARYS MISSION			8.33	
005398	ST. JUDE CENTER, INC.	72.33	7/1/82	72.33	
005556	SITKA RECEIVING HOME	40.66	7/1/82	40.66	
001918	TURNING POINT BOYS RANCH	105.37	7/1/82	105.37	

Clay Raw

Bethel Receiving Home



Superior Court
State of Alaska

FOURTH JUDICIAL DISTRICT
P.O. BOX 130
BETHEL, ALASKA
99559

CHAMBERS OF
CHRISTOPHER R. COOKE, PRESIDING JUDGE

PHONE: (907) 543-2298

November 1, 1982

Mr. John Pugh, Director
Division of Family and
Youth Services
Pouch H-05
Juneau, Alaska 99811

Re: Bethel Receiving Home

Dear Mr. Pugh:

It has come to my attention that the Bethel Receiving Home is in serious financial trouble. The home is operating at a substantial loss and will soon be forced to close unless additional revenue can be secured.

The Receiving Home provides temporary shelter for juveniles detained in delinquency proceedings and emergency foster care for children in need of aid. Loss of the Receiving Home would have a great adverse impact upon the Alaska Court System and this region since it is the only facility of its type in this area.

Without the Receiving Home, juveniles detained in delinquency proceedings would have to be housed in the substandard Bethel City Jail and, at great expense and inconvenience, McLaughlin Youth Center in Anchorage. Emergency foster homes for neglected or abused children would have to be found on a case-by-case basis. This would constitute a giant step backward for the juvenile justice system in this region and for the local and regional operations of your department.

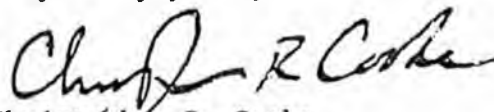
One reason for the Receiving Home's financial plight is the cost of care rate paid by your department. Currently that rate is \$75.52 per day while comparable facilities in Nome, Juneau and Anchorage receive

Mr. John Pugh
Page Two
November 1, 1982

\$116.97, \$106.17 and \$149.85, respectively. The Receiving Home would be financially viable if their daily rate were in the vicinity of \$100.00 or if bed space could be provided to your agency on a monthly retainer basis.

I would appreciate your prompt attention to this situation. If the Bethel Receiving Home is forced to close, this community, the 56 villages of our region, and both our agencies will suffer. With your cooperation I hope that such a drastic result can be avoided.

Very truly yours,



Christopher R. Cooke
Superior Court Judge

CRC/bn

cc: ✓ Senator John Sackett
Representative Tony Vaska
David E. Arnold
Gloria Hawkins
Bob Buttane
Loreen Foster
Don Constantine
Jim Shanks
Laurie Otto

JAN 27 1983



*Max
back-up*

Bethel Social Services, Inc.

• A PRIVATE NON-PROFIT CORPORATION •

December 7, 1982

Mr. Lee Stoops
Aide to Senator Sackett
Pouch V
Juneau, Alaska 99811

Dear Lee,

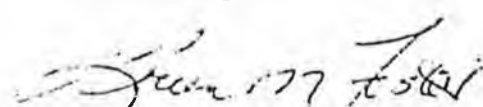
As per our phone conversation on December 3, 1982, please find enclosed the letter which we delivered to Senator Sackett on November 5, 1982 when he was visiting in Bethel. I will attempt to clarify the urgent request from the legislature for a supplemental budget request for the Bethel Receiving Home. With the constant escalation of real operational costs, it has been a battle trying to achieve a cost of care level that allows us to recoup the true costs of the program. We feel we have reached our limit on how much we can jeopardize the corporation for one project.

As you can see from the summary of operations table, we have lost a total of \$31,680. on this project as of June 1982. We had hoped to have the cost of care rate raised this fiscal year and were unaware of the freeze that is now in effect. I have requested an audit from the Dept. to get the cost of care rate raised, but that request was denied. It seems that we are audited bi-annually and this is not our year.

If our rate for FY'83 were \$115, which is the average rate in this state for comparable services, we could recoup some of this money and would not be faced with the possibility of closing this facility. We believe that the Receiving Home does play an important role in Bethel, and without it many children would have to be placed outside the area and at a much higher cost to the state.

If there is anything further you require, please contact me. We are anxiously awaiting an answer to this dilemma.

Sincerely,


Loreen M. Foster
Administrative Director
Bethel Social Services, Inc.

	Address	Phone	Director	Licensed Capacity	Days of Care	FY '83 Budget	Capital Investment
1.	Alaska Children's Services, Inc. 1200 E. 27th Ave Anchorage, Ak. 99504	(907) 276-4515	John C. Garvin	107	27,468 / 07	467,100 \$5,000,000	\$6,000,000
2.	Alaska Baptist Family Service Center SRA Box 1791A	(907) 349-2222	Gordon Lantrip	12	3,216	\$ 406,000.	\$750,000 - Land \$500,000 - Bldg equ
3.	North Slope Receiving Home Box 371 Barrow, Ak. 99723	(907) 852-7007	Charles Tadgerson	10			
4.	Bethel Group Home, Inc. Box 385 Bethel, Ak. 99559	(907) 543-2846	Kent R. Kaltenbacher	8	1,692	\$ 120,000	\$200,000
5.	Salvation Army Booth Memorial Home Pouch SA 3-063 Anchorage, Ak. 99501	(907) 279-0522	Lt. Gene Ragan	18		\$1,100,000	
6.	Presbyterian Hospitality House, Inc. 1401 Kellum St. Fairbanks, Ak. 99701	(907) 456-6445	Linden Staciokas	28	3,524	\$ 870,000	
7.	Juneau Receiving Home P.O. Box 2839 Juneau, Ak. 99803	(907) 789-7610	Dale Voltz	12	4,123	\$ 435,000	
8.	Kenai Peninsula Community Care Center Drawer 3573 Kenai, Ak. 99611	(907) 283-7635	Billie Hardy	10	2,847	\$ 276,000	\$ 480,000
9.	Ketchikan Children's Home P.O. Box 6555 Ketchikan, Ak. 99901	(907) 225-2360	Carl Robins	23	6,580	\$ 717,709	\$ 8,000
10.	Kodiak Baptist Mission, Inc. Box 785 Kodiak, Ak. 99615	(907) 486-5181	David Cook	30	6,112	\$ 400,000	\$2,000,000
11.	Nome Receiving Home, Inc. P. O. Box 1033 Nome, Ak. 99762	(907) 443-2154	Bill Webb	5	1,170	\$ 168,438	
12.	Crossroads Youth Center P.O. Box 1349 Delta Junction, Ak. 99737	(907) 895-4521	Duane Schlekau	5		\$ 129,298	\$ 29,410
13.	Turning Point Boys Ranch Box 1070 Willow, Ak. 99688	(907) 495-6241	Ilena Hahn	40		\$1,200,000	\$1,400,000
14.	Sitka Receiving Home Box 664 Sitka, Ak. 99688	(907) 747-3682	Dave Dapceovich (Bd. member)				

308

	Date Founded	Board of Directors	No. of Staff	% of State Cost of Care	Amount of Endowment	Related to	Accreditation/Affiliation
Alaska Children' Services, Inc.	1970	18 members	150	94%	\$1,900,000	United Methodist/ American Baptist/ American Lutheran/ Disciples of Christ/ Community	Council on Accreditation Child Welfare League of Amer United Way
Alaska Baptist Family Service Center	1973	9 members	8.5	70%	\$ 950,000	Southern Baptist City of Barrow	National Assn. of Homes for Children
North Slope Receiving Home							
Bethel Group Home, Inc.	1972	7 members	5	100%		Community	Natl. Assn. Homes for Childr
Salvation Army Booth Memorial Home		18 member Council	26	80%		Salvation Army	United Way Natl. Assn. Homes for Childr
Presbyterian Hospitality House, Inc.	1957	12 members	25	90%		United Presbyterian Church	United Way Natl. Assn. Homes for Childr
Juneau Receiving Home	1961	11 members	12	95%		Community	
Kenai Peninsula Community Care Center	1973	9 members	7 full 2 pt	98%		Community	
Ketchikan Children's Home	1957	11 members	17	95-100%			Natl. Assn. Homes for Childr
Kodiak Baptist Mission, Inc.	1893	12 members	14	80%		American Baptist Church	Natl. Assn. Homes for Childr American Baptist Homes and Hospitals
Nome Receiving Home, Inc.	1977	7 members	4	100%		Community	Natl. Assn. Homes for Childr
Crossroads Youth Center	1982	10 members	6	100%		Community	
Turning Point Boys Ranch	1970	12 members	35	85-90%		Community	American Corrections Assn.
Sitka Receiving Home						Community	