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paraprofessional volunteer counselors staff the center and offer communication, concern, and caring to those who call. Anonymity of the listener and caller are maintained, and all calls are confidential. In 1981, FCL responded to 6,454 calls of a non-business nature and 398 interagency calls relating to client problems and/or information gathering. With the installation of a new line in FY 1983, FCL projected an increase of 1,000 crisis intervention/information and referral calls. FCL provides the only suicide prevention/intervention program in northern Alaska. In addition to the telephone services, FCL offers a support group for family and close friends of suicide victims and has a speakers bureau and community awareness program. To provide the community with resource and referral information, FCL develops and distributes each year a community resource directory called "Fairbanks Has It." Funding comes from the Alaska Division of Family and Youth Services, the City of Fairbanks, and United Way. (See also Table 6 above.)

Family Focus is another of the major service providers in Fairbanks, receiving its funds from the Alaska Division of Family and Youth Services. Family Focus offers 24-hour crisis intervention and emergency foster care for adolescents and teens. Other services include individual and family counseling, emphasizing communication skills, decision-making techniques, and problem solving; parent education; and referral. It aims toward short-term intervention and reunification of families. (See also Table 6 above.)

Presbyterian Hospitality House is a 24-bed residential treatment unit for teenage boys and girls who have been diagnosed moderately to severely emotionally disturbed. Individual and group counseling are provided; family services are offered if the members are willing. Residents attend an on-grounds school until they are ready for public school. The average length of stay is eighteen months, and counseling after release is available. Presbyterian Hospitality House accepts referrals from anywhere in the state, although most are from Fairbanks. They operate on a cost-of-care basis, receiving affixed daily reimbursement from the placing agency. They also receive some funds from United Way.

The Resource Center for Parents and Children, funded by the Alaska Division of Family and Youth Services, is the primary community education provider for child abuse/neglect services, offering numerous parenting skills groups, roundtable discussion sessions, and public education. In addition, the Resource Center provides counseling and companionship services by trained volunteers, Parents Anonymous, individual counseling/therapy, crisis intervention, group therapy, and referral. Through a special grant from the State, the Resource Center has begun a program of training and support to foster parents and day care centers. (See also Table 6 above.)

The Tanana Chiefs Conference operates Tanana Chiefs Mental Health in Fairbanks, the Tok Alcoholism Program, the Upper Yukon Behavioral Health Program, and the Yukon Tanana Mental Health Program. It also works closely with all the rural behavioral health service providers in the state, especially through the director and the National Health

Service Corps psychiatrist, who visits most Tanana Chiefs Conference subregions on at least a monthly basis. In its Fairbanks program, Tanana Chiefs' direct client services include brokerage/advocacy, outreach, out-patient services, emergency services, evaluation, assistance and coordination with other public agencies, follow-up care, and programs for the prevention and treatment of alcoholism and drug abuse. Tanana Chiefs also provides community-centered services, including community and regional prevention activities, consultation, and education. Tanana Chiefs Mental Health in Fairbanks is funded through the State Office of Alcohol and Drug Abuse. Some subregional services are funded by the Alaksa Division of Mental Health and Developmental Disabilities as well. Certain of Tanana Chiefs Mental Health's services are targeted primarily at Natives, although the program is open to everyone.

Women in Crisis-Counseling and Assistance (WIC-CA) provides crisis and long-term counseling, support services (including medical and legal advocacy and assistance with permanent housing and financial difficulties), and residential shelter to women and their children who are victims of sexual assault or domestic violence. WIC-CA also provides counseling services for men who batter, with "Alternatives to Violence" groups on Fort Wainwright and in Fairbanks. The children's program in the shelter provides counseling and play therapy for children and a weekly mothers' support group. Weekly women's support groups are offered in Fairbanks and on Fort Wainwright. Services are provided on a 24-hour-per-day basis, 7-days-per-week, and are at no charge. WIC-CA sponsors both a community education and a rural outreach program, in addition to other community-oriented workshops, presentations, and training. WIC-CA is a member of the Alaska Network on Domestic Violence and Sexual Assault and coordinates its services on community-wide and state-wide levels.

Families of the Chronically Mentally Ill is an all-volunteer support group formed by community residents who saw a need for this kind of activity.

#### DESCRIPTION OF OTHER PROGRAMS

In addition to the eight non-profit programs described above, there are six other agencies which provide mental health and counseling-related services in the Fairbanks area. These agencies are operated directly by the State or by the military and, therefore, are not appropriate for inclusion in a human services plan which is aimed at the non-profit service delivery system. However, because these agencies provide vital services to the community, no plan could be complete without their mention. These six agencies employ over forty full-time-equivalent staff members, and their annual budgets are in excess of \$5,000,000. Descriptions of each agency follow. (See also Table 16)

The Alaska Division of Family and Youth Services (DYFS), Fairbanks office, is the child protective services agency for the northern region. Staff of DYFS perform intakes and make initial diagnoses; undertake multidisciplinary team case reviews on occasion; handle cases with court activities; and, provide individual counseling/therapy and crisis intervention, emergency and non-emergent foster care, and referral. Through

Table 16

## Mental Health and Counseling

Agencies to be Included	# FTEs*	FY83 Revenues	Assets
Fairbanks Community Mental Health Center	11.5	\$690,000	-0-
Fairbanks Counseling and Adoption	6.5	278,680	23,510
Fairbanks Crisis Line	3.0	87,400	-0-
Families of the Chronically Mentally Ill	-0-	-0-	-0-
Family Focus	7.0	245,287	NR
Presbyterian Hospitality House	15.0	750,000	300,000
Resource Center for Parents and Children	6.5	256,627	6,783
Tanana Chiefs Mental Health (Fairbanks)	8.5	200,000	-0-
WIC-CA	12.0	389,000	21,784
<b>Total</b>	<b>70.0</b>	<b>\$2,896,994</b>	<b>\$352,077</b>

Agencies to be Referenced	# FTEs	FY83 Revenues	Assets
Alaska Division of Family and Youth Services, Fairbanks	17.0	\$3,700,000	NR
Alaska Division of Mental Health and Developmental Disabilities, Fairbanks	2.0	176,500	\$5,000
Army Community Services	8.0	248,657	NR
Fort Wainwright Counseling Center	5.0	NR	NR
Social Action, Eielson	7.0	NR	NR
UAF Health and Counseling Center	NR	NR	NR
<b>Total</b>	<b>39.0+</b>	<b>\$4,125,157+</b>	<b>\$5,000+</b>

\* FTE = Full-time equivalent staff.

contract, the DFYS provides residential care, homemaker services, day care, group therapy, child play and other therapy, psychological and other tests, and parent education. The Division also handles licensing of adult and child care facilities. (See also Table 6 above.)

The Alaska Division of Mental Health and Developmental Disabilities operates a regional office in Fairbanks primarily for purposes of contract management and technical assistance to community mental health centers.

Army Community Services at Fort Wainwright provides information and referral services, crisis intervention, and individual counseling to members of the military community. (See also Table 6 above.)

Fairbanks Memorial Hospital, while technically a non-profit operation, is covered under the North Star Borough's hospital powers and, therefore, lies outside the scope of this plan. However, Fairbanks Memorial provides essential services for the community, including an 11-bed inpatient psychiatric unit. The Hospital is currently examining appropriate expansion of its psychiatric service to accommodate increased patient loads. (See "Health" for a more complete description of the Hospital.)

Fort Wainwright Counseling Center, formerly the Fort Wainwright Community Mental Health Activity, offers professional social and psychological, individual, group, or family counseling to those eligible for military health care. This service handles depression, child abuse, family problems, assertiveness difficulties, and other problems.

Eielson Air Force Base Social Actions provides counseling, education, and rehabilitation programs in the areas of drug/alcohol abuse, human relations, and equal opportunity and treatment. This division within the 343 Composite Wing, Eielson Air Force Base, provides a wide range of out-patient counseling, crisis intervention, complaint clarification, and human relations services. Medical, mental health, and psychiatric referrals are provided as necessary. These services are available to all members of the military community.

The University of Alaska/Fairbanks Health and Counseling Center offers a wide range of outpatient and crisis intervention services for university students, faculty, and dependents.

The Fairbanks Health Center, described above in the "Health" chapter, provides preventive services through its public health nursing program. Services include parenting education and counseling in the home setting and through well-child clinic, with emphasis on children from birth to age five; early identification and comprehensive follow-up for pregnant teenagers and teen parents; follow-along of multiple-problem families who may fall in the category of child neglect; and, intervention in child abuse/neglect cases which are not acute enough to require intervention by the Alaska Division of Family and Youth Services. A teen pregnancy group is provided jointly with Fairbanks Counseling and Adoption and the Resource Center for Parents and Children. In the post-partum program, public health nurses contact parents

of newborns in the crucial period of four-to-seven days after delivery to provide support and education to first-time parents or in situations where mother or infant sustained complications during the birth. Finally, prenatal education classes include components on parenting, realistic expectations of the newborn, and child development.

Finally, there are two private-sector psychiatrists in the Fairbanks area associated with a group practice called Fairbanks Psychiatric and Psychological Clinic. This clinic is also staffed by a psychologist, a counselor, and a nurse. The psychiatrists' full-time practices consist largely of adults, but one physician is trained in child psychiatry as well. The psychologist (Ph.D.) is available thirty hours per week, and the psychiatric social worker (M.S.W.) is available weeknights and weekends. A half-time psychiatric nurse is also on the Clinic's staff. In addition to this Clinic, there are both psychiatrists and psychologists in private practice in Fairbanks.

### MISSION STATEMENT

The Fairbanks human service agencies should be responsive to community needs, cost-effective in operation, and have measurement of service impacts and outcomes.

### OBJECTIVES

A. The Fairbanks area should receive increased funding for direct mental health, counseling, and intervention services to enable more clients to be served and to receive more thorough intervention, through:

1. A comprehensive mental health program to meet the needs of children and adolescents, by 1986.

#### Current Providers:

Family Focus  
Presbyterian Hospitality House  
Fairbanks Counseling and Adoption  
Fairbanks Community Mental Health Center  
Alaska Division of Family and Youth Services

2. Prevention, crisis intervention, counseling, and shelter services for victims of domestic violence and sexual assault, through 1986.

#### Current Providers:

WIC-CA  
Salvation Army

3. A comprehensive range of child abuse/neglect-related services, emphasizing prevention, early intervention, and treatment, by 1986.

Current Providers:

Resource Center for Parents and Children  
Family Focus  
Alaska Division of Family and Youth Services  
Others as listed in Table 16

- 4. Expansion of casework services through the Alaska Division of Family and Youth Services to ensure that neglect cases are attended to as readily as are abuse cases, by 1986.

Current Provider:

Alaska Division of Family and Youth Services

- B. The Fairbanks area should have a continuum of residential care available for children and adults with major disabling mental health problems, including the development of appropriate, supervised living facilities for chronically mentally ill adults, by 1986.

Current Providers:

None

- C. The Fairbanks area should have increased public awareness of mental health problems and available treatment resources, through 1986.

Current Providers:

Fairbanks Community Mental Health Center

- D. The Fairbanks area should have behavioral health programs emphasizing prevention of disabling mental illness through primary prevention, early intervention, and treatment of mental and behavioral problems, including enhancement of the lay services network to promote family functioning and prevent family violence, through 1986.

Current Provider:

As listed in Table 16

- E. The Fairbanks area should have a family services council to heighten interagency coordination and enhance service delivery in the areas of prevention, early intervention, and treatment, through provision of internal screening of funding proposals to ensure validity of service needs, clarity of goals and objectives, adequacy of impact measurements, and cost/benefit of services provided, by 1986.

Current Providers:

None

ISSUES/ACTIVITIES

At a minimum, services should be maintained at their current level for the next three years. Funds required for the eight non-profit organizations in FY 1984 will be \$3,099,784, increasing to \$3,316,768 in FY 1985 (assuming 7% inflation per year).

Over the next year and regularly thereafter, the eight non-profit mental health and counseling programs, working with the governmental and proprietary organizations, should examine additional service needs, appropriate agencies to address particular needs, and resources which would be required. Areas of concern which should receive attention include:

1. Expansion of day-time services for the chronically mentally ill.
2. Development of improved methods of early detection of mental health problems in youth.
3. Increased emphasis on building of community strengths toward prevention of mental illness and disability and enhancement of quality of life.

## CHAPTER XIII

### PLANNING AND RESOURCE DEVELOPMENT

#### GOAL

To ensure that the mental, physical, and social needs of the community are adequately assessed and that scarce resources are allocated in the most effective and efficient ways possible to meet the human needs of the people.

#### DESCRIPTION OF NON-PROFIT PROGRAMS

There are four organizations located within the North Star Borough which provide planning and resource development services to ensure that this goal is met. One of these organizations, the Arctic Alliance for People, exists without funds except for nominal membership dues. The other three organizations are planning agencies serving regions much larger than the North Star Borough. Together, they have fifteen staff. Their combined revenues in FY 1983 were \$1,764,553, and their assets were \$102,508. Further information is contained in Table 17.

The Arctic Alliance for People, the author of this document, is an all-volunteer association of human service providers in the Greater Fairbanks area. The Alliance was formed to address funding and interagency coordination issues and to promote the efficiency and effectiveness of human services in the area. A major function of the Alliance is community needs assessments, followed by actions to alleviate problems and enhance program activities. The Alliance has over thirty agency members and several individual members. It operates without staff.

The Governor's Council for the Handicapped and Gifted urges changes, improvements, and greater efficiencies in program services for the handicapped and gifted by fostering communication and coordination among groups and providing a unified voice statewide for planning, needs identification, and service development. Priority concerns of the Council are in-home family support services and education and training services. Activities include special studies, planning projects, conferences, public awareness, training and technical assistance, and service evaluations. The nineteen volunteer members of the Council are appointed by the Governor to insure broad public and private sector involvement plus consumer and professional representation from all geographic areas of the state. The Council employs three staff. The Council receives \$236,000 from the federal government under P.L. 95-602 and, in FY 1983, \$20,000 from the State of Alaska under A.S. 47.80.

The Interior Region Emergency Medical Services Council is dedicated to upgrading response to medical emergencies throughout Interior Alaska. Reduction of premature death and permanent disability is the ultimate aim. The Council assesses every community in the Interior in relation to equipment, training, and other emergency medical service needs. It then provides training directly and channels State funds to local communities for

capital equipment and supplies. The Council is made up of representatives from throughout the Interior and employs a staff of seven. The majority of its \$1,175,291 budget is directed toward equipment and supplies for ambulance service providers of the Interior. The Council also owns \$63,193 worth of training equipment.

The Northern Alaska Health Resources Association (NAHRA) assists communities, agencies, and individuals throughout northern Alaska to define needs and achieve goals for health resource development. NAHRA has three major responsibilities: 1) to assist communities to identify needs, design solutions, and implement plans for dealing with the health problems of the residents; 2) to assist the people in the development and maintenance of programs for the promotion of health and the prevention of disease and illness; and, 3) to maintain and advocate a regional perspective in health-related matters, including assembling and analyzing data related to health concerns, coordinating information-collection activities, and using information to express the needs and priorities of the people of the northern region. NAHRA's Board of Directors is comprised of thirty people appointed by the Maniilaq Association, the Tanana Chiefs Conference, and the Mayors of the North Star and North Slope Boroughs. NAHRA employs five staff. In FY 1983, its total budget was \$318,462, and it had \$11,500 in assets.

#### DESCRIPTION OF OTHER PROGRAMS

In addition to the four organizations described above, there are three other groups which provide planning and resource development services. One of these groups, the Fairbanks City Commission on Health and Social Services, operates without funds. The other two agencies are functions of Borough government and, together, employ 23.75 staff. Their combined budgets in FY 1983 equalled \$1,374,595, with assets in excess of \$41,000. (See also Table 17.)

The Fairbanks City Commission on Health and Social Services is an advisory body to the Fairbanks City Council. It is composed of five volunteer representatives from Fairbanks, three from the rural areas of the Borough, and one from North Pole. The City Commission is charged with planning for health and social services and advising the City Council on human service issues and funding questions. The City Commission operates without staff.

The FNSB Community Research Center, with five staff and a budget of \$262,612, collects socioeconomic information and publishes a quarterly report on socioeconomic conditions in the Borough. It focusses on population statistics, economic trends, employment, housing and real estate, costs, and energy.

The FNSB Planning Department, with 18.75 staff, several consultants, and a budget of \$1,111,983 in FY 1983, is responsible for land use planning and associated issues. It does not address health and social concerns except in a very peripheral way as they interrelate with land use.

Table 17

## Planning and Resource Development

Agencies to be Included	# FTEs*	FY83 Revenues	Assets
Arctic Alliance for People	-0-	\$800	0-
Governor's Council for the Handicapped and Gifted	3	270,000	\$28,115
Interior Region Emergency Medical Services Council	7	1,175,291**	63,193
Northern Alaska Health Resources Association	5	318,462	11,200
<b>Total</b>	<b>15</b>	<b>\$1,764,553</b>	<b>\$102,508</b>

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Fairbanks City Commission on Health and Social Services	-0-	-0-	-0-
FNSB Community Research Center	5.0	\$262,612	\$40,964
FNSB Planning Department	18.75	1,111,983	NR
<b>Total</b>	<b>23.75</b>	<b>\$1,374,595</b>	<b>\$40,964+</b>

\* FTE = Full-time equivalent staff.

\*\* The majority of these funds are directed toward equipment and training for the ambulance service providers of the Interior.

## OBJECTIVES

- A. The Borough area should support planning for the health and social needs of the population in order to direct resources in the most appropriate, efficient, and effective manners, through 1986.

Current Providers:

As listed in Table 17

- B. Human resource development should progress in identified, carefully delineated ways which are arrived at through public processes, by 1986.
- C. Distribution of human services funds through local government entities should follow rational processes which adhere to sound criteria and community priorities, through 1986.

## ISSUES/ACTIVITIES

The Governor's Council for the Handicapped and Gifted, the Interior Region Emergency Medical Services Council, and the Northern Alaska Health Resources Association are all facing extensive funding cuts at the State level in FY 1984. As a result, the people of the Borough stand to lose significant means for rational development of services and programs. Local government should consider contracting with one or more of these agencies to assist it with planning and to ensure a continuation of representative decision-making about health and social services at the local level.

The North Star Borough should seriously address the problems which its lack of health and social services powers creates for Borough residents. Whether or not the Borough wishes to assume these powers, the Borough government should consider ways to assist the community and the Arctic Alliance to continue human service planning efforts. One possible means is for the Borough to contract with a non-profit agency to provide planning services. Another avenue would be for the Borough to expand its Planning Department to contain a health and social services component which could provide consultative planning and technical assistance to non-profit and governmental programs on a free or reduced-cost basis. Funding, or funding-equivalent assistance, is needed at at least the FY 1983 level, with annual increases to accommodate inflation (estimated at 7% per annum). Support should increase to \$1,888,072 in FY 1984, \$2,020,237 in FY 1985, and \$2,161,654 by FY 1986.

## CHAPTER XIV

### SENIOR CITIZEN PROGRAMS

#### GOAL

To provide support services to senior citizens so that they may fully enjoy and contribute to community life without leaving their homes and families.

#### DESCRIPTION OF NON-PROFIT PROGRAMS

There are four agencies in Fairbanks with programs designed specifically for senior citizens. All of these agencies are non-profit. Together, they employ nine full-time-equivalent staff. The FY 1983 budgets totalled approximately \$258,534, and their assets were \$31,720. Table 18 contains additional information.

The North Star Council on Aging offers all sorts of support services to all persons aged sixty or older and their spouses. Services included are daily lunches at the senior activities center, home-delivered meals (on a very limited basis), transportation, recreation, health care, exercise, outreach, escort, and shopping assistance. The Council is planning an adult day care program for a limited number of seniors who need supervision.

The Foster Grandparent/Senior Companion Program helps limited-income persons sixty years or older to use their skills in the community. Currently, about fifteen foster grandparents work with sixty children with various kinds of special needs. Twenty senior companions give moral support and companionship to over a hundred lonely elderly people. Each senior works twenty hours a week at their volunteer station and receives a small, non-taxable stipend and other benefits.

The Fairbanks Native Association's Elders Program is designed primarily for Native senior citizens, although all seniors are welcome. Services provided are partly home-based, such as letter-writing and reading. Other activities include translation, counseling, advocacy, escort services, help with bill-paying, and a monthly potlatch.

The Retired Senior Volunteer Program (RSVP) is a program of volunteer services for persons sixty years of age and older. Through RSVP, seniors donate services and expertise that many sponsoring agencies cannot afford to buy and could not otherwise provide to the community. There are no restrictions based on education, income, or experience. Although volunteers serve without compensation, they may be reimbursed for such expenses as local transportation. RSVP is just beginning in Fairbanks under the sponsorship of the Fairbanks Kiwanis Club. Although the agency is still in its organizational phase, RSVP expects to have fifty volunteers on line in the next few months.

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DESCRIPTION OF OTHER PROGRAMS

There are no other organizations providing senior services.

OBJECTIVES

- A. The Fairbanks area should have congregate meals, recreation programs, and information and referral services available to senior citizens, through 1986.

Current Providers:

North Star Council on Aging  
Fairbanks Native Association Elders Program

- B. The Fairbanks area should have in-home support services, including homemaker and home nursing, available through 1986.

Current Provider:

Fairbanks Home Health Care

- C. Low-income senior citizens should continue to have employment opportunities in ways which promote the development and happiness of people with special needs, through 1986.

Current Provider:

Foster Grandparent/Senior Companion Program

- D. Senior Citizens should have opportunities through which to contribute their knowledge and expertise to the community, through 1986.

Current Provider:

Retired Senior Volunteer Program (in planning stages)

ISSUES/ACTIVITIES

The senior citizen service agencies should continue to participate in the statewide planning process of the Older Alaskans Commission and bring important issues to the attention of the Arctic Alliance. They should give special attention to housing and support service needs of seniors and should give particular consideration to the unique needs of Native elders.

Funding for all these programs should be maintained at at least FY 1983 levels, with increases in dollar amounts to meet in population growth (1.5%) and inflation (estimated 7%) annually.

Table 18

## Senior Citizen Programs

Agencies to be Included	# FTEs*	FY83 Revenues	Assets
Fairbanks Native Association Elders Program	2	NR	NR
Foster Grandparents/Senior Companions	1	\$190,000	-0-
North Star Council on Aging	8	238,334	31,720
Retired Senior Volunteer Program	-0-	22,000	-0-
Total	11	\$450,334+	\$31,720+

\* FTE = Full-time equivalent staff.

## CHAPTER XV

SUBSTANCE ABUSE PROGRAMSGOAL

To develop a comprehensive, coordinated system of services for persons with substance abuse problems, including: identification, outreach, prevention, education, emergency intervention, inpatient, outpatient, aftercare, and follow-up services, by 1988.

DESCRIPTION OF NON-PROFIT PROGRAMS

There are three non-profit agencies in the North Star Borough which provide substance abuse services. These agencies employ 42.25 full-time-equivalent staff persons. Their combined revenues in FY 1983 were \$1,678,622. Descriptions of each of these three agencies follow, with additional information in Table 19.

Alcohol Awareness, Inc. is a volunteer community organization which supports Alcohol Awareness Week and other grassroots activities to provide the Fairbanks area with alcohol education and information. The organization provides assistance upon request to anyone in need of references, audiovisual materials, or speakers on the topic of alcohol use and abuse. During the summer and fall of 1983, Alcohol Awareness will conduct a survey of the incidence and prevalence of alcohol abuse in the Borough.

The Fairbanks Native Association's Regional Center for Alcohol and Other Addictions (RCAOA) serves the Interior and northern regions of Alaska. It receives the majority of its funding from the State Office of Alcohol and Drug Abuse, with additional funds from the City of Fairbanks. The program provides alcohol-related services in seven areas: 24-hour telephone staffed by counselors; emergency programs; drop-in center as a gathering place which provides coffee and shelter; a detoxification center with a five-day "drying-out" program; an intermediate treatment center with living facilities and counseling; continuing care for men and women in halfway houses; referral; diagnosis; and outpatient care. In May, 1983, 25 clients received residential treatment; seventeen were in the halfway house; 22 were in the youth program; and 366 received outpatient and aftercare services.

KILA, Inc.'s Fairbanks Substance Abuse Center is also funded by the State Office of Alcohol and Drug Abuse and serves the Interior. Its focus is on treatment and rehabilitation of drug abusers and prevention and outreach to the community. Methadone maintenance and detoxification are offered, along with counseling for users and their families.

Hunik Zoo' is a monthly children's newspaper page that has been produced by Tanana Chiefs Mental Health since November, 1980. Hunik Zoo' strives to help upper elementary readers understand and deal with alcohol and drugs in their lives and in their community. It provides a

vehicle in which readers can express themselves and experience the pride of seeing their work in print. Hunik Zoo' is an interesting, upbeat publication for and about the children of northern Alaska. The monthly publication is disseminated through the Fairbanks Daily News Miner and Northland News to over 30,000 homes in northern Alaska. Publication is made possible by a grant from the State Office of Alcohol and Drug Abuse and in-kind contributions from the Fairbanks Daily News Miner.

Al-Anon is an all-volunteer organization which provides moral support for family members of alcoholics. Meetings are open to those with a personal and/or family interest in alcoholism.

Al-a-Teen is an organization which helps and informs young people aged 12 to 20 who live where alcoholism is a problem or who have friends or relatives with drinking problems. Al-a-Teen is an all-volunteer organization.

Alcoholics Anonymous (AA) is a non-profit program which provides assistance to any individual who wishes to stop drinking. The Fairbanks office is one of two offices in the state. The local office provides services for all but the southeastern panhandle of Alaska. The office is open Monday through Friday from 9:00 to 5:00. A 24-hour contact phone is staffed by volunteers; volunteers are also trained in a twelve-step support plan. Meetings are held twice daily in twenty locations within the Fairbanks North Star Borough. Services are also available for inmates and other institutionalized individuals. The Fairbanks office estimates that there are over 2,000 members of AA locally. AA is supported solely by member donations; there are no mandatory fees, nor are there paid employees.

The Fairbanks Northern Lights Chapter of Mothers Against Drunk Drivers (M.A.D.D.) is one of two chapters of M.A.D.D. in the state. The local office provides services for the North Star Borough and the Interior (to the extent that resources will allow). M.A.D.D. sponsors a victim-assistance program, a courtroom monitoring committee, and public education through guest speakers and seminars. M.A.D.D. has supported legislation for tougher drunk driving penalties, as well as legislation aimed at restoring the drinking age. Members of M.A.D.D. are primarily concerned citizens. The organization is non-profit, supported by membership dues, donations, and fundraisers.

Bartenders Against Drunk Drivers (B.A.D.D.) is sponsored by the owners of local bars and restaurants (Los Amigos, Club Manchu, the Pizza Pub, the Midnight Mine, The Moose Club, and the Turtle Club). B.A.D.D. provides free transportation from the above bars to the patron's home upon request and will also provide transportation back to the bar the next day so that the patron can pick up his/her vehicle. The goal of the program is to keep drunk drivers off the streets. Approximately fifty patrons utilize this service monthly. Although B.A.D.D. currently has one van, there are plans to add another in the near future.

Students' Against Drunk Drivers (S.A.D.D.) may begin in the Fairbanks North Star Borough this year. A letter requesting such a program has been submitted to the superintendent of schools by M.A.D.D.

Table 19

## Substance Abuse Programs

Agencies to be Included	# FTEs*	FY83 Revenues	Assets
Al-A-Teen	-0-	NR	-0-
Al-Anon	-0-	NR	-0-
Alcohol Awareness, Inc.	-0-	\$1,000	-0-
Alcoholics Anonymous	-0-	NR	NR
Bartenders Against Drunk Drivers	-0-	NR	\$15,000
FNA Regional Center for Alcohol and Other Addictions	41.0	\$1,477,622	NR
Hunik Zoo', Tanana Chiefs Conference	2.0	NR	NR
KILA Fairbanks Substance Abuse Center	4.25	200,000	-0-
Mothers Against Drunk Drivers	-0-	NR	NR
<b>Total</b>	<b>47.25</b>	<b>\$1,678,622+</b>	<b>\$15,000+</b>

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Chemical Abuse Rehabilitation and Education, Eielson A.F.B.	NR	NR	NR

\* FTE = Full-time equivalent staff.

DESCRIPTION OF OTHER PROGRAMS

The Chemical Abuse Rehabilitation and Education (CARE) Program, operated by the Eielson Air Force Base Social Actions Division, is funded by the military. It provides rehabilitation and education services in the Interior region for any Air Force member, dependents, and civilians affiliated with the Department of Defense. Services include local rehabilitation, referral to 10- or 28-day inpatient treatment, follow-on counseling, and preventive education. Preventive education services are available for use in the local community to support all drug/alcohol awareness programs. (See also Table 19.)

OBJECTIVES

- A. The North Star Borough community should undertake a variety of public education projects on all aspects of the prevention of substance abuse, through 1986.

Current Providers:

Alcohol Awareness  
Fairbanks Native Association Regional Center for Alcohol and Other Addictions  
Hunik Zoo', Tanana Chiefs Conference  
KILA, Inc.'s Fairbanks Substance Abuse Center  
Mothers Against Drunk Drivers

- B. The Fairbanks community should maintain adequate and appropriate treatment services, with referral and follow-up, for persons with substance abuse problems, by 1986.

Current Providers:

Fairbanks Native Association Regional Center for Alcohol and Other Addictions  
  
KILA, Inc.'s Fairbanks Substance Abuse Center

- C. The Fairbanks area should have a 25-bed short-term intermediate alcohol treatment capability, by 1986.

Current Provider:

Fairbanks Native Association Regional Center for Alcohol and Other Addictions

- D. The Fairbanks area should maintain fifteen beds for medical and social-setting detoxification, through 1986.

Current Provider:

Fairbanks Native Association Regional Center for Alcohol and Other Addictions

- E. The Fairbanks area should develop long-term inpatient treatment services for alcoholics for whom short-term services are inadequate, by 1988.

Current Provider:

None

#### ISSUES/ACTIVITIES

The Fairbanks community should continue and increase its support for Alcohol Awareness, Inc., using Alcohol Awareness as a coordinating agency with law enforcement, educational groups, and other agencies to provide ongoing educational projects throughout the community. Furthermore, the community, through governmental, civic, and religious organizations, should provide funding for specific awareness projects, such as media programs and youth projects.

Operational funding for the RCAOA should be maintained at at least the FY 1983 level, through 1986. Funding levels, at a minimum, should increase to accommodate population increases (1.5%) and inflation (estimated 7%) annually. The community should assist RCAOA to obtain funds for construction of a treatment center which could consolidate the various components of its program in one location and expand its inpatient services, as appropriate.

The RCAOA should continue to lend its program support to Alcohol Awareness and other prevention efforts which are ongoing in the community. It should also promote the fact that its services are for all members of the community, non-Natives as well as Natives. Finally, the RCAOA should continue to provide treatment and counseling services specifically aimed at women and should continue to offer these services separately from those provided to men, when appropriate.

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CHAPTER XVI

EDUCATION

GOAL

To provide equal opportunity for all local citizens to learn and acquire skills, to equip themselves for life as citizens of the community, to obtain employment, and to become socially mobile.

DESCRIPTION OF NON-PROFIT PROGRAMS

There are four non-profit agencies providing educational services to the Greater Fairbanks area. Unlike other services described in this plan, these services are encompassed by Borough education powers. Combined resources of the four organizations are 65 employees, a budget of \$1,612,700 in FY 1983, and about \$205,000 in assets. Descriptions of each of these programs follow, with more information in Table 20.

Adult Learning Programs of Alaska provides basic education, vocational training, and development of living and employment skills for adults.

The Greater Fairbanks Family Head Start Association operates a pre-school providing services to eighty children, aged 3-5, and their families. Included are speech therapy, mental health, dental and physical health, and nutrition services and comprehensive screening and evaluation. The families of children enrolled must meet low-income guidelines.

The Johnson O'Malley Program of Fairbanks Native Association provides services to 1,500 local Native children from age three through high school. Programs include a pre-school for 3-5 year-olds; tutoring for elementary school students; after-school, tutoring, and summer programs for junior high and high school students; and, a model corporation for high school students to participate in and operate. Career awareness activities and job-seeking skills training are offered to high school students.

The Literacy Council of Alaska recruits and trains volunteers to teach reading (30% of students) and English as a Second Language (70% of students) to out-of-school youths and adults. Volunteers assist with life skills competencies, G.E.D. preparation, and citizenship preparation. Tutoring is usually on a one-to-one basis at home or a location convenient for both student and tutor. Skills assessments are completed by each student before tutoring begins, and students are referred for further educational or vocational assistance as appropriate. Program staff provide training to volunteers, reference materials, textbooks, and other support. The Literacy Council program coordinates with the Golden Heart Reading Council and the Borough Library. It is a United Way agency.

Table 20

Educational Services  
(Encompassed Under Borough Education Powers)

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Adult Learning Programs of Alaska	18.0	\$600,000	\$40,000
Greater Fairbanks Area Head Start Association	20.0	364,983	150,000
Johnson-O'Malley Program, FNA	25.0	481,785	NR
Literacy Council of Alaska	5.75	165,932	15,788
<b>Total</b>	<b>68.75</b>	<b>\$1,612,700</b>	<b>\$205,788+</b>

\* FTE = Full-time equivalent staff.

## DESCRIPTION OF OTHER PROGRAMS

The Fairbanks North Star Borough School District, the University of Alaska-Fairbanks, and the Tanana Valley Community College are major public institutions well known in Fairbanks and the Interior. There are also a number of private and parochial schools in the area. Because of the nature of these institutions, they are outside the realm of this plan.

## OBJECTIVES

- A. Educational service providers and agencies providing services for Natives, in particular, should increase public awareness of these important and specialized helping programs for minority groups, through 1986.

Current Providers:

As listed in Table 20

- B. The State of Alaska, with assistance from the Fairbanks North Star Borough and the cities of North Pole and Fairbanks, should provide \$4.5 million for construction of a new Head Start facility at a location close to the target population of the community, by 1985.

Current Providers:

Greater Fairbanks Area Head Start Association (services)  
Fort Wainwright (facility)

- C. Adult education services should be offered on an on-going, year-round basis, by 1986.

Current Providers:

Adult Learning Programs of Alaska (partial services during the summer)  
Literacy Council of Alaska

- D. Remedial and supplementary education services should be provided during the summer through the Fairbanks North Star Borough School District, by 1984.

Current Provider:

None

## CHAPTER XVII

RECREATIONGOAL

To promote a wide variety of recreational and cultural activities for the benefit of all residents and visitors to the North Star Borough.

DESCRIPTION OF NON-PROFIT PROGRAMS

There are four non-profit agencies and many volunteer organizations providing recreational services within the North Star Borough. Unlike other services described in this plan, these activities are encompassed by Borough recreation powers. However, because of the significant contributions which these organizations make to the mental health and fitness of the citizenry, their activities deserve mention. The four non-profit agencies employed a total of fifteen staff in FY 1983. Their combined budgets exceeded \$600,000, and their capital assets were over \$742,000. (See Table 21.)

The Midnight Sun Council of the Boy Scouts of America offers recreation, education, and leadership training for young people aged seven to twenty. The program has four phases: Tiger Cubs, for boys aged seven; Cubs and Webelos for boys aged eight to ten; Scouts, for boys aged 11-18; and Explorers, for young men and women from the ninth grade through age twenty. Adult volunteers provide leadership to packs, dens, troops, and posts on a neighborhood basis. The Midnight Sun Council, a United Way agency, serves approximately 1,200 youth annually.

The Golden Heart Council of Camp Fire is an educational and recreational program for boys and girls in the first grade through high school. Members meet in small groups with trained volunteer leadership. Summer day camp programs are provided to children who have completed the first through eighth grades. Resident camp is available for persons who have completed the first grade through high school. Camp Fire also offers a special "Kid Kapers" program for elementary-school-aged children on days when the schools are closed for teacher in-service and workdays. All programs are available to non-members as well as members. Camp Fire serves over 1,500 children and youth directly each year and reaches many more through some of its educational programs. Camp Fire is a United Way agency.

The Tanana Valley 4-H Program is a learning-experience program, offering individual instruction and experience in almost any area of a young person's interest, from cooking to automobile mechanics to livestock care. Volunteer leaders oversee each project and the 4-H members, who range in age from nine to nineteen. The 4-H Program serves approximately 4,000 youth annually.

Table 21

Recreational Services  
(Encompassed under Borough Recreation Powers)

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Boy Scouts of America	5.0	\$182,000	\$500,000
Camp Fire	2.0	95,000	12,000
4-H Program	4.0	NR	NR
Girl Scouts of America	4.0	250,000	229,907
<b>Total</b>	<b>15.0</b>	<b>\$527,000+</b>	<b>\$741,907+</b>

\* FTE = Full-time equivalent staff.

The Farthest North Girl Scout Council is concerned with girls aged six to seventeen who live north of the sixty-third parallel. Girl Scouting provides opportunities for girls to develop their potential, make friends, and become vital members of the community. Activities include computer camp, personal development, education, recreation, and community service. Girl Scouting is divided into four levels: Brownies, for grades 1-3; Junior Scouts, for grades 4-6; Cadets, for grades 7-8; and, Senior Scouts, for grades 9-12. In FY 1983, the Farthest North Council served approximately 1,565 youth in 85 troops. The Council is a United Way agency.

In addition to these agencies, there are dozens of non-profit and informal organizations which offer recreational opportunities for youth and adults in the Greater Fairbanks area. Examples of these organizations include swim teams; Rainbow; youth and adult baseball, softball, basketball, hockey, football, and soccer; the Fairbanks Youth Symphony; the Community Orchestra; the Fairbanks Drama Association; the Youth Theater; the Junior Horsemasters Association; square-dance clubs; and many others.

#### DESCRIPTION OF OTHER PROGRAMS

The North Star Borough Department of Parks and Recreation provides recreational opportunities through maintenance of parks, trails, ball fields and such facilities as the Wescott Pool, Hamme Pool, the Mary Siah Recreation Center, the Big Dipper ice arena, and Crowden Field. The Department also provides summer day camps for elementary-school-aged children and offers arts and crafts and other educational programs for children and adults. Special recreation programs for the handicapped are also available.

Other organized recreational activities or programs include Alaska-land, various campgrounds, the University of Alaska Museum, and community interest programs offered through the Tanana Valley Community College.

#### OBJECTIVES

- A. The Midnight Sun Council of Boy Scouts, the Golden Heart Council of Camp Fire, the Tanana Valley 4-H Program, and the Farthest North Girl Scout Council should continue to provide services within the North Star Borough, through 1986.

Current Providers:

As listed in Table 21

- B. The Borough Department of Parks and Recreation should continue its leadership role in the establishment and perpetuation of recreational facilities and programs, through 1986.

Current Provider:

Fairbanks North Star Borough Department of Parks and Recreation

ISSUES/ACTIVITIES

Recreation is a primary responsibility of Borough government. Recreational services which promote the mental health and fitness of Borough residents should be supported directly and indirectly by the Borough and by the Cities of Fairbanks and North Pole.

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REFERENCES CITED

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# Alaska State Legislature

## Senate Committee on State Affairs

Vic Fischer, Chairman • 1024 W. 6th Ave., Suite 204 C,  
Anchorage, Alaska 99501  
(907) 278-3654

Official Business

February 2, 1984

To: John Hartley ✓ Ginger Baim, Senator Vic Fischer  
From: Steven Kadish

Re: Proposed Intent Language for Anchorage Social Services

It is the intent of the Legislature to fund non-profit organizations to provide social service programs in the Municipality of Anchorage that are not otherwise fully supported by other state or municipal funding.

Complete programs or only parts of Anchorage non-profit social service programs may be supported with this funding. These programs should provide either direct care or preventative services.

Social service programs to be funded include substance abuse treatment, mental health services, food assistance programs, rape and abused victims treatment, runaway shelters, health care services, support services to the disabled, day care and child care services, employment and training services, legal aid services, special needs programs for older persons, housing services, disaster relief services, and youth and family service programs.

<sup>Municipal</sup> It is also the intent of the legislature that administrative costs for these pass through funds be not more than ~~10%~~ <sup>5%</sup> of the total.



Official Business

# Alaska State Legislature

## Senate

Pouch V  
State Capitol  
Juneau, Alaska 99811

TO: Lynn Barnes  
FROM: Henry M. Lancaster, II *HMLB*  
DATE: January 30, 1984

RE: Municipal Social Services Fund

*work order  
- 1900 -  
from Josephson*

Senator Josephson would like legislation drafted that will establish a municipal social services fund for the distribution of money to statutorily defined regions of Alaska. The regional areas could be boroughs or municipalities. The monies would be appropriated on a yearly basis to the area for social services uses. The distribution would be based on a per capita assessment of the area. The amount distributed per capita would be \$35.00.

In order to qualify for the funds the area would have to:

1. Develop a social service plan not inconsistent with AS 47.75.010 et al.
2. Create an area needs assessment task force and fund distribution entity.
3. Require that only non-profit, non-governmental agencies be eligible as recipients of funds.
4. Justify the need for a higher per capita allotment based upon factors such as rural siting, inflation, special problems, etc.

Lastly, a department should be identified to distribute the funds and approve of the social service plans. (DHSS or DCRA)

*\$ 35 per person  
wait until a  
calculation is made  
head count*

*regions  
head counts  
state plans  
appropriate*

*435,000  
35*

1 IN THE SENATE

BY JOSEPHSON

2 E BILL NO.

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 a social services fund."

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

8 \* Section 1. AS 47 is amended by adding a new chapter to read:

9 CHAPTER 77. SOCIAL SERVICES FUND.

10 Sec. 47.77.010. SOCIAL SERVICES FUND. (a) There is created in  
11 the Department of Health and Social Services a social services fund.  
12 The department shall distribute the money appropriated to this fund as  
13 described in (b) of this section.

14 (b) In administering the social services fund, the department  
15 shall

16 (1) after consulting with the Department of Community and  
17 Regional Affairs, divide the state into social services regions and  
18 select an appropriate entity, including a municipality, a borough  
19 assembly, a tribal council, or a nonprofit corporation to represent  
20 each region in its business with the department;

21 (2) adopt regulations establishing guidelines, consistent  
22 with AS 47.75.010 and 47.75.020, for

23 (A) the establishment and operation of regional needs  
24 assessment task forces and regional fund distribution procedures  
25 or entities, which may include the entities selected under (b)(1)  
26 of this section; and

27 (B) regional social services plans;

28 (3) review regional social services plans submitted for  
29 approval, and approve those plans that meet the department's

1 guidelines; and

2 (4) distribute the money appropriated to this fund to the  
3 entities representing the social services regions that have had plans  
4 approved; distribution of funds shall be made

5 (A) annually;

6 (B) on a per capita basis, using population figures  
7 determined under AS 29.89.060; and

8 (C) subject to adjustments under AS 47.77.040.

9 Sec. 47.77.020. ELIGIBILITY OF SOCIAL SERVICES REGION FOR FUND-  
10 ING. To be eligible for funding of a region's social services pro-  
11 grams, the entity representing the social services region shall

12 (1) create a needs assessment task force and a fund distri-  
13 bution procedure or entity for the region, following the guidelines  
14 adopted under AS 47.77.010;

15 (2) develop and submit to the Department of Health and  
16 Social Services biennially a social services plan consistent with the  
17 department's guidelines under AS 47.77.010, and receive approval for  
18 the plan from the department;

19 (3) indicate in the biennial plan if there is a need for a  
20 higher than per capita allotment, requiring an adjustment under  
21 AS 47.77.040.

22 Sec. 47.77.030. ELIGIBILITY OF PROVIDERS FOR FUNDS. A provider  
23 of social services is not eligible for inclusion in and receipt of  
24 funds under a regional social services plan unless the provider is a  
25 nonprofit, nongovernmental organization that is not fully funded by  
26 the state or a local government or agency. A provider eligible to  
27 receive funding under AS 29.89.010 - 29.89.110 is not eligible for  
28 funding under AS 47.77.010.

29 Sec. 47.77.040. ADJUSTMENTS IN PER CAPITA ALLOTMENTS. (a) A

1 social services region may request the Department of Health and Social  
2 Services to adjust the per capita distribution formula for social  
3 services funds. A request to do so shall be submitted to the depart-  
4 ment by the region with its biennial plan.

5 (b) The department may adjust the per capita formula for distri-  
6 bution of social services funds under AS 47.77.010 based upon factors  
7 including rural location, inflation, and other special problems in-  
8 cluding the higher cost of providing services in a particular area as  
9 compared with the rest of the state.

10 (c) The department shall adopt regulations governing the

11 (1) documentation required to support a request to adjust  
12 the per capita distribution formula; and

13 (2) criteria for adjustment of the per capita distribution  
14 formula.

15 Sec. 47.77.190. DEFINITION. In this chapter, "social services"  
16 has the meaning given in AS 47.75.060.

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BILL SHEFFIELD  
GOVERNOR



STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

ob 493

February 13, 1984

The Honorable Jalmar Kerttula  
Alaska State Senate  
Pouch V  
Juneau, AK 99811

Dear Senator Kerttula:

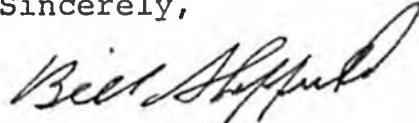
Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill which would eliminate the current office of alcoholism and drug abuse within the Department of Health and Social Services, but preserve its functions in the department and enable the commissioner to elevate the former office to a division.

The bill would also combine the Review Board on Alcoholism with the Advisory Board on Drug Abuse. The combined board would save money for travel, per diem, and staff support, and would afford those interested in both alcoholism and drug abuse a unified forum from which to combat problems associated with alcoholism and drug abuse. The combined board would include regional representation to promote cooperation with regional health systems agencies, and to enable communities working in a unified effort on both alcoholism and drug abuse to deal with only one board.

This bill amends the powers of the former office of alcoholism and drug abuse by clarifying the department's authority to combat drug abuse also. In 1980 the legislature amended the name of the office to include drug abuse. However, AS 47.37 was not uniformly changed to clarify the office's authority to prevent and treat drug abuse.

This bill deserves your attention for it is a long overdue effort to consolidate and streamline the state programs and statutes in order to combat alcoholism and drug abuse on a unified basis. We can no longer afford to treat these statewide social problems as separate issues.

Sincerely,



Bill Sheffield  
Governor

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

RECEIVED  
OFFICE OF ALCOHOLISM  
& DRUG ABUSE

Revision Date: \_\_\_\_\_

SEP 14 1983

REQUEST

Bill/Resolution No.: 493  
Title: \_\_\_\_\_

Sponsor: Rules Committee  
Requestor: Governor  
Date of Request: \_\_\_\_\_

FISCAL DETAIL

Agency Affected: Health & Social Services  
Program Category Affected: Health  
Alcohol-Drug Abuse Administration  
BRU, Program or Subprogram(s) Affected: \_\_\_\_\_

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL		(15,000)	(16,000)	(17,000)	(18,000)	(19,000)
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		(15,000)	(16,000)	(17,000)	(18,000)	(19,000)
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

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

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

The impact of this bill will result in a negative fiscal note with savings to the State of \$15,000 in FY85. Savings will occur because only one advisory board, rather than two, will be meeting with attendant travel and per diem costs. No fiscal impact is anticipated in changing the Office to a Division, outside the Administration's proposed FY85 budget.

ANALYSIS: Attach a separate page for analysis

Prepared By: Matt Felix  
Division: Alcoholism & Drug Abuse

Phone: 586-6201  
Date: December 27, 1983

Approved by <sup>Acting</sup> Commissioner: [Signature]  
Agency: OHSS

Date: 1/7/83

Distribution (by Agency preparing fiscal note):

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

1./1/83

S

B

508



Official Business

# Alaska State Legislature

*Senate*

*Committee on Finance*

Pouch V  
State Capitol  
Juneau, Alaska 99811

Wednesday, February 29, 1984

## M E M O R A N D U M

TO: Nancy Dietrick, PA  
SENATOR JOE JOSEPHSON  
Chair, H&SS

FROM: Max Gifford, AA  
SENATOR JOHN SACKETT  
Co-Chair, SFC

SUBJ: SB-508, supplemental appropriations for Bethel Social Services and Sitka Youth Advocates, Inc.

I suspect I need not tell you how the two non-profit groups referenced above have been short-funded as a result of the payment authorization scale adopted in Ch. 138, SLA 1982 (attached). Clearly, both Bethel and Sitka should have been higher rates, particularly when some children's homes in Anchorage are receiving as much as \$150 to \$160 per day, per child.

SB-508 is an attempt to correct the funding shortfall in Ch. 138 ('82) similar to successful legislation passed last year, SB-97.

Senator Sackett would request that SB-508 be scheduled before the Health & Social Services Committee in the near future.

Please call if you have any questions.

# 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 99811  
(907) 465-4916

## MEMORANDUM

TO: Senator John Sackett

FROM: Senator Dick Eliason *Dick E*

DATE: February 21, 1984

RE: Supplemental appropriation for Sitka Receiving Home

Due to the exceptional low daily rate allowed the Sitka Receiving Home (\$42.70 per "provider day") over the last two fiscal years there is a critical, and unfair shortfall in the Home's operating budget. Sitka, like Bethel, received a small supplemental grant last session to help them over the FY 83 shortfall but we need to provide coverage for FY 84. Hopefully, legislation will pass this session which will finally correct the inequity in funding for these homes and both Bethel and Sitka will be self-sustaining on their allowed payments after this year.

It would seem reasonable to figure Sitka at the same level of funding as the Juneau Receiving Home. Sitka has been at \$42.70 while Juneau is at \$111.48. The difference per day of care is then \$68.78. In FY 83 Sitka provided 967 days of care. FY 84 is likely to be at about that same level. Therefore a reasonable supplement amount to include for the Sitka Receiving Home now for FY 84 would be \$66,510 (\$68.78, the difference between the Sitka rate and the Juneau rate, multiplied by the estimated number of days of care provided.)

I would very much appreciate any help you could provide in getting this funding in.



## Bethel Social Services, Inc.

• A PRIVATE NON-PROFIT CORPORATION •

Hon. Senator John Sackett  
State Capitol  
Pouch V  
Juneau, Alaska 99811

Dear Senator Sackett:

Here is the information your aide, Max Gifford, requested of us for the supplemental appropriation for the operation of the Bethel Receiving Home.

As you already know, there was a freeze imposed on the cost of care rates two years ago. We were not aware of this freeze and at that time were expecting our rate at the Receiving Home to increase following an audit that we requested. The audit was denied by the State, and we were told we would have to make do with the existing rate.

To prepare the figure we are requesting for the supplemental, I have taken an average of the rates paid to the residential child care centers in the State of Alaska (Anchorage, Willow, Fairbanks, Barrow, Bethel, and Nome) and subtracted our rate from the average. I then multiplied this figure by the number of child care days. As you will see we had a great number of child care days, and that in itself should show you how valuable this project is to the Delta region. The facility has been greatly utilized this past year and with this additional operational monies, we will be able to make the Bethel Receiving Home a First rate facility to house the children of the Delta.

Sincerely,

Loreen M. Foster  
Administrative Director, B.S.S.

ACS Receiving Home, Anchorage	\$ 149.85
ACS Aquarius House, Anchorage	149.85
ACS Colletti House, Anchorage	117.51
ACS Jesse Lee, Anchorage	165.46
ACS North Star, Anchorage	103.55
ACS Rabbit Creek Grp. Hm., Anch.	166.40
Booth Memorial Home, Anchorage	146.90
Hilltop Home, Inc., Anchorage	85.53
Turning Point Boys Ranch, Willow	105.37
PHH-Receiving Home, Fairbanks	111.98
PHH-Treatment Unit, Fairbanks	111.98
North Slope Borough Rec. Hm., Barrow	170.80
Bethel Receiving Home, Bethel	79.30
Bethel Group Home, Bethel	59.06
Nome Receiving Home, Nome	105.20

TOTAL \$1832.74

\$1832.74 divided by 15 centers is an average rate of \$122.18 per day.

The Bethel Receiving Home's rate is \$79.30, subtracted from the average gives us a deficit of \$42.88.

The Bethel Receiving Home had a total of 2,369 provider days last FY year ('83).

2369 multiplied by \$42.88 is a total supplemental request of \$ 101,582.72

TOTAL SUPPLEMENTAL REQUEST - \$ 101,582.72

period of suspension, payment for services provided by residential child care facilities shall be made solely in accordance with the provisions of secs. 3 and 4 of this Act.

\* Sec. 3. For fiscal year 1983, the payment authorized per day for each child placed by the Department of Health and Social Services in an existing residential care facility is:

Alaska Children's Services Receiving Home (Anchorage)	\$149.8
Alaska Children's Services Jesse Lee Home (Anchorage)	165.4
Alaska Children's Services Rabbit Creek Group Home (Anchorage)	166.4
Alaska Children's Services North Star Home (Anchorage)	103.1
Alaska Children's Services Aquarius House (Anchorage)	107.4
Alaska Children's Services Colletti House (Anchorage)	117.5
Alaska Baptist Family Service Center (Anchorage)	117.9
Booth Memorial Home (Anchorage)	146.9
Hilltop Home, Inc. (Anchorage)	85.5
Kenai Peninsula Community Care Center (Kenai)	91.7
Kodiak Baptist Mission (Kodiak)	61.6
Turning Point Boys Ranch (Willow)	105.1
North Star Children's Home (Dot Lake)	62.7
Presbyterian Hospitality House (Fairbanks)	111.9
Juneau Receiving Home (Juneau)	106.1
St. Jude Center, Inc. Receiving Home (Juneau)	72.1
Nome Receiving Home (Nome)	116.4
Manilaq Group Home (Kotzebue)	167.0
North Slope Borough Children's Receiving Home (Barrow)	168.3
Ketchikan Teen Home I (Ketchikan)	71.1
Ketchikan Teen Home II (Ketchikan)	31.1
Ketchikan Children's Home Intensive Treatment Unit (Ketchikan)	151.1
Sitka Receiving Home (Sitka)	56.0

Bethel Receiving Home (Bethel)	75.52
Bethel Group Home (Bethel)	59.06
Covenant High School (Unalakleet)	51.16

\* Sec. 4. For fiscal year 1984 the payment rates for residential child care services shall be the amounts set out in sec. 3 of this Act increased by five percent.

\* Sec. 5. For fiscal years 1983 and 1984 the Department of Health and Social Services may contract for residential child care services with a facility not listed in sec. 3 of this Act at a rate to be determined by the department.

\* Sec. 6. AS 14.30 is amended by adding a new section to read:

Sec. 14.30.075. VISION AND HEARING SCREENING EXAMINATIONS. (a) A vision and hearing screening examination shall be given to each child attending school in the state. The examination shall be made when the child enters school or as soon thereafter as is practicable, and at regular intervals specified by regulation by the governing board of the district.

(b) The Department of Health and Social Services shall

- (1) set standards for the performance of vision and hearing screening;
- (2) train and certify public health nurses and school district employees to conduct hearing and vision screening tests;
- (3) assist with referral and follow-up of children needing professional examination or treatment; and
- (4) assist with maintenance and repair of screening equipment.

\* Sec. 7. AS 44.29.020 is amended to read:

Sec. 44.29.020. DUTIES OF DEPARTMENT. The Department of Health and Social Services shall administer the state programs of public health and social services, including: (1) maternal and child health services;

AN ACT

relating to vision and hearing screening examinations,  
public assistance, and other assistance provided by the  
state and providing for an effective date.

Section 1. FINDINGS. The legislature finds that the present method for establishing payment rates under AS 47.40 for residential child care services is inadequate. The Department of Health and Social Services shall conduct a study of alternatives to the method of establishing payment rates under AS 47.40. The study shall be conducted by a committee of five members appointed by the commissioner of the Department of Health and Social Services. Three members of the committee shall be employees of the Department of Health and Social Services and two members shall be providers of residential child care services. The study shall contain, among other matters determined by the department, a suggested redefinition of the manner in which rates for residential child care services are calculated, a consideration of the method and amount of reimbursement for capital costs of residential child care facilities, and the availability and use of other sources of money to finance residential child care services and to finance the construction of residential child care facilities. The committee shall report its findings to the legislature before the 10th day of the Second Session of the Thirteenth Legislature. The legislature further finds that the rates established under AS 47.40 should be suspended from June 30, 1982 to July 1, 1984.

Section 2. The operation of AS 47.05.010(14), AS 47.46.010, 47.40.040, and AS 47.40.050 is suspended from July 1, 1982 through June 30, 1984. During the



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509

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date: \_\_\_\_\_

REQUEST

Bill/Resolution No.: SB NO. 509  
 Title: "An Act relating to the practice of physical therapy"  
 Sponsor: H F S S Committee  
 Requestor: H F S S & I & C  
 Date of Request: 2/28/84

FISCAL DETAIL

Agency Affected: Commerce & Economic Dev.  
 Program Category Affected: Public Protection  
 BRU, Program or Subprogram(s) Affected: Occupational Licensing

EXPENDITURES/REVENUES: (Thousands of Dollars)

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

FUNDING: (Thousands of Dollars)

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

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

N/A

ANALYSIS: Attach a separate page for analysis

Prepared By: Darrell Miller Phone: 465-2535  
 Division: Occupational Licensing Date: Feb 29, 1984  
 Approved by Commissioner: Richard A. Lyon Date: 3/16/84  
 Agency: Commerce & Economic Development

Distribution (by Agency preparing fiscal note):

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

12/1/83

# STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

## DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

[ POUCH K-STATE CAPITOL  
JUNEAU, ALASKA 99811

January 8, 1981

Mr. Keith Godfrey, President  
Board of Chiropractic Examiners  
3800 Lake Otis Parkway  
Anchorage, AK 99504

Re: Refusal by Physical Therapists  
of Chiropractic Referrals  
J-66-318-81

Dear Mr. Godfrey:

The division of occupational licensing of the Department of Commerce and Economic Development has referred to our office the question raised by Adrian Barber in his letter to you of August 8, 1980 (enclosed). I understand that you wish an attorney general's opinion regarding the validity of AS 08.84.120(8) and AS 08.84.160, which preclude physical therapists from accepting referrals or prescriptions from chiropractors.

First, it is correct that the statutory sections do exclude chiropractors from the classes of health care providers from whom physical therapists may accept referrals or prescriptions, since AS 08.84.160 specifically names health care providers from which a physical therapist may accept prescriptions, and does not include chiropractors. Also, the Chairperson of the Physical Therapy Board, Ms. Donna Klokkevold, informs us that that board does interpret the statute to exclude referrals from chiropractors and that physical therapists do not accept such referrals.

The validity of the statutory provisions is questionable, as the exclusion of chiropractors may represent a serious antitrust violation. This is probably a question of federal law, however, under the Sherman Antitrust Act <sup>\*</sup>/ The extension

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<sup>\*</sup>/ As you are aware, several lawsuits have been brought by or on behalf of chiropractors in other states in which this issue is being litigated.

January 8, 1980

of antitrust doctrine into the area of health care is a fairly recent trend in the law, and it is not possible to state definitely what the law is on the particular point that you raise.

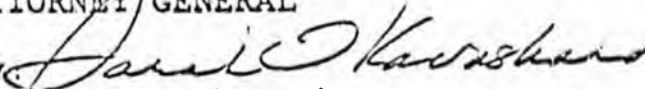
Our office can only state that, as a general matter, a law must be followed until (1) it is amended or otherwise changed by the legislature; or (2) it is attacked and found invalid by a proper court. Our office has no power to invalidate the determinations of the legislature, although, in situations where we believe a particular provision is clearly unconstitutional, we will advise an agency to not carry out or enforce it. These particular provisions appear questionable not only on antitrust grounds, but also on grounds that a patient has a right to the full course of treatment recommended by the health care provider of his or her choice. Further, they appear subject to attack on the constitutional grounds of equal protection and right to privacy. However, they are not so clearly infirm that we may confidently state that they are invalid.

We suggest that you contact the governor's legislative assistant regarding a possible change in AS 08.84.120(8) and AS 08.84.160. Then, if legislative change is not forthcoming, your board may want to consider a legal action attacking the provisions in question.

I hope this answers your questions. If I can be of any further assistance, please feel free to contact me.

Sincerely,

WILSON L. CONDON  
ATTORNEY GENERAL

By   
Sarah T. Kavasharov  
Assistant Attorney General

STK/blc

cc: Keith Specking, Legislative Assistant  
Office of the Governor

Ms. Donna Klokkevold, Chairperson  
Physical Therapy Board

# STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

## DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

POUCH K - STATE CAPITOL  
JUNEAU, ALASKA 99811  
PHONE: (907) 465-3600

February 20, 1981

Ms. Donna Klokkevold  
Chairperson  
Physical Therapy Board  
3800 Lake Otis Parkway  
Anchorage, AK 99504

Re: Validity of AS 08.84.120(8) and  
AS 08.84.160  
Our File: J-66-318-81

Dear Ms. Klokkevold:

On January 8, I sent to you a copy of a letter to Mr. Godfrey, president of the Board of Chiropractic Examiners, regarding the questionable validity of the above statutory provisions. I wonder if your board has had time to review the provisions and what is the board's view about retaining them? Our office believes that their validity is so questionable that an effort should be made to change them, but the first step in the process of change is to determine whether the boards may work this out and agree upon a recommendation that the governor may submit to the legislature.

Please let me hear from you regarding this.

Thank you.

Sincerely,

WILSON L. CONDON  
ATTORNEY GENERAL

By: 

Sarah T. Kavasharov  
Assistant Attorney General

STK:wjp

cc: Keith Godfrey, President  
Board of Chiropractic Examiners

Harry Treager, Director  
Division of Occupational Licensing

Keith Specking, Legislative Assistant  
Office of the Governor



OFFICIAL BUSINESS

CHAIRMAN  
RULES COMMITTEE

# Alaska State Legislature

## Senate

April 12, 1983

JAN FAIKS  
POUCH V  
CAPITOL BUILDING  
JUNEAU, ALASKA 99811

Dr. Jon Godfrey  
3800 Lake Otis Parkway  
Anchorage, AK 99504


Dear Jon,

Thank you for your letter and accompanying brochure on chiropractic services.

I am happy to hear that you are working with the Department of Health and Social Services. As you probably know, our Alaska Statute 47.07.030 requires that additional medical services desired through Medicaid must be approved by the legislature. As your recommendations materialize, you may want to recommend that a House or Senator bill be drafted. I will be willing to work with you on this endeavor.

I appreciate learning of the services you provide. I agree, chiropractic care should not be denied under Medicaid.

Sincerely,

  
Jan Faiks,  
Senator

JF:ch

suspension after a hearing to which has been suspended or that the applicant is able to in the application of discipline from earlier decisions explained in findings of fact or ch 162 SLA 1980)

ive personal pronouns in conformity AS 01.05.031(c) and § 4, Chapter 58, 1982.

shall impose and collect the for examination, \$50; on, \$20; \$50; be every four years, \$200. LA 1968; am § 12 ch 162 SLA

ennial" following "initial and renewal" paragraph (4), and deleted former paragraph (5), which read: "associate license,

All fees collected by the board state. (§ 35-3-30 ACLA 1949)

and Penalties.

be a misdemeanor. A person without a license in violation of or, and upon conviction is punished, or by imprisonment for notations under this section, evince the defendant's certificate of evidence that the defendant SLA 1955)

Revisor's notes. — This section introduces a requirement which does not exist in this chapter, viz., filing a certificate on the board. It is the board's duty to maintain a registry. Editor's notes. — This section was amended by the revisor of statutes to remove personal pronouns in conformity

with AS 01.05.031(c) and § 4, Chapter 58, SLA 1982.

Collateral references. — Practicing medicine, surgery, dentistry, optometry, pediatrics, or other healing arts without license as a separate or continuing offense. 99 ALR2d 654.

Sec. 08.20.210. Fraudulent certificates. Any person who obtains or attempts to obtain a chiropractic certificate by dishonest or fraudulent means, or who forges, counterfeits, or fraudulently alters any such certificate is punishable by a fine of not more than \$500, or imprisonment for not more than six months, or by both. (§ 4 ch 53 SLA 1955)

Article 4. General Provisions.

Section

08.20.220 Chiropractic defined

Sec. 08.20.220. Chiropractic defined. Chiropractic is the science of locating and correcting interference with nerve energy transmission and expression within the human body, and the employment and practice of drugless therapeutics, including physiotherapy, hydrotherapy, mechanical therapy, phytotherapy, electrotherapy, chromotherapy, thermotherapy, thalmotherapy, correcting and orthopedic gymnastics, and dietetics which includes the use of foods and those biochemical tissue building products and cell salts found within the normal human body, without the use of drugs or surgery. (§ 35-3-22 ACLA 1949)

Opinions of Attorney General. — It is illegal and criminal for a chiropractor, without additional qualifications, to prescribe drugs or medicine to sick or injured persons. 1961 Op. Att'y Gen., No. 23. Money cannot be expended from the Workmen's fund for the payment of charges for medicines prescribed by chiropractors. 1961 Op. Att'y Gen., No. 23.

Collateral references. — Chiropractors as within term "physician" in rule as to privileged communications. 68 ALR 177.

Kind or character of treatment which may be given by one licensed as chiropractic. 86 ALR 630.

Chapter 24. Collection Agencies.

Article

- Collection Agency Board (§§ 08.24.011 -- 08.24.051)
Powers and Duties of Department of Commerce and Economic Development (§ 1 -- 08.24.071)
Licensing (§§ 08.24.090 -- 08.24.386)

Revisor's notes. — The Collection Agency Board has been terminated under the provisions of AS 08.03 and AS 44.66.

AS 08.03.010(b)(3) established a termination date of June 30, 1980.

March 23, 1984

PO Box 897  
Juneau, AK  
99802

Dear Senator Josephson,

The attached is the material I plan to present to the Senate HESS committee hearing on March 26th in regard to the proposed Senate Bill #509.

I'd like to summarize for you the reasons the Physical Therapy Association is opposed to this bill. First of all, Chiropractic does not emanate from a medical/scientific basis. Their philosophy is that all healing begins with a properly adjusted vertebral column. The medical community challenges this at least in part, since no reproducible research has given this approach any validity.

On the other hand, the profession of Physical Therapy has grown out of the medical profession and follows the traditional medical approach. Physical Therapy is accepted and endorsed by the AMA. Whereas, chiropractors never have been acknowledged by the American Medical Association.

The reason a referral from a medical doctor is required for Physical Therapy is so that the necessary diagnostic work (ie. X-rays, blood tests, urine tests) can be done prior to the initiation of treatment to rule out other conditions for which Physical Therapy would be inappropriate. Other than X-rays, the chiropractor does not use these diagnostic tests. Therefore, the patient referred from the chiropractor would have an incomplete diagnosis, as viewed from the medical philosophy. Ethically, how could I treat a patient for a condition if I was unsure that this in fact, was the patient's problem?

Furthermore, the American Physical Therapy Association (APTA) national Code of Ethics states that Physical Therapists may only accept referrals from medical doctors, osteopaths, dentists, and podiatrists. If a Physical Therapist does not follow this Code of Ethics he/she can not belong to the APTA. I personally am not willing to give up this membership, and would not accept referrals by chiropractors even if the proposed changes in the Physical Therapy practice act were adopted.

Please feel free to contact me for any further input.

Respectfully,



Beth Hansen, LPT

cc: Pat McAdoo, LPT, President  
Alaska Physical Therapy Association

It has come to the attention of the Alaska Physical Therapy Association that the chiropractors of the state have taken it upon themselves to legislate change in the Physical Therapy practice act to include referrals from chiropractors. Let it be known at this time, the Alaska chapter, as well as the American Physical Therapy Association strongly oppose the actions of the chiropractors of this state based on the lack of medical relevance.

Historically,, the chiropractors have claimed to promote health and prevent disease simply through the adjustment of the spine. In fact, in a recent publication included in the Anchorage Daily News, the chiropractors infer that periodic chiropractic treatments will reap an individual occupation and income benefits, improve your golf game, tennis game and your appearance. Chiropractic care will also keep you younger longer and will help the youth have more energy and prevent learning disabilities. These views are not supported by the members of the medical community.

The profession of Physical Therapy on the other hand was established under the auspice of the medical profession and scientific research. It has been recognized, therefore, that a Physical Therapist is in a sense a part of the medical profession and the therapists' expertise lies in the same realm as the doctors'.

Under the mandate of the present law, Physical Therapists have excluded referrals from chiropractors. We feel very strongly that chiropractic referrals are inappropriate because of a lack of medical relevance and feel the current law should stand as is.

We have been advised by our national association through the law firm of Tucker, Arensberg, Very and Ferguson of Pittsburgh that the position we have taken to resist amendments to our practice act is not in violation of antitrust laws, nor is the freedom of choice or privacy impermissibly limited by restriction of referral sources.

1. Antitrust: According to our counsel, almost all recent litigation among various healthcare providers has involved one individual or professional group suing another individual or professional group; that is, all have been private parties. The applicable principal from antitrust law is that there should be free and open competition unrestricted by private agreements. Since Physical Therapists in Alaska are excluding referrals from chiropractors under mandate of state law rather than by an agreement among themselves, it is extremely unlikely that the Physical Therapists could be sued for an antitrust violation. As a general principle, it appears that state laws with a valid purpose other than restricting competition are exempt from antitrust attack. The present law, in no way restricts competition, but does restrict referrals for sound medical reasons.


2. Freedom of Choice: Although our constitutional freedoms are broad, the Alaska Physical Therapy Association knows of no basis in the federal or state constitutions for a right of freedom of choice in making referrals to Physical Therapists. Therefore, we feel we are not in violation of constitutional freedom of choice in restricting Physical Therapy referrals.

3. Equal protection and the right of privacy: Numerous cases have held that state laws classifying and regulating such groups as physicians, chiropractors, osteopaths, optometrists, and so on, do not violate equal protection. United States Code Ann., Amend. 14, § 1 n. 779-786 (Cum. Supp. 1977). Any "equal protection and right to privacy" challenge to the existing law would have to be brought by a patient who was deprived of protection or privacy by the requirements --in this case, the restriction of referrals.

In summary, we strongly oppose the amendment effort initiated by the chiropractors of this state. It is our belief as members of a medical profession that restricting referrals from nonmedical professionals is in no way in violation of antitrust, freedom of choice, equal protection, and the right privacy, and is in the better interest of the patient. Furthermore, attempts by nonmedical professionals to change our practice will be met with the utmost resistance. It is our hope that this letter makes it evident that the Physical Therapists of this state do not feel chiropractic referrals are appropriate because of lack of medical relevance, but we in no way wish to restrict or violate the constitutional rights of others.

Prepared by Denice Blefgen, LPT

Respectfully submitted,

  
Beth Hansen, LPT



alaska chiropractic society

Handwritten: *Neerof*  
*Senator*

JON GODFREY, D.C.  
President  
3800 Lake Otis Pkwy.  
Anchorage, Alaska 99504  
562-2345

MYRON SCHWEIK  
Vice Presid  
P.O. Box 1  
Eagle River, Ala  
684-922

C.  
2

March 28, 1984

RECEIVED

APR 4 1984

Josephson

Sen. Joe Josephson  
Sen. Vic Fischer  
Sen. Paul Fischer  
Sen. Richard Halford  
Sen. H. Pappy Moss  
Health, Education and Social Services  
Alaska State Legislature  
Pouch V, Mail Stop 3100  
Juneau, Alaska 99811

RE: SB 509

Dear Senators:

I thank you for the opportunity to partake in the March 26, 1984 teleconference concerning both SB 509 and SB 510.

Being first to testify does have its drawbacks. Specifically, the inability to respond to the testimony of those who follow, which is of great assistance if you are to make a point.

As evidenced by the duplicate testimonies of the witnesses for the Physical Therapists, their comments were divided somewhere between comments that were germane to SB 509 and that which was not: More specifically, the issue of independent practice or practice without referral. I will further address that issue in my summation.

I found the testimony which directly addressed SB 509 to be typically bias in nature, and unnecessarily protective. Might I give the committee a brief history.

After the 1981 A.G.'s opinion letter, Dr. Gene Kremer and I, as invited guests of the Physical Therapy Association, made a presentation to them. We spent approximately two hours confronting the issue at hand. We spent much time in an effort to explain the need for interprofession communication. We found that the P.T.'s were for the most part, totally ignorant of the Chiropractic profession. They knew nothing of our educational requirement or scope of practice. We attempted to fill in the voids. We, the Alaska Chiropractic Society, have waited for some further contact over these three years since our meeting, but it has not been forthcoming.

Their lack of voluntary participation is what precipitated our endorsement of SB 509.

We, the Alaska Chiropractic Society, have elected to approach the problem through legislative change, rather than through the court system.

On the National level, the National Physical Therapy Association is currently enjoined as defendants in a class action suit, along with the American Medical Association, and others, for their antitrust/restraint or trade practices. The case is currently at the Supreme Court level. And, although the American Osteopathic and American Hospital Association did settle prior to trial, the Physical Therapists have steadfastly held with the A.M.A., from which they derive almost all of their keep.

The A.C.S. feels that the attitude taken by the Physical Therapists Association in Alaska is purely an extension of their National Policy which was evidenced by their members' testimony at the teleconference. The National Code of Ethics, if quoted verbatim, smacks of Restraint of Trade in itself.

The Chiropractic Profession is somewhat older than the Physical Therapists, ours being founded in 1895. Our educational standards, which were alluded to at the teleconference, are standard across the nation. Under the U.S. Department of Higher Education functions the Council on Chiropractic Education, whose responsibility it is to guarantee these standards.

All Chiropractic Colleges require for matriculation at least two years of Liberal Arts or Sciences which must include satisfactory completion of specific subjects in the biological sciences. They are: General or Inorganic Chemistry - 6 semester or 9 quarter hours which must be taken with associated laboratory; Organic Chemistry - 6 semester or 9 quarter hours with laboratory; Biology - 6 semester or 9 quarter hours with laboratory; Physics - 6 semester or 9 quarter hours with laboratory; and 3 semester hours of Psychology. The balance of the 60 semester or 90 quarter hours would be the general lower divisional studies.

There are approximately fifteen Chiropractic Colleges in the United States, all having the same pre-entrance requirements, and having approximately the same overall course requirements necessary for graduation with a Doctor of Chiropractic Degree. Although there may be a small variation in curriculum from college to college, the core subjects are set down by the Council on Chiropractic Education, and must be at least 4400 class room hours in length, which computes to 4 academic years plus.

I am sending along the only College Cataloge in my possession from a Philosophically conservative institution (narrow scope of practice philosophy.)

One of the points of view presented by the physical therapists during the teleconference was diagnosis and differential diagnosis. These are not interchangeable terms and should not be confused as they appear to have been by the P.T.'s.

Senators  
RE: SB 509  
Page Three

As primary health care providers and primary portals of entry into the health care field for many patients, it is essential that we as chiropractors, have the ability to determine whether or not the symptoms manifested by the patient are those which would be treated best by the chiropractic discipline or medical discipline.

To that end, you will note in the college subject outline, under both various systemic diagnosis courses and chiropractic procedures, many hours are attributed to diagnosing in general and a goodly amount of hours for specific differential diagnosis.

This should answer the question on general and differential diagnosis. The area which maybe more specific for the physical therapists is covered under course number PP322, which would indicate the ability to recognize the problem (diagnose) and indicate both type and frequency of the chosen therapy.

To validate the knowledge acquired by successful Chiropractic students, we do not rely upon the testing programs of the individual institutions. In all States, before the graduate Chiropractor can obtain a license to practice, he must successfully be certified by the National Board of Chiropractic Examiners which is administered in two parts, the second includes Physical Therapy, clinical diagnosis and differential diagnosis and is an extremely, comprehensive test of the doctors's knowledge. And finally, each individual State retains the right to examine the doctor in both written and practical forms; Alaska also requires written, and or, practical physio therapy.

Our educational, professional educational standard, and testing procedures are on par with both medical and osteopathic doctors, and all, greatly surpass those of the Physical Therapist.

I feel that the expressed concerns of the physical therapist is very shallow and without practical merit. I feel that the patient referred for P.T. will arrive with a diagnosis and treatment outline in hand.

This is contrary to what I have been told by the P.T.'s to "isolate and treat" the problem. It is interesting that by law the MD is responsible for the diagnosis and treatment for, and he does not generally do so. And the P.T., who by law cannot diagnose and treat human ailments, does.

Senators  
RE: SB 509  
Page Four

The P.T.'s seem to think that either we cannot or do not use standard medical terminology which they can understand or vice versa. Those are simple misunderstandings and mechanically things which I doubt have any real bearing on the problem; and if it did, could easily be overcome.

Medicine has traditionally denied that what Chiropractors do, has any bearing on the patients health, and have denied the principle of our philosophical attitude towards health; saying in essence, spinal adjustments, spinal manipulations, spinal mobilization, do no good at all. Fortunate for us, most likely, because it is the basis upon which we practice; it is our specialty and we would hope to preserve our specialty as being separate and distinct and nonduplicatable by other professions. This includes the Physical Therapists. It is my understanding that P.T., in its overall application, is supportive therapy; and augmentation to primary care. Spinal manipulation or adjustments are under the current scope of practice of the primary care physicians- the Chiropractors.

We would be in favor of including the terminology preventing spinal joint mobilization because on a National level P.T.'s have been slipping that term in their own definitions, which then allows them to manipulate the joints of the spine, a practice of Chiropractic.

The Alaska Chiropractic Society seeks a change in the scope of practice, defined by Alaska Statute which governs Physical Therapists, which would encompass this thought.

That they may not incorporate or practice any form of joint mobilization of the spine, spinal column, or its immediate articulations by hand.

This would allow them to continue to utilize manual therapy, traction, etc., but preclude them from duplicating, or emulating Chiropractic treatment of spinal conditions, which are done almost exclusively by hand when treated by a Chiropractic physician.

Since they appear to lack any great understanding of spinal biomechanics and spinal orthopedics, we feel that as a safeguard to the public, they not be encouraged. On the other hand, they seem to have a fair grasp of other artrodeal joints of lesser complication, i.e., shoulders, elbows, wrists, phalanges, knees, ankles and possibly jaws. I say of lesser complication to mean that although when treated, there is a much lesser likelihood that there will also be a neurophysiological reaction.

Senators  
RE: SB 509  
Page Five

It is unfortunate then, that the Physical Therapists seem to get stuck on their own bias about receiving patient referrals from Chiropractic physicians.

Chiropractic physicians as a whole, I do believe, have little trouble understanding what the Physical Therapists do and where their usefulness in the delivery system is. Since the patient is held in the highest regard, we only want to provide the best for them. And if we wish the patient to receive our own care, we wish to have that ability.

There is something to be said for convenience of care, also we would like to be able to refer a patient to P.T. without having to have the patient chase across town, but down the hall would be acceptable. It is for that reason that most physical therapists are directly associated with medical orthopods or hospitals.

Whether the P.T.'s wish to function independently, or without referral, is a different question than is addressed in SB 509. I feel they felt that it was opportune to address the issue, if their statute was going to be opened up.

They were great on citing national trend, and national P.T. association opinions. It was their national association's opinion that they couldn't accept chiropractic referrals, that they didn't want to be employed by M.D.'s. They, however, cited one state whose law said M.D.'s could not employ P.T.'s and six states in which they could work without referral, and I believe, twenty-one states that currently allow them to "Initially treat a patient."

Our position is that it would be an extremely difficult situation. In order for them to do an adequate and safe job, they would still have to rely upon such indentifiers as differential diagnosis, specific diagnosis, x-ray interpretation, laboratory test summations and interpretations, and a meriade of other issues. Public safety would be an issue.

I think they function well within the system they are currently in, save the additional referral/employment base from the chiropractic physician.

Senators  
RE: SB 509  
Page Six

Thank you for your consideration of this additional  
testimony.

Sincerely yours,

ALASKA CHIROPRACTIC SOCIETY

A handwritten signature in black ink, appearing to read 'Jon J. Godfrey', with a long horizontal flourish extending to the right.

Jon J. Godfrey, D.C.,  
President

JJG/kds

MSG 84-00028402 PRTY 1 03/26/84 16:36:26 ORIG: SOL\$ IN= 0009 OUT= 0017  
FROM: BECKY/SOLDOTNA TO: TOM/JUNEAU  
TARGET: LJH6 SUBJ: ~~S~~-HESS 3-5

---

STILL WAITING TO PARTICIPATE

MONICA SAFRANE

MSG 84-00028389 PRTY 1 03/26/84 16:06:12 ORIG: LG00 IN= 0006 OUT= 0016  
FROM: REBA/GLENNALLEN TO: TOM/MODERATOR  
TARGET: LJH6 SUBJ: SB 509 & 510 T/C

---

OMNI #3

2. DR. VICKIE NELSON TO TESTIFY  
COMMUNITY CHIROPRACTIC CENTER

*difference between mobilization  
& manipulation.*

DR. NELSON HAS A TIME CONSTRAINT WITHIN 30 MINUTES

MSG 84-00028360 PRTY 1 03/26/84 15:14:45 ORIG: LG00 IN= 0005 OUT 9009  
FROM: REBA/GLENNALLEN TO: TOM/MODERATOR  
TARGET: LJH6 SUBJ: SB 509 & 510 T/C

---

OMNI #2

DR. DALLAS NELSON HAS ASKED TO TESTIFY AS SOON AS POSSIBLE.  
~~HE HAS APPOINTMENTS SCHEDULED IN THE NEXT~~ TEN MINUTES.

MSG 84-00028365 PRTY 1 03/26/84 15:22:27 ORIG: LM00 IN= 0005 OUT= 0011  
FROM: MARY/MATSU TO: TOM  
TARGET: LJH6 SUBJ: SEN HESS - TC

---

OMNI† 2

TO PARTICIPATE - STILL HAS NOT ARRIVED  
1. ALICE HOLINGER

TO OBSERVE:

2. MARY POMEROY, L.P.T. - P O BOX 871036, WASILLA 99687

MSG 84-00028345 PRTY 1 03/26/84 14:48:07 ORIG: LA19 IN= 0013 OUT= 0002  
FROM: BARBARA/JACKIE IN ANCHORAGE TO: TOM IN JNUTC  
TARGET: LJH6 SUBJ: (S) HESS, 3/26,

OMNI #2  
3. GARY MCCARTHY  
4. PATRICIA MCADOO  
5. SUSAN V. PETTIS

ANC



MSG 84-00028346 PRTY 1 03/26/84 14:56:52 ORIG: LA19 IN= 0014 OUT= 0004  
FROM: JACKI/ANCHORAGE T/C TO: TOM/JNUTC  
TARGET: LJH6 SUBJ: (S) HESS 3/26

OMNI #3 FROM ANCHORAGE  
TO TESTIFY:

6. DONNA KLOKKEVOLD  
7. DIANE OLSON  
8. HAL EGBERT

ANC

MSG 84-00028351 PRTY 1 03/26/84 15:04:38 ORIG: LA19 IN= 0015 OUT= 000  
FROM: BARBARA/JACKI ANCHORAGE TO: TOM IN JNUTC  
TARGET: LJH6 SUBJ: (S) HESS, 3/26

OMNI 4 IN ANCHORAGE

TO SPEAK:  
9. LYNN VODNICK  
10. MARCIA WAKELAND

ANC

PLEASE NOTE THAT HAL EGBERT WOULD LIKE TO SPEAK BEFORE GARY MCCARTHY...  
THIS IS AGREEABLE WITH EVERYONE HERE

ALSO, PLEASE NOTE THAT BILL O'CONNOR WILL BE SPEAKING TO SR 510. OTHER  
PARTICIPANTS WILL BE SPEAKING TO 509 BUT DR. JON GODFREY WILL BE  
SPEAKING TO BOTH.

MSG 84-00028357 PRTY 1 03/26/84 15:05:00 ORIG: LM00 IN= 0004 OUT= 0008  
FROM: MARY/MATSU TO: TOM  
TARGET: LJH6 SUBJ: S HESS - 3/26

OMNI # 1

TO PARTICIPATE: (BUT, HAS NOT YET ARRIVED)  
1. ALICE HOLINGER

MSG 84-00028336 PRTY 1 03/26/84 14:38:18 ORIG: LA19 IN= 0012 OUT= 0001  
FROM: JACKI/ANCHORAGE T/C TO: TOM/JNUTC  
TARGET: LJH6 SUBJ: (S)HESS, SB 509 & SB 510; 3/26

OMNI #1 FROM ANCHORAGE  
TO TESTIFY:

1. DR. JON GODFREY
2. BILL O'CONNOR/ATC SB 510

TO OBSERVE:

1. WILLIAM E. SUMNER

AMC

~~JON~~

\*\*\*\*\*

MSG 84-00028378 PRTY 1 03/26/84 15:40:29 ORIG: LK00 IN= 0007 OUT= 0015  
FROM: JUNE G/KETCHIKAN TO: TOM/MODERATOR  
TARGET: LJH6 SUBJ: SB 509, 510. SEN. HESS

OMNI #2

HERE TO OBSERVE:

2. WILLIAM D. PFEIFER D.C., 130 CARLANA-LOWER, KETCHIKAN, ALASKA 99901.  
(907)225-4090  
EOM/JUNE G.

MSG 84-00028369 PRTY 1 03/26/84 15:25:34 ORIG: LM00 IN= 0006 OUT= 0012  
FROM: MARY/MATSU TO: TOM  
TARGET: LJH6 SUBJ: SEN HESS

OMNI #3

ALICE HOLINGER HAS ARRIVED AND IS PREPARED TO SPEAK AT THE CHAIR'S  
CONVENIENCE.

MSG 84-00028367 PRTY 1 03/26/84 15:26:54 ORIG: LK00 IN= 0006 OUT= 0013  
FROM: JUNE G/KETCHIKAN TO: MODERATOR/TOM  
TARGET: LJH6 SUBJ: SB 509,510. CHIROPRACTIC P.H.

OMNI #1

HERE TO OBSERVE:

1. R. CLARK DAVIS, D.C., 320 BAWDEN, SUITE 306, KETCHIKAN, ALASKA 99901.  
(907) 225-6815.

EOM/JUNE G.

MSG 84-00028374 PRTY 1 03/26/84 15:32:35 ORIG: LF01 IN= 0012 OUT= 0014  
FROM: TRACIE/FBX TO: JNU T/C TOM  
TARGET: LJH6 SUBJ: SEN HESS CHIROPRACTOR/THERAPY 3/26/84

OMNI #2

FAIRBANKS PARTICIPANTS

TO TESTIFY:

1. DR. G. S. KHALSA, D.C.

-----EOM

MSG 84-00028344 PRTY 1 03/26/84 14:52:56 ORIG: LS00 IN= 0009 OUT= 0003

FROM: FALEENE/SITKA TO: MODERATORS  
TARGET: LJH6 SUBJ: S HESS SB509, 510 T/C

-----  
OMNI #1 FROM SITKA:

OBSERVING AND TAPING:

1. GINGER O'CONNER; C.A.  
REPRESENTING YOUNG CLINIC OF CHIROPRACTIC MEDICINE

EOM

MSG 84-00028348 PRTY 1 03/26/84 15:03:43 ORIG: LF01 IN= 0011 OUT= 0005  
FROM: TRACIE/FBX TO: JNU T/C TOM  
TARGET: LJH6 SUBJ: SEN HESS CHIROPRACTIC/PHY THERAPY 3/26

-----  
OMNI #1  
FBX PARTICIPANTS

TO TESTIFY:

TO OBSERVE:

1. SHARON MAUER

-----EOM

MSG 84-00028341 PRTY 1 03/26/84 15:05:35 ORIG: LG00 IN= 0004 OUT= 0006  
FROM: REBA/GLENNALLEN TO: TOM/MODERATOR  
TARGET: LJH6 SUBJ: SB 509 - SB 510 T/C

\*\*\*\*\* SIGN IN SHEET \*\*\*\*\*

\*\*\*\*\*

MARCH 26, 1984 ----- DATE  
GLENNALLEN/REBA ----- SITE/MODERATOR  
HESS SB 509 & SB 510 ----- SPONSOR/SUBJECT

\*\*\*\*\*

1. DR. DALLAS NELSON TO TESTIFY  
GLENNALLEN CHIROPRACTIC CENTER



Barbara Peniston  
PO Box 3341  
Palmer, Alaska 99645  
March 21, 1984

Senator Joe Josephson, Chairman  
HESS Committee  
Alaska State Senate  
Pouch V  
Juneau, Alaska 99811

RECEIVED

MAR 23 1984

Josephson,

Dear Senator Josephson,

I am writing to you to speak in  
opposition to Senate Bill 509. This Bill  
was proposed without consent of the  
local Chapter of the American Physical  
Therapy Association and is in direct  
contrast to their professional attitudes.  
We have long been a part of the Medical  
Professional Community, receiving  
recognition from Physicians and Dentists.  
In my view, Chiropractors do not  
have the same high degree of training  
which would allow us to continue  
to provide high quality care to the  
public. Please help protect the  
public and vote against this  
Bill.  
Thank you.

Sincerely  
Barbara Peniston  
Licensed Physical Therapist

# STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

POUCH D  
JUNEAU, ALASKA 99811  
PHONE: (907) 465-2534

DIVISION OF OCCUPATIONAL LICENSING

March 16, 1984

RECEIVED

MAR 19 1984

Honorable Joseph P. Josephson  
Chairman, Senate Committee on  
Health, Education & Social  
Services  
Pouch V  
Juneau, Alaska 99811

Josephson,

Dear Senator Josephson:

Re: Senate Bill 509 - An Act Relating to the  
Practice of Physical Therapy

The signators of this correspondence are all members of the Alaska State Physical Therapy Board. Although we would have preferred to meet with you and your committee in person, budget restrictions prevent this. We would ask that when this piece of legislation is heard before your committee strong consideration be given to making the legislative teleconference network available. We would be more than willing to testify.

As the State licensing board for physical therapists, we are opposed to Senate Bill 509.

It is imperative that you are advised that the State physical therapy profession and this board did not seek this legislative change and are uncertain as to who might have. We have never been contacted or requested for support or professional information in its adoption. We would further note that the legislation is a change to statutory authority and mandate under AS 08.84. The entire intent of the legislation, apparently, is to add the word "chiropractic" as it appears on lines 13 and 14 of the proposed bill. Since we have never been advised or consulted in regard to this legislation, we could only assume that your requesters are attempting to require another licensed profession to concede to their demands.

There is a definite philosophical difference in the approach to the practice of the healing arts by the chiropractors in relation to physical therapists and traditional medicine.

Historically, it has been the consensus that physical therapists do not desire to become involved with the chiropractic profession in filling prescriptions or being under the direction of a chiropractor because of what we identify as their insufficient medical training and diagnostic approach.

March 16, 1984

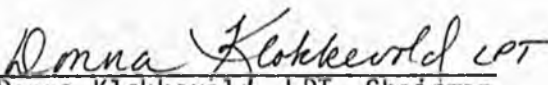
The physical therapy profession by law accepts prescriptions and directions from the traditional medical profession. Presently, chiropractors have the statutory ability to practice a form of physical therapy that is classified as physiotherapy, and it seems unnecessary for them to refer patients to physical therapists.

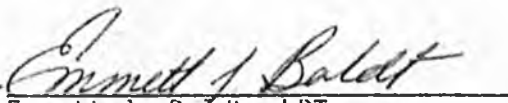
We would request that the legislators, in accepting testimony in regard to the subject matter, be aware of the fact that this has been a contention by members of the chiropractic profession since early in 1980. There have never been consumer complaints in regard to the physical therapists refusing to fill prescriptions or follow the directions of medical practitioners. We would also encourage the legislators to review the intent of the chiropractors in their endeavors to require another legally mandated and statutorily authorized profession to be required to fill prescriptions or follow directions from a profession they do not agree with in theory or practice.

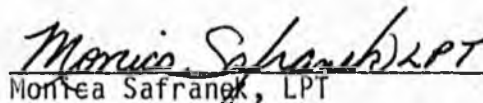
Again, we would ask that, at the time of hearing of Senate Bill 509, you give all consideration to using the legislative teleconference network and providing the physical therapy profession the opportunity to respond to you with their own opinions. Again, we would like to point out that this board has never been approached nor consulted by the chiropractic profession or the Chiropractic Board of Examiners in Alaska. We would appreciate the opportunity to discuss our differences with members of your staff at your convenience.

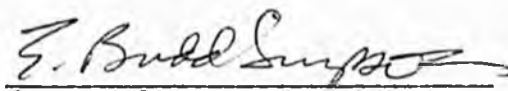
Thank you for consideration of our position.

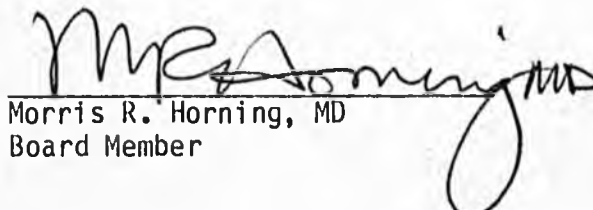
By:

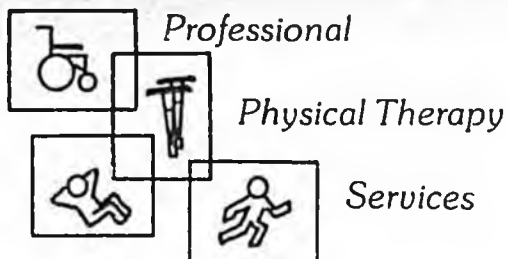
  
Donna Klokkevold, LPT, Chairman  
State Physical Therapy Board

  
Emmett J. Boldt, LPT,  
Board Member

  
Monica Safranek, LPT  
Board Member

  
E. Budd Simpson, Board Member  
(Public Member)

  
Morris R. Horning, MD  
Board Member



Barbara Smith, LPT  
Linda Olmstead, LPT  
Diane Olson, LPT  
Denice Blefgen, LPT

March 22, 1984

Senator Victor Fischer,

I am concerned about Senate Bill #509, which proposes to add Chiropractors to those practitioners who may refer patients for physical therapy treatment.

My opposition with referrals from chiropractors is their practice does not emanate from a medical/scientific basis. Their philosophy is that all healing begins with a properly adjusted vertebral column. The medical community challenges this at least in part since no reproducible research has given this approach any validity. On the other hand, the profession of physical therapy has grown out of the medical profession and follows the traditional medical approach. Physical therapy is accepted and endorsed by the American Medical Association, whereas Chiropractors never have been acknowledged by the AMA.

In addition, I feel that this move would be a regression to the practice of physical therapy, as there is a nation wide move for physical therapists to practice without physician referral. This is presently law in six states and in more than fifteen states therapist may evaluate, but not treat without referral.

I feel that in the interest of continued advancement of the physical therapy profession, that Alaska also strive toward physical therapy practice without physician referral.

Sincerely,

*Diane Olson LPT*

Diane Olson LPT

4120 Laurel Street, Suite 103  
Anchorage, Alaska 99504  
(907) 562-0606

S

B

57

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0

March 26, 1984

Joe Pappy, Rick Saul

Teleconference

SB 509 - Physical Therapists

SB 510 - Medicaid

Anchor

Dr. John Godfrey - Chiropractor.

In 1981, A.C. opinion on P.T. - feel they should have the right to use another licensed profession.

\* Rick - P.T.'s feel they need not treat only by referral, but independently.  
Godfrey - question scope of practice for independent work!

Glennallen

Dr. Dallas Nelson - chiro

SB 509 - support.

SB 510 - support freedom of choice for low income people.

~~Walt in~~ ~~Alvin~~

Anchor

Bill McCasoe - ATC

CS/SB 510 - support.

psychological and social services

Anchor

Gary McCarthy - P.T. private practice

Hal Ebert - P.T. / Endicover

In last 10 years change in P.T. 6 states allow practice w/o referral. 27 states allow consultation after initial visit for ind. practice.

delete all but last sentence

Therapist stretch & mobilize not that much manipulation

95% referrals from M.D.'s  
 Make it unlawful for P.T. not to refer pts.  
 on to other professionals.

Archa Gary McCarthy - PT

patient response good.  
 Chiropractor who testified from Kentucky  
 said he knows little about training for P.T.  
 so he questions what types of referrals  
 would be received.

FBKS

Dr. G.S. ~~Hulse~~ Khalsa - Chiro.

SB 510 - support freedom of choice of providers.

Archa

Pat Mladoo - P.T., Pres. P.T. Assoc.

SB 509 - feel strongly that they need to  
 be recognized as a profession and not tied  
 to lic. Calif. & Illinois, practice  
 independently - also in U.S. Army. Support  
 C.E.

mechanism → stringent regulation by State  
 board; ability to act quickly.

Archa

Susan Pettis - P.T.

specialty - orthopedics.

Very professional people - support  
 open referrals. M.D.'s refer w/ specific  
 procedures → maybe

Archa Donna Klockwood - PT/Chair. of PT Board.

a person may financially profit  
 from referrals. Delaware does not allow  
 M.D.'s to have PT in their practice

Chiro. diagnostic work-up not appropriate  
to illness.

Met Em Alice Hallinger - P.T.

agree w/ testimony of other P.T.'s  
who had in appropriate referrals from  
MD's that could have had serious  
consequences if done.

difficult to refuse a referral from an M.D.  
may not be any different w/ chiro -> creates  
hard feelings etc.

Pt. aligned w/ traditional medical treatment.

Arch Diane Allen - P.T.

support practice w/ referral  
convenient for chiro. to hire a P.T. if no one  
will take referrals.

June Beth Hansen - Pt. All P.T. Assoc

philosophical difference between medical  
and chiropractic professions. The traditional  
medical approach. Chiro. diagnosis would  
not provide sufficient information for  
background for therapy.

Code of Ethics require treatment of other  
professionals with respect; and could see  
litigation over referral refusal. Her professional  
association (nat'l) code of ethics does not  
allow chiropractic referrals.

June Rob Pettie - DHSS

SB 510

Medicaid only pays for - manual manipulation / x rays