ALASKA LEGISLATURE COMMITTEE FILES 1985-1986 8672

3214.78 HHESS HB 212 - HB 215

RECORDS CERTIFICATION

I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O. Smith
Signature of Camera Operator

7/25/89
Date

02-519 (REV 8/78)


HB


212

COMMITTEE REPORT

HOUSE

(7) FURTHER: FINANCE

3/6/85

Date: ____________

Mr. Speaker:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SSHB 212

"An Act relating to the use of longevity bonus payments in determining adult public assistance; and providing for an effective date."

under consideration and reports it back as follows:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[ ] replace with CS for SSHB 212 [X] same title [ ] new title

and recommends ____________

[ ] AND attaches a "Letter of Intent" [ ] New Fiscal Note [ ] Zero Fiscal Note Attached

[ ] reports it back without recommendation

[ ] referred to the ____________ Committee

MEMBERS SIGNING DO PASS	MEMBERS HAVING OTHER RECOMMENDATIONS:
Nick Kapona [signature]	[signature] No rec.
Max F. Gruenberg [signature]	[signature] No rec.
Katie Hurley [signature]	
(Vice Chair) [signature]	

[signature]

CHAIRMAN

[signature]

Co-Chair

H 60

IN YOUR FILE:

-a copy of SSHB 212

-two memos from staff

-position paper from DHSS

-position paper from the Older Alaskans Commission

-position paper form the Department of Administration

-two charts form DHSS showing the effect of the Longev[illegible]Bonus on public assistance recipients

-letter from Commissioner Pugh requesting a supplemental appropriation for nursing home clients who have already lost Medicaid benefits

-testimony from Commissioner Pugh before Senate judiciary

-memo from Jon Wolfe explaining the effects of the Bonus on senior employment programs

-excerpt of a letter from the U.S. Department of Labor stating that the Bonus will be counted as income in determining eligibility for senior employment programs

-chart showing where senior employment programs are active

-outline of the past two years expenses for the Permanent Fund Dividend hold harmless

-excerpt from the report of the state special committee on Longevity Bonus, dealing with the need for a hold harmless provision

-OMB population projections for Alaskans over 65

-federal law excluding the Bonus payments from income eligiblity calculations if the recipient is a 25 year resident

Introduced: 3/6/85
Referred: Health, Education &
Social Services and Finance

BY KOPONEN, CLOCKSIN, DUNCAN, GRUENBERG, HURLEY, M.M.MILLER, SUND, TAYLOR, PIGNALBERI, UEHLING AND GOLL

IN THE HOUSE

SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 212

IN THE LEGISLATURE OF THE STATE OF ALASKA

FOURTEENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the use of longevity bonus payments in determining adult public assistance; and providing for an effective date."

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

* Section 1. AS 47.45 is amended by adding new sections to read:

Sec. 47.45.122. ELIGIBILITY FOR PUBLIC ASSISTANCE. (a) An individual for whom public assistance is denied or reduced solely because of the receipt of a bonus by the individual or by a member of the individual's household is eligible for assistance under the general relief assistance program under AS 47.25.120 - 47.25.300. Notwithstanding the limit in AS 47.25.130, the individual is entitled to receive the same amount as the individual would have received under other public assistance programs had there been no longevity bonus program.

(b) In this section "public assistance" means

(1) Supplemental Security Income (42 U.S.C. 1381 - 1385);

(2) Medical Assistance (42 U.S.C. 1396 - 1396p);

(3) Adult Public Assistance (AS 47.25.430 - 47.25.615); and

(4) Aid To Families With Dependent Children (AS 47.25.310 - 47.25.420).

Sec. 47.45.124. ELIGIBILITY FOR STATE PROGRAMS. (a) A program administered by the state or any of its instrumentalities or municipalities, the eligibility for which is based on financial need, may not consider a bonus as income or resources unless required to do so

by federal law or regulation.

(b) A person who is ineligible for participation in the National Older American Volunteer Programs (42 U.S.C. 5001 - 5023) or the Older American Community Service Employment Program (42 U.S.C. 3056 - 3056f) because a bonus received by the person was considered as income or resources is eligible to participate in similar programs funded by the state.

* Sec. 2. This Act takes effect July 1, 1985.

Alaska State Legislature
House of Representatives
COMMITTEE ON HEALTH, EDUCATION
AND SOCIAL SERVICES

OFFICIAL BUSINESS

POUCH V
JUNEAU, AK 99811
465-3759

TO: Members of the House HESS Committee

FROM: Deborah Niedermeyer, Committee Aide

DATE: 11 March, 1985

RE: Federal Programs and the Longevity Bonus

S B 212 holds harmless for all federal programs with income eligibility requirements which have already notified the state that the Longevity Bonus will be counted as income. However, there are a myriad of federal assistance programs with income cutoffs. Low income Alaskan seniors risk being eliminated from all these programs due to the Longevity Bonus.

The two programs of most concern are VETERANS RETIREMENT AND DISABILITY BENEFITS and the ENERGY ASSISTANCE PROGRAM. Veterans benefits were cut off to low income veterans who received the FY 83 $1000 permanent fund dividend and they are expected to be cut under the Bonus program. Officials of the federal energy assistance program have begun to indicate that they also will count the Longevity Bonus as income. The FOODSTAMPS program has always counted the Bonus as income.

Although no indications have come from managers of other federal programs, the list below shows programs which do have income guidelines:

HUD Housing
Legal Services
BIA General Assistance
Refugee Assistance
College Student Aid (to seniors)

This list is only partial because even the federal Administration on Aging has no comprehensive list of federal programs which help seniors. The tangle and interplay of federal assistance programs is generally acknowledged to be a nightmare. The federal government did recently pass its own "hold harmless" statute. That law provides that no one will be cut off of one federal program because their benefits were increased by a different federal program. THAT LAW DOES NOT COVER BENEFITS PROVIDED BY THE STATES.

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

HOUSE BILL No. 212

For "An Act relating to the use of the longevity bonus payments in determining adult public assistance; and providing for an effective date."

I. BACKGROUND

HB 212 would modify the longevity bonus program to provide protection for individuals who would lose Medicaid and/or other state/federal public assistance solely as the result of receipt of the bonus.

The Department estimates that 333 elderly, non-institutionalized Alaskans receiving federally-countable bonus payments are in danger of losing their Medicaid benefits in FY86. The average annual medical expenditure for each of these individuals is $2813 in FY86. Enactment of HB 212 would ensure that these elderly Alaskans would continue to be able to access necessary medical care.

In addition, 33 individuals now in nursing homes will be affected by losing their Medicaid eligibility. These persons are the most grievously affected by counting the bonus as income, since their total available incomes will then fall over $2000 per month short of meeting their nursing home bills, and they have absolutely no alternative way of obtaining this necessary care. While CSSB No. 56, HB 210, and HB 222, solve this problem by prohibiting nursing home residents from receiving the Bonus, the Department cannot assume that a measure containing this exclusion will be enacted prior to July 1, 1985. Therefore, we have shown a cost for them on the attached fiscal note as State-only cases. An examination of these figures make it clear that the least costly remedy would be to exclude nursing home residents from receipt of the Bonus.

The Department also estimates that approximately 750 elderly Alaskans will lose substantial cash income as the federal Supplemental Security Income program begins to count their bonus payments as available income, and as the state Adult Public Assistance program, under AS 47.25.435, is required to follow the federal program rules. As noted above, 333 of these will lose Medicaid eligibility, but all 750 individuals will lose an average of $240 per month, beginning about July 1, 1985. This represents a sudden 30% reduction in spendable income, which will undoubtedly have a major negative impact on most of these 750 elderly Alaskans.

Finally, the addition of language defining the hold harmless provisions of HB 212 to the General Relief Assistance statutes (AS 47.25.120 - AS 47.25.300) would facilitate implementation and administration of this program.

POSITION PAPER/Department of Health & Social Services

II. RECOMMENDATION

We believe HB No. 212 is clear, easy to administer, and poses no compliance threat to federal matching funds in the programs it addresses. However, the Department strongly recommends that language be added which clearly exempts nursing home residents from receipt of the Bonus, thereby avoiding the necessity of extending the hold harmless provisions to these individuals. The Department believes it is essential for basic humanitarian reasons that provisions be made to continue to protect low-income elderly Alaskans who lose necessary medical assistance solely because of receipt of the longevity bonus. We also support this legislative effort to protect the cash resources of the approximately 750 low-income elderly Alaskans who will lose virtually all benefit of the Longevity Bonus unless a cash hold-harmless program is created.

Recommended by: John R. Taber
John R. Taber, Director
Division of Public Assistance

Date: 3-6-85

Recommended by: Rod Betit
Rod Betit, Director
Division of Medical Assistance

Date: 3/6/85

Approved by: John R. Pugh
John R. Pugh, Commissioner
Department of Health & Social Services

Date: 3/8/85

STATE OF ALASKA 1985 LEGISLATIVE SESSION

FISCAL NOTE

Revision Date:

REQUEST

Bill, Resolution No. HB No. 212

Title: "An Act relating to the use of longevity bonus payments

Sponsor: Koponen, Clocksin, Duncan...

Requestor:

Date of Request: 2/18/85

FISCAL DETAIL

Agency Affected: Health & Social Service

Program Category Affected: Soc. & Econ. assistance for general pop.

BRU, Program or Subprogram(s) Affected: General Relief Assistance

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS		2160.0	2361.2	2576.1	2810.4	3005.3
800 MISCELLANEOUS						
TOTAL OPERATING		2160.0	2361.2	2576.1	2810.4	3005.3
CAPITAL		-0-	-0-	-0-	-0-	-0-
REVENUE		-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND		2160.0	2361.2	2576.1	2810.4	3005.3
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-

ANALYSIS: Attach a separate page if necessary

See analysis attached.

Prepared By: John R. Taber, Director — Phone: 465-3347

Division: Division of Public Assistance — Date: March 5, 1985

Approved by Commissioner: John R. Taber — Date: 3/5/85

Agency: HEALTH & SOC. SER.

cc

Distribution (by Agency preparing fiscal note):

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

7/1/84

1. Costs reflect replacing lost Supplemental Security Income monthly payments with General Relief Assistance:

		FY Cost
FY86:	750 persons/month =	1,400.0
FY87:	794 persons/month =	1,530.5
FY88:	838 persons/month =	1,669.8
FY89:	884 persons/month =	1,821.6
FY90:	933 persons/month =	1,987.4

2. Costs also reflect replacing lost Old Age Assistance monthly payments with General Relief Assistance:

		FY Cost
FY86:	750 persons/month =	760.0
FY87:	794 persons/month =	830.7
FY88:	838 persons/month =	906.3
FY89:	884 persons/month =	988.8
FY90:	933 persons/month =	1,017.9

STATE OF ALASKA 1985 LEGISLATIVE SESSION

FISCAL NOTE

Revision Date:

REQUEST

Bill/Resolution No.: HB 212

Title: An Act relating to the use of LB payments to determine APA

Sponsor: Koponen, Clocksin ...

Requestor:

Date of Request:

FISCAL DETAIL

Agency Affected: Health & Social Services

Program Category Affected:

BRU, Program or Subprogram(s) Affected.
Medical Assistance

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS		-0-	-0-	-0-	-0-	-0-
800 MISCELLANEOUS						
TOTAL OPERATING		-0-	-0-	-0-	-0-	-0-
CAPITAL						
REVENUE		(934.9)	(1,062.3)	(1,217.2)	(1,386.0)	(1,584.8)

FUNDING: (Thousands of Dollars)

GENERAL FUND		934.9	1,062.3	1,217.2	1,386.0	1,584.8
FEDERAL FUNDS		(934.9)	(1,062.3)	(1,217.2)	(1,386.0)	(1,584.8)
OTHER						
TOTAL		-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

HB 212 provides for the replacement of FFP lost in the Medicaid program for those recipients who lose Medicaid eligibility due solely to the receipt of ALB. The attached chart projects the recipients, cost and expenditures for recipients whose receipt of ALB will cause them to exceed the Medicaid income limit.

Prepared By: Rod Betit, Director Phone: 465-3355

Division: Medical Assistance Date: 3/6/85

Approved by Commissioner: Date: 3/8/85

Agency: H&SS

Distribution (by Agency preparing fiscal note):
- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

7/1/84

Table I

This table shows the State general fund match and federal financial participation in the Medicaid program for those expenditures likely to be affected by changes in the current ALB statute. By simply eliminating Medicaid coverage both state and federal expenditures would be reduced. Any change which established an ALB hold harmless provision would result in the loss of FFP. ALB hold harmless program would be funded by transferring the general fund match in the Medicaid program to the ALB hold harmless and adding to it new State general fund in an amount equal to the lost FFP. Because there are a number of legislative proposals seeking to amend the current ALB statute, the following two tables were developed to use in analyzing the impact of these proposals. The comment section on the fiscal note of each bill states whether Medicaid is being eliminated or hold harmless.

Line G. Distribution: Expenditures for non-nursing home clients who may lose Medicaid eligibility.

	FY86	FY87	FY88	FY89	FY90
FED	413,847	471,609	537,173	611,285	697,133
GF	466,678	531,814	605,748	689,321	786,128
TOTAL	880,525	1,003,423	1,142,921	1,300,606	1,483,261

Line I distribution: Expenditures for nursing home clients who may lose Medicaid eligibility.

FED	521,070	590,716	679,971	774,727	887,715
GF	781,605	886,074	1,019,956	1,162,090	1,331,572
TOTAL	1,302,675	1,476,790	1,699,927	1,936,817	2,219,287

Table II

The attached table was prepared to project the offset of various ALB legislative proposals on the Medicaid program. The table represents: a) the nursing home daily rate; b) the nursing home cost for 365 days of services; c) the average cost per non nursing home recipient; d) the recipient share of nursing home costs; e) the number of monthly OAA eligibles; f) the number of ineligible non nursing home OAA due to receipt of ALB; g) the FFP for non nursing home OAA ineligibles; h) the number of ineligible OAA nursing home clients and; i) the FFP for ineligible nursing home clients.

MEDICAL ASSISTANCE COST ANALYSIS

		FY85	FY86	FY87	FY88	FY89	FY90
a.	NH cost per day (7.5% annual increase)	123.	132.50	142.	153.	164.	177.
b.	NH cost per year ((365 days)(a))	44,895.	48,362.	51,830.	55,845.	59,860.	64,605.
c.	Non-NH medical cost/recip/yr(7.5% annual)	2,617	2,813.	3,024.	3,251.	3,494.	3,756.
d.	NH recipient cost sharing per year	11,304	11,705	12,669	13,152	12,692	14,232
e.	Medicaid eligibles (monthly average)	2,609	2,768	2,937	3,107	3,293	3,491
f.	OAA Med ineligibles due to ALB	314	333	353	374	396	420
g.	OAA ineligibles cost (Federal Share at 47%) [.94(f)(c)]	363,044	413,847	471,609	537,173	611,285	697,133
h.	NH ineligibles	31	33	35	37	39	41
i.	NH ineligibles cost (Federal Replacement at 40%) (hb+hc - hd)	448,979	521,070	590,716	679,971	774,727	887,715

Assumptions:

1. FY84 was used as the base year for calculating recipients and expenditures.

2. In FY84 the average non-nursing home OAA recipient cost was $2,434 per year.

3. The average cost per year was inflated yearly by a 4.5% inflation factor as indicated by the Anchorage Medical Services CPI. and a 3% intensity of service factor. The intensity factor includes such items as increases in technology, construction of new hosptial beds, increases in morbidity and mortality and changes in method of treatment. The division feels the intensity factor is necessary to reflect the high medical risk in the elderly population.

4. The projected number of recipients will increase at 6% per year in line with the general population growth projected in the aged population.

5. In FY86 the number of non-nursing home OAA eligibles who will lose Medicaid coverage will be 333. Of these 94% will utilize medical services.

6. Since Medicaid non-long term care expenditures are composed of 47% federal and 53% state money, the state will need to provide state general funds to replace the 47% federal financial participation. The FFP rate for nursing homes is
40% federal 60% state.

7. The above table represents the cost associated with providing a medical hold harmless program for those OAA recipients who would lose medicaid eligibiliy. Line "i" represents the FFP replacement cost for all nursing home hold harmless recipients. Line G is the FFP replacement for non-nursing home recipients.

Position Paper

Sponsor Substitute House Bill 212

This Act would prevent the receipt of income from the Longevity Bonus to be counted in determining an individual's eligibility for public assistance and for any state programs based on financial need unless required by federal law or regulation. For those who become ineligible for National Older American Volunteer Programs or the Older American Community Service Employment Program by virtue of counting income from the Longevity Bonus, this Act would establish similar programs funded by the State in which they could participate.

The Older Alaskans Commission strongly supports this legislation and urges its passage.

Although the Longevity Bonus program itself is not based on need, it was originally designed to help offset the high cost of living in Alaska to that individuals 65 years of age or over would be better able to remain in Alaska during the later years of their lives. As it stands, the program will harm those who need this income most by making them ineligible for programs which offer assistance. For example, receipt of $3,000 from the Longevity Bonus Program will

preclude 46% of those 65 and over on the Older Americans Community Service Employment Program from working and earning $7,000 or $8,000.

Jon B. Wolfe — Mar 7, 1985

Jon B. Wolfe, Executive Director — Date

Older Alaskans Commission

_____ _____

Commissioner Lisa Rudd — Date

Department of Administration

Bill SSHB 212
Fiscal Note Analysis
Prepared by Division of Older Alaskans Commission
Department of Administration
March 5, 1985

Sponsor Substitute for House Bill 212: "An Act relating to the use of longevity bonus payments in determining adult public assistance."

There are two Federal programs that have been identified where low income participants will become ineligible if the Longevity Bonus becomes an annuity or other income program that is countable for eligibility purposes. One is the Senior Employment Program, Title V of the Older Americans Act, and the other is the Foster Grandparents/Senior Companions (FGP/SC) program. Both are Federally funded and have eligibility guidelines of 125% of the poverty level. The Federal government, in both cases, has granted a waiver so that the Longevity Bonus this year through June 30, 1985 would not be considered countable income. However, once the program becomes an annuity or other type income program, this income will have to be counted beginning on July 1, 1985.

In both programs, an actual count was taken of current participants aged 65 or over who would ineligible for participation if the Longevity Bonus is counted and their actual program costs were determined as follows.

The Title V Program has 86 persons who are, or will be at least 65 years of age by July 1, 1985. Of this number 34 have been immediately identified who would become ineligible if the Longevity Bonus becomes countable income. The actual cost of wages and fringe benefits for one year for these 34 persons is $291,414. The Governor's FY'86 budget (including increments) includes state general funds in the amount of $253,900 in the Title V program which can be used for this "hold harmless" provision, thus leaving a balance of $37,514 needed. Those who would be affected by the spouse's or other includable family member's receipt of the Longevity Bonus or receipt of COLAs and the ALB is a total of 30 at an additional cost of $257,130. It is not known at this time how many participants under age 65 would have their eligibility affected by a spouse's or other family member's receipt of the ALB.

The FGP/SC program has identified 29 persons who would become ineligible. The cost of these persons for one year is $89,900 in stipends, meals, transportation, uniforms and insurance. This does not include any allowance for those whose spouses or other family members might receive the Longevity Bonus thus making the participant ineligible.

Although there will be additional staff time involved in operating two programs with different eligiblity under Senior Employment, this will be absorbed by the present staff.

To summarize these figures:

Title V:

34 ineligible persons	$ 291,414	
Less available SGF for transfer	$ 253,900	
Balance needed		$ 37,514
30 other ineligible (spouses ALB)		257,130

Title V Total	$294,644
Foster Grandparents/Senior Companions	
29 ineligible persons	$ 89,900

Total (without those under 65 affected by spouse's ALB).....$ 384,544

The following years have been increased by 10% per year to cover population increase and inflation. (Note: The number of persons 55 and over in Alaska has increased 28% from 1980 to 1983).

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date:

REQUEST
Bill/Resolution No.: SSHB 212
Title: Act relating to use of longevity bonus payments
Sponsor: N. Koponen
Requestor: N. Koponen
Date of Request: 3/5/85

FISCAL DETAIL
Agency Affected: Administration
Program Category Affected: Social and Economic Assistance for the Aged
BRU, Program or Subprogram(s) Affected: Older Alaskans Commission

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES	-0-					
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS	-0-	384.5	423.0	465.3	511.8	563.0
800 MISCELLANEOUS						
TOTAL OPERATING	-0-	384.5	423.0	465.3	511.8	563.0
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	384.5	423.0	465.3	511.8	563.0
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

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

ANALYSIS: (Attach a separate page if necessary)

Prepared By: Jon B. Wolfe, Executive Director Phone: 455-3250
Division: Older Alaskans Commission Date: March 6, 1985

Approved by Commissioner: Lisa Rudd Date:
Agency: Department of Administration

Distribution (by Agency preparing fiscal note):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

LEGISLATION BILL NUMBER SSHB 212

ROUTE TO DEPUTY COMMISSIONER: _____ DATE DUE TO COMMITTEE: _____

_____ X Copy of proper bill version attached (x)

THEN TO REBECCA BURCH X Signed by Division (x) Older Alaskans Commiss
(Name of Division

POSITION PAPER

HB 212

This bill relates to the use of longevity bonus payments in determining adult public assistance, and provides for an effective date.

This bill would hold harmless longevity bonus recipients who would otherwise lose public assistance payments under supplemental security income, medicaid, adult public assistance, or aid to families with dependent children.

This bill would provide for payments in a like amount of any losses suffered from any such lost payments.

A fiscal note is not required by the Department of Administration.

The Department of Administration supports the passage of this bill.

JKH

E. Louis Keller, Director
Division of Pioneers' Benefits

2/21/85
Date

A-Stark for

Commissioner Lisa Rudd
Department of Administration

2-26-85
Date

R. Petit
10/23/84

	CASE TYPE I				CASE TYPE II				CASE TYPE III				
	Client with exempt ALB and no other income				Client with countable ALB and no other income				Client with countable ALB and $400 other income (INC)				
	SSI	+ OAA	+ ALB	= TOTAL	SSI	+ OAA	+ ALB	= TOTAL	SSI	+ OAA	+ ALB	+ INC	= TOTAL
BEFORE LATEST ACTION TAKEN BY CONGRESS	314	252	250	= $816	314	252	-0-	= $566	-0-	186	-0-	400	= $586
1) APPLY RULE PASSED BY CONGRESS (EMER REG)	314	252	250	= $816	84	252	250	= $586	-0-	-0-	250	400	= $650
2) HOLD HARMLESS OAA BENEFITS ONLY	314	252	250	= $816	84	252	250	= $586	-0-	186	250	400	= $836
3) HOLD HARMLESS SSI AND OAA BENEFITS	314	252	250	= $816	84	482	250	= $816	-0-	186	250	400	= $836

OPT I

CONTACT: ROD BETIT 465-3355

DATE: MARCH 6, 1985

SUMMARY OF LONGEVITY BONUS HOLD HARMLESS
DIVISION OF MEDICAL ASSISTANCE

BILL NO.	HOLD HARMLESS COVERAGE				FY86 HOLD HARMLESS COSTS (SAVINGS) IN STATE DOLLARS				
	MEDICAL	NURSING HOME	OAA	SSI	MEDICAL	NURSING HOME	OAA	SSI	TOTAL
CSSB56	YES	YES	NO	NO	$413.8	-0-	-0-	-0-	413.8
CSSB128	YES	YES	YES	YES	413.8	521.1*	760.0	1400.0	3094.9
HB210	NO	YES	NO	NO	(466.7)	-0-	-0-	-0-	(466.7)
HB212	YES	YES	YES	YES	413.8	521.1*	760.0	1400.0	3094.9
HB222	NO	YES	NO	NO	(466.7)	-0-	-0-	-0-	(466.7)**
HB239	NO	NO	NO	NO	(466.7)	(781.6)	-0-	-0-	(1248.3)

* Note: This $521.1 could be avoided if a nursing home exclusion is added to HB212, or the exclusion passes the Legislature in a separate piece of legislation (ie SB56, HB210, HB222)

** Note: In FY87 an additional savings of $[illegible]0.1 would occur in the Department's Permanent Fund (PFD) Hold Harmless budget. This is due to HB222's mandatory PFD contribution to the annuity which will reduce the Department's PFD Hold Harmless costs for AFDC (240.8), Aid to the Disabled (100.0), and Medicaid (155.3).

MEMORANDUM State of Alaska

TO: Jay Hogan, Director
Office of Management & Budget

DATE: January 17, 1985

FILE NO:

TELEPHONE NO: 465-3355

FROM: John R. Pugh, Commissioner
Department of Health & Social Services

SUBJECT: FY85 Supplement /General Relief Medical

The Department of Health and Social Services requests an FY85 Supplemental Appropriation of $417,600 for the Medical Assistance BRU, General Relief Medical component to pay for nursing home coverage of Alaskans whose Longevity Bonus payment caused them to lose Medicaid eligibility.

The problem stems from a recent federal decision requiring all elderly to apply for the Longevity Bonus even if its receipt would endanger their continued eligibility for Medicaid. As you may recall, Governor Sheffield had requested DHHS Secretary Margaret Heckler to permit Alaskans to forgo their Longevity Bonus to protect their Medicaid eligibility.

At the time this federal decision was received, the Administration took the position that these individual's nursing home benefits should continue to be met pending the Legislature considering the problem.

Approximately 19 nursing home residents have lost Medicaid coverage thus far because of their Bonus. At present, the cost of nursing home care in Alaska averages $100 per day or $4000 per month per recipient. Nursing home coverage under Medicaid is normally funded at 60% state and 40% federal funds. This supplemental seeks to replace the lost federal funds only.

In addition to the 19 Alaskans currently being covered as exception, an additional 13 nursing home residents may be transferred from Medicaid to General Relief Medical Exception status in early 1985 due to their Bonus payment. This supplemental would protect all 32 potential exception cases.

Please note that the department is not funded to continue these nursing home exceptions into FY86. This supplemental request will not only fund FY85 costs, but will provide a vehicle to stimulate discussion with the Legislature on a course of action for the FY86 budget year.

Your consideration of this request is appreciated. Please contact Mr. Rod Betit directly if you need any further details. Thank you.

cc: Mr. Rod Betit, Director, Division of Medical Assistance

NOTES FROM SENATE JUDICIARY MTG. 3/5/85 ON LONGEVITY BONUS

John Pugh, Commissioner, HSS:
Availability of longevity bonus impacts eligibility for many federal public assistance programs. The "hold harmless" problem arises from changes in federal statute following the Alaska Supreme Court's decision voiding the longevity bonus law. Feds are only willing to "hold harmless" the original recipients of the longevity bonus, not those made participants by the Vest decision.
As a result, some nursing home recipients have already lost federal benefits, with more losses ahead in other programs by July 1. These losses generally impact people with less than $10,000/yearly income. HSS has introduced a supplemental for this fiscal year to hold harmless the nursing home recipients, and has negotiated with the federal government to keep the losses from being imposed earlier than July 1.
It is hard for individuals to get sufficient information about major program changes. Takes 2 to 3 years for the public to get educated about the impact of legislation on individuals. Takes public information effort.
Hard to guage possible federal reaction to SB56. Any change in the longevity bonus program could cause an adverse federal reaction, and might result in the federal government ceasing to hold harmless those now covered by the feds.
Most public assistance recipients use most of their money for very basic necessities, rent, clothing, food. Need the money for day-to-day necessities. Out of 400,000 Alaskans, 25,000 to 60,000 are on public assistance (number depends on definition of programs included in public assistance, specifically the inclusion of food stamps).
SB 56 (1) covers nursing home eligibility for Medicaid; (2) needs to be accompanied by Senate St. Affairs letter of intent; & (3) needs to be accompanied by the content of SB128.
HSS does mandatory monthly reporting on every individual on public assistance. Would have to review any possible statutory changes in light of each particular case to come up with "impact analysis." Do have hold harmless for permanent fund dividends now, (funded by State?).

Debra Voigt, Asst. AG, Dept. of Law:
Provision of "no vested right" was made for tax purposes. SB56 only has an unsecured promise on the part of the State. Statute itself may obviate the necessity for individual contracts. Doesn't see need for contract; no contract exists for deferred comp.
Survivor benefits would affect payout plan of the individual contributor and could affect allocation of administrative costs. Net income of individual annuity would probably go down, depending upon whom the senior chose as his/her survivor. No particular connection between frontloading and survivor benefits.

Observation: Most of the inflexible/problem provisions of SB56 appear to stem from an attempt to give the program tax exempt/deferral status.

MEMORANDUM State of Alaska

TO: Commissioner Lisa Rudd
Department of Administration

DATE: March 1, 1985

FILE NO:

TELEPHONE NO: 465-3250

FROM: Eileen Rehwald for
Jon B. Wolfe, Executive Director
Older Alaskans Commission
Department of Administration

SUBJECT: Longevity Bonus Impact upon Title V

I note that the Senate State Affairs Committee has indicated their intent to protect needy older persons from the loss of assistance programs as a result of the Longevity Bonus income. As I have previously reported, we are concerned with the impact of the Longevity Bonus upon our senior employment program.

We have determined that 34 currently employed enrollees will have too much income and thus become ineligible for the Title V program next year. There may be additional persons affected whose spouse will receive the Bonus which is countable as family income. The cost of wages and benefits for the 34 enrollees is $291,414. The number affected by spouses earnings cannot be determined but could be as many as 30.

We already find it difficult to recruit seniors due to the Federally established income limits for Title V. This is true in spite of the fact that eligibility is set at 125% of poverty limits. Immediately, 34 enrollees will loose their jobs unless State funds are appropriated to "hold harmless" those affected. We will experience long term recruitment problems which would necessitate continuing state appropriations.

We have identified another program which will also be affected. The Foster Grandparents Senior Companion program is a direct grantee of the Federal ACTION agency. Eligibility for this program is also the 125% poverty income level. The Director of this program can provide additional information her name is Dawnia Clements (907) 276-6472.

The Governor's FY'86 budget (including increments) includes state general funds in the amount of $253,900 in the Title V program which can be used for this hold harmless provision. This leaves a balance of $37,514 needed. This balance does not provide for income COLAs nor does it provide protection for those affected by spouse's receipt of ALB.

JBW/ro

cc: OAC

We do not know how many family members whose income is counted for eligibility purposes may also be 65 so there may be more than the number of persons identified above. E.R.

FROM U.S. DEPT. OF LABOR

On the other hand, host agencies and projects are expected to provide enrollees with 20 hours of paid work a week. Anything less than 20 hours should be done so pursuant to Section 89.25 (b) (3) of the regulations."

A second question concerns the current State of Alaska's $250 monthly longevity bonus that is currently paid to all residents 65 years of age or older. Is this bonus to be considered as one time unearned income and thus excluded from consideration in determining annual family income? Since it is presumed that these payments will be a one time phenomenon and since enrollees with sufficiently low income are already difficult to locate in Alaska, it is our judgement that this bonus should be excluded from consideration as income this program year. However, should this bonus continue as a State payment in FY'85 (i.e., becomes a State of Alaska Social Security System) it would not be considered as one-time unearned income as defined in OW Bulletin 80-19 but would be considered as an inclusion to annual family income.

A third question concerns whether overtime pay should be paid to enrollees who finish their 20 hour or more per week SCSEP assignments and then continue to work additional hours on Saturday and Sunday. The question pertains to the correct wage to be paid for work on Saturday and Sunday. Since the SCSEP is a part-time program (i.e., 1300 hours is the maximum number of hours which may be worked in one program year), no overtime rates ever need to be paid to participants. Therefore, no Saturday/Sunday wage differential needs to be paid.

During his visit Mr. McCallion met and interviewed staff at the central administrative office, reviewed records and also visited with several subgrantees. At these locations he interviewed supervisory staff and enrollees. Both Mr. McCallion and I wish to thank you for the kindness and cooperation shown to him during his visit.

The SCSEP project in Alaska appears to be operating very well. Among the highlights noted by Mr. McCallion during his visit were the smoothness of the grant award and accounting processes. All of the records were precise and current.

It was noted that 50 percent of the subgrants were monitored by State staff last year. Given the number of subgrantees and the difficult geography of the State, this rate is commendable.

Title V - Senior Employment

Region	Total FY85 Available Funds	
I Southeast	$ 224,446	
II Southwest	66,067	
III Southcentral	297,300	
IV Northwest	52,853	
V Interior	224,626	
VI Anchorage	436,040	
Totals	$1,321,332	for grants

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF MEDICAL ASSISTANCE

BILL SHEFFIELD, GOVERNOR

POUCH H-07
JUNEAU, ALASKA 99811
PHONE:
(907)
465-3355

March 8, 1985

The Honorable Niil- Koponen
Pouch V
Juneau, Alaska 99811

Dear Representative Koponen:

The table below summaries the expenditures made against the Permanent Fund Dividend Hold Harmless program for FY83 and FY84.

	FY83	FY84	Total
Medicaid			
Hospitals	564.3	174.2	738.5
Physicians	227.0	68.8	295.8
Other	70.9	21.4	92.3
EPSDT	66.5	21.4	87.9
Nursing Home	609.5	79.8	689.3
Food Stamps	143.6	83.7	227.3
SSI	525.0	616.2	1,141.2
AFDC	1,983.4	1,540.5	3,523.9
Administration	209.2	258.0	467.2
TOTAL	$4,399.4	2,864.0	7,263.4

The disparity between FY83 and FY84 is the result of two significant factors.

1) The FY83 hold harmless was for a permanent fund dividend payment of $1,000.00 which caused significantly more AFDC families to become over income and thereby ineligible for Medicaid than the FY84 payment.

2) FY84 claims for services received during FY84 are still being received and processed.

Should you have any questions, please contact me.

Sincerely,

Rod Betit
Director

06-F145LH

REPORT

TO THE FOURTEENTH LEGISLATURE - FIRST SESSION

AND

TO GOVERNOR BILL SHEFFIELD

FROM

THE STATE SPECIAL COMMITTEE ON THE

ALASKA LONGEVITY BONUS PROGRAM

February 1, 1985

inevitably lead to higher OAA obligations. The committee bill, on the other hand, offers Alaska's future elderly at least the opportunity to ultimately avoid the need for OAA assistance -- an opportunity which at least some Alaskans will accept. In other words, even with modest levels of participation, the result would be better than under "stair-stepping."

11. Impact Upon Eligibility For Old Age Assistance and Medicaid.

If an elderly Alaskan earns $586 or less per month, he or she is eligible to receive federal Supplemental Security Income and/or state Old Age Assistance. There are currently some 2,450 elderly receiving this assistance, and the average benefit is $240 per month.

Elderly who are eligible for OAA are also eligible for Medicaid. Medicaid benefits are accessed by almost half of the OAA recipients, and the average non-nursing home benefit is $2,500 per year.

If an elderly Alaskan earns less than $900 per month, he or she is eligible for nursing home benefits under Medicaid. These benefits are substantial -- averaging $135 per day, or $50,000 per year for each individual.

Until 1984, and by virtue of a specific exclusion in federal law, ALB payments did not count as "income" in determining eligibility for SSI or Medicaid. See 42 U.S.C. §1982a(b)(2)(E). However, when the ALB program was changed in

1984, Congress also amended the exclusion to protect only those who:

1. are 65 years of age on or before September 30, 1985; and

2. have 25 years of continuous residency in Alaska by that date.

This change in federal law has had the following effect on the SSI, OAA and Medicaid eligibility in Alaska:

1. Some 750 current recipients of OAA will experience a loss or reduction in benefits because they are now eligible to receive the ALB, but fall outside the amended federal exclusion. These individuals have not, however, suffered a net loss in cash benefits, since ALB payments have merely replaced previous OAA/SSI payments. While these individuals are the subject of discrimination, since they cannot retain both their ALB and their previous OAA/SSI benefits (as can long-time Alaskans), that discrimination is solely the product of federal law. If the state undertook to cure this discrimination by replacing lost federal SSI benefits, $1.4 million would be required for FY 1986.

2. Some 314 of the 750 affected OAA/SSI recipients will also lose non-nursing home Medicaid coverage -- a benefit which averages $2,500 per year. This is a substantial loss which is not compensated for by the ALB program. The amount of lost federal Medicaid benefits to these 314 individuals is only $413,847 for FY 1986. The state could therefore compensate for these lost federal benefits at relatively small cost.

3. The most substantial impact of the recent federal law change is upon nursing home patients. 36 elderly Alaskans who are currently in nursing homes may lose their Medicaid nursing home coverage as a result of this change. To pay these individuals' nursing home costs entirely through state funds would require a $720,000 additional appropriation in FY 1986.

The committee bill neither alleviates nor aggrevates the problems associated with OAA/SSI benefit reductions, or reductions in non-nursing home Medicaid payments. Unless the legislature were to adopt a needs-based ALB program, virtually any option which the legislature might chose would leave the affected elderly in the same position as under current law. 13/

The committee proposal would, however, probably benefit existing nursing home residents. Under the bill, persons residing in a nursing home are ineligible to receive the ALB. This exclusion, the committee believes, is consistent with and furthers the intent of the ALB program. Its effect is to benefit existing nursing home residents who will lose access to the $250 a month ALB, but at the same time will retain their eligibility for $50,000 per year nursing home payments.

13/ Under current federal law, payments which are predicated on need are not counted as "income" for federal assistance purposes. Thus, the means test proposal discussed earlier may avoid the problems discussed in this section -- assuming that federal officials were willing to treat a $25,000 income limit as truely differentiating the "needy" from the "non-needy."

believe the one year requirement would withstand a challenge. The two year residency requirement for student loans was recently upheld for similar reasons.

D. Conclusion

This proposal is valid because it addresses the federal support of the public assistance question and because it favors those Alaskans who need the bonus the most. As such, it should be the subject of serious legislative consideration, even though some seniors have reservations about it.

VI. STATUS QUO PROPOSAL

A. Summary

This proposal would continue the present program -- $250 monthly bonus to all one year residents at least 65 years old -- indefinitely.

B. The Bonus as a Priority for State Funding

This proposal asserts that the bonus in its present form is a major priority and should be continued for all Alaskans despite the high cost. If our revenues were not dwindling at an everincreasing pace, we would look more favorably on this proposal. We fear, however, that other statewide needs such as roads, water and sewer, education, and health care will suffer if the bonus program continues in its present form. There are simply not enough oil dollars to meet all our needs. Many other State programs reward and assist elder Alaskans. We hope to continue funding these programs as well as a less expensive bonus program.

C. Continuing the Status Quo in FY 86

Although we are uncomfortable with the notion of continuing the program in its present form forever, we feel strongly that if the Legislature and the Governor cannot reach agreement on any other proposals during this session, the current bonus program should be extended for another year. We do not prefer this approach, but we do not want to end the program altogether if 120 days is not enough time to reach consensus on this important issue.

VII. The Immediate Impact on Public Assistance Eligibility

A. How to Protect the Bonus Income of Public Assistance Recipients

Federal and State law treat the longevity bonus payment

in a manner that results in a devastating form of "legal" discrimination for many senior citizens on public assistance. These laws require the senior citizen to apply for the longevity bonus. Then, these same laws reduce or eliminate the amount of public assistance payments, dollar for dollar.. The senior citizens on public assistance, unlike the middle and high income seniors who receive the longevity bonus on top of all other income, realize no material gain in their income from receipt of the longevity bonus. Additionally, many of the seniors also lose their entitlement to public assistance medical benefits that the longevity bonus payment does not replace. The poorest of our seniors -- those who need the bonus the most -- are actually harmed by the Alaska longevity bonus.

This "catch 22" affects all seniors who fall into either of two categories:

1. Seniors who reached the age of 65 during 1984 through September 30, 1985, and who did not meet the unconstitutional residency requirements.

2. Seniors who reach the age of 65 after September 30, 1985, irrespective of their residency. This category would include all seniors who would have met the unconstitutional residency requirements.

The effect of this "catch 22" is that the federal government saves federal funds and Alaska's longevity bonus program becomes a cash benefit program for the middle and upper classes of seniors who need the money far less than the poor.

There are only two ways to extend the benefits of the longevity bonus program to our low income senior citizens:

1. create a means test longevity bonus program, or

2. create a "hold-harmless" provision in State public assistance statutes to ensure that the State makes up the difference in federal benefits lost and continues to pay State public assistance to individuals effected by the "catch 22."

The cost to the State would be:

HOLD-HARMLESS COSTS - FY86

	Already Budgeted	Required Fiscal Note
Federal (SSI) Payment	0	1,400,000
State (OAA) Payment	760,000	0
Non-nursing Home Medical	0	413,847
	760,000	1,813,847

If the Nursing Home Exclusion Amendment (see "B", page 13) is not adopted, then the hold-harmless fiscal note should be increased by $514,982 for FY86.

STATUTE CHANGES

One Statute change would be needed to hold recipients harmless under all currently proposed longevity bonus programs:

Amend Article 4, AS 47.25.430f, to provide that

(1) The Department must increase the amount of an individual's Adult Public Assistance payment by the amount of any reduction in assistance provided under Title XVI of the Social Security Act which occurs solely because of considering payments made under AS 47.45 as available income; and

(2) Notwithstanding AS 47.25.435, in determining eligibility for Adult Public Assistance and the amount of Adult Public Assistance payment, the Department will not consider any payment made under AS 47.45 as income available to the applicant or recipient.

Note: Regardless of which longevity bonus proposal is enacted, the hold-harmless provisions above must have an effective date of July 1, 1985. If the means test proposal is enacted, these hold-harmless provisions should sunset on the effective date of the new act to protect funding of adult public assistance programs.

B. Exclusion of Individuals in Nursing Homes from Eligibility for the Bonus

The bonus can preclude a poor elder from receiving Medicaid assistance while in a nursing home even though it does not offset the cost of care in the nursing home (approximately $4000/month). Also, the federal government requires that the individual apply for the bonus to get Medicaid. While the State could hold

these individuals harmless at a cost of $514,982 (General Fund), the Legislature could make nursing home residents ineligible for a bonus.

It should be emphasized that this suggestion is not intended to harm nursing home residents or to judge their worthiness for receipt of a bonus. Rather, it is intended to protect such elders from the exorbitant cost of nursing home care. Irrespective of personal income before entering a nursing home, 97% of Alaskans in nursing homes in the state eventually turn to Medicaid to pay their bills.

VIII. COST INFORMATION

A. Long Term Costs

The following chart compares the cost of the four proposals in nominal dollars through fiscal year 2034. The chart shows that the general fund costs of both the annuity and stairstepping proposals eventually disappear whereas the means test and status quo proposals continue to need general funds. For the next 50 years, the total costs are as follows:

Annuity proposal	$1.29 billion
Stairstepping proposal	$1.13 billion
Means test proposal	$3.20 billion
Status Quo	$5.42 billion

The present value (the amount of funding necessary to endow the program today) of the cost of these proposals is:

Annuity proposal	$620.02 million
Stairstepping proposal	$496.88 million
Means test proposal	$634.9 million
Status Quo proposal	$879.78 million

B. Population Forecast

The cost chart is based on a forecast of Alaska's elderly population. This forecast may overstate the number of people who will actually participate in any of the proposed programs, at least in the near term. For example, the population forecast predicts 16,744 eligibles for FY 86, yet only 14,547 elders are currently receiving a bonus. Also, after 2010, the forecast assumes that the elder population remains constant, which does not account for death, migration, etc.

If the population projections do turn out to be too high, then the cost estimates are also too high.

	MONTHLY PAYMENTS					POPULATIONS				ANNUAL COSTS (millions)			
	MEANS TEST BILL		ANNUITY BILL										
FISCAL YEAR	MEANS TEST ALB	UNIVERSAL ALB	ALB TO PERSONS 65 BEFORE 1986	MAXIMUM POSSIBLE ANNUITY	RESIDUAL ALB	65 & OVER	65 BEFORE 1986	65 AFTER 1985	65 BEFORE 1992	ANNUITY BILL*	STAIRSTEP BILL**	CURRENT LAW	MEANS TEST BILL
1986	$250.00	$100.00	$250.00	$11.92	$238.08	16,744	15,039	1,705	16,744	$75.2	$50.2	$50.2	$50.2
1987	$250.00	$100.00	$257.50	$24.86	$232.64	17,768	14,349	3,419	17,768	$80.4	$53.3	$53.3	$46.7
1988	$250.00	$100.00	$265.23	$39.05	$226.18	18,769	13,660	5,109	18,769	$85.0	$56.3	$56.3	$48.6
1989	$250.00	$100.00	$273.18	$46.94	$226.24	19,828	12,974	6,854	19,828	$61.1	$59.5	$59.5	$50.6
1990	$250.00	$100.00	$281.38	$56.27	$225.11	20,913	12,293	8,620	20,913	$64.8	$62.7	$62.7	$52.4
1991	$250.00	$100.00	$289.82	$67.21	$222.61	21,908	11,616	10,292	21,908	$67.9	$65.7	$65.7	$54.0
1992	$250.00	$100.00	$298.51	$79.93	$218.58	22,849	10,943	11,906	20,839	$70.4	$62.5	$68.5	$55.3
1993	$250.00	$100.00	$307.47	$94.67	$212.80	23,861	10,273	13,588	19,098	$72.6	$59.7	$71.6	$56.6
1994	$250.00	$100.00	$316.69	$111.73	$204.96	24,799	9,606	15,193	18,823	$73.9	$56.5	$74.4	$57.7
1995	$250.00	$100.00	$326.19	$131.53	$194.66	25,891	8,945	16,946	17,948	$74.6	$53.8	$77.7	$59.0
1996	$250.00	$100.00	$335.98	$154.20	$181.78	26,863	8,291	18,572	16,873	$73.9	$50.6	$80.6	$59.9
1997	$250.00	$100.00	$346.06	$180.13	$165.93	27,692	7,644	20,048	15,819	$71.7	$47.5	$83.1	$60.5
1998	$250.00	$100.00	$356.44	$209.76	$146.68	28,657	7,012	21,645	14,934	$68.1	$44.8	$86.0	$61.3
1999	$250.00	$100.00	$367.13	$243.52	$123.61	29,556	6,396	23,160	13,969	$62.5	$41.9	$88.7	$61.8
2000	$250.00	$100.00	$378.15	$281.92	$96.23	30,511	5,799	24,712	13,031	$54.9	$39.1	$91.5	$62.5
2001	$250.00	$100.00	$389.49	$325.34	$64.15	31,459	5,225	26,234	12,098	$44.6	$36.3	$94.4	$63.2
2002	$250.00	$100.00	$401.18	$374.26	$26.92	32,440	4,676	27,764	11,193	$31.5	$33.6	$97.3	$64.0
2003	$250.00	$100.00	$413.21	$429.25	-0-	33,448	4,156		10,306	$20.6	$30.9	$100.3	$64.7
2004	$250.00	$100.00	$425.61	$498.97	-0-	34,483	3,666		9,438	$18.7	$28.3	$103.4	$65.4
2005	$250.00	$100.00	$438.38	$560.18	-0-	35,721	3,210		8,639	$16.9	$25.9	$107.2	$66.7
2006	$250.00	$100.00	$451.53	$637.63	-0-	37,138	2,788		7,850	$15.1	$23.5	$111.4	$68.3
2007	$250.00	$100.00	$465.07	$721.15	-0-	38,489	2,402		7,043	$13.4	$21.1	$115.5	$69.7
2008	$250.00	$100.00	$479.03	$820.68	-0-	40,309	2,050		6,359	$11.8	$19.1	$120.9	$71.9
2009	$250.00	$100.00	$493.40	$928.22	-0-	42,194	1,778		5,648	$10.5	$16.9	$126.6	$74.8
2010	$250.00	$100.00	$508.20	$1,047.88	-0-	44,012	1,449		4,950	$8.8	$14.9	$132.0	$76.1
2011	$250.00	$100.00	$523.44		-0-	45,000	1,213		4,243	$7.6	$12.7	$135.0	$76.7
2012	$250.00	$100.00	$539.15		-0-	45,000	1,003		3,669	$6.5	$11.0	$135.0	$75.6
2013	$250.00	$100.00	$555.32		-0-	45,000	819		3,161	$5.5	$9.5	$135.0	$74.5
2014	$250.00	$100.00	$571.98		-0-	45,000	658		2,698	$4.5	$8.1	$135.0	$73.5
2015	$250.00	$100.00	$589.14		-0-	45,000	521		2,340	$3.7	$7.0	$135.0	$72.4
2016	$250.00	$100.00	$606.82		-0-	45,000	405		1,907	$2.9	$5.7	$135.0	$71.3
2017	$250.00	$100.00	$625.02		-0-	45,000	309		1,596	$2.3	$4.8	$135.0	$71.0
2018	$250.00	$100.00	$643.77		-0-	45,000	231		1,328	$1.8	$4.0	$135.0	$70.7
2019	$250.00	$100.00	$663.08	continues	-0-	45,000	169		1,078	$1.3	$3.2	$135.0	$70.4
2020	$250.00	$100.00	$682.98	to	-0-	45,000	114		866	$0.9	$2.6	$135.0	$70.1
2021	$250.00	$100.00	$703.47	increase	-0-	45,000	76		686	$0.6	$2.1	$135.0	$69.9
2022	$250.00	$100.00	$724.57		-0-	45,000	48		533	$0.4	$1.6	$135.0	$69.6
2023	$250.00	$100.00	$746.31		-0-	45,000	31		407	$0.3	$1.2	$135.0	$69.3
2024	$250.00	$100.00	$768.70		-0-	45,000	18		304	$0.2	$0.9	$135.0	$69.0
2025	$250.00	$100.00	$791.76		-0-	45,000	10		222	$0.1	$0.7	$135.0	$68.7
2026	$250.00	$100.00	$815.51		-0-	45,000	5		159	$0.0	$0.4	$135.0	$68.4
2027	$250.00	$100.00	$839.97		-0-	45,000	3		100	$0.0	$0.3	$135.0	$68.1
2028	$250.00	$100.00	$865.17		-0-	45,000	1		63	$0.0	$0.2	$135.0	$67.8
2029	$250.00	$100.00			-0-	45,000			41	$0.0	$0.1	$135.0	$67.5
2030	$250.00	$100.00			-0-	45,000			24	$0.0	$0.1	$135.0	$67.2
2031	$250.00	$100.00			-0-	45,000			13	$0.0	$0.0	$135.0	$67.0
2032	$250.00	$100.00			-0-	45,000			7	$0.0	$0.0	$135.0	$66.7
2033	$250.00	$100.00			-0-	45,000			4	$0.0	$0.0	$135.0	$66.4
2034	$250.00	$100.00			-0-	45,000			1	$0.0	$0.0	$135.0	$66.1
TOTAL COSTS, 1986-2034:										$1,287.0	$1,131.0	$5,418.0	$3,199.2
CONSTANT 1985 DOLLARS, 1986-2034:										$764.38	$625.01	$1,391.12	$945.9
PRESENT VALUE, 1986-2034:										$620.02	$496.80	$879.78	$634.9

NOTES:

* Persons 65 before 1986 grandfathered (i.e., stairstepping starts in 1986). Annual costs include three years of "front loading" ($25.2 in '86, $26.5 in '87, and $27.7 in '88).

** Persons 65 before 1992 grandfathered (i.e., stairstepping starts in FY 1992).

Prepared by the Division of Strategic Planning, OMB: 1/23/85

Although we think it is important to point out this data limitation to policy makers, we do not suggest that another set of data be used. Rather, we wish to only point out the conservative nature of the projections.

C. Cost of the Annuity Proposal

This particular chart shows the cost of the annuity program if an average participation rate of 30% is achieved, if 100% of each PFD check is deferred if the Legislature chooses to subsidize the program for the first three years, and if the annuity investment achieves a 3% real rate of return. The actual cost of the annuity program depends on several variables not easily predicted, in addition to population. The value of the dividend each year, the amount of subsidy provided each year, the cost of administering the program, and the real rate of return on the money invested all affect the overall cost of the program.

For example, if front-loading is provided every year and all other assumptions remain the same, the additional 50 year cost would be $1.95 billion. Every time a variable is changed, the cost estimate also changes.

D. Cost of the Stairstepping Proposal

The stairstepping cost is based on the Adams proposal. If stairstepping began immediately, but the age of eligibility was only increased every other year, the cost of the program would be $1,641.6 billion.

E. Cost of the Means Test Proposal

It is important to point out that under this proposal, more elders get the higher bonus until FY 2000. At that time, the percentage switches, since the value of money erodes over time.

F. Cost of the Status Quo Proposal

The cost of extending the current program for one year only would be $50.2 million.

Briefing Materials

on

ELDERLY POPULATION PROJECTIONS

prepared for

THE HOUSE STATE AFFAIRS COMMITTEE

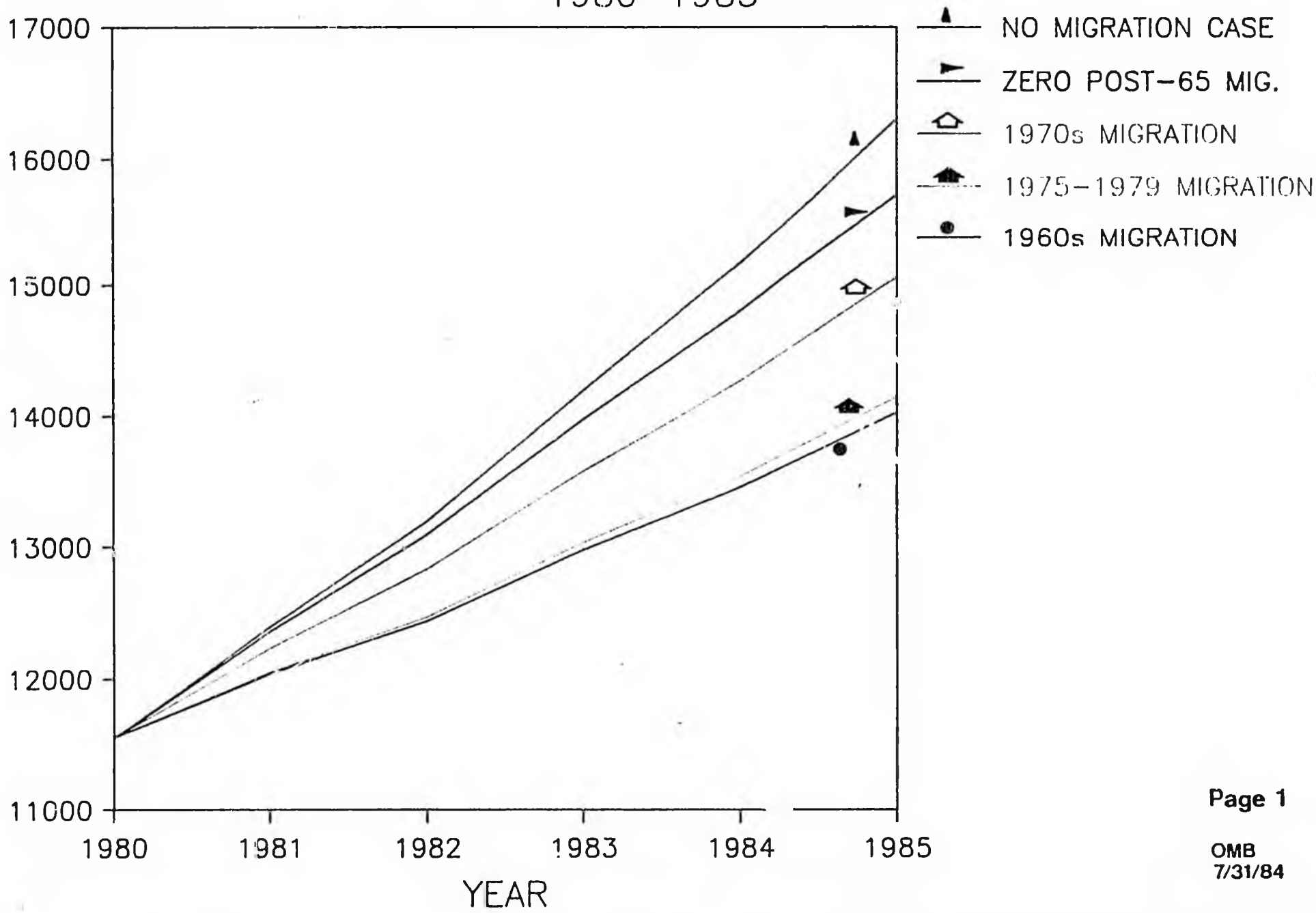
by

Division of Strategic Planning
Office of Management and Budget

6 March 1985

ALASKA OVER-65 POPULATION PROJECTIONS

1980-1985



OMB
7/31/84

GROWTH OF INTERIM ALB PROGRAM

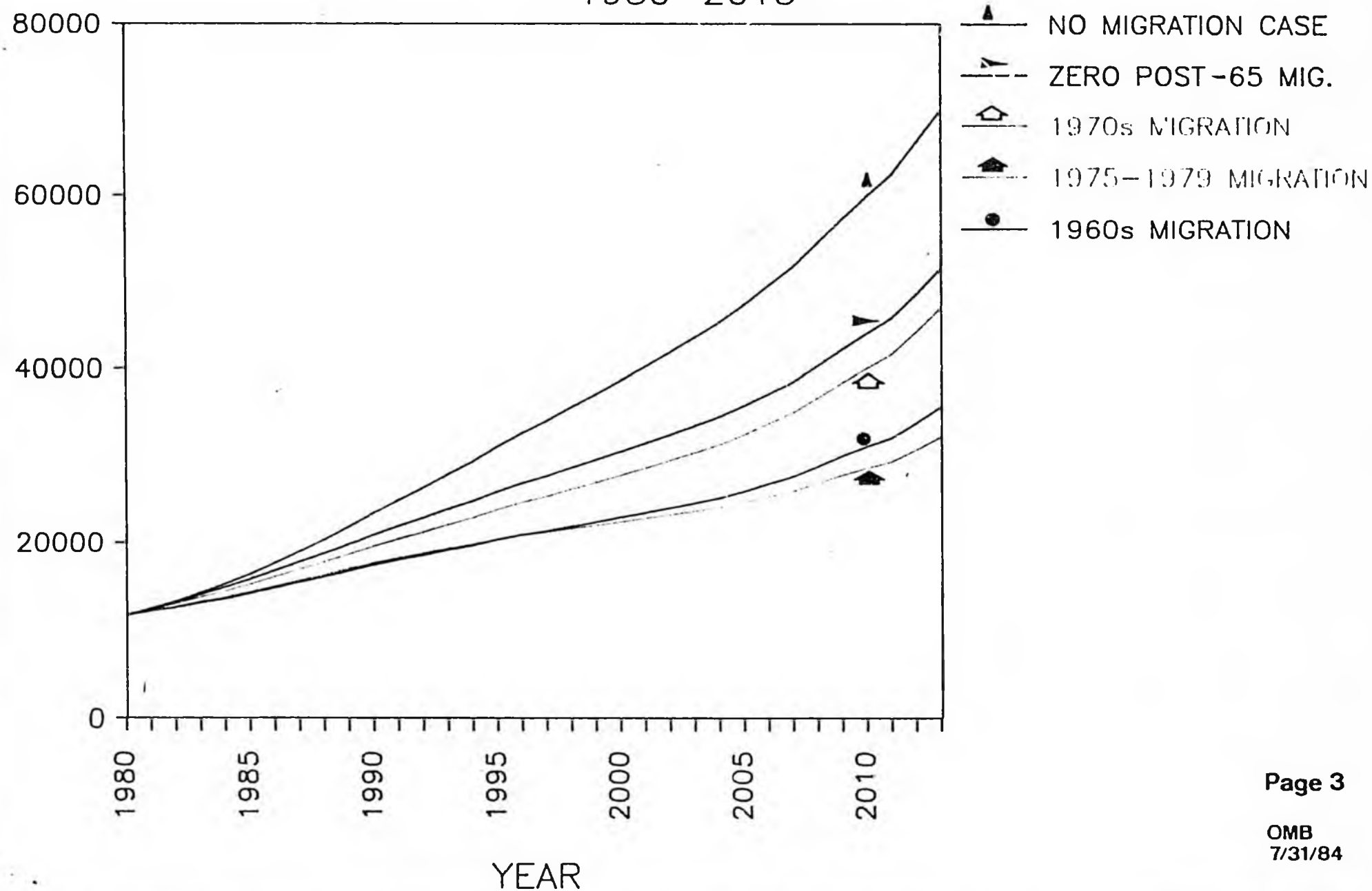
MONTH	QUALIFIED ALB RECIPIENTS	MONTHLY GROWTH (EXPRESSED AS AN ANNUAL RATE)
May 1984	10,018	
June	10,769	86.7%
July	11,960	125.9%
Aug.	13,099	109.2%
Sept.	13,627	47.4%
Oct.	13,990	31.5%
Nov.	14,222	19.7%
Dec.	14,361	11.7%
Jan. 1985	14,438	6.4%
Feb.	14,563	10.3%
Mar.	14,651	7.2%

DATA SOURCE: Division of Pioneer Benefits.

PREPARED BY: Division of Strategic Planning, OMB, 3/ 6/85

ALASKA OVER-65 POPULATION PROJECTIONS

1980-2013



OMB
7/31/84

so much of the supplemental security income benefits, whether or not paid retroactively, as would not have been paid or would not be paid with respect to such individual or spouse if he had received such benefits under title II in the month or months in which they were regularly due.

"(b) For purposes of this section, the term 'supplemental security income benefits' means benefits paid or payable by the Secretary under title XVI, including State supplementary payments under an agreement pursuant to section 1616(a) or an administration agreement under section 212(b) of Public Law 93-66.

"(c) From the amount of the reduction made under subsection (a), the Secretary shall reimburse the State on behalf of which supplementary payments were made for the amount (if any) by which such State's expenditures on account of such supplementary payments for the month or months involved exceeded the expenditures which the State would have made (for such month or months) if the individual had received the benefits under title II at the times they were regularly due. An amount equal to the portion of such reduction remaining after reimbursement of the State under the preceding sentence shall be covered into the general fund of the Treasury.".

(b) The amendment made by this section shall apply for purposes of reducing retroactive benefits under title II of the Social Security Act or retroactive supplemental security income benefits payable beginning with the seventh month following the month in which this Act is enacted; except that in the case of retroactive title II benefits other than those which result from a determination of entitlement following an application for benefits under title II or from a reinstatement of benefits under title II following a period of suspension or termination of such benefits, it shall apply when the Secretary of Health and Human Services determines that it is administratively feasible.

EXCLUSION FROM INCOME OF CERTAIN ALASKA BONUS PAYMENTS

SEC. 2616. (a) Section 1612(b)(2)(B) of the Social Security Act is amended to read as follows:

"(B) monthly (or other periodic) payments received by any individual, under a program established prior to July 1, 1973 (or any program established prior to such date but subsequently amended so as to conform to State or Federal constitutional standards), if (i) such payments are made by the State of which the individual receiving such payments is a resident, (ii) eligibility of any individual for such payments is not based on need and is based solely on attainment of age 65 or any other age set by the State and residency in such State by such individual, and (iii) on or before September 30, 1985, such individual (I) first becomes an eligible individual or an eligible spouse under this title, and (II) satisfies the twenty-five-year residency requirement of such program as such program was in effect prior to January 1, 1983.".

(b) The amendment made by subsection (a) shall become effective on the date of the enactment of this Act.

RECORDS CERTIFICATION

I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O. Smith
Signature of Camera Operator

7/25/89
Date

02-519 (REV 8/78)

HB

215

COMMITTEE REPORT

HOUSE

(7)

FURTHER: FINANCE

2/20/85

Date: 3 MARCH 1985

Mr. Speaker:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had HB 215

"An Act relating to state assistance for community health aide programs; and providing for an effective date."

under consideration and reports it back as follows:

[ ] do pass [ ] do not pass

[ ] do pass with attached amendments(s)

[X] replace with CS for HB 215 [X] same title [ ] new title

and recommends do pass

[ ] AND attaches a "Letter of Intent" [✓] New Fiscal Note [ ] Zero Fiscal Note Attached

[ ] reports it back without recommendation

[ ] referred to the ________ Committee

MEMBERS SIGNING DO PASS

David W. Thompson

[signature]

[signature]

[signature]

MEMBERS HAVING OTHER RECOMMENDATIONS:

[signature] (No Rec)

CHAIRMAN

[signature] / Co Chair

H 60

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

HOUSE BILL NO. 215

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

This bill provides for expansion of financial assistance to nonprofit health organizations for training and supervision of community health aides (CHA) or skilled medical observers. Funding will be provided through a two phased formula that allocates: 1) a $30,000 base for each regional corporation serving more than 4,000 square miles plus $8,000 for each primary CHA or similar individual who averages at least 20 hours of service a week; 2) for local entities providing services to less than 4,000 square miles, funding provided through this formula would be limited to $8,000 per CHA or skilled medical observer. The bill also establishes a Community Health Aide Grant Account in the Department and requires the Department to request full funding each year to meet the allocations outlined above.

BACKGROUND

Community Health Aide

Community health aides provide primary health care to approximately 37,000 to 40,000 people in rural communities. A CHA is a community based medical paraprofessional who provides limited diagnostic and treatment services through standing orders or in radio/telephone consultation with Indian Health Service (IHS) or health corporation physicians. Health care training of a CHA is based on a standardized curriculum consisting of three basic sessions plus a preceptorship with a supervising physician at a medical center, periodic on-the-job training with a supervisor/instructor and continuing education sessions. Supervisor/ instructors are employed by the corporations and are generally mid-level practitioners or registered nurses who conduct site visits one to three times per year for continuing education, skills evaluation and administration. In addition, state public health nurses provide education and support during their itinerant visits.

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

Historically the CHA program has been sponsored and funded by the federal IHS. This program was begun in 1967 although the concept and practices have a longer history. Until recently, financial support for the program rested solely with the federal government which contracted with regional or local corporations. Starting in FY 82, selected health corporations received designated state grants through direct legislative appropriation for support of CHA supervision and training.

This trend has continued through the current fiscal year with approximately $1,040,000 being used to support programs administered by the Yukon-Kuskokwim Health Corporation, the Norton Sound Health Corporation, the Maniilaq Association, the Tanana Chiefs Conference, the Southeast Alaska Regional Health Corporation, the Aleutian/Pribilof Island Association, the Bristol Bay Area Health Corporation, the North Pacific Rim and the Copper River Native Association. The FY 86 Governor's Budget request maintains these grants, provides expansion of services to all twelve regional corporations and improves the level of training in selected underfunded corporation areas.

Skilled Medical Observers

This bill provides for support of individuals with training similar to that of a CHA as defined by this Department. It should be noted that a crucial aspect of the CHA program is its interaction with IHS which assures medical supervision, patient referral and quality control that are necessary elements of health care. Duplication of the IHS system is not feasible in terms of costs and legal constraints for all parties involved. A pilot project for skilled medical observers is being developed by the Southeast Alaska Regional Health Corporation under a grant from this Department. While this project is not a replication of CHA services, it does offer a degree of similarity in that it is a means of providing limited primary care in isolated rural communities.

RECOMMENDATIONS

As currently written, the bill will restrict the base grant amount of $30,000 to nonprofit corporations or home rule boroughs providing services to a rural area of at least 4,000 square miles. Because of the close relationships of the CHA programs to existing health corporations and IHS service unit facilities, the Department would prefer to see the base grants restricted to the existing corporations and the North Slope Borough which employed at least three health aides on July 1, 1984. This would tend to discourage fragmentation of the program.

Because the skilled medical observer program exists only as a pilot project at this time, the Department would prefer not to have a statutory requirement that it be funded until its feasibility and utility can be demonstrated. The FY 86 Governor's Budget includes funds for the continuation of the pilot project. Funds are intended primarily for training, start-up costs, and supervision. It is anticipated that many observers will be volunteers so the requirement for a minimium work week or paid status would be unduly restrictive.

Two specific amendments are suggested for Section 18.28.030. On line 23, the words "or contracts" should be inserted after the word "grants" to make this section consistent with Section 18.28.020 (3). Secondly, the Department requests that on line 17, the words "request an appropriation of that amount from" be changed to read "report that amount to".

POSITION PAPER/Department of Health & Social Services

POSITION

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

Recommended by: David Bruce for
Robert I. Fraser, M.D.
Director
Division of Public Health

Date: 2/25/85

Approved by:
John R. Pugh
Commissioner
Department of Health and
Social Services

Date: 2/26/85

STATE OF ALASKA 1985 LEGISLATIVE SESSION

FISCAL NOTE

Revision Date:

REQUEST

Bill/Resolution No.: HB 215

Title: Assistance for Community Health Aide Programs

Sponsor: Rep. Herrmann, et al.,

Requestor:

Date of Request: 2/22/85

FISCAL DETAIL

Agency Affected: Dept. of Hlth. & Soc. Serv.

Program Category Affected: Public Health

BRU, Program or Subprogram(s) Affected:
Hlth. Grants, BRU/ Comm. Hlth. Grants
St. Hlth. Ser, BRU/ Admin. Ser.

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES		0	0	0	0	0
200 TRAVEL		4.0	4.2	4.4	4.5	4.6
300 CONTRACTUAL		.8	.8	.9	.9	1.0
400 SUPPLIES		.1	.1	.2	.2	.2
500 EQUIPMENT		0	0	0	0	0
600 LAND & STRUCTURES		0	0	0	0	0
700 GRANTS, CLAIMS		456.3	496.3	576.3	656.3	656.3
800 MISCELLANEOUS						
TOTAL OPERATING		461.2	501.4	581.8	661.9	571.1
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND		461.2	501.4	581.8	661.9	571.1
FEDERAL FUNDS						
OTHER						
TOTAL		461.2	501.4	581.8	661.9	571.1

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

See attached.

Prepared By: Robert I Fraser, M.D. Phone: 465-3090

Division: Public Health Date: 2/25/85

Approved by Commissioner: [signature] Date: 2/27/85

Agency: Department of Health & Social Services

fcc

Distribution (by Agency preparing fiscal note):
- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

7/1/84

Fiscal Analysis

HB 215

State Assistance for Community Health Aide Programs

Assumptions

FY 87 through FY 90 grant line estimates are based upon an incremental growth of the skilled medical observer from $40.0 in FY 86 to $80.0 in FY 87, $160.0 in FY 88, and $240.0 in FY 89. The proposed incremental growth in the number of the skilled medical observer program is based upon the assumption that approximately 30 communities could qualify for this program. Travel, contractual and supplies lines incorporates a 4% inflation adjustment for FY 87 through FY 90.

Program Summary

This program will require an additional general fund appropriation of $456.3 in the grants line for Health Grants BRU, Community Health Grants Component in FY 86. In addition, $4.0 for travel, $.8 for communications, and $.1 for supplies associated with grant development and adminstration is requested for the State Health Services BRU, Administrative Services Component.

Computation

State assistance to community health aide programs as specified in HB 215 would require a total general fund appropriation of $2,240.0 in FY 86. This calculation is based upon the following formula considerations.

(1) $30.0 per regional corporation to be used for expenses of conducting a community health aide program x 12 Corporations	$ 360.0
(2) $8.0 per each primary community health aide x 230 Aides	1,840.0
(3) $8.0 per skilled medical observer pilot project for an anticipated 5 Southeast Alaska communities	40.0
	$2,240.0

The projected costs are based on incorporating the total amount requested in the Governor's FY 86 Operating Budget as an offset for this bill. The current FY 86 budget for this program is as follows:

Health Grants BRU, Community Health Grants Component	$1,413.3
Norton Sound BRU, Health Services Component	103.8
Maniilaq BRU, Health Services Component	266.6
Total FY 86 Governor's Budget	$1,783.7

Economic Impact

Not applicable

Impact on Local Government

Not applicable

MEMORANDUM

TO: Representative Adelheid Herrmann

FROM: Deborah L. Greenberg, Legislative Aide

DATE: March 4, 1985

SUBJECT: Background Information on the Community Health Aide Program and House Bill 215

A Community Health Aide, or CHA, is a para-professional health care provider who provides primary health care services in rural Alaska.

The CHAs are the link between rural communities and the appropriate health care back-up system. In many communities, the CHA is the only health care provider. They make the initial assessment of what kind of health problem a patient is having, and by working under the supervision of an Indian Health Service Physician, or other medical professional, may administer certain drugs, put in stiches, help deliver babies, or handle emergency health problems.

Most importantly, the Community Health Aides constitute the brigade of health care workers who work actively throughout rural Alaska to fight the spread of diseases such as hepatitis B, hepatitis A, and tuberculosis. Although the Community Health Aide Program is a rural health care program for communities with limited health care professionals, the work of Community Health Aides benefits the whole state. Preventing outbreaks of disease in rural areas, is an important factor in preventing statewide epidemics of contagious diseases.

As local people, the Community Health Aides can operate swiftly and effectively in reaching rural residents to administer vaccines. As local residents familiar with the problems in the communities where they work, the CHAs can break the ground in educating rural residents about how to prevent health problems and disease. For example, their role in preventive health care and health care education has helped decrease the incidence in infants of otitis media, which is a middle ear infection.

To become certified a Community Health Aide must complete three ten-week academic courses, serve in the field under the supervision of a physician, or other trained medical professional, and complete a rigorous examination. The courses are given at the Alaska Area Native Health Service in Anchorage, at the Norton Sound Health Corporation in Nome, and at the Kuskokwim Community College in Bethel.

The courses include learning how to make initial assessments of a medical situation, the administering of primary health care, and some training in handling emergency situations.

The problems with certification are that it takes too long to complete all the steps. A CHA may complete the first course, and then it might not be another year or two before there is enough funding to send a CHA back for the second and third course.

There are more delays in completing the "preceptorship", or the field internship, because of a lack of funds for the supervising physicians or other trained health care professionals to travel and oversee the CHAs. By practicing without certification, the State can not be assured of providing an acceptable level of health care to rural areas.

The other problem with not being certified, is that CHAs often work under a great deal of pressure, and without the proper training it leads to a great deal of frustration that leads to a high rate of turn-over among CHAs. The turn-over rate can lead to long period where a community has no health care personnel available. Bringing on someone new requires training them again.

Currently there are about 227 CHAs in the State and less them half of them are certified. These CHAs serve over 40,000 residents of all ethnic backgrounds in about 171 rural communities throughout the State.

The bill and the funding it provides would help solve the problems with the CHA program. Funding would be adequate to send CHAs in for courses and training in a timely fashion. By providing monies for physicians and other trained personnel to travel to rural areas it would be possible for CHAs to complete their preceptorships, receive the training they need and operate more effectively because of the supervision. In short the funds could pay for the necessary tuition and travel, for supervision and for alternate community health aides.

Federal funds have never been adequate for a CHA to complete the training, preceptorship, and pass the exam in an expeditious fashion. The State funds do not replace federal funds but help do what the federal funds have never done.

Currently there is a lack of standardization in the Community Health Aide Program throughout the State. There is a disparity between those regions who have been able to secure funding to get CHAs through the certification process, and those who have not. There is a disparity between those regions who have been able to secure state funding for alternates and those who have not.

House Bill 215 helps overcome this disparity by providing an equitable funding formula. Under the provisions of the bill the funds that were previously made available to only a few regions will now be shared among all the regions.

The bill would allow the state regulate Community Health Aides, and at the same time increase their level of performance by providing the funds necessary for CHAs to achieve certification.

MEMORANDUM

TO: Representative Adelheid Herrmann

FROM: Deborah L. Greenberg

DATE: February 19, 1985

SUBJECT: Summary and purpose of the 1985 Community Health Aide Legislation

The problem with the Community Health Aide Program is that Community Health Aides (CHAs), who are local people at the forefront of providing primary health care in rural areas, are not able to complete the minimum training for certification.

This is because of a lack of funds for supervision, and a lack of funds to get CHAs trained in an reasonable period of time. This is a big problem because it means that people are practicing as Community Health Aides without the benefit of the minimum available training, and therefore individuals dependent upon their services could be receiving a higher standard of health care delivery.

A lack of training makes the job of a health aide more complicated and stressful and this leads to high turn-over. Periods of high-turnover may mean that no one is available to help people in remote areas with even the most basic health problems.

Federal Indian Health Service funds have never provided for adequate supervision and adequate training of CHAs in a reasonable period of time. This is why health organizations have pursued State funding. These State funds however do not replace federal funds.

The Community Health Aide Bill provides $30,000 to each of the 12 Regional Health Corporations who administer health care throughout rural Alaska. Previously only 6 of the 12 Regional Health Organizations received state funding for training health aides. The bill establishes an equitable funding formula, and reflects a compromise reached by the 12 Regional Health Directors.

In addition there is an $8,000 allocation for each CHA in each of the 12 regional corporations and in each of the three Local Health Organizations in Yakutat, Tyonek, and Metlakatla, respectively. These funds cover training and supervision of CHAs and compensation for alternate health aides who take over in the absence of a CHA.

The allocation of $8,000 per health aide is also made available to a couple of remote communities who historically have not been covered under the Indian Health Service Program, for example, Thorn Bay and Port Alexander.

The fiscal note for the bill will be about $450,000, which is about 550,000 less than last year's version. The Bill includes a provision freeing the state from any responsibility from injuries that may occur as result of providing these funds.

The CHA program has proved to be a very good way of providing low cost health services to remote and rural areas. The program is low cost for the State and for its recipients. The bill and funds are needed to ensure that an acceptable standard of health care is provided to the state's rural residents.

BACKUP AND LETTERS OF SUPPORT FROM 1985

Association of Regional Health Directors

of Alaska

Aleutian/Pribilof Islands Assoc., Inc.
1689 "C" Street, Second Floor
Anchorage, Alaska 99501
(907) 276-2700

Bristol Bay Area Health Corp.
P.O. Box 10235
Dillingham, Alaska 99576
(907) 842-5101

Cook Inlet Native Assoc.
670 W. Fireweed Lane
Anchorage, Alaska 99503
(907) 278-4641

Copper River Health Dept.
Driver M
Copper Center, Alaska 99573
(907) 822-5241

Kodiak Area Native Assoc.
P.O. Box 172
Kodiak, Alaska 99615
(907) 486-5726

Maniilaq Assoc.
P.O. Box 296
Kotzebue, Alaska 99752
(907) 442-3311

The North Pacific Rim
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Anchorage, Alaska 99502
(907) 276-2121

North Slope Borough Health
and Social Services Agency
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Barrow, Alaska 99723
(907) 852-3999

Norton Sound Health Corp.
P.O. Box 966
Nome, Alaska 99762
(907) 443-3411

Southeast Alaska Regional Health Corp
P.O. Box 2600
Juneau, Alaska 99803
(907) 789-2131

Tanana Chiefs Conference, Inc.
1321 - 21st Avenue
Fairbanks, Alaska 99701
(907) 452-2446

Yukon-Kuskokwim Health Corp.
P.O.Box 528
Bethel, Alaska 99559
(907) 543-3321

March 4, 1985

The Honorable Max Gruenberg
Co-Chairman House HESS
Pouch V
Juneau, Alaska 99811

Dear Representative Gruenberg:

We of the Association of Regional Health Directors urge your support of House Bill 215- "An Act Relating to State Assistance for Community Health Aide Programs."

Community Health Aides (CHA's) are the sole frontline medical care providers in approximately 200 communities throughout the state. These village based health aides provide acute health care, health education and counseling, care for the chronically ill and are the first responders to village-based emergencies for both Native and non-Native rural Alaskans. We believe the health aide's role and level of responsibility for providing medical care services to Alaskan residents justifies the establishment of a basic level of state support for the CHA program.

We recognize that the Federal Government has a commitment to the Native people of Alaska. Currently, basic federal funding of the program provides for CHA salaries and benefits, but does not adequately provide for quality assurance programs or continuing health aide training. State support for these two critical program activities is necessary to assure the provision of high quality, continuous health care services.

While most of us cannot be physically present for the Tuesday HESS hearing of HB 215, we are in unanimous agreement that a strong Community Health Aide program is the critical link in and an essential prerequisite for the success of every component of the rural health care delivery system.

The passage of House Bill 215 will assure that all rural Alaskans receive the high quality medical care that they deserve.

Sincerely,

Kathleen M. Sutcliffe for

Association of Regional Health Directors

Niles Cesar, President
Association of Regional Health Directors

Association of Regional Health Directors of Alaska

Aleutian/Pribilof Islands Association, Inc.
1689 "C" Street, Suite 205
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Kathleen M. Sutcliffe, Health Director

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Robert Clark, Health Director

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Jennifer Biusquet, Health Director

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Ms. Billie Peters, Health Director

Kodiak Area Native Association
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Willie Wolf, Health Director

Manilaq Association
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George Peratrovich, Health Director

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(907) 543-3321
Diane Silimperi, M.D.
Medical Director

ALASKA FEDERATION OF NATIVES, INC.
1984 ANNUAL CONVENTION

RESOLUTION NO. 84-34

TITLE: COMMUNITY HEALTH AIDE TRAINING

WHEREAS, the Alaska Community Health Aides are the backbone of health care delivery in rural and bush Alaska; and

WHEREAS, Community Health Aides provide services to approximately 40,000 Alaska residents, Native and non-Native alike; and

WHEREAS, Non-Native people are not being served by Community Health Aides when no other services are available, thereby reducing resources potentially available to Native beneficiaries; and

WHEREAS, current training levels for Community Health Aides are unequal throughout Alaska; and

WHEREAS, the State of Alaska, through its public health agents, has asserted the desirability of the State in supporting the efforts of the Community Health Aide Program for the purpose of maintaining high quality, equitable care to all Alaska residents; and

WHEREAS, the State of Alaska has already committed philosophically and financially, to support Community Health Aide Training in about half the State, thereby creating inequity and lack of stability in the State's relationship with that program,

NOW THEREFORE BE IT RESOLVED that the Alaska Federation of Natives supports passage of legislation which would provide equitable financial support for Community Health Aide training and supervision throughout the State of Alaska.

RESOLUTIONS COMMITTEE RECOMMENDATION: DO PASS

CONVENTION ACTION: PASSED

ALASKA FEDERATION OF NATIVES, INC. CORPORATE SEAL STATE OF ALASKA

STATE OF ALASKA

MEMBER
FINANCE COMMITTEE
SPECIAL COMMITTEE ON FISHERIES

REPRESENTATIVE JOHNE BINKLEY

POUCH V
JUNEAU, ALASKA 99811
(907) 465-4737

PO BOX 1065
BETHEL, ALASKA 99559
(907) 543-2922

MEMORANDUM

TO: Representative Adelheid Herrmann

FROM: Representative Johne Binkley

DATE: March 1, 1985

RE: House Bill 215 - Community Health Aides

Attached is a copy of information we received just yesterday from the Yukon-Kuskokwim Health Corporation which will serve as back-up for House Bill 215 concerning community health aides. If you have questions please feel free to call my offices.

YKHC

Yukon-Kuskokwim Health Corporation

"Fostering Native Self-Determination in Primary Care, Prevention and Health Promotion"

FEB 28 1985

February 20, 1985

Representative Johne Binkley
Capitol Room 501
State Capitol
Pouch V
Juneau, Ak 99811

Dear Representative Binkley;

We appreciate the time and consideration given to our presentation on February 14th, as well as your attendance at the Bush Caucus meeting with the Area Regional Health Directors.

As you are aware, the passage of the Health Aide Bill is critical to the survival of our Community Health Aide Program. Your support of this Bill would constitute a significant contribution toward its legislative passage. However, as we described to you, were the Bill to fail, our Program would, nonetheless, require State funding for its maintenance. We are, therefore, submitting the enclosed proposal per our discussion on Feb. 14th. Thank you for your attention to this matter which clearly has the potential to seriously jeopardize the health care service provided to the people of the YK Delta. If additional questions should arise, please let us know.

Respectfully,

Diana R Silimperi

Diana R. Silimperi MD
Medical Director

George Peratrovich

George Peratrovich
Executive Director

Enclosure

P.O. Box 528 Bethel, Alaska 99559 (907) 543-3321

YUKON KUSKOKWIM HEALTH CORPORATION
COMMUNITY HEALTH AIDE PROGRAM

Submitted: February, 1985
D. Silimperi MD
Medical Director
G. Peratrovich
Executive Director

Table of Contents

Introduction

The Community Health Aide Program (CHAP) is the foundation of all rural primary health care in the Yukon-Kuskokwim (YK) Delta. Scattered over the 75,000 sq. mile of the Delta are 48 village clinics (including 1 mid-level subregional clinic) that serve 18,000 people. The Yukon Kuskokwim Health Corporation (YKHC) employes 120 Community Health Aides (CHAs), primaries and alternates, to staff the clinics. The village-based CHAs provide acute health care for all age groups. They also serve the chronically ill, do basic health education and counseling, well child care, preventative medicine, and are the first-responders to village-based emergencies and trauma. All health programs, from Mental Health to Maternal Child Health or Emergency Medical Services, depend upon the CHA for the delivery of effective health care in the village.

A strong Community Health Aide Program is, thus, an essential prerequisite for the success of every component of the rural health system. Because of its role as the critical lynchpin in the rural primary health system, the Community Health Aide Program should be given top priority when considering funding proportionment. This proposal requests financial resources to ensure the survival of the Community Health Aide Program for the YK Delta.

Regional and Statewide Impact of YKHC's Community Health Aide Program

The essential role of YKHC's CHAP in the delivery of primary health care to the villages of the YK Delta is outlined above. What may not be so obvious, is the impact which the program has beyond the parameters of its own region. YKHC's Community Health Aide Program is unique because of its ability to utilize another regional resource, the Kuskokwim Community College.

Health Aide Training (HAT) instructors from the College are responsible for teaching the basic CHA 12-week core curriculum. Our Community Health Aide Program closely integrates skilled basic CHA instruction with later supervision in the field. The Coordinators of both arms of the Community Health Aide Program, Health Aide Training (HAT-KCC) and Health Aide Services (HAS-YKHC), work together under the direction of YKHC's Medical Director to insure appropriate reinforcement and supervision of basic training concepts while the CHA is practicing in the village clinic. The integration of training and supervision offered by our Program is crucial for quality assurance of village-based health care, but also serves as an example for other Health Corporations. Furthermore, our Program is one of three regional Training Centers for CHAs in the state. The Community Health Aide Program teaching manuals developed by our staff have been used by other Health Corporations throughout the state as examples of consistant, accurate CHA instruction materials. In a similar manner, the development of the Supervisor-Instructor (SI) program (called Coordinator-Instructor Program in other regions) has resulted in the creation of a specialized SI orientation, SI training workshops and village trip assessment tools which the Corporation has shared with CHAP's in other regions of Alaska. The SI Program is an important component in the ongoing process of quality assurance and field supervision of the CHAs. To qualify to be an SI, one must have attained certification as a Community Health Practitioner (CHP). Mid-level training (Physician Assistant or Family Nurse Practitioner) is desireable. The SIs are assigned to specific village clinics and make regular field trips to identify CHA support and training needs.

They are a key member of the village "health team" (Physician, State Public Health Nurse, Village CHAs, and SI) and function as the liaison or intermediary between the various team members. They also communicate closely with the HAT staff in order to identify those particular areas of training requiring reinforcement or attention in the field. Because of the SI Program, the CHAs receive regular and pertinent field instruction which insures the delivery of quality health care to the people of the YK Delta. And, because many of the materials or methods developed for YKHC's Supervisor-Instructor Program are used by other Health Corporations, this Program contributes to the quality of health care in other portions of the state as well as the YK Delta.

In addition to training, YK's Community Health Aide Program also utilizes the Kuskokwim Community College's resources in its "bridging" program. This relatively new program is specially designed to provide Community Health Aides with an adequate foundation of math and language skills to allow them to readily pursue advanced mid-level training in a program such as Medex. In accordance with its mission statement, YKHC is "fostering Native self-determination in primary care, prevention and health promotion," through the bridging program. In the future, it is anticipated that the blend of resources which KCC and YKHC possess will be utilized to develop long-distance health delivery mechanisms with applications in both training and direct care.

Objectives

The Chief objectives of this proposal are to:

I. Maintain a team of 8 trained and qualified practitioners, called Supervisor-Instructors, to provide ongoing field instruction and supervision to the village-based CHAs in order to guarantee quality health care service to the people of the YK Delta;

II. Provide the necessary teaching equipment and materials for this team of Supervisor-Instructors to utilize during the field instruction of CHAs;

III. Develop and produce advanced CHA training workshops (beyond the Basic Training level) in order to equip CHAs with specialized clinical skills needed in the full practice of primary health care;

IV. Provide "Refresher" instruction to CHAs trained or certified more than 3 yr. in the past in order to guarantee similar performance standards among all practicing CHAs;

V. Provide per diem and transportation costs for CHAs to attend Basic CHA training in Bethel leading toward certification as qualified Community Health Practitioners; and

VI. Decrease future health costs for acute and chronic health care through the creation and maintenance of an effective primary health care delivery system staffed by CHAs.

Mandate for Health

The people of the YK Delta have made it clear that they perceive village health care as a chief concern. Furthermore, the Board of Directors of the Health Corporation has designated primary health care as one of the main corporate priorities. This proposal is thus grounded on the expressed priorities of the people of the YK Delta. The funding requested is essential to guarantee the continuation of the level and quality of primary health care services offered

by the YKHC's Community Health Aide Program. Without this money, neither the Supervisor-Instructor Program or Health Aide Training can be adequately maintained. Both quantity and quality of health care service will decline.

Funding Clarification

Currently, the Federal Government pays for the salaries and benefits of the primary CHAs. This proposal has no intention of lessening the degree of Federal support, nor of minimizing the ongoing Federal responsibility to the Native people of Alaska. However, Federal funding does not cover the costs of the Supervisor-Instructor Program or of Health Aide Training. In past years, Federal "Carry-Over" funds within other YKHC programs have been utilized to maintain the Community Health Aide Program (Training and Services) and the developing Supervisor-Instructor Program. However, this next year "Carry-Over" money will not be available. These expenses have never been covered by the Federal budget. During FY'85, the State provided YKHC with a modest amount of support for CHA travel and per diem costs during Basic Health Aide Training in Bethel, as well as support for part of the Supervisor-Instructor Program.

Without additional State funds, we cannot maintain our Supervisor-Instructor Program which is critical for assuring quality CHA service. The ongoing field instruction, supervision and support provided by the SIs contribute both to CHA skill and spirit! The SIs also act as important intermediaries between all members of the village "health team", thus assuring optimal service by each health care provider. The requested funds are also necessary to maintain essential Health Aide Training. YKHC's Basic Training costs are for tuition, travel and per diem. The increase in Basic Training costs noted in this proposal's request (over FY'85 costs) is due to higher transportation expenditures caused by inflation. Basic Training consists of three (3) sessions, each 3-4 weeks in duration, plus a 2-week clinical preceptorship. As its title indicates, this instruction provides merely the foundation or core training for CHAs. The development of higher level, more specialized courses is also necessary for a CHA to ultimately obtain the skills required for the only primary health care provider in the village. Maternal Child Health and Mental Health have been targeted as the first two areas requiring significant instruction beyond Basic Training. In addition, because of large improvements in the standards of our Health Aide Training Program over the last 3 years, we are faced with the need to offer a "Refresher" skills course to Community Health Practitioners. The discrepancy in skills between those more recently trained CHPs and past graduates is becoming increasingly apparent and requires immediate attention. None of these essential training workshops beyond the Basic Training level are included in current IHS or State CHAP funding.

Without the requested funding, we cannot continue our Supervisor-Instructor Program nor offer essential training (Basic and Advanced) to our CHAs. Both the Supervisor-Instructor Program and training are critical if the people of the YK Delta are to continue to receive quality health care service.

Preventative Savings

The creation of an effective, quality rural health delivery system maintained through qualified CHAs who receive Basic and Advanced Clinical Training in Bethel (HAS and HAT), as well as ongoing field instruction and supervision (SI Program) should ultimately result in significant reductions in overall health care costs. For example, adequate prenatal care reduces the risk of complicated pregnancies likely to result in high-risk infants requiring expensive perinatal hospitalization; early outpatient treatment of minor symptoms in the chronically ill, especially those with chronic lung or heart disease, reduces the

frequency and duration of more intensive, inpatient hospitalizations; and well-child care programs such as immunizations for Diptheria, Pertussis, Tetanus or Hepatitis B significantly decrease the likelihood of serious childhood illnesses requiring hospitalization and resulting in long-term sequelae. These are just a few of the ways in which an effective Community Health Aide Program can contribute to decreasing future health care costs - costs often borne by the State.

Evaluation

The overall effectiveness of the Supervisor-Instructor program will be constantly monitored and evaluated by the Medical Director and the Coordinators of Health Aide Training and Health Aide Services. Individual Supervisor-Instructor performance will also be evaluated on a regular basis through a review of village trip reports, standard CHA evaluations of Supervisor-Instructors, CHA skill improvements, and assessments of Supervisor-Instructor problem-solving abilities. Various teaching tools developed for the Supervisor-Instructors, as well as the SI workshops will be evaluated at the conclusion of each session of use or presentation. All Health Aide Training courses, Basic or Advanced/Refresher will be evaluated in a standard fashion at their conclusion. CHAs' performances at the completion of a course and, later, in field practice are also used to reflect the effectiveness of the training program. Basic statistics regarding the number of SI village trips, number of CHAs or SIs attending training, number of CHA patient encounters, and when possible, significant changing trends in morbidity and mortality (presumably related to CHA interventions) will be tabulated regularly and made available to the State. An annual examination of goals, objectives and tasks will be performed for the entire Community Health Aide Program (HAT and HAS) by the Medical Director.

Conclusion

The Corporation recognizes that the Federal Government has a commitment to the Native people of Alaska regarding health care. Currently, Federal funds are used to pay CHA salaries and benefits. They do not adequately provide for the Supervisor-Instructor Program or Health Aide Training - two critical components of the Community Health Aide Program that insure the delivery of quality health care to the people of the YK Delta. Without the requested State funding, the quantity and quality of health care in the Delta will be decreased.

The people of the YK Delta have designated primary health care to be a priority concern. The Community Health Aide Program is the foundation for all primary health care in the villages. Therefore, this proposal carries the mandate of the people in the request for financial resources to ensure the survival of the Community Health Aide Program for the YK Delta.

MAR 0 1 [illegible]

*****MATR-0060*****FEB. 28*****MARTIE/MATSU*****

TO: ALL LEGISLATORS

FROM: JACK DIDRICKSON
BOX 712
PALMER 99645

RE: HB 91

I AGREE WITH THE PROPOSAL, BUT I PREFER THAT STATE EMPLOYEES BE INCLUDED.

TO: ALL LEGISLATORS

FR: JANET STROM
BOX 346
BETHEL, AK. 99559 PH: 543-4238

RE: HB 215

PLEASE SUPPORT THE COMMUNITY HEALTH AIDE BILL AND THE CIGARETTE EXCISE TAX BILL WITH PROVISIONS THAT THE MONEY WILL BE USED FOR HEALTH PROMOTION. I ALSO WOULD LIKE YOU TO SUPPORT THE OPEN CONTAINER BILL AND THE HAPPY HOUR BILL.

THANK YOU.

FROM: TOM PITZKE
3840 PATRICIA LANE
ANCHORAGE, AK. 99504 (H) 337-0155

RE: [illegible] FINANCES

PUT THE HOT COALS TO THE SEAT OF GOVERNOR SHEFFIELD AND MAKE HIM DO SOMETHING ABOUT THE CROOKS THAT LAUNDERED STATE MONEY INTO THEIR POCKETS, BECAUSE OF POLITICAL FAVORITISM WHICH LEAD TO THE PAYOFFS.

MAR 0 1 1985

DELIVER TO: LIOJNU

ORIGINAL
SENT: 03/01/85 TIME: 13:15
FROM: LIODLG
SUBJECT: PUBLIC OPINION MESSAGE
PRINT DATE: 03/01/85 TIME: 13:15

TO: THE MEMBERS OF THE ALASKA STATE SENATE

THE MEMBERS OF THE ALASKA STATE HOUSE OF REPRESENTATIVES

FROM: EMMA AYOJIAK-CARLOS, MAYOR
CITY OF TOGIAK, BOX 99, TOGIAK, ALASKA 99678.

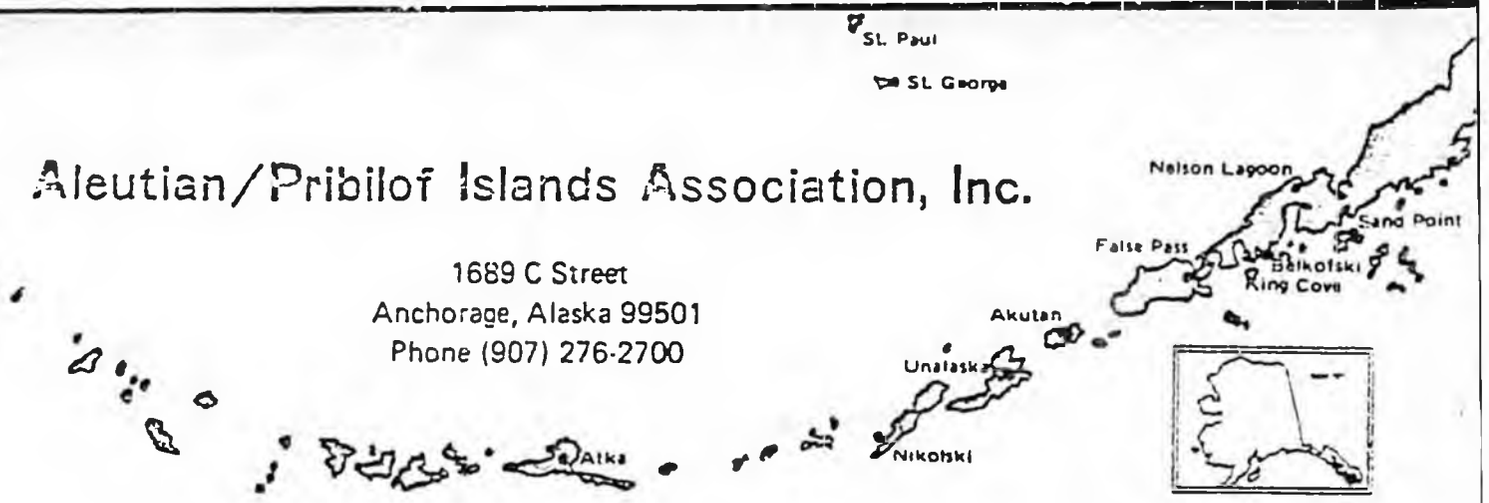
SUBJECT: HB215 AND HEALTH BOARD FUNDING

CITY OF TOGIAK SUPPORTS THE TWO INITIATIVES THAT NEED TO SEE ACTION BY THE LEGISLATURE - .THE COMMUNITY HEALTH AID BILL - HB 215 AND A REQUEST FROM THE ALASKA NATIVE HEALTH BOARD FOR FUNDING IN THE AMOUNT OF $225,000.. I URGE YOUR FULLEST SUPPORT FOR BOTH. THANK YOU.

BACKUP AND LETTERS OF SUPPORT FROM 1984

Aleutian/Pribilof Islands Association, Inc.

1689 C Street
Anchorage, Alaska 99501
Phone (907) 276-2700



POSITION PAPER BY THE ALEUTIAN/PRIBILOF ISLANDS ASSOCIATION IN REGARD TO HOUSE BILL 548: An Act Relating to State Assistance for Community Health Aide Programs

Introduction

The Aleutian/Pribilof Islands Association is the regional non-profit arm of the Aleut Corporation. As the largest non-profit organization in the region, A/PIA delivers a broad spectrum of health, education, training, regional planning, public safety and social services to the approximately 6,000 people who inhabit the Aleutian/Pribilof Islands communities.

The purpose of this position paper is to provide supportive information in regard to House Bill 548: "An Act relating to State Assistance for Community Health Aide Programs."

Aleutian/Pribilof Islands Region

The Aleutian/Pribilof Islands comprise a 128,000 square mile triangular area stretching from Sand Point to Atka to the Pribilof Islands. This region includes 11 communities separated from each other by water or mountains: three first class cities, three second class cities and five traditional villages. The permanent population varies due to the transient nature of the fishing industry; however the permanent population is estimated at approximately 6,000 people: 30-35% Natives, 65-70% non-Native.

This region has been described by the U.S. Coast Guard as having the worst weather in the world. The region is known as the birthplace of the winds. Rain, fog, rapidly changing cloud covers and poor visibility conditions make even the shortest air flights a 50/50 proposition and subject to delays, possibly for days at a time.

Health Status

Accidents and violence accounted for over 31% of deaths in the Aleutian census area in 1981. For the period 1976-1980

accidents were the leading cause of death for the age groups from five through 44 years. From age 45 and over, the leading causes of death were malignant neoplasms and heart disease.

Current Aleutian/Pribilof Health Care System

Under contract with the Indian Health Service (AANHS) the Aleutian/Pribilof Islands Association has been providing primary health care services through the use of Community Health Aides (CHA's) for eight years. CHA's provide medical care to residents in seven Aleutian/Pribilof Islands communities: Akutan, Atka, False Pass, King Cove, Nikolski, Sand Point and St. George. The CHA provides emergency care, acute and chronic disease care and follow-up, health surveillance and health promotion activities. CHA's work under standing orders and protocols and communicate by village telephone with AANHS physicians in Anchorage. In addition they are supervised by the CHA Supervisor/Coordinator, an employee of A/PIA. Services to the residents of Unalaska are provided by a private Doctor of Osteopathy. Services to residents of St. Paul are provided by a Physicians Assistant directly funded by the AANHS. There are no formal health care providers in Nelson Lagoon or Cold Bay.

Our contract with AANHS provides funding for health aide salaries and benefits, the CHA supervisor salary and benefits, supervisory travel funds, general program supplies, and other program operating costs such as telephone, rent, etc. The AANHS provides medications for CHA use. A/PIA's current level of funding only allows us to pay CHA's for working a 4.5 hour day, 5 day week. Health Aides are "on call" 24 hours per day: we can only pay them for 4.5 hours. In addition, our current level of funding only allows for one yearly CHA Supervisor/Coordinator trip to each community to monitor CHA activities. There is generally no funding to provide yearly continuing medical education for CHA's beyond basic training. (AANHS provides the 10 week basic training program.) There is generally no funding to train alternate CHA's. Alternate CHA's work in the primary CHA's absence. The alternate generally receives on-the-job training by the primary CHA or by the CHA Supervisor/Coordinator during a supervisory visit to the community.

Need for State Support

Traditionally the CHA program was funded solely by the Federal government and was designed to provide health care services to rural Alaska Natives. In recent years, however, CHA's have been providing an increasing number of services to non-Natives as increasing numbers of non-Natives have moved to rural villages. In many communities, including many Aleutian/Pribilof Island communities, the CHA is the only medical care provider and is morally and legally mandated to provide services to those non-Natives in need. The demands

on our CHA's have increased in the past few years. The demand is constant; however, the demand for services seriously increases during various fishing seasons. In FY'82, the State recognized the need for State support of the Community Health Aide program by funding two programs. In FY'83 the support was increased: four programs were funded. And in FY'84 seven programs are currently being funded. The State funding has allowed health corporations to ensure a high quality of medical care by providing for additional supervisory visits by the CHA Supervisor/Coordinator, by providing for additional continuing medical education or training sessions and by providing for some basic education or training for alternate CHA's.

Community Health Aides are the sole frontline primary medical care providers for many people, Native and non-Native in rural Alaska. Their role and level of responsibility in providing services to rural residents justifies our concern for adequate continuing medical education or training, adequate supervision and support. Basic training provides the CHA with the essential skills and knowledge required to deliver primary care in a safe and acceptable manner. However, supervision and continuing medical education is imperative to assure ongoing quality care. CHA's cannot work in a vacuum. On-going performance evaluation is important to assure high standards of care; attendance at continuing education sessions is also important to assure high standards of care.

The State has recognized the need for supplementing federal CHA program funds to ensure quality health care provision by providing funding to seven regional health corporations in FY'84. Since there are more than seven CHA programs in our state, there appears to be an inequitable distribution of funds.

All regional CHA programs are faced with limited federal funding. House Bill 548 will allow for the equitable distribution of funding to all providers of CHA services. House Bill 548 will provide the funds necessary to provide for the adequate supervision and ongoing training of the major health providers to rural Alaskans. We at A/PIA urge passage of HB 548 for the maintenance and delivery of quality health care to all Alaskans.

Association of Regional Health Directors

of Alaska

Aleutian/Pribilof Islands Assoc., Inc.
1689 "C" Street, Second Floor
Anchorage, Alaska 99501
(907) 276-2700

Bristol Bay Area Health Corp.
P.O. Box 10235
Dillingham, Alaska 99576
(907) 842-5101

Cook Inlet Native Assoc.
670 W. Fireweed Lane
Anchorage, Alaska 99503
(907) 276-4641

Copper River Health Dept.
Drawer H
Copper Center, Alaska 99573
(907) 822-5241

Kodiak Area Native Assoc.
P.O. Box 172
Kodiak, Alaska 99615
(907) 486-5725

Maniliaq Assoc.
P.O. Box 256
Kotzebue, Alaska 99752
(907) 442-3311

The North Pacific Rim
603 W. Northern Lights Blvd.
Suite 203
Anchorage, Alaska 99502
(907) 276-2121

North Slope Borough Health
and Social Services Agency
P.O. Box 69
Barrow, Alaska 99723
(907) 852-3999

Norton Sound Health Corp.
P.O. Box 966
Nome, Alaska 99762
(907) 443-5411

Southeast Alaska Regional Health Corp.
P.O. Box 2800
Juneau, Alaska 99803
(907) 789-2131

Tanana Chiefs Conference, Inc.
1321 - 21st Avenue
Fairbanks, Alaska 99701
(907) 452-2446

Yukon-Kuskokwim Health Corp.
P.O.Box 528
Bethel, Alaska 99559
(907) 543-3321

March 5, 1984

The Honorable Adelheid Herrmann
Alaska State Legislature
Pouch V (MS 3100) Juneau, Alaska 99811

Dear Adelheid:

On behalf of the Association of Regional Health Directors I would like to thank you for all the work you have done on HB 548. The Association of Regional Health Directors, along with the Alaska Native Health Board has been struggling to develop such a bill for three years now. It is only through your efforts that I feel that we were able to bring this work to fruition and on behalf all the corporations I would like to thank you.

I will continue to coordinate with Denny DeGross and press politically for this bill. I appreciate any information which you may have which you think would be helpful or any areas where we can provide additional assistance to ensure the passage of this bill.

Again, thank you for all your hard work. It is appreciated.

Cordially,

David Mather, Chairman
Association of Regional Health Directors

cc: Denny DeGross, ANHB

29m5

ALAKANUK HEALTH CENTER
P. O. BOX 85 - ALAKANUK, ALASKA 99554 - (907) 238-3210

March [illegible], 1984

Vern Hurlbert
Mile 40 Holitna River
Sleetmute, Alaska 99668

Dear Mr. Hurlbert:

I am writing in support of the House Bill [illegible].

I've been a health aide for twenty years and have never seen a bill like it. If there was ever a bill concerning health care in the villages, no one has ever sent me one.

Being a health aide takes a lot of our time. We are on call twenty four hours a day. We get paid for the 8 hours that we spend in the clinic. Sometimes emergencies take hours, but we don't get paid for that. Sometimes we escort and stay over night wherever the hospital is, but we don't get paid for that either. We put that down as compensation time which we don't even have time to take off a lot of times. The phone and citizens band keeps me busy giving medical advice during my lunch break or in the evenings.

Being a health aide takes a lot of patience, not just patience, but a whole lot of it. One must be cheerful, patient, strong, understanding, and have respect for every patient. One must know how to listen, reason, and talk to anyone that needs it. Honesty is the most important. First of all to ourselves and then to our patients and to all our other professionals. Some people are demanding. In fact, everyone is demanding. Patients demand immediate treatment, doctors demand something else. We in between, have to be strong enough to tell what the doctor demands, and what we believe is the best care for that particular illness.

In villages, we are the only [illegible] health care providers. We deal with every type of physical care from delivering babies to helping care for terminally ill [illegible] pleasant things to very unpleasant things.

Don't mistake me for the [illegible] health care

provider, I get very depressed or emmotionally upset sometimes. I can take so much at times, as any other normal human being can, and my husband is very good at taking all that.

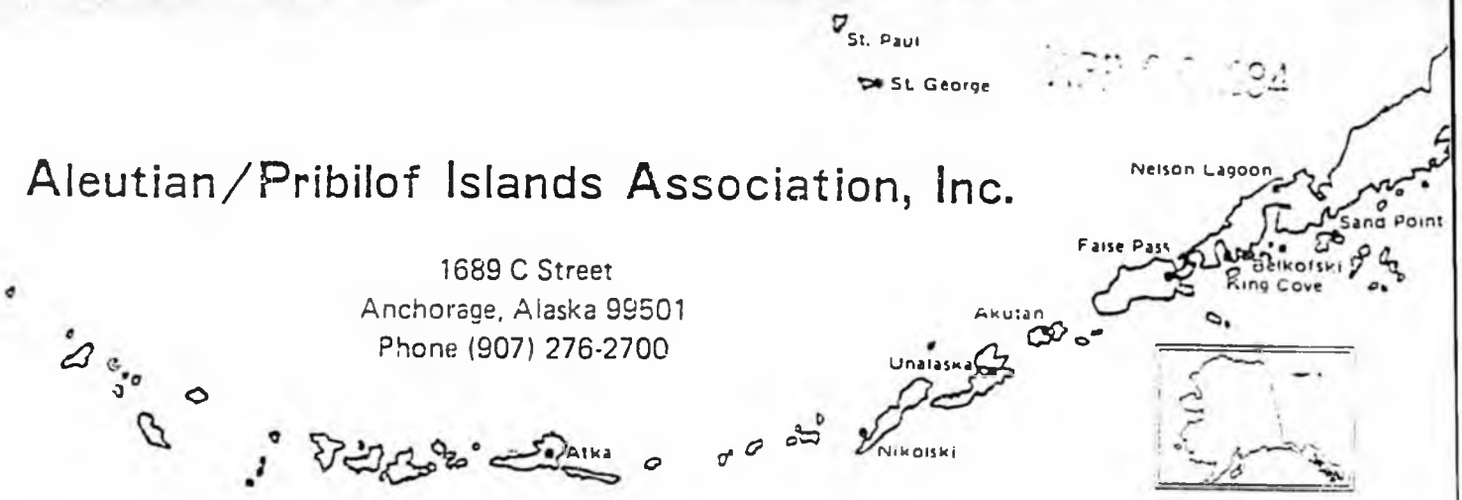
I think House Bill No. 548 is the best thing that was ever written, and I hope it will be passed. I have full support for it.

Sincerely,

Paula Hyunerak

Paula Hyunerak
Community Health Practitioner

cc: Adelheid Herrmonn
Mike W. Miller
Richard Schultz
Milo Fritz
Robert H. Bettisworth
Peter Goll
Jack McBride



Aleutian/Pribilof Islands Association, Inc.

1689 C Street
Anchorage, Alaska 99501
Phone (907) 276-2700

April 6, 1984

The Honorable Adelheid Herrmann
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Adelheid:

I am writing to thank you and your staff for all the time and effort you put into the development and passage of HB 548.

We believe this bill will benefit all of the residents of our region. It is good to know that some people recognize the importance of providing quality health care to rural Alaskans.

Once again, we applaud your good work.

Sincerely,

Kathleen M. Sutcliffe
Health Director

BRISTOL BAY AREA HOSPITAL

P.O. Box 10235
DILLINGHAM, ALASKA 99576

PHONE: (907) 842-5201
842-5202

March 1, 1984

Representative Adelheid Herrmann
Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Representative Herrmann,

It was very generous of you to allow us the time to discuss our concerns with you on the afternoon of the 28th of February. We were very pleased to be able to present our proposal in such detail, while giving you an update on the progress of the Bristol Bay Area Hospital.

As we discussed, our main concerns include the $80,000 proposal for a new portable X-ray machine and a portable Ultra-sound machine for the Bristol Bay Area Hospital. While it is late in legislative year, we hope that this request can be added on to an existing bill in the form of an amendment or put on a capital equipment listing.

My other concerns for this current legislative year include supporting SSHB 19, repelling the certificate of need program, that is currently in the Senate HESS committee; supporting HB 548, State assistance for community health aide programs, currently in the House HESS committee and finally strongly opposing SB 460, an act renaming and expanding the functions of the Medicaid Rate Commission and providing for the regulation of rates charged for services provided health facilities.

As I indicated to you at our meeting, these issues are important to the Bristol Bay Area Hospital and we are hoping for your support. If there is anything that I can do to help in your reelection, please feel free to write or call.

Sincerely,

John H. Dumbolton
Administrator

MAR 1 4 1984

TO: Representative Adelheid Herrmann, District 26
Representative Mae Tischer, Chair, HESS Committee

Senator Bob Mulcahy, District N

FROM: Maddy Chu, CHAP Program, Bristol Bay Area Health Corporation, Dillingham, Alaska 99576

SUBJECT: HB 548, Community Health Aid Program

Urge your support of HB548 and that it be moved from the HESS Committee and on to the floor for passage.

Health Aides provide basic level health care in remote areas of Alaska. This is a service required by <u>all</u> rural or village residents. To ensure high quality care, on-going training and continuing education should be provided on an annual basis.

Health Aides are responsible for primary care and emergency care. The responsiblities extend over a 24 hour a day period. Vacations and personal time are usually planned secondary to the job responsiblities. Health Aides requre a stable, <u>supportive</u> administrative staff at the home Native health corporation and consistent field supervision.

The role, function and liability status of Health Aides in the 1980's needs to be updated. Salaries should be commensurate with responsibilities.

Maddy Chu
CHAP Field Coordinator
Bristol Bay Area Health Corp.

FEB 2 1984

BRISTOL BAY AREA HEALTH CORPORATION

P.O. Box 10235
DILLINGHAM, ALASKA 99576

PHONE: (907) 842-5266
(907) 842-5267

February 24, 1984

Representative Adelheid Herrmann
Room 212-B
Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Adelheid:

On February 23, 1984, Bristol Bay Area Health Corporation's Executive Committee met and passed a motion in full support of HB548 regarding Community Health Aides.

As you are aware, BBAHC's Executive Committee represents 32 villages in the Bristol Bay Area and is the Board of Trustees for our 29 bed hospital.

Our organization has in excess of 70 people on our payroll in the community Health Aide Program (includes alternates and trainers/supervisors) that take care of the majority of our stable population of approximately 6000 people (Natives and non-Natives). The worth of our CHA's has been recognized statewide, nation wide and world wide. It only makes sense that the State of Alaska become involved in assisting this fine program and helping IHS and the regional health corporations so that everyone may continue to benefit from their fine services.

We remain available to assist in any way we can to help have the proposed HB548 become reality on an on-going basis.

Yours in health.

Sincerely yours,

Robert J. Clark
Executive Director

RJC:sf

cc: BBAHC Board of Directors

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