



ALASKA LEGISLATURE COMMITTEE FILES 1900 1900 00, 2

3230 HESS HB 641 - HB 661

106

Nancy Bennett, Legislative Aide  
House HESS Committee  
Re: Amendment to HB 641

March 6, 1986  
Page #3

James Vaden, Deputy Commissioner  
Department of Public Safety

William Larsen, R.Ph., President  
Board of Pharmacy

T.L. Conley, M.D., Chair  
State Medical Board

Paul Buxton, D.D.S., Chair  
Dental Board

Pam Tuomi, D.V.M., Acting Chair  
Veterinary Board

Eileen Montano, R.N., Acting Chair  
Nursing Board

**DEPARTMENT OF LAW**

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

OFFICE OF THE ATTORNEY GENERAL

March 7, 1986

M E M O R A N D U M

TO: Nancy Bennett, Legislative Aide  
House HESS Committee

FROM: Peter B. Froehlich  
Assistant Attorney General

RE: Attached revised 1st page of proposed amendment to  
HB 641 re controlled substances

As I mentioned to you this morning, after further consultation with the Department of Public Safety, we have a change to page 1 of the amendment attached to my memo to you yesterday. A new page 1 is therefore attached.

The change was agreed upon by Deputy Commissioner James Vaden and Narcotics Unit Sgt. James Grimes of the Department of Public Safety in conversations with special assistant Gwen Byington of the criminal division of the Department of Law. It would eliminate the requirement that controlled substances registrants provide evidence of their federal registration to a state agency. This eliminates a burden on both the registrant and the state agency without infringing on the efficiency of enforcement. Investigators could ask either the registrants or the DEA for evidence of registration and other records when necessary.

We apologize for this late change, but it is definitely a further improvement.

HMB:PBF:pjg

cc w/enc.: Sandra Schubert  
Assistant to Senate HESS Committee

Nancy Dunn, Director  
Division of Occupational Licensing  
Dept of Commerce & Econ. Development

Gayle Horetski, Asst. Attorney General  
Criminal Division, Department of Law  
Juneau

cc w/enc.: (continued)

Kay Gouwens, Asst. Attorney General  
Civil Division, Department of Law  
Juneau

Gwen Byington, Special Assistant  
Criminal Division, Department of Law  
Anchorage

Rhonda Butterfield Roberson  
Asst. District Attorney -- Anchorage

James Vaden, Deputy Commissioner  
Department of Public Safety

William Larson, R.Ph., President  
Board of Pharmacy

T.L. Conley, M.D., Chair  
State Medical Board

Paul Buxton, D.D.S., Chair  
Dental Board

Pam Tuomä, D.V.M., Acting Chair  
Veterinary Board

Eileen Montano, R.N., Chair  
Nursing Board

PROPOSED AMENDMENT  
Department of Law, 3/6/86

Offered in the HOUSE HESS COMMITTEE

By \_\_\_\_\_

TO: HB 641

Page 1, line 7, following "Pharmacy":

Insert "amending the controlled substances Act;"

Page 2, between lines 8 and 9:

Insert the following:

- \* Sec. 4. AS 17.30.010 is repealed.
- \* Sec. 5. AS 17.30.020(a) is amended to read:
  - (a) A person who manufactures, distributes, dispenses, or conducts research with a controlled substance in the state [OR WHO PROPOSES TO MANUFACTURE, DISTRIBUTE, OR DISPENSE A CONTROLLED SUBSTANCE IN THE STATE,] shall [REGISTER ANNUALLY WITH THE BOARD IN ACCORDANCE WITH REGULATIONS ADOPTED UNDER AS 17.30.010] comply with the requirements of the federal Constrolled Substances Act, 21 U.S.C. sec. 811 -- 830, and the regulations adopted under those sections, 21 CFR 1301 -- 1311.
- \* Sec. 6. AS 17.30.020(b) -- (e) are repealed.
- \* Sec. 7. AS 17.30.020(f) is amended to read:
  - (f) The Department of Public Safety [BOARD] may inspect the establishment of a registrant [OR APPLICATION FOR REGISTRATION IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE BOARD].
- \* Sec. 8. AS 17.30.030 is repealed.
- \* Sec. 9. AS 17.30.040 is repealed.
- \* Sec. 10. AS 17.30.050 is repealed.
- \* Sec. 11. AS 17.30.060 is amended to read:

Sec. 17.30.060. RECORDS OF REGISTRANTS. A registrant [PERSON REGISTERED TO MANUFACTURE, DISTRIBUTE, DISPENSE, OR CONDUCT RESEARCH WITH CONTROLLED SUBSTANCES UNDER THIS CHAPTER] shall keep records and maintain inventories in conformance with the record keeping and inventory requirements of federal law [AND IN CONFORMANCE WITH ADDITIONAL REGULATIONS ADOPTED BY THE BOARD].

\* Sec. 12. AS 17.30.070(c) is amended to read:

(c) If the classification of a controlled substance in a schedule set out in AS 11.71.149 -- 11.71.190 [, OR BY A REGULATION ADOPTED IN ACCORDANCE WITH AS 11.71.120(a),] is different from its corresponding classification under federal law, the requirements of (a) and (b) of this section are determined by the classification of the substance under federal law.

\* Sec. 13. AS 17.30.080 is amended by adding a new subsection to read:

(b) A person who manufactures, distributes, dispenses, or conducts research with a controlled substance in Alaska without fully complying with the federal Controlled Substances Act, 21 USC 811 -- 830, and regulations adopted under it, 21 CFR 1301 -- 1311, is guilty of misconduct involving a controlled substance under AS 11.71.010 -- 11.71.070 in the degree appropriate to the circumstances as described in those sections.

\* Sec. 14. AS 17.30.100 is amended to read:

Sec. 17.30.100. POWERS OF THE DEPARTMENT OF PUBLIC SAFETY [COOPERATIVE ARRANGEMENTS]. (a) The commissioner of public safety shall enforce this chapter and shall cooperate with other state and federal agencies in the discharge of their responsibilities pertaining to illicit traffic in controlled substances and in suppressing the abuse of controlled substances. Under this section, the powers of the commissioner of public safety include but are not limited to the following:

(1) arranging for the exchange of information among government officials concerning illicit traffic in and abuse of controlled substances;

(2) coordinating training programs pertaining to controlled substances at both local and state levels; [AND]

(3) cooperating with the Drug Enforcement Administration of the United States Department of Justice by establishing a centralized unit to accept, catalog, file, and collect statistics, including records of persons who have violated the provisions of this chapter or AS 11.71 in the state and making the information available for federal, state, and local law enforcement purposes; and

(4) instituting in the superior court, actions for injunctions against continued manufacture, distribution, dispensing, or conducting research with a controlled substance in the state by a person who violates the federal Controlled Substance Act, 21 U.S.C. 811 -- 820, or the regulations adopted under it. 21 CFR 1301 - 1311.

(b) The commissioner of public safety may not furnish the name or identity of a patient or research subject whose identity could not be obtained under AS 17.30.155.

\* Sec. 15. AS 17.30.130 is amended to read:

Sec. 17.30.130. JUDICIAL REVIEW. A final determination, finding, or conclusion [OF THE BOARD] under this chapter [OR A REGULATION ADOPTED UNDER IT] is a final decision of the matter involved. A person aggrieved by a decision may obtain review of the decision in the superior court in accordance with AS 44.62.-560 -- 44.62.570. However, a person is not entitled to a hearing de novo in the superior court.

\* Sec. 16. AS 17.30.150 is amended to read:

Sec. 17.30.150. RELIANCE ON DRUG ENFORCEMENT ADMINISTRATION. Results, information, and evidence received from the Drug Enforcement Administration of the United States Department of Justice relating to the regulatory functions of this chapter, including results of inspections conducted by it, may be relied on and acted on by the Department of Public Safety [BOARD] in the exercises of its regulatory functions under this chapter.

\* Sec. 17. AS 17.30.155 is amended to read:

Sec. 17.30.155. CONFIDENTIALITY OF CERTAIN INFORMATION. A practitioner engaged in medical practice or research may not furnish the name or identity of a patient or research subject [TO THE BOARD]. The practitioner may not otherwise disclose the name or identity of an individual that the practitioner is required to

keep confidential unless ordered by a court to disclose it within the context of a criminal investigation or proceeding.

\* Sec. 18. AS 17.30.900 is repealed.

ly. Renumber the following sections of the bill according-

POSITION PAPER  
HOUSE BILL 641

I. PURPOSE OF HB 641

HB 641 has three primary objectives:

- (1) To extend the Board of Pharmacy to 1989.
- (2) To strengthen a pharmacist's discretion in substituting a lower cost drug for a more expensive product of equal quality.
- (3) To eliminate the Marijuana Research Program.

II. SECTIONAL ANALYSIS

SECTION I:

This section extends the life of the Board of Pharmacy to June 30, 1989. The Board will expire on June 30, 1986 without this extension. The Department of Health and Social Services takes no position on this section as occupational boards fall under the purview of the Department of Commerce.

SECTION II:

This section permits a pharmacist to substitute an equally effective generic drug for a drug prescribed by a physician that is more expensive. The pharmacist must notify the purchaser of the substitution and keep a record of it.

It should be noted that this change does not shift the primary substitution responsibility from the physician to the pharmacist. Rather, HB 641 recognizes that pharmacists are capable of making this substitution decision, and should be permitted to do so unless the physician specifies that only one drug product is acceptable for his patient. This slight change will allow pharmacists to more efficiently extend the cost savings of generic drugs to their customers, while protecting the physician's right to specify a certain drug, and while protecting the individual's right to know that the substitution is being made.

This generic drug substitution provision would apply to all Alaskans who purchase a prescription drug. The cost savings associated with this section of HB 641 are particularly important to Alaska's elderly who are living on a fixed income.

Two minor language changes are recommended in Section II.

- (1) Insert the words "in writing on a prescription" after the word "states" on line 15, page 1.
- (2) Substitute the words "prescribed drug" for the word "prescription" on line 19, page 1.

SECTION III:

This section establishes that the pharmacist will incur no greater liability by substituting an equivalent drug product, and specifies the method of advertising to the public that such a substitution may be made.

SECTION IV:

This section does three things; 1) it repeals certain pharmacy restrictions that are no longer applicable if HB 641 becomes law (08.80.295 b,c,f), 2) it eliminates the Marijuana Research Program (AS 17.35) and 3) it repeals the authority for the Board of Pharmacy to investigate alleged violations by its members (AS 08.80.030 (3)).

III. Department Position:

The Department takes no position on Section I as this is in the domain of the Division of Occupational Licensing in the Department of Commerce.

The Department strongly supports Sections II and III of HB 641, and that part of Section IV that repeals AS 08.80.295 b, c, and f.

The Department takes no position on repeal of AS 17.35 or AS 08.80.030(3).

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

Date: 3/4/86

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

# STATE OF ALASKA 1986 LEGISLATIVE SESSION FISCAL NOTE

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

**REQUEST**

Bill/Resolution No. : HB641  
 Title : An act relating to generic drug pharmaceuticals and Board of Pharmacy and providing for an effective date.  
 Sponsor : Gruenburg  
 Requestor : \_\_\_\_\_  
 Date of Request : \_\_\_\_\_

**FISCAL DETAIL**

Agency Affected : Dept. of Health & Social Services  
 BRU : Medical Assistance Non-Facility  
 \_\_\_\_\_  
 Components : GRM Non-Facility  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXPENDITURES/REVENUES : (Thousands of Dollars)**

OPERATING	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS		-0-	-0-	-0-	-0-	-0-
MISCELLANEOUS						
<b>TOTAL OPERATING</b>		-0-	-0-	-0-	-0-	-0-

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

**FUNDING : (Thousands of Dollars)**

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		-0-	-0-	-0-	-0-	-0-

**POSITIONS :**

FULL-TIME						
PART-TIME						
TEMPORARY						

**ANALYSIS :** Attach a separate page if necessary

The Department has submitted to the Governor an FY87 Budget Amendment of \$2.5 million for an FY87 Pharmacy Program. One of the assumptions included in the amendment was the substitution of generic drug products for more expensive brand name products.

Prepared by : Rod Betit, Director *RP Betit* Phone : 465-3355 *JCC*  
 Division : Medical Assistance Date : 3/4/86

Approved by Commissioner : *JCC* Date : 3/6/86  
 Agency : Department of Health & Social Services

**Distribution (by Agency preparing fiscal note):**

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agencies

July 18, 1984

HOUSE JOURNAL

4425

CSHB 685(Loans)

and the Alaska renewable resources investment fund; and providing for an effective date.)

Chapter 161, SLA 1984

CSHB 716(L&C)

The following letter dated July 6, 1984, was received:

Re: CSHB 716(L&C)  
(An Act relating to the  
Board of Pharmacy)

"Dear Mr. Speaker:

Under the authority granted in art. II, sec. 15 of the Alaska Constitution, I have vetoed Committee Substitute for House Bill No. 716 (L&C), concerning the Board of Pharmacy.

This bill would have authorized the Board of Pharmacy to hire its own executive secretary. This would have been an undesirable departure from the consolidation and uniformity of the occupational licensing system under AS 08.01. It would have set a disturbing precedent for other boards in securing autonomous staff, outside of the division of occupational licensing in the Department of Commerce and Economic Development.

Another important reason for my veto is that the legislature failed to appropriate any money to fund the fiscal requirements of this position which was estimated by the department in a fiscal note to be \$135,000 this year.

Rather than allow this unfunded and administratively flawed bill to become law, I have directed the Department of Commerce and Economic Development and the Department of Law to review methods of better and more quickly implementing AS 17.30 concerning controlled substances. That chapter, which was enacted in 1982, gave the Board of Pharmacy some new powers and duties which have not been fully implemented, even though they largely overlap the board's continuing powers and duties under AS 08.30.

I believe that there are other better ways to implement the controlled substances legislation without unnecessarily disrupting the structure of the occupational licensing system. I am confident that the review I have directed will produce recommendations for alternatives that can be accomplished by the end of the next budget cycle, if the legislature will fund them.

Meanwhile even though this vetoed bill included a provision to extend the board's termination date from June 30, 1984 to June 30, 1988, under AS 08.03.020(a), the board will continue until June 30, 1985. Before that date the next

CSHB 715(L&C)

session of the legislature can extend the board without granting it the power to hire an executive secretary.

Sincerely,

/s/

Bill Sheffield  
Governor'



**Alaska Dental Society**

3400 Scenard Road, Suite 10  
Anchorage, Alaska 99503  
(907) 277-4675

RECEIVED  
JUL 22 1983

DIV. OF OCCUPATIONAL LICENSING  
ANCHORAGE FIELD OFFICE

July 20, 1983

Richard A. Lyon, Commissioner  
Department of Commerce and Economic Development  
Division of Occupational Licensing  
Board of Pharmacy - Regulations  
Century Plaza  
142 East 3rd Ave.  
Anchorage, Alaska 99501

Dear Commissioner Lyon:

I have received and read the public notice of proposed changes in the regulations of the Department of Commerce and Economic Development, Board of Pharmacy. Of concern to me is Title 12, Alaska Administrative Code, Chapter 52, Sections 410 and 415. (12 ACC 52.410 and 12 ACC 52.415)  
I expect these also concern other practitioners in the healing arts who write prescriptions and have obligations in dealing with controlled substances.

An interpretation of proposed changes in 410 and 415 by medical and dental practitioners could be that another unnecessary bureaucracy is to be created. Why? The U.S. Treasury Department has been doing a fine job for many years. They have a large staff and a lot of money. These changes would call for hiring additional personnel and maintaining additional office space. (Costs for the remainder of 1984 - \$17,500 and for 1985 \$26,700). It seems a duplication of effort and a waste of dwindling state monies.

As president of the Alaska Dental Society, I will be questioned about this regulation by our membership. I would like to offer more of an explanation than is offered in the material sent out over your signature on July 11, 1983. Please help me understand the rationale behind these proposed changes. As presented, they seem dangerously incumbering, unnecessary and presumptuous in that you are entering the domain of the U.S. Treasury Department.

Sincerely,

Edward G. Wilkinson, D.D.S.  
President  
Alaska Dental Society

# *Ketchikan Medical Clinic, Inc.*

3612 TONGASS  
KETCHIKAN, ALASKA 99901

H.J. Hennickson, M.D.  
D.E. Johnson, M.D.  
T.L. Conley, M.D.  
M.E. Bloom, M.D.

Phone 225-5144  
Phone 225-5145

RECEIVED  
JUL 29 1983

DIV. OF OCCUPATIONAL LICENSING  
ANCHORAGE FIELD OFFICE

July 26, 1983

Department of Commerce & Economic Development  
Division of Occupational Licensing  
Board of Pharmacy - Regulations  
Century Plaza, 142 East Third Avenue  
Anchorage, Alaska 99501

RE: 12 AAC 52 New Article #5  
REGULATION AND MANUFACTURER DISTRIBUTION, PRESCRIPTION  
AND DISPENSING OF CONTROLLED SUBSTANCES

Gentlemen:

Thank you for this opportunity to again comment on the proposed regulation changes creating what is in effect a mini-DEA in the State of Alaska.

As I stated before, I find myself somewhat irritated by this whole procedure. We already have a national registration for drug control through the Drug Enforcement Administration in Washington, D.C. It totally escapes me what possible purpose could be served by creating a parallel organization in the State of Alaska. It creates a new level of bureaucracy, charges practitioners a fee of \$10 for no good purpose, and most importantly, squanders \$20,000 to \$30,000 a year of state funds in a useless effort.

I realize that the state legislature has essentially directed the Board of Pharmacy to come up with some regulations to make sure that everyone is registered. I do not pretend to understand their purpose in this. After watching the legislature over the last several years, I suspect they do not understand their purpose either. I realize, however, that it is a hassle and you probably have to do something. Perhaps, however, we could be imaginative about this, and deliver to the legislature the appearance without the reality. After all, that is all they ever really seem to care about anyway. It strikes me that at the next conjoint pharmacy, nursing and medical board meeting we might look at the possibility of registering everyone automatically at the time they are issued a license in the various disciplines. This could be construed as conforming to the letter of the law without getting ourselves involved in futile expenditures of time, effort and public resources.

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT  
JULY 26, 1983  
PAGE 2

I am quite aware that there is a significant problem with illicit drugs in the State of Alaska. I certainly agree that we should expend effort, time and public funding on trying to combat this problem. However, the proposed regulations, which I understand grew out of legislative desire to do something, are totally irrelevant to the problem and represent only bureaucratic handwringing. In any case I say, enough of this. Surely we have better things to do with our time.

Sincerely,



Thomas L. Conley, M.D.  
Alaska State Board of Medicine

TLC:dg

cc: Mr. Hugh Gellert  
406 "G" Street  
Anchorage, Alaska 99501

# *Ketchikan Medical Clinic, Inc.*

2612 TONGASS  
KETCHIKAN, ALASKA 99901

H.J. Hennickson, M.D.  
D.E. Johnson, M.D.  
T.L. Conley, M.D.  
M.E. Bloom, M.D.

Phone 225-5144  
Phone 225-5145

December 19, 1963

Board of Pharmacy  
Occupational Licensing Division  
Depr. of Commerce & Economic Development  
Pouch D  
Juneau, Alaska 99811

Gentlemen:

At its regular meeting on the 3th and 9th of December, 1963, the State Medical Board considered at some length the proposed changes to 12AAC 52. In question were the proposed additions of Chapter 5 on controlled substance registration and Chapter 6 on the marijuana therapeutic research program. The Medical Board has directed me to communicate its comments to you.

In regard to the proposed addition of Chapter 5 on registration for the use and distribution of controlled substances, the State Medical Board concluded that this program serves no useful purpose. It is noted that the federal government already has a program for this purpose in place. Formation of a State program to perform the same function simply adds another level of bureaucracy that benefits no one as far as we can see. We would also remark that within its own frame of reference, the program is deficient in the sense that it does not provide for registration of temporary medical personnel and those holding locum tenes licenses. Since these license holders provide a significant proportion of the medical care in Alaska, failure to include them within the program creates chaos.

An additional consideration is the fact that the program proposed will add additional expense at a time when the Department's budget is being cut back both in absolute terms and by inflation. To spend money on a program that serves no discernable function seems doubly undesirable at this time.

Our feelings about Chapter 6 of the proposed regulations, the formation of a marijuana therapeutic research program are a bit more complicated. We recognize the need to provide some sort of a mechanism to insure the availability of the substance in question to practitioners who are treating patients with malignancies as they undergo chemotherapy and perhaps patients with glaucoma. Presently, short sided federal regulations make this at least difficult. The obvious solution to the problem is of course to make the substance available on prescription like any other controlled

Board of Pharmacy  
December 19, 1963  
Page Two

substance. Surely, if physicians are given authority to prescribe narcotics which have enormous potential for abuse, they should be given the authority to prescribe marijuana and its derivatives which have considerably less potential for abuse, at least within the medical setting. That of course is a whole philosophical discussion with numerous social ramifications that we do not wish to get into at this time. Nonetheless, the program envisioned by Chapter 6 does not seem to be a particularly rational solution to the problem either.

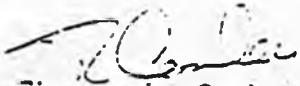
In talking to physicians in other parts of the country who are dealing with programs such as the present law envisions, one comes to the inescapable conclusion that the law would tend to substitute one form of illegal behavior for another. At the present time, physicians treating individuals with malignancies who wish to prescribe marijuana and its derivatives usually indicate to the patient that they should acquire the material on their own. Granted, this is illegal, but it is at least practical. The system that the law proposes would set up a board that would have to pass on each individual case. Considering the nature of bureaucracy and the infrequency with which the board could meet to consider each individual case, it is likely that physicians will be induced to request permission for the use of the substance for patient A with the full knowledge that when the permission and the drug finally become available, they will administer it to patient B because patient A is either finished with his or her course of therapy or has already expired. In talking to physicians in other parts of the country, this is indeed exactly what happens. One could perhaps argue that this is less of a deception than simply advising the patient to acquire his or her own supply of the substance in question but substituting one illegality for another hardly seems like a reasonable course for the State to espouse. The answer thus does not seem to lie at a State level but rather would seem to lie at the federal level. We would therefore feel that getting involved in this matter on a State level is at least inadvisable. Additionally, the arguments relative to the expenditure of funds at a time when State revenues are declining both in real dollars and by inflation would apply to this program too.

The State Medical Board realizes that the Pharmacy Board is in a difficult position in regard to both of these programs. You have been directed by the legislature, as a result of recent enactments of law to go in this direction. We realize that you have relatively little discretion in the matter. It would therefore be our proposal to inform the legislature and the Governor's office of our feelings in the matter with the recommendation that the legislature either not vote funding for either of these programs or that when the funding proposals come to the Governor's office, he line item veto the expenditure.

We realize that this is a fairly unusual response to your proposed regulations, but feel that it is the only rational one available at the present time. We will look forward to further discussion of this matter at the conjoint meeting of the Boards of Nursing, Pharmacy and Medicine in Juneau in February of 1964.

Board of Pharmacy  
December 19, 1983  
Page Three

Sincerely,



Thomas L. Conley, M.D.  
Secretary  
Alaska State Board of Medicine

TLC:dp

cc: Jeffrey A. Partnow, M.D.  
Hugh Gellert, Chairman  
George C. Branneman, M.D.  
Thomas Kinsella  
George S. Rynner, M.D.  
Office of the Management of the Budget  
Governor's Office

*Interior Alaska* Veterinary Medical Association

800 Collage Road

FAIRBANKS, ALASKA  
99701

September 27, 1983

Department of Commerce  
Division of Occupational Licensing  
Board of Pharmacy-Regulations  
Century Plaza  
142-E 3rd Ave.  
Anchorage, Alaska. 99501

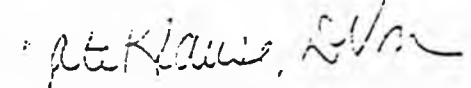
To Whom It May Concern:

On behalf of the Interior Veterinary Medical Association, I would like to express our opposition to the proposed legislation requiring Alaska licensed practitioners to register and pay State fees for the verifications of their DEA registration.

We feel the additional paperwork an unnecessary burden for the State, and that the registration/revenue only duplicates our federal registration and federal fee payment.

Please consider the proposal a duplication of responsibility that we have already satisfied on the federal level and delate it from the statutes.

Sincerely,



Kate Klause, D.V.M.  
President IVMA

KK/mj

OCCUPATIONAL  
LICENSING - ANCHORAGE  
HARRIET JACKSON SCHIRMER, M.D. 1983

BOX 773

SIKOTONGVILLE, ALASKA 99507

874-3368

AUG 17 11 02 AM '83  
ALASKA DEPARTMENT OF  
COMMERCE AND ECONOMIC  
DEVELOPMENT

July 29, 1983

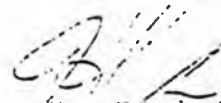
Richard A. Lyon, Commissioner  
Department of Commerce and  
Economic Development  
Board of Pharmacy

Dear Sir:

I have just received your public notice of proposed changes in regulations, and notice that under article number five, 12 AAC 52.400, provides that every person who dispenses any controlled substance, or proposes to do so, must obtain a certificate of registration with the Board of Pharmacy. Are you suggesting that there be a double registration business for narcotics and controlled substances, or that physicians would have a federal and a state registration? What about nurses who in the course of their activity in a hospital do dispense controlled substances?

I would appreciate your letting me know what this means.

Yours sincerely,



Harriet J. Schirmer, M.D.

HJS:kaw

# Susitna Valley Veterinary Clinic

Kenneth Aadsen, D.V.M.

Valerie Shepard, D.V.M.

Mile 48.2 Parks Highway near Route 2100 Wasilla, Alaska 99687 Phone 376-2141

August 12, 1983

Department of Commerce and Economic Development  
Division of Occupational Licensing  
Board of Pharmacy Regulations  
Century Plaza  
142 East 3rd Avenue  
Anchorage Alaska 99501

Dear Sirs,

The Board of Veterinary Examiners at its last meeting, August 8, 1983, voted to oppose adoption of the proposed amendment to 12AAC52 designated Article 5, "Regulation of Manufacture, Distribution, Prescription, and Dispensing for Controlled Substances."

Board members had been approached by veterinarians and other individuals opposed to the adoption of these regulations prior to the meeting and had an opportunity to review the text of the proposed amendment as well as the new statute under Chapter 17.30 "Controlled Substances." Ms. Marian Hartley, Regulations Specialist, spoke to us regarding the development of the proposed regulations.

The Board listed the following reasons for its opposition:

1. Implementation of this regulation would merely duplicate the registration system already adequately administered by the Federal Drug Enforcement Agency.
2. The cost of this duplication would place an unnecessary financial burden on the citizens and proposed licensees of this state.
3. Other than compliance with Chapter 30 of Title 17, there has been no demonstrated need for such registration nor would its implementation appear to improve upon the already existing Federal system.
4. The requirement that all distributors register with the state may decrease the availability of some controlled substances utilized by veterinarians who ordinarily order such drugs from distributors located outside of Alaska.

The Board further suggested that the entire question of Statutorily mandated registration be reexamined by the Legislator with regard to eliminating unnecessary duplication of the Federal registration system.

We trust that the Board of Pharmacy will consider these comments along with others it might receive at the scheduled public hearing, and suggest that you move to withdraw the adoption order for Article 5.

*Valerie Shepard*  
*Chair of Veterinary Examiners*

Fairbanks Alternative  
Placement Center

Detention  
Parole  
Re-Entry

# KILA, Inc.

*Locally Controlled  
Integrated and Coordinated  
Human Services*

3098 Airport Way  
Fairbanks, Alaska 99701 5599  
(907) 452 5972

Fairbanks Substance  
Abuse Center

Education  
Outreach  
Prevention  
Training  
Treatment

December 26, 1983

Darvel Miller  
Regulations Specialist  
Department of Commerce & Economic Development  
Pouch D  
Juneau, Alaska 99811

Dear Mr. Miller,

I just recently came into possession of the proposed regulations promulgated by the Board of Pharmacy (as required by AS 17.30.010 as passed under SB 190).

I have no overwhelming opposition to the proposed regulations developing, but I do need to ask why it only costs \$5/year to get registered with the feds and \$10/year to get registered with the State of Alaska? Why is registration with the State deemed desirable? Why not just get a listing of those registered with the feds from the feds? I am concerned only because the need for such registration evades my reading of the proposed regulations. Section 12 AAC 52.425 (5) is already covered under federal law and regulations; why does the state need to engage in such realms?

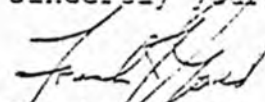
I would suggest that programs falling under the jurisdiction of the federal government's agencies (FDA and/or DEA) be exempted from having to secure a state license also. Why does the Board of Pharmacy want jurisdiction over programs it has succeeded in ignoring for the past 10+ years? The program to include us under the Board of Pharmacy is wasteful and of questionable value. Most important: Why is the Board committed to the growth of some state bureaucracy when the issues are already well covered by the federal government's bureaucracy?

Thank you for the opportunity to respond to the proposed regulations. It is indicative of the genuine interest in programs such as ours that the proposed regulations only just now arrived in this office--and then from an agency other than the Board of Pharmacy.

Darrel Miller, Regulations Specialist  
RE: Board of Pharmacy Proposed Regulations

Page 2  
12/26/83

Sincerely yours,



Frank A. Gold, EdD  
Executive Director & Staff Psychologist

FJG:ss

cc: SCADA  
Fairbanks Delegation

Hein  
3/25/86 ✓

Original sponsor: Gruenberg

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL NO. 641 (HESS)  
3 IN THE LEGISLATURE OF THE STATE OF ALASKA  
4 FOURTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to generic drugs, pharmaceuticals,  
7 and the Board of Pharmacy; repealing the marijuana  
8 therapeutic research program; and providing for an  
9 effective date."

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

11 \* Section 1. AS 08.03.010(c)(4) is amended to read:

12 (4) Board of Pharmacy (AS 08.80.010) -- June 30, 1989  
13 [1985].

14 \* Sec. 2. AS 08.80.030 is amended to read:

15 Sec. 08.80.030. POWERS OF THE BOARD. The board may

16 (1) elect a president and secretary from its membership and  
17 adopt rules for the conduct of its business;

18 (2) examine applicants for registration as pharmacists;

19 (3) assist the department in inspections and investigations  
20 [INVESTIGATE INDIVIDUALLY, COLLECTIVELY, OR THROUGH ITS AGENT,] for  
21 violations of this chapter, or of any other state or federal statute  
22 relating to the practice of pharmacy;

23 (4) adopt regulations and do whatever else is necessary and  
24 advisable to carry out the purposes of this chapter;

25 (5) adopt [PROMULGATE] regulations to carry out the pur-  
26 poses of this chapter;

27 (6) [REPEALED

28 (7)] register intern pharmacists and adopt regulations  
29 [PROMULGATE RULES] relating to their minimum experience requirements;

1           (7) adopt [(8) PROMULGATE] regulations to ensure adequate  
2 security for all dangerous drugs;

3           (8) [(9)] adopt requirements for licensing in addition to  
4 the requirements set out in this chapter.

5 \* Sec. 3. AS 08.80.295(a) is amended to read:

6           (a) Unless the prescription expressly states that it is to be  
7 dispensed only as written [EXCEPT AS LIMITED BY (b) AND (c) OF THIS  
8 SECTION, WITH THE CONSENT OF THE PURCHASER], the pharmacist may sub-  
9 stitute a drug product with the same generic name in the same  
10 strength, quantity, dose and dosage form as the prescribed drug,  
11 provided the substitute drug [PRESCRIBED DRUG WHICH] is, in the phar-  
12 macist's professional opinion, therapeutically equivalent and meets  
13 the standards of (g) of this section. The [UPON SUBSTITUTION THE]  
14 pharmacist shall notify the purchaser [AND THE PERSON WHO PRESCRIBED  
15 THE DRUG] of the substitution, and shall record on the prescription  
16 and keep a record of the name and manufacturer of the drug substi-  
17 tuted.

18 \* Sec. 4. AS 08.80.295 is amended by adding new subsections to read:

19           (i) A pharmacist who substitutes a drug in compliance with this  
20 section incurs no greater liability in filling the prescription by  
21 dispensing the equivalent drug product than would be incurred in  
22 filling the prescription by dispensing the prescribed brand name drug.

23           (j) Every pharmacy shall post a sign in a location easily seen  
24 by patrons at the counter where prescriptions are dispensed stating  
25 that "Under Alaska law a therapeutically equivalent but less expensive  
26 drug may, in some cases, be substituted for the drug prescribed by  
27 your doctor. Please consult your pharmacist or physician." The  
28 printing on the sign shall be in block letters not less than one inch  
29 in height.

1 \* Sec. 5. AS 08.80.360 is amended to read:

2       Sec. 08.80.360. SALE OF DANGEROUS MATERIALS. Drugs that [OR  
3 MEDICAL SUPPLIES WHICH] contain poisonous, potent, habit-forming or  
4 deleterious ingredients may [SHALL] be dispensed only by a licensed  
5 pharmacist. At the time of the sale, the pharmacist shall make the  
6 nature of the drug or medical preparation known to the purchaser.

7 \* Sec. 6. AS 08.80.480(2) is repealed and reenacted to read:

8       (2) "drug" means an article recognized in the official  
9 United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the  
10 United States, or official National Formulary; an article intended for  
11 use in the diagnosis, cure, mitigation, treatment, or prevention of  
12 disease in man or animal; an article other than food, intended to  
13 affect the structure or function of the body of man or animal; and an  
14 article intended for use as a component of an article specified in  
15 this paragraph but does not include devices or their components,  
16 parts, or accessories;

17 \* Sec. 7. AS 08.80.480 is amended by adding a new paragraph to read:

18       (21) "nonprescription drug" means a nonnarcotic medicine or  
19 drug that may be sold without a prescription and that is prepackaged  
20 for use by the consumer and labeled in accordance with the require-  
21 ments of the statutes and regulations of the state and the federal  
22 government.

23 \* Sec. 8. AS 11.71.030(a) is amended to read:

24       (a) Except as authorized in AS 17.30 [OR AS 17.35], a person  
25 commits the crime of misconduct involving a controlled substance in  
26 the third degree if the person

27       (1) manufactures or delivers any amount of a schedule IIA  
28 or IIIA controlled substance or possesses any amount of a schedule IIA  
29 or IIIA controlled substance with intent to manufacture or deliver;

1 (2) delivers any amount of a schedule IVA, VA, or VIA  
2 controlled substance to a person under 19 years of age who is at least  
3 three years younger than the person delivering the substance; or

4 (3) being 18 years of age or older, possesses any amount of  
5 a schedule IA or IIA controlled substance within the grounds of or on  
6 a parking lot immediately adjacent to a public or private preschool,  
7 elementary, junior high, or secondary school.

8 \* Sec. 9. AS 11.71.040(a) is amended to read:

9 (a) Except as authorized in AS 17.30 [OR AS 17.35], a person  
10 commits the crime of misconduct involving a controlled substance in  
11 the fourth degree if the person

12 (1) manufactures or delivers any amount of a schedule IVA  
13 or VA controlled substance or possesses any amount of a schedule IVA  
14 or VA controlled substance with intent to manufacture or deliver;

15 (2) manufactures or delivers, or possesses with the intent  
16 to manufacture or deliver, one or more preparations, compounds, mix-  
17 tures, or substances of an aggregate weight of one ounce or more  
18 containing a schedule VIA controlled substance;

19 (3) possesses

20 (A) any amount of a schedule IA or IIA controlled  
21 substance;

22 (B) 25 or more tablets, ampules, or syrettes contain-  
23 ing a schedule IIIA or IVA controlled substance;

24 (C) one or more preparations, compounds, mixtures, or  
25 substances of an aggregate weight of three grams or more contain-  
26 ing a schedule IIIA or IVA controlled substance;

27 (D) 50 or more tablets, ampules, or syrettes contain-  
28 ing a schedule VA controlled substance;

29 (E) one or more preparations, compounds, mixtures, or

1 substances of an aggregate weight of six grams or more containing  
2 a schedule VA controlled substance; or

3 (F) one or more preparations, compounds, mixtures, or  
4 substances of an aggregate weight of one pound or more containing  
5 a schedule VIA controlled substance;

6 (4) being 18 years of age or older, possesses a schedule  
7 IIIA, IVA, VA, or VIA controlled substance within the grounds of or on  
8 a parking lot immediately adjacent to a public or private preschool,  
9 elementary, junior high, or secondary school;

10 (5) knowingly keeps or maintains any store, shop, ware-  
11 house, dwelling, building, vehicle, boat, aircraft, or other structure  
12 or place which is used for keeping or distributing controlled sub-  
13 stances in violation of a felony offense under this chapter or AS 17.-  
14 30;

15 (6) makes, delivers, or possesses a punch, die, plate,  
16 stone, or other thing which prints, imprints, or reproduces a trade-  
17 mark, trade name, or other identifying mark, imprint, or device of  
18 another or any likeness of any of these upon a drug, drug container,  
19 or labeling so as to render the drug a counterfeit substance;

20 (7) knowingly uses in the course of the manufacture or  
21 distribution of a controlled substance a registration number which is  
22 fictitious, revoked, suspended, or issued to another person;

23 (8) knowingly furnishes false or fraudulent information in  
24 or omits material information from any application, report, record, or  
25 other document required to be kept or filed under AS 17.30;

26 (9) obtains possession of a controlled substance by mis-  
27 representation, fraud, forgery, deception or subterfuge; or

28 (10) affixes a false or forged label to a package or other  
29 container containing any controlled substance.

1 \* Sec. 10. AS 11.71.050(a) is amended to read:

2 (a) Except as authorized in AS 17.30 [OR AS 17.35], a person  
3 commits the crime of misconduct involving a controlled substance in  
4 the fifth degree if the person

5 (1) manufactures or delivers, or possesses with the intent  
6 to manufacture or deliver, one or more preparations, compounds, mix-  
7 tures, or substances of an aggregate weight of one-half ounce or more  
8 containing a schedule VIA controlled substance;

9 (2) manufactures or delivers, or possesses with the intent  
10 to manufacture or deliver, one or more preparations, compounds, mix-  
11 tures, or substances of an aggregate weight of less than one-half  
12 ounce containing a schedule VIA controlled substance, for remunera-  
13 tion;

14 (3) possesses

15 (A) less than 25 tablets, ampules, or syrettes con-  
16 taining a schedule IIIA or IVA controlled substance;

17 (B) one or more preparations, compounds, mixtures, or  
18 substances of an aggregate weight of less than three grams con-  
19 taining a schedule IIIA or IVA controlled substance;

20 (C) less than 50 tablets, ampules, or syrettes con-  
21 taining a schedule VA controlled substance;

22 (D) one or more preparations, compounds, mixtures, or  
23 substances of an aggregate weight of less than six grams contain-  
24 ing a schedule VA controlled substance; or

25 (E) one or more preparations, compounds, mixtures, or  
26 substances of an aggregate weight of one-half pound or more  
27 containing a schedule VIA controlled substance; or

28 (4) fails to make, keep, or furnish any record, notifica-  
29 tion, order form, statement, invoice, or information required under

1 AS 17.30.

2 \* Sec. 11. AS 11.71.060(a) is amended to read:

3 (a) Except as authorized in AS 17.30 [OR AS 17.35], a person  
4 commits the crime of misconduct involving a controlled substance in  
5 the sixth degree if the person

6 (1) uses or displays any amount of a schedule VIA con-  
7 trolled substance or possesses one or more preparations, compounds,  
8 mixtures, or substances of an aggregate weight of one ounce or more  
9 containing a schedule VIA controlled substance on a public street or  
10 sidewalk or on the premises of a public carrier or business establish-  
11 ment or in any other public place;

12 (2) knowingly possesses any amount of a schedule VIA con-  
13 trolled substance within the immediate control of that person while  
14 operating a propelled vehicle;

15 (3) being under 19 years of age, possesses one or more  
16 preparations, compounds, mixtures, or substances of an aggregate  
17 weight of less than four ounces containing a schedule VIA controlled  
18 substance;

19 (4) possesses one or more preparations, compounds, mix-  
20 tures, or substances of an aggregate weight of four ounces or more  
21 containing a schedule VIA controlled substance; or

22 (5) refuses entry into a premises for an inspection au-  
23 thorized under AS 17.30.

24 \* Sec. 12. AS 11.71.070(a) is amended to read:

25 (a) Except as authorized in AS 17.30 [OR AS 17.35], a person  
26 commits the offense of misconduct involving a controlled substance in  
27 the seventh degree if the person

28 (1) manufactures or delivers, or possesses with the intent  
29 to manufacture or deliver, one or more preparations, compounds,

1 mixtures, or substances of an aggregate weight of less than one-half  
2 ounce of a schedule VIA controlled substance; or

3 (2) possesses one or more preparations, compounds, mix-  
4 tures, or substances of an aggregate weight of less than one ounce  
5 containing a schedule VIA controlled substance on a public street or  
6 sidewalk or on the premises of a public carrier or business establish-  
7 ment or in any other public place.

8 \* Sec. 13. AS 08.80.295(b), (c), and (f); 08.80.480(3); and AS 17.35  
9 are repealed.

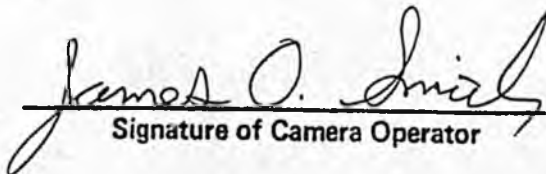
10 \* Sec. 14. This Act takes effect immediately in accordance with AS 01.-  
11 10.070(c).

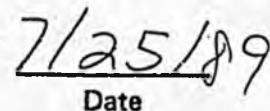


# RECORDS CERTIFICATION

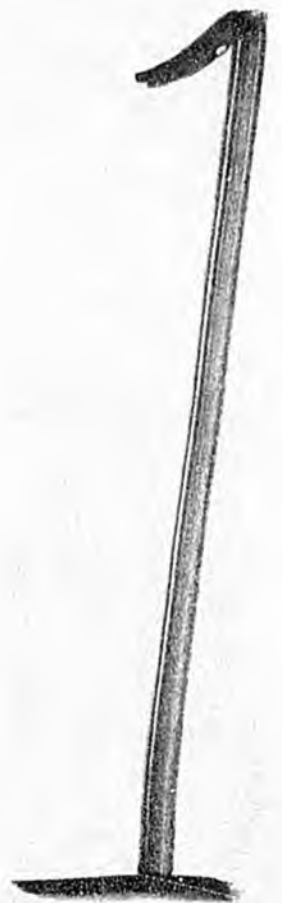
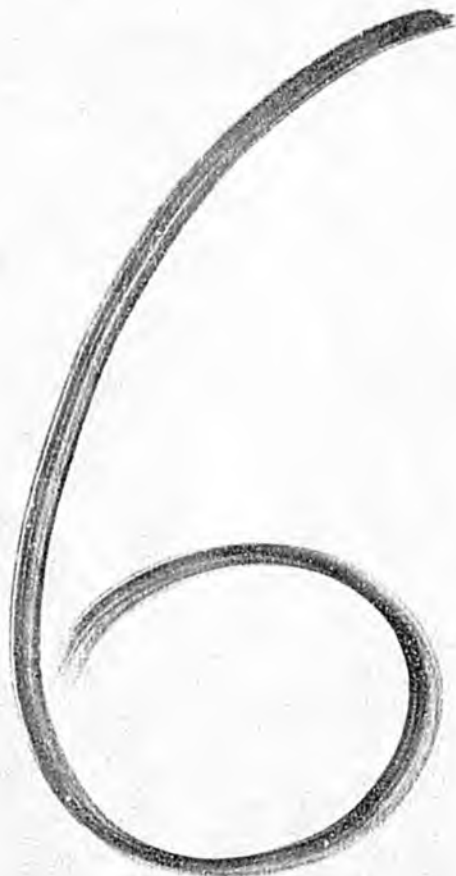
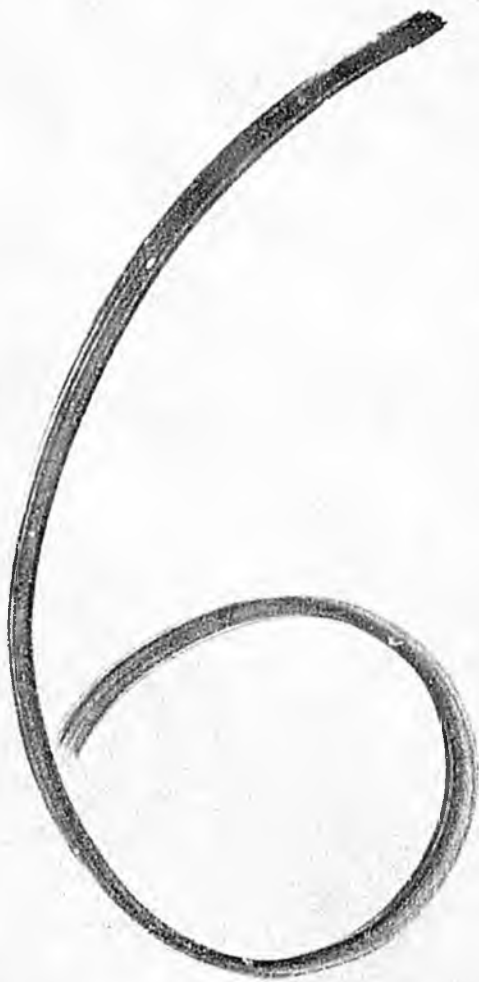


I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this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

  
Signature of Camera Operator

  
Date

H B



# Alaska State Legislature

P. O. BOX V  
JUNEAU, ALASKA 99811  
(907) 465-2828

DISTRICT 10  
2600 Denali; Suite 501  
ANCHORAGE, ALASKA 99503  
(907) 276-7943



MEMBER  
Labor and Commerce  
State Affairs  
Special Committee on  
Telecommunications  
Finance Sub-Committee

Minority Whip

Representative Virginia M. Collins

April 7, 1986

Representative Max Gruenberg  
Capitol / Room 114

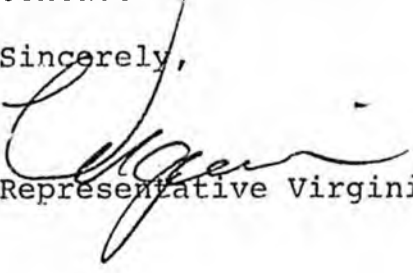
Dear Max:

Thank you for your offer of support on HB661, Head Injury legislation. I'm forwarding the information packet you requested including correspondence from Commissioner Pugh on HB661.

Max, I'm looking forward to working with you on this and really appreciate your interest and support.

If I can be of further assistance, please contact me at 2828.

Sincerely,

  
Representative Virginia Collins

1 IN THE HOUSE

BY COLLINS

2 HOUSE BILL NO. 661

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act creating the Advisory Council on Head-Injured  
7 Persons; and providing for an effective date."

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

9 \* Section 1. AS 44.29 is amended by adding new sections to read:

10 ARTICLE 3. ADVISORY COUNCIL ON HEAD-INJURED PERSONS.

11 Sec. 44.29.160. ADVISORY COUNCIL ON HEAD-INJURED PERSONS. There  
12 is established in the Department of Health and Social Services a  
13 Advisory Council on Head-Injured Persons.

14 Sec. 44.29.170. COMPOSITION. The advisory council consists of  
15 seven members, broadly representative of medical and social service  
16 fields, who are known for their experience or interest in head in-  
17 juries. Members shall be appointed by the governor.

18 Sec. 44.29.180. TERM OF OFFICE. (a) Members of the advisor  
19 council serve staggered terms of three years.

20 (b) A vacancy occurring in the membership of the advisory coun-  
21 cil shall be filled by appointment for the unexpired portion of the  
22 term.

23 (c) Advisory council members serve at the pleasure of the gover-  
24 nor.

25 (d) The governor shall replace advisory council members who b  
26 poor attendance or lack of contribution to the council's work demon-  
27 strate their ineffectiveness as board members.

28 Sec. 44.29.190. COMPENSATION, PER DIEM, AND EXPENSES. Member  
29 of the advisory council are not entitled to a salary, but are entitle

1 to per diem, reimbursement for travel, and other expenses authorized  
2 by law for boards and commissions under AS 39.20.180.

3 Sec. 44.29.200. DUTIES. The advisory council shall act in an  
4 advisory capacity to the commissioner of health and social services in  
5 the following matters:

6 (1) special problems affecting mental health that head  
7 injuries may present;

8 (2) educational research and public informational activi-  
9 ties conducted by the Department of Health and Social Services and  
10 others in respect to the problems presented by head injuries; and

11 (3) social problems that affect rehabilitation of head-  
12 injured persons.

13 Sec. 44.29.210. DEFINITION. In AS 44.29.160 - 44.29.210 "advi-  
14 sory council" means Advisory Council on Head-Injured Persons.

15 \* Sec. 2. This Act takes effect June 30, 1986.  
16  
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29

CHAPTER 1658

An act to repeal and add Chapter 4 (commencing with Section 4330) of Part 2 of Division 4 of the Welfare and Institutions Code, relating to mental health, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor September 30, 1984. Filed with Secretary of State September 30, 1984.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2913, Agnos. Mental health.

Under existing law, the Director of Mental Health is required to establish a pilot project for brain-damaged persons for one year to be conducted by contract with an appropriate nonprofit community agency.

This bill instead would require the director to contract with a nonprofit community agency meeting certain requirements to act as the Statewide Resources Consultant and to also contract with nonprofit community resource agencies to establish regionally based resource centers to provide specified services to brain-impaired adults.

This bill would appropriate \$1,700,000 for the 1984-85 fiscal year for the purpose of the bill.

This bill would take effect immediately as an urgency statute.

Appropriation: yes.

*The people of the State of California do enact as follows:*

SECTION 1. Chapter 4 (commencing with Section 4330) of Part 2 of Division 4 of the Welfare and Institutions Code is repealed.

SEC. 2. Chapter 4 (commencing with Section 4330) is added to Part 2 of Division 4 of the Welfare and Institutions Code, to read:

CHAPTER 4. SERVICES FOR PERSONS WITH BRAIN DAMAGE OR DEGENERATIVE BRAIN DISEASE

4330. The Legislature finds all of the following:

(a) That state public policy discriminates against adults with brain damage or degenerative brain disease, such as Alzheimer's disease, hereinafter called "brain impairments."

(b) That the Legislature has declared state public policy and accepted responsibility to ensure that persons under the age of 18 years who are "developmentally disabled" pursuant to Division 4.5 (commencing with Section 4500), receive services necessary to meet their needs, which are often similar to those of persons who suffer

San Francisco, a three-year pilot project established pursuant to former Chapter 4 (commencing with Section 4330), has demonstrated that the most successful, cost-effective service model is one which allows a nonprofit community agency to provide a full array of support services to families that have a member who suffers from a brain impairment. This agency provides direct services, coordinates existing resources, and assists in the development of new programs and services on a regional basis.

(i) That respite care services provide a combination of time-limited, in-home, and out-of-home services which significantly decrease the stress of family members and increase their ability to maintain a brain-impaired person at home at less cost than other alternatives. This ability is further increased when complemented by case planning, care training, and other support services for family members.

(j) That, since 1977, the State Department of Mental Health has attempted to identify service gaps and determine a cost-effective, feasible approach to funding and providing services to brain-damaged adults, their families, and caregivers. That department has the experience of offering more in the continuum of programs and services than any other state agency and is willing to continue in the lead state agency capacity.

(k) That providing services to brain-impaired adults, and to their families and caregivers, requires the coordinated services of many state departments and community agencies to ensure that no gaps occur in communication, in the availability of programs, or in the provision of services. Although the services may include mental health interventions, they cannot be met solely by services of the State Department of Mental Health.

4331. As used in this chapter:

(a) "Brain damage," "degenerative brain diseases," and "brain impairment" mean significant destruction of brain tissue with resultant loss of brain function. Examples of causes of the impairments are Alzheimer's disease, stroke, traumatic brain injury, and other impairments described in subdivision (f) of Section 4330.

(b) "Brain-impaired adult" means a person whose brain impairment has occurred after the age of 18.

(c) "Respite care" means time-limited substitute care or supervision in support of the caregiver for the purposes of providing relief from the stresses of constant care provision and so as to enable the caregiver to pursue a normal routine and responsibilities. Respite care may be provided in the home or in an out-of-home setting, such as day care centers or short-term placements in inpatient facilities.

4332. The director shall administer this chapter and establish standards and procedures, as the director deems necessary in carrying out the provisions of this chapter. The standards and procedures are not required to be adopted as regulations pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing

# **CORRECTION**

**THIS DOCUMENT  
HAS BEEN REPHOTOGRAPHED  
TO ASSURE LEGIBILITY**

CHAPTER 1658

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(a) That state public policy discriminates against adults with brain damage or degenerative brain disease, such as Alzheimer's disease, hereinafter called "brain impairments."

(b) That the Legislature has declared state public policy and accepted responsibility to ensure that persons under the age of 18 years who are "developmentally disabled" pursuant to Division 4.5 (commencing with Section 4500), receive services necessary to meet their needs, which are often similar to those of persons who suffer

from brain impairments.

(c) That persons over the age of 18 who sustain brain impairment have a variety of program and service needs for which there is no clearly defined, ultimate responsibility vested in any single state agency and for which there are currently a number of different programs attempting to meet their needs.

(d) That the lack of clearly defined, ultimate responsibility has resulted in severe financial liability and physical and mental strain on brain-impaired persons, their families, and caregivers.

(e) That terminology and nomenclature used to describe brain impairments are varied and confusing, in part because of different medical diagnoses and professional opinions, as well as differences in terminology used by the various funding sources for programs and services. Uniformity is required in order to ensure that appropriate programs and services are available throughout the state to serve these persons.

(f) That the term "brain damage" covers a wide range of organic and neurological disorders, and that these disorders, as identified below, are not necessarily to be construed as mental illnesses. These disorders include, but are not limited to, all of the following:

(1) Progressive, degenerative, and dementing illnesses, including, but not limited to, presenile and senile dementias, Alzheimer's disease, multiinfarct disease, Pick's disease, and Kreutzfeldt-Jakob's disease.

(2) Degenerative diseases of the central nervous system that can lead to dementia or severe brain impairment, including, but not limited to, epilepsy, multiple sclerosis, Parkinson's disease, amyotrophic lateral sclerosis (ALS), and hereditary diseases such as Huntington's disease.


(3) Permanent damage caused by cerebrovascular accidents more commonly referred to as "strokes," including, but not limited to, cerebral hemorrhage, aneurysm, and embolism.

(4) Posttraumatic, postanoxic, and postinfectious damage caused by incidents, including, but not limited to, coma, accidental skull and closed head injuries, loss of oxygen (anoxia), and infections such as encephalitis, herpes simplex, and tuberculosis.

(5) Permanent brain damage or temporary or progressive dementia as a result of tumors (neoplasm), hydrocephalus, abscesses, seizures, substance toxicity, and other disorders.

(g) That brain damage frequently results in functional impairments that adversely affect personality, behavior, and ability to perform daily activities. These impairments cause dependency on others for care and decisionmaking. The manifestations of brain damage include impairments of memory, cognitive ability, orientation, judgment, emotional response, and social inhibition. Brain damage can strike anyone regardless of age, race, sex, occupation, or economic status.

(h) That Family Survival Project for Brain-Damaged Adults of



San Francisco, a three-year pilot project established pursuant to former Chapter 4 (commencing with Section 4330), has demonstrated that the most successful, cost-effective service model is one which allows a nonprofit community agency to provide a full array of support services to families that have a member who suffers from a brain impairment. This agency provides direct services, coordinates existing resources, and assists in the development of new programs and services on a regional basis.

(i) That respite care services provide a combination of time-limited, in-home, and out-of-home services which significantly decrease the stress of family members and increase their ability to maintain a brain-impaired person at home at less cost than other alternatives. This ability is further increased when complemented by case planning, care training, and other support services for family members.

(j) That, since 1977, the State Department of Mental Health has attempted to identify service gaps and determine a cost-effective, feasible approach to funding and providing services to brain-damaged adults, their families, and caregivers. That department has the experience of offering more in the continuum of programs and services than any other state agency and is willing to continue in the lead state agency capacity.

(k) That providing services to brain-impaired adults, and to their families and caregivers, requires the coordinated services of many state departments and community agencies to ensure that no gaps occur in communication, in the availability of programs, or in the provision of services. Although the services may include mental health interventions, they cannot be met solely by services of the State Department of Mental Health.

4331. As used in this chapter:

(a) "Brain damage," "degenerative brain diseases," and "brain impairment" mean significant destruction of brain tissue with resultant loss of brain function. Examples of causes of the impairments are Alzheimer's disease, stroke, traumatic brain injury, and other impairments described in subdivision (f) of Section 4330.

(b) "Brain-impaired adult" means a person whose brain impairment has occurred after the age of 18.

(c) "Respite care" means time-limited substitute care or supervision in support of the caregiver for the purposes of providing relief from the stresses of constant care provision and so as to enable the caregiver to pursue a normal routine and responsibilities. Respite care may be provided in the home or in an out-of-home setting, such as day care centers or short-term placements in inpatient facilities.

4332. The director shall administer this chapter and establish standards and procedures, as the director deems necessary in carrying out the provisions of this chapter. The standards and procedures are not required to be adopted as regulations pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing

with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

4333. The director shall do both of the following:

(a) Contract with a nonprofit community agency meeting the requirements of this chapter to act as the Statewide Resources Consultant, to be selected through a bid procedure.

(b) With the advice of the Statewide Resources Consultant and within four years from the effective date of this chapter, contract with nonprofit community resource agencies, selected in a manner determined by the director, to establish regionally based resource centers in order to ensure the existence of an array of appropriate programs and services for brain-impaired adults. The resource center shall place a high priority on utilizing community resources in creating opportunities for families to maintain a brain-impaired adult at home when possible and in other community-based alternatives when necessary.

4334. The Statewide Resources Consultant shall do all of the following:

(a) Serve as the centralized information and technical assistance clearinghouse for brain-impaired adults, their families, caregivers, service professionals and agencies, and volunteer organizations.

(b) Work closely and coordinate with organizations serving brain-impaired adults, their families, and caregivers in order to ensure, consistent with requirements for quality of services as may be established by the director, that the greatest number of persons are served and that the optimal number of organizations participate.

(c) Develop training packages which are appropriate for a variety of persons, including, but not limited to, all of the following:

(1) Families.

(2) Caregivers and service professionals involved with brain-impaired adults.

(3) Advocacy and self-help family and caregiver support organizations.

(4) Educational institutions.

(d) Provide service and program development consultation to resource centers and to identify funding sources which are available.

(e) Assist the appropriate state agencies in identifying and securing increased federal financial participation and third party reimbursement, including, but not limited to, Title XVIII (42 U.S.C. Sec. 1395 et seq.) and Title XIX (42 U.S.C. Sec. 1396 et seq.) of the federal Social Security Act.

(f) Conduct public social policy research based upon the recommendations of the Director of Mental Health.

(g) Assist the director, as the director may require, in conducting directly, or through contract, research in brain damage epidemiology and data collection, and in developing a uniform terminology and nomenclature.

(h) Assist the director in establishing criteria for, and in selecting

resource centers and in designing a methodology for, the consistent assessment of resources and needs within the geographic areas to be serviced by the resource centers.

(i) Conduct conferences, as required by the director, for families, caregivers, service providers, advocacy organizations, and educational institutions in order to enhance the quality and availability of high-quality, low-cost care and treatment of brain-impaired adults.

4335. In choosing an appropriate nonprofit community agency to act as the Statewide Resources Consultant, the director shall give priority to an agency which meets both of the following:

(a) An agency which has a proven record of experience in providing information, technical assistance and direct services to adults with all types of brain impairments, their families, and caregivers.

(b) An agency which includes family members and caregivers of brain-impaired adults on its board of directors.

4336. (a) The Statewide Resources Consultant shall submit progress reports on its activities as required by the director. These reports shall include, but not be limited to, a summary and evaluation of the activities of the resource centers. Client, caregiver, service, and cost data shall be provided for each operating resource center.

(b) The department, in consultation with the Statewide Resources Consultant, shall report to the Legislature by annually on the effectiveness of the resource centers. The report shall be submitted within three months after the end of each calendar year. The evaluation shall include, but not be limited to, all of the following:

(1) A comparative assessment of the costs and effectiveness of each type of service or combinations of services provided.

(2) An assessment of the nature and extent of the demand for services which provide respite, and an evaluation of their success in meeting this demand.

(3) An analysis of the effectiveness of the program in deterring the institutionalization of brain-impaired adults, allowing caregivers to maintain a normal routine, and promoting the continuance of quality care for brain-impaired adults.

(4) Recommendations for ensuring that unmet needs of brain-impaired persons and their families are identified and addressed with appropriate programs and services.

4337. The resource centers shall serve all of the following functions:

(a) Provide directly or assist families in securing information, advice, and referral services, legal services and financial consultation, planning and problem-solving consultation, family support services, and respite care services, as specified in Section 4338.

(b) Provide centralized access to information about, and referrals to, local, state, and federal services and programs in order to assure

a comprehensive approach for brain-impaired adults, their families, and caregivers. Nothing in this chapter shall prohibit access to services through other organizations which provide similar programs and services to brain-impaired adults and their families, nor shall other organizations be prevented from providing these programs and services.

(c) Assist in the identification and documentation of service needs and the development of necessary programs and services to meet the needs of brain-impaired adults in the geographic area.

(d) Cooperate with the Statewide Resources Consultant and the Director of Mental Health in any activities which they deem necessary for the proper implementation of this chapter.

(e) Work closely and coordinate with organizations serving brain-impaired adults, their families, and caregivers in order to ensure, consistent with requirements for quality of services as may be established by the director, that the greatest number of persons are served and that the optimal number of organizations participate.

4338. Agencies designated as resource centers by the director after consultation with the Statewide Resources Consultant shall include in their governing or advisory boards, or both, as required by the director, persons who are representative of the ethnic and socioeconomic character of the area served and the client groups served in the geographic area.

Criteria to be used in selecting resource centers shall include, but not be limited to, the following:

(a) Fiscal stability and sound financial management, including the capability of successful fundraising.

(b) Ability to obtain community support for designation as a resource center with the region recommended by the director.

(c) Demonstrated ability to carry out the functions specified in Section 4337, particularly in delivering necessary programs and services to brain-impaired adults as defined in subdivision (c) of Section 4330.

4338.5. Resource centers shall carry out the functions specified in Section 4337 through the administration and provision of programs and services that reflect the most progressive care and treatment alternatives available for brain-impaired adults, their families, and caregivers. These programs and services may be provided directly or through the establishment of subcontracts as specified in their contract and within the limitations imposed by budget appropriations. The department shall make efforts to achieve a goal that not less than 90 percent of the funds appropriated through contracts with resource centers shall be utilized for direct services, including, but not limited to, the following:

(a) Information, advice, and referral and family support services, including, but not limited to, all of the following:

(1) Information and counseling about diagnostic procedures and resources.

- (2) Long-term care planning and consultation.
- (3) Legal and financial resources, consultation, and representation.
- (4) Mental health interventions.
- (5) Caregiving techniques.
- (b) Respite care services through the flexible and creative use of existing local resources, including, but not limited to, all of the following:
  - (1) In-home care.
  - (2) Adult day health and social day care services.
  - (3) Foster and group care.
  - (4) Temporary placement in a community or health facility.
  - (5) Transportation.
- (c) Training and education programs for brain-impaired adults, their family members, caregivers, and service providers that will lead to the high-quality, low-cost care and treatment of service clients.

4339. The director shall establish criteria for client eligibility, including financial liability, pursuant to Section 4339.5. However, persons eligible for services provided by regional centers or the State Department of Developmental Services are not eligible for services provided under this chapter. Income shall not be the sole basis for client eligibility. The director shall assume responsibility for the coordination of existing funds and services for brain-impaired adults, and for the purchase of respite care services, as defined in subdivision (c) of Section 4331 and described in subdivision (b) of Section 4336, with other departments that may serve brain-impaired adults, including the Department of Rehabilitation, the State Department of Health Services, the State Department of Social Services, the State Department of Developmental Services, the Department of Aging, and the State Department of Alcohol and Drug Abuse.

4339.5. Persons receiving services pursuant to this chapter may be required to contribute to the cost of services depending upon their ability to pay, but not to exceed the actual cost thereof. The criteria for determining client contributions which may be paid to the resource center under this chapter and standards for their utilization by the resource center in developing new programs and services shall be determined by the director after consultation with the Statewide Resources Consultant.

4339.6. In considering total service funds available for the project, the director shall utilize funding available from appropriate state departments, including, but not limited to: the State Department of Health Services, the State Department of Social Services, the Department of Rehabilitation, the Department of Aging, and the State Department of Alcohol and Drug Abuse. The director in conjunction with the Statewide Resources Consultant shall coordinate his or her activities with the implementation of the Torres-Felando Long-Term Care Reform Act (Chapter 1435,

Statutes of 1982) in order to further the goal of obtaining comprehensive, coordinated public policy and to maximize the availability of funding for programs and services for persons with brain impairments.

SEC. 3. The sum of one million seven hundred thousand dollars (\$1,700,000) is hereby appropriated for the 1984-85 fiscal year from the General Fund to the State Department of Mental Health for the purposes of this act. Funding in subsequent years of programs under this act is subject to the annual appropriation of funds in the Budget Act.

SEC. 4. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order that certain greatly needed services to brain-impaired adults may be provided at the earliest possible time, it is essential that this act go into immediate effect.

O

# ALASKA TREATMENT CENTER

3710 E. 20th Avenue • Anchorage, AK 99508 • (907) 272-0586

HEAD INJURIES represent a serious health problem in the United States -- an estimated 7 MILLION head injuries occur in the U.S. annually.

Head Injuries are felt to be a significant problem in Alaska, given the fact that the accident rate in Alaska has been estimated to be 2 to 3 times the national average, with the rate 7 times the national average for the Native population.

The full extent of the problem of head injuries in Alaska is not known, because of the well-known geographic obstacles, and of a lack of systematic reporting of these injuries.

Most head injuries affect young persons -- the majority of victims are young males between the ages of 18 and 30. A head injury can affect a person's ability to walk and talk, their memory function, and personality and intellectual functioning. Persons who once functioned independently in society may become unable to hold a job, become dependent on family, and not unfrequently, become dependent on public assistance because of the impairments related to their head injury. Persons with head injuries may have the potential for living normal lifespans, thus the amount of public funds expended on these individuals over the course of their lives can be considerable.

Rehabilitation efforts for the head injured are being developed across the nation. Need for addressing the problems of the head injured has been recognized by many states. A few recent examples are listed below:

- \* COLORADO: The Colorado Division of Vocational Rehabilitation has funded 6 head injury vocational programs around the state with \$200,000 in grant support.
- \* MASSACHUSETTS: A Statewide Head Injury Program (SHIP) of the Massachusetts Rehabilitation Commission was begun July 1, 1985 with \$2.1 million to fund pilot programs for the rehabilitation needs of the head injured.
- \* MISSOURI: The state legislature provided for an advisory council on head injury, a mandatory seat belt law, and \$500,000 to the Division of Health to contract for rehabilitation services for the head injured.
- \* FLORIDA, NEW YORK, and VIRGINIA are among states which have mandated reporting of head injuries.

The National Head Injury Foundation (NHIF) has associated state chapters or support groups in all 50 states and the District of Columbia. In Alaska at the present time, a support group meets in Anchorage monthly. Head injured persons, family members and interested professionals comprise this ever-growing support group. The hopes are to eventually become a full chapter of the NHIF.

More information on this subject may be obtained from the National Head Injury Foundation at P.O. Box 567, Framingham, MA, 01701.

Information regarding services for the head injured in Alaska may be obtained from Paul Craig, PhD; or Shawn Hadley, M.D., c/o The Alaska Treatment Center.

# Alaska State Legislature

P. O. BOX V  
JUNEAU, ALASKA 99811  
(907) 465-2828



**MEMBER**  
Labor and Commerce  
State Affairs  
Special Committee on  
Telecommunications  
Finance Sub-Committee

DISTRICT 10  
2600 Denali; Suite 501  
ANCHORAGE, ALASKA 99503  
(907) 276-7943

Minority Whip

Representative Virginia M. Collins

March 5, 1986

John R. Pugh, Commissioner  
Department of Health & Social Services  
Pouch H-01  
Juneau, AK 99811

Dear Commissioner Pugh:

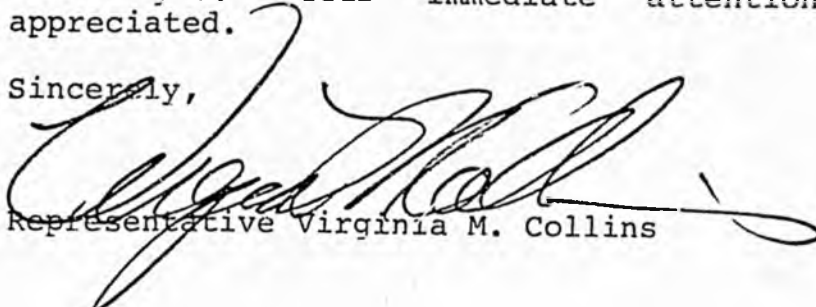
As you may recall, I met with you in January of this year for the purpose of discussing the issues relating to head injuries in the State of Alaska. My purpose in meeting with you at that time was to determine if there was a mechanism at the present time within the Department of Health and Social Services to begin to identify the number of head-injured people in the State of Alaska and to address their needs. At that time, you indicated to me that there was presently no mechanism within the Department of Health and Social Services to adequately address this issue and this need. I indicated to you at the time that I was not interested in establishing a new council and asked your opinion whether the medical advisory council could perform this function. Your indication to me at the time was that it could not. Finally, you indicated to me that you felt that the Department of Vocational Rehabilitation could handle this function.

Given our conversation, I was quite surprised to receive your Department's Position Paper on House Bill 661 prepared by Elizabeth Ward. (I should say surprised and amused.) In that Position Paper, Ms. Ward indicates that all of those things that I requested that you said were not available in Health and Social Services indeed are. In view of your position that the Department of Health and Social Services does not support House Bill 661 due to the increased costs associated with its mandates and that the Department feels that this activity can be achieved within the capabilities and budgets of existing advisory councils, I request that your Department prepare for me a detailed plan of how you plan to address these things that I brought to your attention. I would appreciate having this in my office no later than March 30.

Commissioner Pugh  
March 5, 1986  
Page 2

Thank you. Your immediate attention would be greatly appreciated.

Sincerely,

  
Representative Virginia M. Collins

POSITION PAPER

HOUSE BILL 661

"An Act creating the Advisory Council on Head Injured Persons and providing for an effective date."

This Bill mandates the establishment of an Advisory Council to the Commissioner of the Department of Health and Social Services for the purpose of addressing the social, mental health, research and education issues associated with head injuries. The seven member advisory council will be appointed by the governor to represent the medical and social services fields for terms of three years. Council members will not receive salaries while serving in advisory capacity, but will be reimbursed for travel, per diem and other expenses authorized for boards and commissions.

While the department supports the intentions of providing an enhanced focus on the problems of head injuries in Alaska, the establishment of a separate advisory council for this sole purpose will lead to increased expense and fragmentation of services. Currently the Department has two councils that can adequately advise the Commissioner regarding this problem. The Governors Council on the Handicapped and Gifted, and the Medical Care Advisory Council have staff and operating funds which could be utilized to address the issues of head injuries.

Position

The Department of Health and Social Services does not support HB 661 due to the increased cost associated with its mandates. The department does support an enhanced focus on head injuries, but feels that this activity can be achieved within the capabilities and budgets of existing advisory councils.

Recommended by:

*Elizabeth M. Ward*

Elizabeth Ward, M.N.  
Director  
Division of Public Health

Date:

2/24/86

Approved by:

*John R. Pugh*  
John R. Pugh, Commissioner  
Department of Health  
and Social Services

Date:

2/28/86

**STATE OF ALASKA 1986 LEGISLATIVE SESSION  
FISCAL NOTE**

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

**REQUEST**

Bill/Resolution No. : HB 661  
 Title : "An Act Creating the Advisory  
 Council on Head Injured Persons"  
 Sponsor : Rep. Collins  
 Requestor : State Affairs  
 Date of Request : Feb. 17, 1986

**FISCAL DETAIL**

Agency Affected : Health & Social Services  
 BRU : DHSS Administrative Support  
 Components : Governor's Council on the  
 Handicapped and Gifted

**EXPENDITURES/REVENUES : (Thousands of Dollars)**

OPERATING	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91
PERSONAL SERVICES		39.3	48.4	49.9	51.4	52.9
TRAVEL		15.6	10.3	10.6	10.9	11.2
CONTRACTUAL		67.9	4.0	4.2	4.3	4.4
SUPPLIES		5.5	.4	.4	.4	.4
EQUIPMENT		1.0	-0-	-0-	-0-	-0-
LAND & STRUCTURES		-0-	-0-	-0-	-0-	-0-
GRANTS, CLAIMS		-0-	-0-	-0-	-0-	-0-
MISCELLANEOUS		-0-	-0-	-0-	-0-	-0-
<b>TOTAL OPERATING</b>		<b>129.3</b>	<b>63.1</b>	<b>65.1</b>	<b>67.0</b>	<b>68.9</b>

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

**FUNDING : (Thousands of Dollars)**

GENERAL FUND		129.3	63.1	65.1	67.0	68.9
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		<b>129.3</b>	<b>63.1</b>	<b>65.1</b>	<b>67.0</b>	<b>68.9</b>

**POSITIONS :**

FULL-TIME		1.0	1.0	1.0	1.0	1.0
PART-TIME						
TEMPORARY						

**ANALYSIS :** Attach a separate page if necessary

Prepared by : *Elyah H. Ward*  
 Division : Division of Public Health

Phone : 465-3090  
 Date : 2/24/86

Approved by Commissioner : *John R. Poy*  
 Agency : Department of Health & Social Services

Date : 2/28/86

Distribution (by Agency preparing fiscal note):

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

*acc*

## FISCAL NOTE ANALYSIS

## HOUSE BILL NO. 661

"An Act creating the Advisory Council on Head-Injured Persons; and Providing for an Effective Date."

Assumptions

Not Applicable

Program Summary

HB 661 requires the establishment of a seven member advisory council for the Commissioner of Health and Social Services to address medical, social, mental, educational and research problems relating to head injuries. Implementation of this bill during FY 87 will require initial research into the prevalence of head injuries, and establishment of a council with permanent full time staff. The associated cost for the council and its functions will be:

Personnel:	Associate Coordinator, Juneau Range 18A, 10 months	\$39,940
Travel:	6 Council meetings Anchorage & Juneau	5,000
	Staff travel for Council meetings, Interagency	5,000
	Coordination and information	
	Head Injury Research	5,600
	Total	\$15,600
Contractual:	Medical Epidemiologist 4 months	\$22,248
	Nurse Epidemiologist 4 months	13,852
	Computer Programmer 3 months	10,389
	Clerk Typist III 2 months	3,386
	Benefits	14,563
	Staff/Council Communication, Office, Printing	3,500
	Total	\$67,938
Commodities:	Study supplies for computer and data entry	\$5,000
	Staff/Council office supplies	450
	Total	\$5,450
Equipment:	Staff Desk	400
	Desk Chair	250
	File Cabinet	150
	Office Chairs	200
	Total	\$1,000
Total Cost		\$129,500

The study will be conducted during the first year with the subsequent years costs being limited to the operational support of the council and staff.

Economic Impact

Not Applicable

Impact on Local Government

Not Applicable

# STATE OF ALASKA

## DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH  
EPIDEMIOLOGY OFFICE

BILL SHEFFIELD, GOVERNOR

3601 "C" STREET, SUITE 540  
POUCH 6333  
ANCHORAGE, ALASKA 99502-0333

### EPIDEMIOLOGIC STUDY OF SPINAL CORD INJURIES/HEAD INJURIES IN ALASKA

#### PROPOSAL

John Middaugh, M.D.  
State Epidemiologist  
February 10, 1986

I. Introduction: No central source exists in Alaska to provide accurate information on the number of spinal cord/head injuries and descriptive information about the victims, circumstances of injury, and disability. Major effort will be required to obtain such information.

II. Proposal: Information will need to be gathered on all occurrences. Since spinal cord/head injuries may or may not be fatal, cause hospitalization, or result in permanent disability, numerous data sources will have to be explored.

1. Case Ascertainment: All traumatic injuries will have to be included, ranging from aircraft, motor vehicles, 3-wheeled ATVs, to falls, assault, suicide, and occupational injuries.

Death certificates, autopsy reports, hospital records, and financial payment records will need to be received to ascertain cases.

2. Case Definition: No single code or marker will identify cases for study. Numerous sources will have to be examined. Hospital records can be located by computer search using ICD codes. Once identified by computer search, each record will have to be reviewed and appropriate data extracted. The following ICD codes, as a minimum, will have to be searched:

<u>Conditions</u>	<u>ICD Codes</u>
Fracture of skull	800-804
Fracture of neck and trunk	805-809
Other paralytic syndromes	344
Intracranial Injury, laceration and contusion	851
Intracranial Injury, concussion	850
Intracranial Injury, subarachnoid, subdural and extradural hemorrhage	852
Intracranial injury, other	853-854

3. Descriptions: Data obtained will include demographic factors characterized according to time, place, and person. Data will be analyzed by pre-event occurrence, outcome, costs, and disability.

### III. BUDGET

Personnel: A medical epidemiologist will be required to oversee and direct the study. Four month full-time effort required equivalent.	\$22,243	
A nurse epidemiologist needed for four full-time months equivalent.	13,852	
A computer programmer will be needed for three months, full-time equivalent.	10,389	
A clerk-typist III will be needed for two months full-time equivalent	3,386	
	<u>49,875</u>	
	11,603	benefits
	<u>2,960</u>	health
	<u>\$64,438</u>	
Travel: Trips to Ketchikan (1) @ 3 days	692	
Fairbanks (2) @ 3 days	984	
Bethel (2) @ 3 days	1524	
Juneau (4) @ 3 days	<u>2368</u>	
Supplies: Computer discs, tapes, paper, data entry, key punching, forms (printing)	5,000	
	<u>\$75,006</u>	TOTAL

### IV. IMPLEMENTATION

Once funded, it will take 3-6 months to find qualified investigators and to obtain clearances required to obtain medical and financial data. It should be possible to complete a modest but accurate study in 12-18 months.

1.	POSITION TITLE Associate Coordinator			RANGE/STEP 18/A	BARG. UNIT GGU	FORM 12 PAGE/LINE N/A	GOV.	APPROX.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 10	RP NUMBER N/A	PCN NUMBER Vacant	BRU PRIORITY N/A	LOCATION AWA	ELECTION DISTRICT 4	LEG.	
3.	CONTINUATION LEVEL	ADDITION		JUSTIFICATION					
4.	TYPE OF EXPENDITURE			AMOUNT					
	1	2		3					
	PERSONAL SERVICES								
5.	Salary	\$32,310		\$32,310					
6.	Benefits	2,522		2,522					
7.	Supplemental Benefits	4,281		4,281					
8.	Fixed Benefits	827		827					
9.	TOTAL PERSONAL SERVICES	01		\$39,940					
10.	Travel	02		5,000					
11.	Contractual	03		3,500					
12.	Commodities	04		450					
13.	Equipment	05		1,000					
14.	Other			-0-					
15.	TOTAL COST			\$49,890					
	RECEIPT CODE	FUNDING SOURCE							
16.		Federal Receipts 1002							
17.		G.F. Hatch 1003							
18.		General Funds 1004		\$49,890					
19.		I-A Receipts 1005							
20.		Program Receipts 1028							
21.		Other							
FOR B&H USE ONLY									
4A KEY NUMBER _____									

House Bill No. 661 "An Act Creating the Advisory Council on Head Injured Persons; and Providing for an Effective Date", requires the establishment of a seven member council to advise the Commissioner of Health and Social Services regarding medical, mental health, social, educational and research problems regarding head injuries. In order to conduct these duties the council will require on going staff support to organize and prepare for council meetings; provide interagency coordination; information gathering and presentation; and follow-up on directives of the council. Such activities will require the abilities and expertise of an Associate Coordinator Range 18, to be stationed in Juneau.

**13** REQUEST FOR  
NEW POSITION

AGENCY Health & Social Services  
PROGRAM \_\_\_\_\_  
BRU DHSS Administrative Support  
COMPONENT Governor's Council/Handicapped & Gifted

Page \_\_\_\_\_ of \_\_\_\_\_  
Revised Date \_\_\_\_\_

**FY 87**

**DEPT. OF HEALTH AND SOCIAL SERVICES**

**OFFICE OF THE COMMISSIONER**

POUCH H 01  
JUNEAU, ALASKA 99811

PHONE: 465-3030

Document No. 86-45

March 24, 1986

The Honorable Virginia M. Collins  
Alaska State House  
P.O. Box V  
Juneau, AK 99811

Dear Representative Collins:

Thank you for your letter of March 5, 1986 regarding House Bill 661. I will attempt to clarify what was intended but apparently not well stated in our position paper.

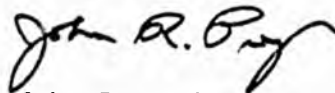
I do not believe we need a separate council to address the problems of persons with head injuries in Alaska. Functions of advocacy, public education and some aspects of monitoring and coordination can be handled through existing boards and agencies such as the Governor's Council on the Handicapped and Gifted and the Division of Vocational Rehabilitation.

One of the things we cannot do, as I believe I indicated when we met, is produce information on the extent of the problem associated with head injury in Alaska. We have limited information as a by-product of other studies such as the all-terrain vehicle investigation. Mortality data could be extracted from death certificates. Perhaps some information on industrial accidents could be obtained from the Department of Labor and some idea of costs of acute and long term care could be obtained from sources such as Medicaid, Catastrophic Illness or General Relief Medical. However, if more precise information is needed on all head injuries, then special studies would be required as indicated in Dr. Middaugh's proposal which was attached to our position paper.

One possibility which would avoid the need for a council might be the convening of a small group of interested persons to pool their knowledge of the prevalence of head injuries and their sequelae, the treatment and rehabilitation needs of this group and the identifiable gaps in service. The deliberations of such a group could help determine assignment of priorities in a restrictive fiscal climate and future steps which are indicated. It might be possible to convene such a group during the interim.

If you would care to discuss this possibility, please let me know.

Sincerely,

A handwritten signature in cursive script, appearing to read "John R. Pugh".

John R. Pugh  
Commissioner

POSITION PAPER

HOUSE BILL 661

"An Act creating the Advisory Council on Head Injured Persons and providing for an effective date."

This Bill mandates the establishment of an Advisory Council to the Commissioner of the Department of Health and Social Services for the purpose of addressing the social, mental health, research and education issues associated with head injuries. The seven member advisory council will be appointed by the governor to represent the medical and social services fields for terms of three years. Council members will not receive salaries while serving in advisory capacity, but will be re-inbursed for travel, per diem and other expenses authorized for boards and commissions.

While the department supports the intentions of providing an enhanced focus on the problems of head injuries in Alaska, the establishment of a separate advisory council for this sole purpose will lead to increased expense and fragmentation of services. Currently the Department has two councils that can adequately advise the Commissioner regarding this problem. The Governors Council on the Handicapped and Gifted, and the Medical Care Advisory Council have staff and operating funds which could be utilized to address the issues of head injuries.

Position

The Department of Health and Social Services does not support HB 661 due to the increased cost associated with its mandates. The department does support an enhanced focus on head injuries, but feels that this activity can be achieved within the capabilities and budgets of existing advisory councils.

Recommended by:

*Elizabeth M. Ward*  
Elizabeth Ward, M.N.  
Director  
Division of Public Health

Date:

2/24/86

Approved by:

*John R. Pugh*  
John R. Pugh, Commissioner  
Department of Health  
and Social Services

Date:

2/28/86

# STATE OF ALASKA 1986 LEGISLATIVE SESSION FISCAL NOTE

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

**REQUEST**

Bill/Resolution No. : HB 661  
 Title : "An Act Creating the Advisory Council on Head Injured Persons"  
 Sponsor : Rep. Collins  
 Requestor : State Affairs  
 Date of Request : Feb. 17, 1986

**FISCAL DETAIL**

Agency Affected : Health & Social Services  
 BRU : DHSS Administrative Support  
 Components : Governor's Council on the Handicapped and Gifted

**EXPENDITURES/REVENUES : (Thousands of Dollars)**

OPERATING	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91
PERSONAL SERVICES		39.3	48.4	49.9	51.4	52.9
TRAVEL		15.6	10.3	10.6	10.9	11.2
CONTRACTUAL		67.9	4.0	4.2	4.3	4.4
SUPPLIES		5.5	.4	.4	.4	.4
EQUIPMENT		1.0	-0-	-0-	-0-	-0-
LAND & STRUCTURES		-0-	-0-	-0-	-0-	-0-
GRANTS, CLAIMS		-0-	-0-	-0-	-0-	-0-
MISCELLANEOUS		-0-	-0-	-0-	-0-	-0-
<b>TOTAL OPERATING</b>		<b>129.3</b>	<b>63.1</b>	<b>65.1</b>	<b>67.0</b>	<b>68.9</b>

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

**FUNDING : (Thousands of Dollars)**

GENERAL FUND		129.3	63.1	65.1	67.0	68.9
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		<b>129.3</b>	<b>63.1</b>	<b>65.1</b>	<b>67.0</b>	<b>68.9</b>

**POSITIONS :**

FULL-TIME		1.0	1.0	1.0	1.0	1.0
PART-TIME						
TEMPORARY						

**ANALYSIS :** Attach a separate page if necessary

Prepared by : Elyse H. Ward  
 Division : Division of Public Health

Phone : 465-3090  
 Date : 2/24/86

Approved by Commissioner : John R. Poy  
 Agency : Department of Health & Social Services

Date : 2/28/86

Distribution (by Agency preparing fiscal note) :

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

## FISCAL NOTE ANALYSIS

## HOUSE BILL NO. 661

"An Act creating the Advisory Council on Head-Injured Persons; and Providing for an Effective Date."

Assumptions  
Not Applicable

Program Summary

HB 661 requires the establishment of a seven member advisory council for the Commissioner of Health and Social Services to address medical, social, mental, educational and research problems relating to head injuries. Implementation of this bill during FY 87 will require initial research into the prevalence of head injuries, and establishment of a council with permanent full time staff. The associated cost for the council and its functions will be:

Personnel:	Associate Coordinator, Juneau Range 18A, 10 months	\$39,940
Travel:	6 Council meetings Anchorage & Juneau	5,000
	Staff travel for Council meetings, Interagency	5,000
	Coordination and information	
	Head Injury Research	5,600
	Total	\$15,600
Contractual:	Medical Epidemiologist 4 months	\$22,248
	Nurse Epidemiologist 4 months	13,852
	Computer Programmer 3 months	10,389
	Clerk Typist III 2 months	3,386
	Benefits	14,563
	Staff/Council Communication, Office, Printing	3,500
	Total	\$67,938
Commodities:	Study supplies for computer and data entry	\$5,000
	Staff/Council office supplies	450
	Total	\$5,450
Equipment:	Staff Desk	400
	Desk Chair	250
	File Cabinet	150
	Office Chairs	200
	Total	\$1,000
Total Cost		\$129,500

The study will be conducted during the first year with the subsequent years costs being limited to the operational support of the council and staff.

Economic Impact  
Not Applicable

Impact on Local Government  
Not Applicable

STATE OF ALASKA  
DEPT. OF HEALTH AND SOCIAL SERVICES

BILL SHEFFIELD, GOVERNOR

DIVISION OF PUBLIC HEALTH  
EPIDEMIOLOGY OFFICE

3601 "C" STREET, SUITE 540  
POUCH 6333  
ANCHORAGE, ALASKA 99502-0333

EPIDEMIOLOGIC STUDY OF SPINAL CORD INJURIES/HEAD INJURIES IN ALASKA

PROPOSAL

John Middaugh, M.D.  
State Epidemiologist  
February 10, 1986

I. Introduction: No central source exists in Alaska to provide accurate information on the number of spinal cord/head injuries and descriptive information about the victims, circumstances of injury, and disability. Major effort will be required to obtain such information.

II. Proposal: Information will need to be gathered on all occurrences. Since spinal cord/head injuries may or may not be fatal, cause hospitalization, or result in permanent disability, numerous data sources will have to be explored.

1. Case Ascertainment: All traumatic injuries will have to be included, ranging from aircraft, motor vehicles, 3-wheeled ATVs, to falls, assault, suicide, and occupational injuries.

Death certificates, autopsy reports, hospital records, and financial payment records will need to be received to ascertain cases.

2. Case Definition: No single code or marker will identify cases for study. Numerous sources will have to be examined. Hospital records can be located by computer search using ICD codes. Once identified by computer search, each record will have to be reviewed and appropriate data extracted. The following ICD codes, as a minimum, will have to be searched:

<u>Conditions</u>	<u>ICD Codes</u>
Fracture of skull	800-804
Fracture of neck and trunk	805-809
Other paralytic syndromes	344
Intracranial Injury, laceration and contusion	851
Intracranial Injury, concussion	850
Intracranial Injury, subarachnoid, subdural and extradural hemorrhage	852
Intracranial injury, other	853-854

3. Descriptions: Data obtained will include demographic factors characterized according to time, place, and person. Data will be analyzed by pre-event occurrence, outcome, costs, and disability.

III. BUDGET

Personnel: A medical epidemiologist will be required to oversee and direct the study. Four month full-time effort required equivalent.	\$22,248	
A nurse epidemiologist needed for four full-time months equivalent.	13,852	
A computer programmer will be needed for three months, full-time equivalent.	10,389	
A clerk-typist III will be needed for two months full-time equivalent	3,386	
	<u>49,875</u>	
	11,603	benefits
	<u>2,960</u>	health
	\$64,438	
Travel: Trips to Ketchikan (1) @ 3 days	692	
Fairbanks (2) @ 3 days	984	
Bethel (2) @ 3 days	1524	
Juneau (4) @ 3 days	<u>2368</u>	
Supplies: Computer discs, tapes, paper, data entry, key punching, forms (printing)	5,000	
	<u>\$75,006</u>	TOTAL

IV. IMPLEMENTATION

Once funded, it will take 3-6 months to find qualified investigators and to obtain clearances required to obtain medical and financial data. It should be possible to complete a modest but accurate study in 12-18 months.

1.	POSITION TITLE Associate Coordinator				RANGE/STEP 18/A	BARG. UNIT GGU	FORM 12 PAGE/LINE N/A	COV.	APPROV.	DISAPP.		
2.	TYPE OF POSITION PFT	STAFF MONTHS 10	RP NUMBER N/A	PCN NUMBER Vacant	BRU PRIORITY N/A	LOCATION AWA	ELECTION DISTRICT 4	LEC.				
3.	CONTINUATION LEVEL				JUSTIFICATION							
4.	TYPE OF EXPENDITURE				<p>House Bill No. 661 "An Act Creating the Advisory Council on Head Injured Persons; and Providing for an Effective Date", requires the establishment of a seven member council to advise the Commissioner of Health and Social Services regarding medical, mental health, social, educational and research problems regarding head injuries. In order to conduct these duties the council will require on going staff support to organize and prepare for council meetings; provide interagency coordination; information gathering and presentation; and follow-up on directives of the council. Such activities will require the abilities and expertise of an Associate Coordinator Range 18, to be stationed in Juneau.</p>							
	1		2								3	
	PERSONAL SERVICES											
5.	Salary		\$32,310	\$32,310								
6.	Benefits		2,522	2,522								
7.	Supplemental Benefits		4,281	4,281								
8.	Fixed Benefits		827	827								
9.	TOTAL PERSONAL SERVICES		01	\$39,940								
10.	Travel		02	5,000								
11.	Contractual		03	3,500								
12.	Commodities		04	450								
13.	Equipment		05	1,000								
14.	Other			-0-								
15.	TOTAL COST			\$49,890								
	RECEIPT CODE	FUNDING SOURCE										
16.		Federal Receipts 1002										
17.		G.F. Match 1003										
18.		General Funds 1004		\$49,890								
19.		I-A Receipts 1005										
20.		Program Receipts 1028										
21.		Other										
FOR B&H USE ONLY												
4A KEY NUMBER _____												

**13** REQUEST FOR  
NEW POSITION

AGENCY Health & Social Services

PROGRAM \_\_\_\_\_

BRU DHSS Administrative Support

COMPONENT Governor's Council/Handicapped &

Page \_\_\_\_\_ of \_\_\_\_\_  
Revised Date \_\_\_\_\_

**FY 87**

HB661 DOCUMENT= 1 OF 1 PAGE = 1 OF 4  
BILL = HB661  
ROOT = HB0661  
BILL ROOT:  
HB0661  
BILL NUMBER:  
HB661  
INTRODUCED:  
2/17/86  
REFERRED: State Affairs,  
Health, Education & Social  
Services and Finance  
ORIG SPONSOR:  
BY COLLINS  
BILL HEADING:  
IN THE HOUSE

HOUSE BILL NO. 661  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
FOURTEENTH LEGISLATURE - SECOND SESSION  
A BILL

TITLE: For an Act entitled:

HB661 DOCUMENT= 1 OF 1 PAGE = 2 OF 4  
"An Act creating the Advisory Council on Head-Injured  
Persons; and providing for an effective date."  
TEXT: BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:  
\* Section 1. AS 44.29 is amended by adding new sections  
to read:

ARTICLE 3. ADVISORY COUNCIL ON HEAD-INJURED  
PERSONS.

Sec. 44.29.160. ADVISORY COUNCIL ON HEAD-INJURED  
PERSONS. There is established in the Department of Health  
and Social Services an Advisory Council on Head-Injured  
Persons.

Sec. 44.29.170. COMPOSITION. The advisory  
council consists of seven members, broadly representative  
of medical and social services fields, who are known for  
their experience or interest in head injuries. Members  
shall be appointed by the governor.

Sec. 44.29.180. TERM OF OFFICE. (a) Members of  
the advisory council serve staggered terms of three years.

(b) A vacancy occurring in the membership of the  
advisory council shall be filled by appointment for the

HB661 DOCUMENT= 1 OF 1 PAGE = 3 OF 4  
unexpired portion of the term.  
(c) Advisory council members serve at the  
pleasure of the governor.  
(d) The governor shall replace advisory council  
members who by poor attendance or lack of contribution to  
the council's work demonstrate their ineffectiveness as  
board members.

Sec. 44.29.190. COMPENSATION, PER DIEM, AND  
EXPENSES. Members of the advisory council are not  
entitled to a salary, but are entitled to per diem,  
reimbursement for travel, and other expenses authorized by  
law for boards and commissions under AS 39.20.100.

Sec. 44.29.200. DUTIES. The advisory council  
shall act in an advisory capacity to the commissioner of  
health and social services in the following matters:

(1) special problems affecting mental  
health that head injuries may present,

(2) educational research and public  
informational activities conducted by the Department of  
Health and Social Services and others in respect to the

HB661 DOCUMENT= 1 OF 1 PAGE = 4 OF 4  
problems presented by head injuries; and  
(3) social problems that affect  
rehabilitation of head-injured persons.

Sec. 44.29.210. DEFINITION. In AS 44.29.160 -  
44.29.210 "advisory council" means Advisory Council on  
Head-Injured Persons.

\* Sec. 2. This Act takes effect June 30, 1986.

R0601 \* END OF DOCUMENTS IN LIST - ENTER RETURN OR ANOTHER COMMAND.

2088 JMA  
W

BILL SHEFFIELD, GOVERNOR

**DEPT. OF HEALTH AND SOCIAL SERVICES**

**OFFICE OF THE COMMISSIONER**

POUCH H 01  
JUNEAU, ALASKA 99811  
PHONE: 465-3030

DOCUMENT #86-24

February 18, 1986

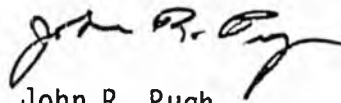
The Honorable Virginia Collins  
Alaska House of Representatives  
P.O. Box V  
Juneau, Alaska 99811

Dear Representative Collins:

Dr. Middaugh has prepared, at your request, the attached proposal for conducting an epidemiological study of spinal cord/head injuries.

If you have questions or the need for additional information, please contact Elizabeth Ward, Director of Public Health.

Sincerely,



John R. Pugh  
Commissioner

Enclosure

BILL SHEFFIELD, GOVERNOR

**DEPT. OF HEALTH AND SOCIAL SERVICES**

3601 "C" STREET, SUITE 540  
POUCH 6333  
ANCHORAGE, ALASKA 99502-0333

DIVISION OF PUBLIC HEALTH  
EPIDEMIOLOGY OFFICE

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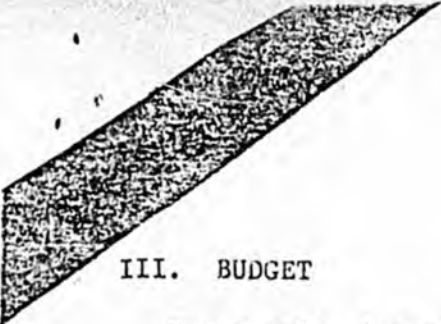
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	<u>\$75,006</u>	TOTAL

### IV. IMPLEMENTATION

Once funded, it will take 3-6 months to find qualified investigators and to obtain clearances required to obtain medical and financial data. It should be possible to complete a modest but accurate study in 12-18 months.

# Alaska State Legislature

POUCH V  
JUNEAU, ALASKA 99811  
(907) 465-1818



DISTRICT 10  
2600 Denali; Suite 501  
ANCHORAGE, ALASKA 99503  
(907) 276-7943

MEMBER  
Labor and Commerce  
State Affairs  
Special Committee on  
Telecommunications

Minority Whip

Representative Virginia M. Collins

February 26, 1986

Dr. Shawn Hadley  
Alaska Treatment Center  
3710 E. 20th Avenue  
Anchorage, AK 99508

Dear Dr. Hadley:

Representative Collins asked that I send you the attached information. Would you please review it and return your comments on it to her?

Thanks for your help on this.

*Linda*  
Linda Gammill  
Secretary

*Keep  
made 2/18/86  
TMA  
JM*

BILL SHEFFIELD, GOVERNOR

**DEPT. OF HEALTH AND SOCIAL SERVICES**

**OFFICE OF THE COMMISSIONER**

POUCH H 01  
JUNEAU, ALASKA 99811  
PHONE: 465-3030

DOCUMENT #86-24

February 18, 1986

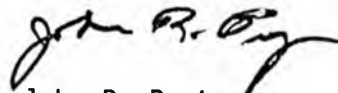
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John R. Pugh  
Commissioner

Enclosure

**DEPT. OF HEALTH AND SOCIAL SERVICES**

3601 "C" STREET, SUITE 540  
POUCH 6333  
ANCHORAGE, ALASKA 99502-0333

*DIVISION OF PUBLIC HEALTH  
EPIDEMIOLOGY OFFICE*

EPIDEMIOLOGIC STUDY OF SPINAL CORD INJURIES/HEAD INJURIES IN ALASKA

PROPOSAL

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State Epidemiologist  
February 10, 1986

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		\$75,006	TOTAL

### IV. IMPLEMENTATION

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# ALASKA TREATMENT CENTER

3710 E. 20th Avenue • Anchorage, AK 99508 • (907) 272-0586

MAR 03 1986

February 21, 1986

Representative Virginia M. Collins  
Alaska State Legislature  
Pouch V (MS 3100)  
Juneau, Alaska 99811

Dear Representative <sup>Virginia</sup> Collins;

The enclosed resolution was adopted by the Alaska Treatment Center Board of Directors on February 20, 1986 expressing support for funding through the Division of Vocational Rehabilitation to rehabilitate Alaskans suffering from traumatic head injury. Also enclosed is an article from the Anchorage Daily News reflecting the Center's involvement with Megan Rust, an Alaskan head injury "success story".



Avis C. Hayden  
Executive Director

For: Board of Directors

Frank Reed, SR. - President  
Harry Brelsford - Vice President  
Meredith Sykes - Secretary  
Max Campbell - Treasurer  
William Campbell - Member  
Christine McAfee - Member  
Gary McCarthy - Member  
James O'Connell - Member  
Peter Partnow - Member  
Lidia Selkregg - Member  
William Nugent - Member

# ALASKA TREATMENT CENTER

3710 E. 20th Avenue • Anchorage, AK 99508 • (907) 272-0586

WHEREAS the Alaska Treatment Center for Crippled Children and Adults, Inc has continuously served the physically disabled/handicapped people of the state of Alaska since 1946 by providing quality out-patient therapeutic and rehabilitative programs, and,

WHEREAS the Alaska Treatment Center has prudently managed its program development grant funds so as to sustain programs on a fee-for-service basis independent of ongoing state subsidy, and

WHEREAS the Center seeks to develop a new and much needed program to serve traumatically head-injured Alaskans through intensive cognitive retraining and vocational rehabilitation,

BE IT RESOLVED THAT the Board of Directors of the Alaska Treatment Center requests the members of the 1986 Alaska state legislature to consider the designation of \$250,000 in the budget of the Division of Vocational Rehabilitation to provide a means for eight Alaskans to receive appropriate head-injury rehabilitation services and thereby return to gainful employment.

*Frank M. Reed*

Frank M. Reed, President  
Alaska Treatment Center  
Board of Directors

2/20/86  
date

Corporate Seal  
Alaska Treatment Center for  
Crippled Children and  
Adults, Incorporated



Once an accomplished pilot, Megan Rust was struck by a forklift on a remote airstrip and has since had to struggle back from a coma in an effort to regain her former abilities.

Anchorage Daily News/Edith Hedman

# To Fly Again: Former pilot fights back from serious head injury

By KIM RICH  
Daily News reporter

**O**ut on the runway, the slender blue and white Lear jets and the larger twin engine Otters glisten in the hot sun. Smiling broadly, Megan Rust walks among the planes.

On a remote section of the Anchorage International Airport runway, Rust is at home.

It was on another runway, a little over a year ago, that Rust's airborne dreams came violently crashing to the ground.

It was a day she can't remember, but one she will never forget.

On June 9, 1984, as Rust walked away from a Cessna 402 she had just piloted into the village of St. Marys, she was struck down by a forklift.

The driver never saw her. She saw him too late to get out of the way.

For three weeks, Rust lay in a coma in an Anchorage hospital while her parents, Henry and Alberta, kept a steady, prayerful vigil.

The day Rust opened her eyes, the struggle began to bring her back to the living world she once knew.

At 27, she is a graduate of the Florida aeronautical university — Embry-Riddle. Prior to her accident, Rust was a commercial airline pilot, licensed to fly multi-engine aircraft.

"Most people assume that after a coma, you can walk and talk," Rust says. "That's just not true."

Rust's primary injury was to her brain stem, which connects the larger portion of the brain to the spinal cord.

As a result, Rust's physical coordination, balance and strength were badly affected.

She also suffered a cerebral hemorrhage and a fractured skull in the accident.

At the time, the prognosis for her full-recovery was a blank check of unknowns. At one point, a doctor told her mother that Rust would never talk again. For several months following her initial coma, Rust lay in a coma arousal stage — a dream-like state where fantasy and reality mesh. She could not speak and barely recognized family and friends

around her.

One of her first tests in therapy consisted of a doctor holding up pen and asking her if it was a basketball.

Last November Rust was transferred to Craig Hospital in Denver, Colo., where she underwent months of intensive rehabilitation.

Nowadays, she has speech and physical therapy a half-day each week at the Alaska Treatment Center.

While Rust was told she was lucky to survive the accident, it has taken her a great deal of effort to return to a normal life and and her previous accomplishments.

Rust was once rated as having an IQ of 145.

She is ardently striving to reach that mark again. A recent IQ test showed she was nearing her mark.

"I have always worked hard all of my life," she says. "This (therapy) wasn't difficult at all. It was just a different way to work hard."

Rust is employed, but because she cannot now fly as a pilot, she works in the maintenance records section of a local airline.

Rust proudly points out that she drives her own car and owns a condominium.

She is petite, cheerful and bright. The lingering signs of her accident are a slight hobbling walk and a speech impairment due to a partial paralysis of her upper lip.

The braces she wears were put on prior to her accident.

These days she frequently uses a word to describe herself that used to be reserved for others — handicapped.

"A lot of people assume that because I can't talk well, I can't think well — that's not true."

But people with handicaps should not hesitate to tell people about their limitations or what they can accomplish, she says.

Flying used to be second nature to Rust. Now when she thinks about it, she does so carefully and methodically.

"Things that you used to do that would go from point 'A' to point 'B', now have to be re-routed from point 'C'," she says of her thoughts.

## Most head injuries are preventable

About 30 people in Alaska suffer from serious head injuries each year, says Dr. Shawn Hadley, medical director of the Alaska Treatment Center.

Many are preventable. "Most of them are from auto accidents," she said, adding that motorcycle and all-terrain vehicle mishaps also rank high in the causes of head injuries.

Hadley said the use of seatbelts and helmets dramatically lowers the incidence of head injury.

"I don't think that there is enough

awareness of the causes of head injuries," she said.

While a person's broken ribs usually mend as good as new, the prognosis for the complete recovery of a head-injured person is unknown.

The damage, difficult to measure, can be permanent, Hadley says.

If after experiencing a loss of conscious, a person continues to suffer from headaches, dizziness or unusual personal behavior,

See Page J-3, MOST

See Page J-3, FORMER

# Former pilot now struggles with learning how to walk, talk

Continued from Page J-1

She used to be a "spend-aholic." She says she is no longer as spontaneous, or compelled.

The study of the head-injured patient is a new frontier in medicine, says Dr. Shawn Hadley, medical director with the Alaska Treatment Center.

Little is known about head-injured people because it has only been through recent medical advances that patients are now surviving what used to kill them, says Hadley.

Neurologists have some ideas of what behavior and intellectual functions are affected depending on what side of the brain is impacted, she says.

But in most head injuries, the damage is diffuse, affecting the entire brain, she says. Even less is known about how information is transmitted from one part of the brain to other.

Depending on the degree of injury and how long a patient is in a coma, the effects range from a drop in intellectual capacity, to radical personality changes, or as in Rust's case, physical impairments.

Someone who was once mild mannered can become ill-tempered, and vice versa. And a once-organized person may find themselves battling a constant feeling of personal chaos.

Each head-injured patient requires individualized treatment involving a team of medical professionals, including among others, a neurologist, therapist and a psychologist, Hadley says.

But, according to Hadley, an even greater challenge is treating head-injured patients

**“A lot of people assume that because I can't talk well, I can't think well — that's not true”**  
*Megan Rust*

who don't believe they need help.

She says there are an unknown number of people in Alaska who are suffering from the effects of a minor head injury and aren't aware of it.

“I think that there are a lot of people out there who have a problem and don't know what it is,” she says.

The signs are subtle; unexplained bouts of headaches, dizziness, inattentiveness, lack of motivation and concentration, and loss of memory.

Hadley says that people with minor head injuries will often attribute the problems to other sources such as their marriage or job.

Diagnosis is difficult because a person can sit and respond to questioning, giving the impression that everything is all right.

“These are things that aren't going to show up for a long period of time,” she says. “The typical picture of the head-injured patient is the person who can't initiate things, or get things going.”

Changes in the person are apparent to family and friends, but the head-injured person seldom recognizes their own problem, she says.

Rust knows her physical



Anchorage Daily News/Michael Parr

Physical therapist Antonia Fowler watches as Megan Rust walks a balance beam, one of her regular exercises.

liabilities and what she has to overcome in order to fly again.

Her speech will have to be clear, her physical and mental reflexes fine-tuned and sharp. For now, she will have to

make do with a flight simulator.

But she is hopeful and determined to fly again.

“If you have a head injury,” she says, “Don't lock yourself away.”

# Most head injuries can be prevented by using common sense

Continued from Page J-1

ior, Hadley says the person may be suffering from a brain injury.

A neurological assessment can help measure what brain functions have been affected.

Hadley plans to establish a local chapter of the National

Head Injury Foundation to increase public awareness about head injuries.

The NHIF was established to lend support to the head injured and their families and to help them find proper treatment to return those with injuries to their maximum functioning potential.

According to a newsletter written by the NHIF, 100,000 people die annually as a result of head injuries. More than 700,000 have injuries severe enough to require hospitalization.

Out of this group, up to 90,000 people a year are left with intellectual or behaviori-

al problems that prevent their return to a normal life.

The tragic news, Hadley says, is that two thirds of them are below the age of 30.

To avoid the chances of suffering a serious head injury, Hadley says, “Be attentive to what you're doing.”

File #200 1105  
BILL SHEFFIELD, GOVERNOR

**DEPT. OF HEALTH AND SOCIAL SERVICES**

FDUCH H-06C  
JUNEAU, ALASKA 99811

DIVISION OF PUBLIC HEALTH  
EMERGENCY MEDICAL SERVICES SECTION

465-3027

January 30, 1986

Representative Virginia Collins  
Alaska State Legislature  
P.O. Box V  
Juneau, Alaska 99811

Dear Representative Collins:

In response to your inquiry about the number of spinal cord/head injuries in Alaska, we have had to gather information from several different sources. The two sources which give information about head injuries and spinal cord injuries are limited to those patients who were transported by air to hospitals in 1981 (see Alaska Medevacs, attached) and those fatalities associated with all-terrain vehicle fatalities in Alaska, 1983-1984 (see MMWR - Morbidity and Mortality Weekly Report, attached). Since there are no statewide statistics for a recent year specifically about spinal cord/head injuries, we have attached pages from different sources which give figures about injuries to the head, neck and back.

The following materials are attached to provide information about spinal cord/head injuries in Alaska:

Occupational Injury and Illness Information, Alaska 1982, Alaska Department of Labor

1983 Annual Hospital Survey, Alaska Department of Health and Social Services, Division of Planning

Alaska Medevacs: Descriptive Study, Identification of Problems, and Possible Solutions, 1983, South Central Health Planning and Development

State of Alaska Ambulance Services Survey, 1984, EMS Section, Dept. of Health and Social Services, Head/Spinal Injuries Reported by Ambulance Services, calendar year 1984

MMWR - Morbidity and Mortality Weekly Report, April 19, 1985, Vol. 34, No. 15, "Injuries Associated with Three-Wheel All-Terrain Vehicles - Alaska"

Representative Collins

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January 30, 1986

The lack of information on spinal cord/head injuries underscores the need for a statewide injury surveillance system, as Dr. John Middaugh, DHSS Office of Epidemiology, has pointed out in his recent study of all-terrain vehicles. With the surveillance system in place, statistics would be readily available.

Please let me know if we can be of further assistance.

Sincerely,

*Mark S. Johnson*  
Mark S. Johnson  
Coordinator

Enclosures (5)

MSJ/mw

cc: Elizabeth Ward, M.N., Director  
Division of Public Health

John Middaugh, M.D.  
State Epidemiologist

# **Occupational Injury and Illness Information Alaska 1982**

**State of Alaska, Bill Sheffield, Governor  
Department of Labor, Jim Robison, Commissioner**

**Workers' Compensation Division, Jacquelyn McClintock, Director  
Administrative Services Division, Judy Knight, Director  
Research and Analysis Section, Chuck Caldwell, Chief  
Research Supervisor, Sally Saddler**

**In cooperation with the Bureau of Labor Statistics, U.S. Department of Labor**

**August 1984**

**Prepared by:  
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