

ALSTKA FOR THE COMM THE 1986-1987 7/00

3969 SHE 13 - SJR 25

5/8



RECORDS CERTIFICATION



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

James O. Smith
Signature of Camera Operator

10/31/89
Date

SCR

15

Senate Health, Education and Social Services Committee

Legislation Checklist

Bill number: SCR 13
Sponsor: FAIKS
Date referred to committee: 3/6/85
Synopsis completed:
Fiscal note:
Further referrals: none

CONTACTS:

✓ Cheryl Frasca, Faiks 4523
Steve Holey, DOE 2800 need fiscal note
Norma Lang, H+SS 3030 need fiscal note
x ✓ Dot Turey, Council Handicapped/Gifted
✓ Marion Endicott 580-2214 W
780-4251 H

COMMITTEE REPORT
SENATE

3/6/85

FURTHER: Finance

Date 4-23-85

Mr. President

HESS

SCR 13

The Committee on _____ considered _____
infant learning programs.

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

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for SCR 13 (SS)
- new title
- same title and recommends do pass
- and attached a "LETTER OF INTENT" [] NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS

Free Press - Do Not Pass

and Free No Pass

Debra Lubert
Chairman

Do Pass
Chairman recommendation

Alaska State Legislature

BETTYE FAHRENKAMP, Chairman
ARLISS STURGULEWSKI, Vice Chairman
JOE JOSEPHSON
PAUL FISCHER
EDNA ARMSTRONG-DE VRIES



POUCH V
STATE CAPITAL
JUNEAU, ALASKA 99811
(907) 465-3834
(907) 465-3835

Senate Committee on Health, Education and Social Services

MEMORANDUM

TO: Members, Senate Committee on Health, Education and Social Services

FROM: Committee Staff

RE: Committee Meeting, March 19, 1985

DATE: March 15, 1985

On Tuesday, March 19, at 1:30 pm in the Beltz Room, the Senate Committee on Health, Education and Social Services will hear the following bills:

SB 228, An Act making a special appropriation to the Department of Health and Social Services for the purchase or construction of mental health facilities.

SB 228 would appropriate \$6 million to the Department of Health and Social Services to incrementally fund the \$30 million capital requirement for mental health in the Northern Region.

During the 13th Legislature, SB 520, a bill relating to the establishment of a mental health rehabilitation center in Fairbanks, was considered but failed to pass. However, \$1.5 million was appropriated to conduct a comprehensive assessment of the mental health needs of the northern region and to conduct planning and develop schematic drawings of a facility. The Department of Health and Social Services, who administers the funds, appointed a group of mental health professionals, providers, and family members to oversee the data collection and guide the formulation of findings and recommendations to the Legislature as envisioned in SB 520.

On February 26, 1985, Beth Trawick, chairman, and other members of the group, briefed the Senate HESS Committee on

their findings and recommendations. The group has prioritized the projects which are essential to begin to meet the identified needs. Those priorities are attached and a committee letter of intent reflecting these priorities is attached.

SCR 10, Requesting the State Board of Education to require the study of Alaska history and government in the schools of the state.

SCR 10, which addresses the study of Alaska history and government in our schools, received a preliminary hearing on March 14, 1985. A draft committee substitute has been prepared that would:

- 1) Reflect the results of the Department of Education survey which indicated that adequate curriculum materials are not currently available,
- 2) Request that the State Board of Education request local school boards to require the study of Alaska history and government for high school graduation,
- 3) Urge that the study include a review of the Alaska Native Claims Settlement Act,
- 4) Encourage local school districts to implement programs that recognize and honor persons and events of historical significance to Alaska.

SCR 13, Relating to infant learning programs.

AS 47.20 authorizes the Department of Health and Social Services to provide grants to local groups providing developmental services to children with handicaps from birth to age three. After age three, many of these children are eligible under AS 14.18 to enter local school district special education programs. The goal of the infant learning program is early intervention, which serves to enhance the child's development, provide assistance to the family, and reduce future needs for special education services and life-long dependency on public services.

The level of funding for the Infant Learning Program has not kept up with the number of children in need of services. At least 121 eligible children currently remain unserved due to lack of program funds. SCR 13 requests an examination of the public school foundation program as an alternate funding source for the Infant Learning Program, and calls for the Departments of Health and Social Services and Education to report to the Legislature on the feasibility of this funding source.

A draft committee substitute, prepared in cooperation with the sponsor, clarifies that the Legislature does not presuppose through this resolution that the program will be moved to the Department of Education.

In addition to hearing these three bills, the committee will also receive a presentation on RuralCap's recent Village Participation Conference. The annual conference, attended by delegates from villages throughout the state, serves as a forum for discussing problems facing their villages. This year's delegates adopted several resolutions addressing health and education issues (copies attached).

Hess C.S.

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

1 IN THE SENATE

BY FAIKS, FERGUSON, ZIEGLER,
RODEY, STURGULEWSKI AND HALFORD

2

SENATE CONCURRENT RESOLUTION NO. 13

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FOURTEENTH LEGISLATURE - FIRST SESSION

5

Relating to infant learning programs.

6 BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:

7

WHEREAS the Education of the Handicapped Act (P.L. 94-142) requires

8

each state to provide education services to handicapped children; and

9

WHEREAS the Legislature has expressed its commitment to carry out the

10

provisions of P.L. 94-142 through the enactment of AS 14.30.180, which

11

indicates the State's intent to provide "an appropriate public education

12

for exceptional children in the state who are at least three years of age

13

but less than 22 years of age"; and

14

WHEREAS the Legislature has further expressed its commitment to ^{appropriate} provide

15

vide ^{for the} public education and training ^{in this state who have not reached} to exceptional children ~~under~~ the age of

16

three ["] through the enactment of AS 47.20.005, which directs the Department

17

of Health and Social Services to establish to the maximum extent possible

18

"a learning program which emphasizes individual needs, is home based, and

19

involves parents in the education and training of their children"; and

20

WHEREAS the legislature finds that the Department of Health and Social

21

Services is doing an excellent job in meeting the provisions of AS 47.20.-

22

005, in spite of the limited level of funding available to support these

23

services when compared to the number of identified children in need; and

24

WHEREAS it is the intent of the Legislature that all exceptional

25

children regardless of age and residence in the state receive benefit from

26

infant learning and special education programs; and

27

WHEREAS special education programs are currently funded as part of the

28

Department of Education's public school foundation program and infant

29

learning programs are ~~not~~; and

funded on a grants basis through DH+SS

1 WHEREAS an integral part of the Legislature's commitment to Alaska's
2 very young exceptional children is sufficient funding to support infant
3 learning as well as special education programs;

4 BE IT RESOLVED by the Alaska State Legislature that the Department of
5 Education is requested to work with the Department of Health and Social
6 Services to determine how [responsibility for] infant learning services cur-
7 rently provided by the Department of Health and Social Services can be
8 cooperatively implemented with the Department of Education and ^{whether or} how funding
9 can be incorporated into the public school foundation program; and be it

10 FURTHER RESOLVED that implementation of program responsibilities
11 should include continuation [by the Department of Education] of the emphasis
12 currently placed by the Department of Health and Social Services on
13 individual needs in a home-based setting and the involvement of parents in
14 the education and training of their children; and be it

15 FURTHER RESOLVED that the Department of Education is requested to
16 report to the Legislature ^{on whether or} how funding for infant learning programs can be
17 incorporated into the public school foundation program as categorical
18 funding for infant learning programs; and be it

19 [FURTHER RESOLVED that both departments work with the Interagency
20 Planning Group for Early Childhood Special Education in the development of
21 the departments' report to the Legislature; and be it]

22 FURTHER RESOLVED that the report be submitted to the Legislature by
23 the 10th day of the Second Session of the Fourteenth Legislature.

STATE OF ALASKA
THE LEGISLATURE

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

LEGISLATIVE AFFAIRS AGENCY
LEGISLATIVE REFERENCE LIBRARY

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HESS 4-23-85 3:13pm
3-19-85 1:34pm

Alaska State Legislature

Tues

APR 16 1985

CO-CHAIRMAN
FINANCE COMMITTEE

907-465-3740



IAN FAIKS
POUCH V
CAPITOL BUILDING
UNEAU, ALASKA 99811

Senate

April 15, 1985

MEMORANDUM

TO: Senator Bettye Fahrenkamp, Chairman
Health, Education and Social Services Subcommittee

FROM: Senator Jan Faiks *[Signature]*

SUBJECT: SCR 13 - Relating to Infant Learning Programs

I have reviewed the suggested amendments to SCR 13 and am in agreement with those previously noted on the attached which were before the committee when it first discussed the resolution.

In addition, I would appreciate the committee's consideration of another amendment which deletes lines 19 through 21 on page 2 which asks the departments to work with the Interagency Planning Group for Early Childhood Special Education. Questions have arisen as to the appropriateness of specifying an organization other than the Governor's Council on the Gifted and Handicapped. The Department of Health and Social Services assures me it will consult with the Governor's Council even if no organization is specified. As a result, I would like the section deleted so as to enable the departments to consult with as many interested organizations as possible.

I hope the committee will consider the above and take favorable action on the resolution in the very near future.

If I can provide any additional information, please let me know.

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: SCR-13
 Title: relating to infant learning programs
 Sponsor: Faiks, et al
 Requestor: Senate HESS
 Date of Request: 3-15-85

FISCAL DETAIL

Agency Affected: Education
 Program Category Affected: _____
 BRU, Program or Subprogram(s) Affected: Curriculum Services

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES		25.0				
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		25.0				
CAPITAL						
REVENUE						

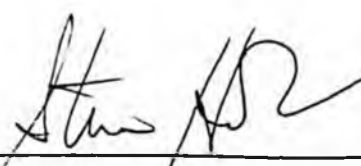
FUNDING: (Thousands of Dollars)

GENERAL FUND		25.0				
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

Prepared By: Steve Hole  Phone: 2800
 Division: Commissioner's Office Date: 3-15-85
 Approved by Commissioner: Harold Reynolds, Jr. Date: 3-15-85
 Agency: Education

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

Alaska State Legislature

MAR 14 1985

CO-CHAIRMAN
FINANCE COMMITTEE

907-465-3740




IAN FAIKS
POUCH V
CAPITOL BUILDING
JUNEAU, ALASKA 99811

Senate

March 13, 1985

MEMORANDUM

TO: Bettye Fahrenkamp, Chairman
Senate Health, Education and Social Services
Committee

FROM: Jan Faiks, Senator 

SUBJECT: Senate Concurrent Resolution 13 - Relating to
Infant Learning Programs

SCR 13 has been referred to your committee and should the committee's schedule so permit, I would appreciate its consideration of the resolution.

The thrust of the resolution is to examine other methods of funding the infant learning program. Currently the Department of Health and Social Services provides services through a grant program. Unfortunately the level of funding has never kept up with the number of children in need of services (currently at least 121 children are identified as eligible but remain unserved due to lack of program funds).

One option for funding could be incorporation of the infant learning program into the school foundation formula; similar to the manner in which the state currently funds special education. The recommendations made by the Governor's Council for the Gifted and Handicapped also suggest a similar approach by amending the statutes to provide \$3700 per child for each enrolled in an infant learning program. I am hopeful the Governor's Council's intent is the same as that reflected in SCR 13.

In order to achieve the goal of providing adequate funding, the resolution directs the Departments of Education and Health and Social Services to work together to explore the idea. The departments are asked to report its findings to the Legislature next January.

Several supporters of the infant learning program have asked if the resolution reflects an effort to place responsibility for the infant learning program with the Department of Education. I want to assure the HESS Committee it is not my intent to make such an important policy decision prior to the departments' discussions. The Department of Health and Social Services is doing an excellent job in providing the necessary services on a limited budget and I would not want to do anything which may jeopardize the quality of service. It is my hope, however, the departments will explore how the home-based program approach can be maintained even though the funding mechanism may be restructured.

The resolution also directs the two departments to work with the Interagency Planning Group for Early Childhood Special Education. This organization is composed of personnel from the Departments of Education, Health and Social Services and Community and Regional Affairs, the Office of the Governor, parent groups, the University, and representatives of the professional organizations involved in special education. I hope you'll agree it will be an excellent resource tool for the departments as well as provide a vehicle for consumer involvement.

I have taken the liberty of attaching information on the infant learning program contained in the Governor's Council report to the Legislature and by Protection and Advocacy of the Developmentally Disabled. I have also included additional information about the Interagency Planning Group.

If I can provide any additional information, please let me know. I look forward to learning when SCR 13 might be scheduled before your committee.

(4) "institution" means a private or public hospital or other facility providing medical diagnosis, treatment, or care;

(5) "neglect" means the failure to provide necessary food, care, clothing, shelter, or medical attention for a child;

(6) "practitioner of the healing arts" includes chiropractors, dentists, health aides, nurses, optometrists, osteopaths, physical therapists, physicians, psychiatrists, psychologists, religious healing practitioners, and surgeons;

(7) "sexual exploitation" means

(A) permission or encouragement to a child for prostitution prohibited by AS 11.66.100 — 11.66.150 by a person responsible for the child's welfare;

(B) permission, encouragement, or activity involved in the unlawful exploitation of a minor prohibited by AS 11.41.455 by a person responsible for the minor's welfare. (§ 1 ch 100 SLA 1971; am § 6 ch 104 SLA 1971; am § 3 ch 222 SLA 1976; am §§ 56, 57 ch 94 SLA 1980; am §§ 8, 9 ch 104 SLA 1982)

Effect of amendments. — The 1980 amendment substituted "18" for "eighteen" near the middle of paragraph (1), and substituted "18" for "16" in paragraph (2).

The 1982 amendment inserted "or neglect" and "sexual exploitation" in paragraph (1) and added paragraph (7).

NOTES TO DECISIONS

Where parents refuse permission for blood transfusion because of religious conviction, the state may intercede and make the child a dependent minor by the parents' failure to provide medical

attention under paragraph (5) of this section, obtaining custody and thereafter consenting to the operation. In re Lausterer, Superior Court, 3rd Jud. Dist., No. CP2720 (1972).

Chapter 20. Exceptional Children.

Section
05. Purpose
10. Assistance authorized

Section
20. Standards for assistance
50. Definitions

Sec. 47.20.005. Purpose. It is the purpose of AS 47.20.005 — 47.20.050 to provide appropriate public education and training for the exceptional children in this state who have not reached the age of three. To the maximum extent possible, the department shall establish a learning program which emphasizes individual needs, is home based, and involves parents in the education and training of their children. (§ 1 ch 77 SLA 1978)

Sec. 47.20.010. Assistance authorized. (a) The department shall provide professional guidance and financial assistance to organized groups of parents, nonprofit corporations, school districts, and regional educational attendance areas according to regulations adopted by the

department training r

(b) The individual parents in 1961; am

Sec. 47.
assist orga
attendance
assistance
ment for t
1961; am §

Secs. 47.
§ 6 ch 77 §

Sec. 47.2
(1) "depa
vices;

(2) "eval
essary to de

(3) "excep
reached age
due to ment
caps;

(4) "profe
medical and
the educatio

(5) "speci
(6) "speci

compensate
to prepare t
regular scho
skills, safety
mentally retr
subjects. (§ 5

Revisor's no
1984 to alphabe

Cha

Section
10. Establishme
20. Program

§ 47.20.010

other facility
d. care, cloth-
tors, dentists,
al therapists,
ing practitio-

prostitution
nsible for the

the unlawful
rson respon-
ch 104 SLA
30; am §§ 8,

inserted "or
ation" in para-
aph (7).

5) of this sec-
d thereafter
tion. In re
rd Jud. Dist.,

20.005 —
ing for the
ie age of
establish
ne based,
children.

nt shall
ganized
regional
d by the

§ 47.20.020 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.20.050

department for providing special services, evaluation, and special training required by exceptional children.

(b) The program established under (a) of this section shall emphasize individual needs and, where possible, be home based and involve parents in the education and training of their children. (§ 2 ch 118 SLA 1961; am § 6 ch 104 SLA 1971; am § 2 ch 77 SLA 1978)

Sec. 47.20.020. Standards for assistance. The department shall assist organized parental groups, school districts, regional educational attendance areas, and nonprofit corporations which have requested assistance and have arranged for the necessary facilities and equipment for training centers for exceptional children. (§ 3 ch 118 SLA 1961; am § 3 ch 77 SLA 1978)

Secs. 47.20.030 — 47.20.040. Appropriations: purpose. [Repealed, § 6 ch 77 SLA 1978.]

Sec. 47.20.050. Definitions. In this chapter

(1) "department" means the Department of Health and Social Services;

(2) "evaluation" means the physical and mental examinations necessary to determine the extent of the handicap;

(3) "exceptional children" includes those children who have not reached age of three and whose development is significantly delayed due to mental retardation, physical, neurological, or emotional handicaps;

(4) "professional guidance" means the consultative services or other medical and educational specialists developed by the department for the education and training of exceptional children;

(5) "special service" means evaluation and special training;

(6) "special training" means (A) nursery or pre-school training to compensate for the special handicaps of exceptional children in order to prepare them, when possible, for admission to special classes in a regular school at the age determined by law, or (B) training in self-help skills, safety, social and simple occupational skills for trainable mentally retarded children of school age who are incapable of academic subjects. (§ 5 ch 118 SLA 1961; am §§ 4—6 ch 77 SLA 1978)

Revisor's notes. — Reorganized in 1984 to alphabetize the terms defined.

Chapter 21. Adventure-Based Education.

Section

10. Establishment

20. Program

INFANT LEARNING PROGRAMS

The history of Alaska's Infant Learning Programs is brief but dramatic. It demonstrates well-placed concern on the earliest possible identification and treatment of children with handicapping conditions. It means that children born with impairments or high risk of impairments due to environmental, bio-social or other factors can now receive services which will encourage their mental and physical development to minimize long-term effects of the handicapping conditions. It also demonstrates the difficulties in establishing a stable funding base for a program heavily impacted by the high rate of statewide population growth.

"I wish to congratulate the Department and the Legislature for your careful sponsorship of this incredibly valuable program across the state."

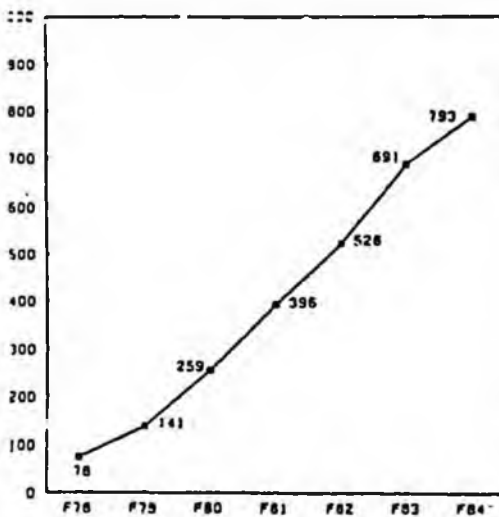
Urban Mayor

A.S. 47.20 was amended by the Legislature in 1979 to authorize the Department of Health and Social Services to provide support to local groups providing developmental services to children with handicaps from birth to age three. After age three, they become eligible under A.S. 14.18 to enter local school district special education programs.

"The program is a credit to Alaska for meeting handicapped children's needs. Our family is grateful for the valuable knowledge and support the program has supplied."

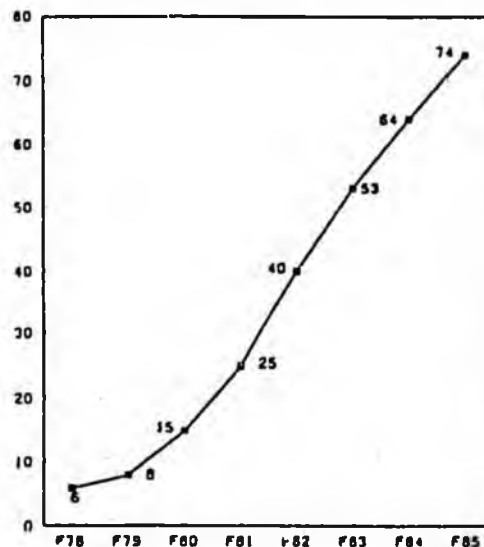
Family, Sitka

INFANT LEARNING PROGRAMS
Children Enrolled (F78-F84)



* Does not include children enrolled in state-wide program (Blind/Visually Impaired and Deaf/Hearing Impaired Programs)

INFANT LEARNING PROGRAMS
of Communities Served (F78-F85)



FROM: Governor's Council
for the Gifted and
Handicapped Report to the
Legislature 1985-1986

Three factors, cited by Smith and Strain (NIE Digest, 1984) are present in effective infant learning programs studied nationwide. These include the age of the child at the time of intervention (the earlier the better), parent involvement (parents need the support and skills necessary to cope with their child's special needs), and the amount of structure of the program model (frequency, intensity, degree of individualization, and clarity of objectives).

Key language in A.S. 47.20 requires involvement of parents in the education and training of their young children and, to the maximum extent possible, focuses on the family home as the child's learning environment. Services are therefore provided by infant learning teachers or child development specialists with backgrounds in teaching, nursing or therapeutic services. These specialists provide assistance to parents, thus reinforcing the role of the parent as the most influential factor in the child's growth and development. In urban areas weekly visits are made to the child and parents in their own home. These may be augmented by sessions in a center where a group of children and their parents receive services. In rural areas, home training sessions are provided every two weeks or once a month, supplemented by weekly visits of village teacher aides in programs at Nome, Bethel, McGrath and Kotzebue.

Longitudinal studies of such programs have repeatedly demonstrated that early identification and special assistance pay off in reducing the need for special education services and life-long dependency on public services. The earlier intervention begins the lower the life-long cost of special services. Total cost of special education services may be reduced by 25% if services begin at birth as compared with age 6 because of the remediation and prevention of developmental problems which would otherwise require more special services later (Wood, 1981). For every dollar spent on early treatment the State of Tennessee calculates \$7.00 in savings within 36 months (Snider et al, 1974). Many Alaskan children with speech, language and general developmental delays, who have been served in the last four years, have not required special education services upon entry to public school. Others with more serious handicapping conditions can begin public special education programs promptly at age three, thereby saving several years of what would otherwise have been lost time in their educational process.

^{Alaska} The 1980 0-2 population was estimated at 24,461 with 732 or a minimum of three per cent urban and seven per cent of rural children estimated to be "at risk" of having developmental delays or handicapping conditions requiring early intervention services. The 1985 0-2 population is

"So many parents of handicapped children are at a loss. I'm happy to say that we've never had that experience. The program helps supply that constant need for emotional support."

Mother, Petersburg

"I am certain that other physicians share my opinion as to the value of the program. Every dollar allocated to this program is a worthwhile investment."

Pediatrician, Ketchikan

"I directly see the beneficial results to troubled families."

Social Worker, Barrow

estimated at 33,150. The target population for infant learning programs is now 1,111 children.

This population increase severely impacts the resources of an already underfunded program struggling to meet needs of those children and families already being served. In other words, it's impossible to provide less than maintenance funding to a program begun only seven years ago, which has not yet been adequately funded, and expect program quality and results to remain high. Due to the increasing demand for service and reduced amount of federal P.L. 89-313 funding available in F85, the estimated funding per child will be below \$2,000. Full service would cost \$3,700 per child.

"I enrolled my daughter last year and I am proud to say this was one of the best decisions I have made. She spent her first five weeks in the hospital in Anchorage, and I was not able to stay with her so I didn't know what to expect. The program helped me to understand the extra care and attention she would need."

Mother, Nome

Current waiting lists of identified children include:

Anchorage	39
Bethel	37
Seward	9
Mat-Su	14
*Valdez	2
*Cordova	3
*Aleutians	4
*Tanana Chiefs Region	13

TOTAL Waiting List 121

* Children identified by medical/health personnel in areas where no child find or screening has been done to identify other children needing service.

Each day, week, month or year that these children in need of infant learning program services wait for services will result in much more long-term state expenditures than if the state provided the needed funding now.

INFANT LEARNING PROGRAMS

	F78	F79	F80	F81	F82	F83	F84	F85
Number of Children Enrolled During Year	78	141	259	396	526	691	793	890*
Number of Programs	6	8	12	15	18	18	19	19
Number of Communities	6	8	15	25	40	53	64	74
Number of Home Visits				4,278	5,710	7,238	7,460	
Hours of Home Training				8,300	13,684	33,827	16,175	
Number of Teachers				20	27	26	31	34

COST PER CHILD	1,153	2,312	1,294	1,533	2,787	1,900	2,535	2,125*
TOTAL COST (in thousands)	89.9	326.0	335.2	607.1	1,465.9	1,313.0	2,010.7	1,891.8

*Estimated number of enrollments for F85, based on ratio of increases during previous years.

Service to these children and their families plus increasing the frequency of home visits of children who are only being seen monthly or every two months, but who need to be seen weekly, would require an additional fourteen teachers statewide plus a number of aides to assist in small, remote villages.

Over 60% or about 500 children enrolled in infant learning require multidisciplinary evaluations or re-evaluations as well as specialized therapy services such as physical therapy or speech therapy. The Division of Public Health has determined that the most efficient way to provide these services at the required quality level is to have a support services team of pediatric specialists in each of the therapy areas who can work together as evaluation teams and individually to provide actual therapy services to children enrolled in the local programs. Prior to November 1984, diagnostic evaluations occurred only once a year with essentially no follow-up services for these physical therapy or occupational therapy needs unless this was the professional specialty of the infant learning teacher. The new support program plan, due to limited F85 funding, will serve only seven of the nineteen programs statewide.

Other unmet program needs include: training for groups of parents, family counseling, child oriented activity groups, teacher and aide training, and opportunities to observe other programs. FY86 budget request levels (increase of .03%) will result in actual reduction of existing services in urban and rural areas. It is anticipated that few of the 121 infants on waiting lists will be served this year. An additional 100 children will be added to waiting lists next year with no hope of receiving services under the F86 budget as currently proposed.

"My husband and I have had to deal with many people in order to help our two-year-old daughter with cerebral palsy. Home-based therapy would be very helpful. Our daughter is a different child at home than she is in strange places. Home-based therapy would also help keep her home adaptive equipment current with her developments."

Parents, Anchorage

INFANT LEARNING PROGRAM ENROLLMENTS AND FUNDING

Region Community/Area	Pop. 0-2	Est. Need	PROGRAM ENROLLMENTS			PROGRAM BUDGET		FUNDING REQUEST F86
			F82*	F83*	F84*	F84	F85	
Juneau			23	29	31	64.4	71.7	75.3
Ketchikan			34	21	27	51.3	53.7	60.0
Petersburg			13	13	14	21.1	25.3	27.4
Sitka			21	21	32	52.7	61.7	71.7
SOUTHEAST TOTAL	3,953	118	92	84	104	189.5	212.4	233.8
Aleutian Chain			0	0	0	0	0	0
Anchorage			133	196	220	287.0	351.0	532.6
Chuglak			20	45	65	91.1	108.0	245.2
Copper Center			0	0	0	0	0	0
Cordova			0	0	0	0	0	0
Homer			2	13	18	54.6	57.9	66.0
Kenai Area			18	24	35	70.3	89.8	129.0
Kodiak			12	12	15	31.0	45.2	52.9
Mat-Su Area			35	58	58	47.5	60.5	196.5
Valdez			0	0	0	0	0	0
North Pacific Rim			0	0	*	0	0	44.0
Seward			0	0	0	0	0	42.8
SOUTH CENTRAL TOTAL	20,813	624	220	348	411	581.5	712.4	1,309.9
Fairbanks			121	115	128	250.0	265.0	320.9
McGrath			0	0	5	54.6	69.9	85.5
Tanana Chiefs			18	34	0	0	0	0
Tanana			0	0	0	0	0	24.9
CENTRAL TOTAL	5,438	163	139	149	133	304.6	334.9	431.3
Dillingham Area			12	13	16	73.0	74.6	80.0
SOUTHWEST TOTAL	374	26	12	13	16	73.0	74.6	80.0
Bethel Area			43	47	54	153.1	181.5	330.8
WEST TOTAL	1,228	86	43	47	54	153.1	181.5	330.8
Kotzebue			0	0	10	40.4	89.0	40.4
Nome Area			16	38	54	177.0	177.0	187.6
NORTHWEST TOTAL	1,010	71	16	38	64	217.4	266.0	228.0
Barrow Area			9	14	21	64.9	75.4	82.0
NORTHERN TOTAL	334	23	9	14	21	64.9	75.4	82.0
Blind**			29	71	67	169.7	184.2	259.9
Deaf***			25	25	39	83.6	84.0	130.0
PROGRAM TOTAL			54	96	106	253.3	268.2	389.9
TOTALS	33,150	1,111	585	787	899	1,837.3	2,125.4	3,084.8

- Sources: 1. F84-86 Alaska State Plan of Services for Persons with Developmental Disabilities and Other Substantial Handicaps
 2. Department of Health & Social Services - Section on Family Health
 3. Department of Community and Regional Affairs - "F85 Official Population for Boroughs and Cities"

* Unduplicated Count
 ** Blind/Visually Impaired Program
 *** Deaf/Hearing Impaired Program

NOTE: Bush areas need estimated at 7% of 0-2 population based on utilization and waiting list data. Urban areas estimated at 3%.

INFANT LEARNING PROGRAM RECOMMENDATIONS

1. Fund the Infant Learning Program at a base rate of \$3,700 per child (900 children) in F86 to: \$3,330,000
- a. continue current services;
 - b. serve children on waiting lists (121);
 - c. serve new children enrolled in F86 (200-300);
 - d. provide training to personnel;
 - e. provide specialized evaluation and therapy services.
2. Amend A.S. 47.20 to include \$3,700 per child as a unit value for each child enrolled in infant learning starting in F87, with an automatic adjustment for the cost of living increases in ensuing years.

F86 Recommended	\$3,330,000
Governor's Proposed Budget	<u>\$2,041,900</u>
 INCREASE OVER PROPOSED BUDGET	 \$1,288,100

RECEIVED MAR 12 1985

PROTECTION AND ADVOCACY FOR THE DEVELOPMENTALLY DISABLED

MAIN OFFICE
325 East 3rd, 2nd Floor
Anchorage, AK 99501
(907) 274-3658

**SOUTHEAST
REGIONAL OFFICE**
127 S. Franklin, Suite 2
Juneau, AK 99801
(907) 586-1627

**NORTHERN
REGIONAL OFFICE**
763 7th Ave.
Fairbanks, AK 99701
(907) 456-1070

March 11, 1985

Senator Jan Faiks
Pouch V
Mail Stop 3100
Juneau, Alaska 99811

Dear Senator Faiks:

This letter is to provide you more information regarding answers to questions you may have about Infant Learning Programs.

We submit this information in an effort to help you prepare for the HESS Finance Sub-Committee meeting on Thursday, March 14 when the Sub-Committee reviews Health Grants and the Infant Learning Programs Grant BRU.

Q. Why do Infant Learning Programs use the educational model rather than a medical model?

A. The purpose and method for Infant Learning Programs was established by the Legislature in 1978 by enacting AS 47.20.005. ILP provides services using a transdisciplinary educational model which calls for coordinated services between all medical, educational, and social agencies serving the family. Goal: Parent is the primary facilitator (teacher/impact) on the child's development. Parent is taught by ILP Program Staff to conduct therapy and deal with the developmental needs of the child. Services are home-based in accordance with above mentioned statute. Current research indicates home-based services to infants and children to age 3 is significantly more effective than center-based.

Q. What degree of training is required for ILP personnel?

A. ILP "teach" programs are staffed by specialists in the field of Child Development, Abnormal Development, Sensory Impairment, Multi-handicapped Education and Fields of Pediatric Therapy.

ILP consults directly with the child's primary physician and Child Development Services Physician Coordinator.

Q. How often do families receive services from ILP?

A. Children are seen on a weekly basis for 1-2 hours because when parents are primary facilitators (Sec. 47.20.005) they do not need more frequent services.

Statewide, there are at least 121 children who are on waiting lists for ILP. They are prioritized according to severity of need and the waiting list is by-passed for those needing therapy.

Q. Why is this service provided at no cost to families?

A. ILP Services are free to all according to DHSS Regulation 7 AAC 23.090.

The rationale for providing these services at no cost to the families is to involve these children as soon as possible once a referral is made. In the long run, this reduces the cost to the public as studies show money spent on early diagnosis and treatment reduces the cost of mandatory special education programs provided by the schools in Alaska when the child turns age 3.

Some families may not apply their resources to obtain an evaluation until the child becomes obviously different from other children of the same age. This lost time often results in the need for additional services provided by school districts.

ILP services are organized and coordinated under the Individual Education Program method mandated for Special Education Services 3-21. It brings all plans together and makes all specialists accountable to the family. It teaches parents to advocate for their child's developmental needs and prepares the family for the child's transition into the public school system.

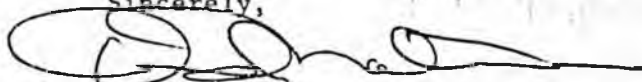
Q. What about changing fees for services on a sliding scale?

A. It is estimated by teachers of ILP's that a significant portion of the families they serve fall below minimum income guidelines established for other public benefits. To establish a justifiable sliding scale and make collections would add indirect administrative costs to the program and actually reduce the amount available for direct services to these families.

Please consider supporting increased funding for Infant Learning Programs to reach unserved areas of the state and keep pace with the growth in population.

If we can answer any questions you may have call us at 274-3658.

Sincerely,



David F. Maltman
Executive Director

DFM:bk

BILL SHEFFIELD, GOVERNOR
STATE OF ALASKA



GOVERNOR'S COUNCIL FOR THE HANDICAPPED AND GIFTED

UNIVERSITY PLAZA OFFICES WEST, SUITE C • 600 UNIVERSITY AVENUE • FAIRBANKS, ALASKA 99701
PHONE (907) 479-6507

TO: Senator Bettye Fahrenkamp, Senate HESS Committee
RE: SCR 13 Infant Learning Programs, Hearing March 19, 1985
DATE: March 15, 1985

The Governor's Council for the Handicapped and Gifted has considered SCR 13 relating to Infant Learning Program funding. The Council will support this resolution if it is amended to reflect the following issues.

Our specific language change suggestions are enclosed for HESS Committee consideration.

1. The two statutes, A.S. 14.30.180 and A.S. 47.20, may be considered companion statutes, the former providing appropriate education and training to exceptional children over the age of three through the Department of Education and foundation funding, the latter providing for these services to exceptional children under the age of three through the Department of Health and Social Services and grant funding.

The resolution needs to more fully recognize this parallel and to recognize that the state legislature specifically and appropriately chose to place the 0-3 program in the Department of Health and Social Services because of program issues and the need for home-based, medical/health related services that are family focussed as compared with school-based education services. The two programs are operated with two different philosophies and in two very different organizational/administrative structures. Our summary comparison of the two approaches was attached to correspondence to Senator Ferguson on March 1st and is enclosed for your review.

2. The issue facing the Legislature is not who should operate the program, but how to provide a solid, equitable funding base for the infant learning programs (24 programs serving almost 900 children in 74 communities) so that parents, providers, and advocates aren't required to pound on your doors each and every year to get basic funding, and so that every handicapped infant and young child who needs services can get services. Education foundation funding is only one option. It is not the only option.

It would be a tragedy to capture the needed money through education foundation funding and lose the essence of the program as a simple, direct, family training health-related service.

Please note that the infant learning law allows school districts to provide the services. Yet in the seven years of program growth, only two school districts have chosen to do so. Meanwhile we have seen the development of strong local non-profit organizations run by local communities with strong parent participation. The rate of program development complete with program standards, regulations, fiscal accountability, evaluation procedures, has been remarkable and is a credit to the Legislature and the Department of Health and

Social Services. The "teachers" are required to have specialized training in early childhood education as well as experience with this age group of exceptional children. Many of the personnel have masters degrees or beyond.

It is essential to recognize that it may not be appropriate to put these programs in the Department of Education and to have them operated by school districts, especially since 24 programs are already in full operation with staff already employed and providing services. The Council will not support such a transfer without full analysis of all options and statutory guarantees that all of the program components will be protected and preserved. As we say about institutional versus community care--the move must insure programs of a quality at least equal to that provided previously.

We applaud your concern and interest in this vital program and will work with you to develop the most appropriate funding base for the statewide infant learning programs.

SUGGESTED LANGUAGE CHANGES FOR SCR 13 RELATING TO INFANT
LEARNING PROGRAM FUNDING

Page 1, Line 14 To make this paragraph more closely parallel to the one above so that readers can quickly compare the wording in the two laws, use quotation marks and quote directly from A.S. 47.20:

Whereas the Legislature has further expressed its commitment to "provide appropriate public education and training to exceptional children in this state who have not reached the age of three"....

Page 1, Line 27 To make this paragraph more clearly compare the organization/funding of the two programs delete the words "not; and" on line 29 and insert:

"funded as part of the Department of Health and Social Services' health budget as a grant program; and"

Page 2, Line 6 To make it clear that the purpose of the resolution is to look at funding, delete the words "responsibility for" on line 6, and delete the phrase beginning on line 8 with the words "and how funding...." and ending with "program" on line 9, and insert in its place the words "so as to receive and utilize the maximum available federal and state funds"

Page 2, Line 11 To make it clear that the purpose of the resolution is not to relocate the program administratively, strike the words "of Education" on line 11 and insert "Health and Social Services", and on line 12 delete "by the Department of Health and Social Services"

Page 2, Line 16 Since it is not yet determined whether foundation funding is an appropriate funding mechanism for infant learning programs, delete the word "how" and insert the word "whether"

Page 2, after Line 18 insert another Further Resolved section as follows:
"FURTHER RESOLVED that both the Department of Education and the Department of Health and Social Services are requested to report to the Legislature on alternative funding approaches or formulas which would insure an equitable, stable funding base for infant learning programs statewide:"

Page 2, Line 19 Since the Governor's Council is established by the legislature in AS 47.80 to be the interdepartmental planning and coordinating agency for services to handicapped and gifted children and adults, the two departments should work with the "Governor's Council for the Handicapped and Gifted", lines 19-20 "in consultation with" the Interagency Planning Group which has no legal standing but is a designated grant project of the Department of Education.

INFANT LEARNING PROGRAMS

As Operated by H235	In Contrast to DOE and School Districts
1. Family centered program.	1. Student-centered. Families only occasionally involved.
2. Parents are primary teachers. ILP teachers train parents.	2. Teachers are primary instructors. Their job is not to teach parents to teach children.
3. Service is delivered in the family home.	3. Service is provided in the school.
4. ILP teachers specialize in developmental problems, in developmental problems, in early childhood education pediatric services. This is required in regulations.	4. Certified teachers do not have to have such specific training. An elementary special education resource teacher usually has no training or experience with age 0-3 handicapped children.
5. ILP teachers are a primary source of counseling, emotional support to families; they refer families to other medical/health/social services.	5. Teachers do not have family intervention, family counseling, or referral to other services as a basic part of their job. Often school policies encourage teachers to stay out of these social concerns. Many schools don't have school nurses to provide medical/health related services.
6. Children served are newborns to age three. ILP must support family, help parent-child bonding, not remove child from family to provide service.	6. Children served are 6-18 with some "pre-schools" for handicapped children at age three. All of the age three programs are located in schools. None serve children at home.
7. ILP teachers work more closely with doctors, public health nurses, health aides, family and youth service workers than they do with school district personnel.	7. School district teachers orient primarily to other teachers and the school system rather than to health and social services personnel.
<p>Nearly all ILP referrals come from medical/health/social services personnel or from families. At least 80% of the problems of 0-3 have a medical component.</p> <p>ILP staff work with health professionals on screening, may be called in for discharge planning for high risk newborns. Health nurses and aides regard ILP staff as part of health care system.</p>	
8. The ILP program has regulations, standards, an evaluation system, and precise fiscal accountability. It is a grant program with all H235 grant regulations in force and enforced by the program coordinator in Anchorage. Each program must write an annual plan of service and budget. Banks of account must be kept in accordance with the budget.	8. Special education regulations are in place but there are no program standards. School districts do not have categorical funding under the interim funding, so no funds are generated for handicapped students other than the regular ADM amount.
9. Dollars appropriated are spent for direct services, a minimum of administrative costs, and essentially no facility costs.	9. Dollars appropriated are generally spent for education, but are not required to be spent for special education. A high percentage of funding goes for administration and facility overhead costs.
10. Average funding per child is about \$2,200 per child in 1985.	10. Average funding per child is about \$4,300 per child under the interim foundation plan. Note that the interim ADM amount is based on the previous formula which generated the equivalent of \$4,800 per handicapped child for special education as well as \$4,800 for that same child under regulation education. Thus the state's education support would be about \$9,600 per handicapped student or 4 1/2 times that for infant learning.
11. Students are enrolled and discharged throughout the year.	11. Students are enrolled at any time but only generate funding if enrolled as of October 31st.
12. Recommended funding per child is \$3,700.	12. Recommended school district funding per child is above \$5,100.
<p>The ILP teacher is the primary contact point for all the child's specialized needs. Others, such as support team and blind or deaf outreach people come with the teacher and support her work with the family. Parents see the ILP teacher as a personal ally and friend, a dependable resource, someone to confide in whose job is to help the parent be the most effective parent he or she can be.</p> <p>Parents need an informal personal support system to help them adjust to having a handicapped child, to learn to teach their child, to get them involved in decision making, to meet other parents with handicapped children before the children enter the public school system.</p>	
13. ILP is a twelve month program. In the life of an infant three months is a very long time. For infants with handicaps loss of service three to four months a year can be crucial to long-term development.	13. Education programs are nine months. Most schools open in September and break for the summer in May. Special education services can be continued during the summer but most districts do not have summer programs and those which do have sessions of a few weeks duration or offer summer camp experiences which are not appropriate for infants and toddlers.



PRESCHOOL RESOURCES for ALASKAN SPECIAL EDUCATION

620 East 10th Avenue
Suite 203
Anchorage, Alaska 99501
(907) 274-1665 / 277-2451

Jacqueline Schakel, Director
Training & Technical Assistance

Barbara J. Smith, Director
State Planning Grant

RECEIVED FEB 27 1985

February 20, 1985

The Honorable Jan Faiks
Pouch V (M.S. 3100)
Juneau, AK 99811

Dear Senator Faiks:

We are writing to inform you of our activities in the area of special services to young handicapped children from birth to age six and their families.

Preschool Resources for Alaskan Special Education (PRASE) is composed of two federal special education grants that are subcontracted from the Alaska Department of Education (DOE) to the Easter Seal Society of Alaska, Inc. One of our projects provides training and technical assistance to school districts statewide to assist them in serving the preschool age handicapped child. The second project, the state planning grant, will assist the DOE in developing an interagency, comprehensive, statewide plan for providing services to all of Alaska's handicapped children from birth to age six and their families. A primary activity of this project is the development of an ongoing, interagency working group (list attached).

We have enclosed materials on our activities. Please let us know if we can be of any assistance to you in matters related to young handicapped children.

Sincerely,

Barbara J. Smith, Ph.D.
Co-Director, PRASE

Jacqueline A. Schakel
Co-Director, PRASE

cah

Enclosures

Funded by the
Alaska Department of Education
Through
Easter Seal Society of Alaska



PRESCHOOL RESOURCES for ALASKAN SPECIAL EDUCATION

620 East 10th Avenue

Suite 203

Anchorage, Alaska 99501

(907) 274-1665 / 277-2451

Jacqueline Schakel, Director
Training & Technical Assistance

Barbara J. Smith, Director
State Planning Grant

EARLY CHILDHOOD SPECIAL EDUCATION STATE PLANNING GRANT INTERAGENCY GROUP

DEPARTMENT OF EDUCATION

Commissioner

Office of Special Services

Office of School Improvement

Preschool Resources for Alaskan Special Education (PRASE)

Alaska Resources for the Moderately/Severely Impaired (ARMSI)

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Commissioner

Division of Family and Youth Services

Division of Family Health; Infant Learning Program, Child Development Services,
Communications Disorders.

Protection and Advocacy for the Developmentally Disabled (PADD)

DEPARTMENT OF COMMUNITY & REGIONAL AFFAIRS

Commissioner

Division of Community Development

Alaska Head Start Directors Association - Alaska Head Start
Resource Access Project

GOVERNOR'S OFFICE

Governor

Governor's Council for the Handicapped and Gifted

ASSOCIATIONS/ORGANIZATIONS

Academy of Pediatrics

Alaska Association of Administrators of Special Education (AAASE)

Alaska State Association for the Education of Young Children (ASAAYC)

Council for Exceptional Children (CEC)

Alaska Speech, Hearing and Language Association (ASHLA)

Alaska School Psychologists Association (ASPA)

National Education Association - Alaska (NEA-Alaska)

The Easter Seal Society of Alaska, Inc.

PARENT GROUPS

Rigel Parent Advisory Committee

SEPTER

Dillingham Parent Caring Group

INSTITUTIONS OF HIGHER EDUCATION

University of Alaska, Anchorage: School of Education and

Department of Special Education

Consortium of Early Childhood Teacher Educators

Funded by the

Alaska Department of Education

Through

Easter Seal Society of Alaska

Other Services

The PRASE projects help sponsor and coordinate meetings of a state Advisory Committee which suggests policy to better serve preschool handicapped children. This committee also advises the Alaska Resource Access Project, a training and technical assistance resource for Head Start programs.

A Monthly Newsline with up-to-date, pertinent information for people who provide services to preschool handicapped children is printed and disseminated.

Who Can Use the Services of PRASE?

Any Alaskan agency which serves preschool handicapped children can contact PRASE for information and resources. Training and technical assistance are provided chiefly to school district personnel, although others are welcome to participate in training when appropriate. PRASE services are FREE, although school districts are asked to assist with staff travel and accommodations when possible.

For more information about the services of PRASE, contact one of the directors at the Easter Seal Society of Alaska offices in Anchorage:

Jackie Schakel or Barbara Smith
P.R.A.S.E.
620 E. 10th Avenue
Suite 203
Anchorage, Ak. 99501

Funded by Grants from the
ALASKA DEPARTMENT OF EDUCATION
through
EASTER SEAL SOCIETY OF ALASKA, INC.

PRESCHOOL RESOURCES for
ALASKAN SPECIAL EDUCATION
620 East 10th Avenue
Suite 203
Anchorage, Alaska 99501



PRESCHOOL RESOURCES for ALASKAN SPECIAL EDUCATION



State Planning Grant Barbara J. Smith, Director

Preschool Resources for Alaskan Special Education (PRASE)

PRASE is funded by the Alaska Department of Education to coordinate Alaska's efforts to identify and serve preschool children with special needs and to provide school districts with the training and technical assistance necessary to achieve the goal of appropriately serving these children.

PRASE currently consists of two separate but closely coordinated projects. One, formerly known as the DOE Resource Access Project, has been providing workshop training, technical assistance and resources to school districts since 1981. The second project was funded in 1984 to begin developing a state plan for the comprehensive delivery of services to young handicapped children.

Training, Technical Assistance and Resources Jackie Schakel, Director

The training and technical assistance arm of PRASE is funded through federal Preschool Incentive Grant monies to the state. This project provides the following free services to school districts:

Workshops or Inservice Training on topics relevant to early childhood special education for administrators, teachers, support staff, aides, or parents.

Access to Resources including books, films, videotapes, assessment tools, curricula, and other materials to answer questions about preschool children with special needs and familiarize service providers with available resources.

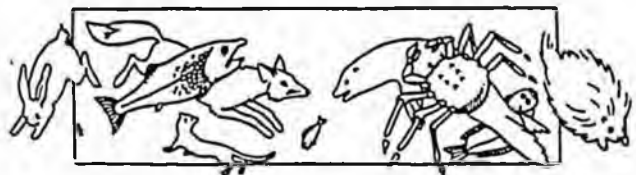
Information Services to link school districts with resource providers and agencies who offer services to preschool special needs children and programs.

On-site or Off-site Technical Assistance for such activities as developing or updating Child Find and screening procedures, planning appropriate assessment procedures, translating assessment results into intervention and programming, and evaluating services.

The Alaska Department of Education is administering this grant under the federal Handicapped Children's Early Education Program (HCEEP) to develop a statewide, comprehensive, inter-agency delivery system of special education and related services for handicapped children from birth to six and their families. This will be a cooperative effort which will include all agencies involved with the education and development of young handicapped children. Activities for the project include: (1) defining the group of children to be served, (2) identifying the services needed by these children and their families, (3) identifying and coordinating the agencies needed to deliver these services, and (4) determining the resources, both fiscal and personnel, needed to provide the services. Federal funds are available for Alaska to develop and implement this plan through a series of steps over the next five to seven years.

Project activities planned for the first two years include:

- Conducting a statewide needs assessment of current services.
- Developing an interagency planning group.
- Disseminating informational issue papers (e.g. assessment and diagnosis of very young children, service models, efficacy data related to early intervention).
- Identifying fiscal and personnel resources and constraints.





THE ARGUMENT FOR EARLY INTERVENTION

What is Early Intervention?

Early intervention means discovering that a child between birth and school age has or is at risk of having a handicapping condition or other special need that may affect his or her development and then providing services to lessen the effects of the condition. Early intervention can be remedial or preventive in nature—remediating existing developmental problems or preventing their occurrence. Early intervention may begin at any time between birth and school age; however, there are many reasons to begin as early as possible.

Why Intervene Early?

There are three primary reasons for intervening early with an exceptional child—to enhance the child's development, to provide support and assistance to the family, and to maximize the child's and family's benefit to society.

Child development research has established that the rate of human learning and development is most rapid in the preschool years. Timing of intervention becomes particularly important when a child runs the risk of missing an opportunity to learn during a state of maximum readiness. If the most "teachable moments" or readiness stages are not taken advantage of, a child may have difficulty learning a particular skill at a later time.

Early intervention services have a significant impact as well for the parents and siblings of an exceptional infant or young child. The family of a young exceptional child often feels disappointment, social isolation, added economic stress, frustration, and helplessness. The compounded stress of the presence of an exceptional child may affect the families' well-being and interfere with the child's development. Families of handicapped children are found to experience increased instances of divorce and suicide, and a handicapped child is more likely to be abused than is a nonhandicapped child. Early intervention for parents results in improved attitudes about themselves and their child, improved information and skills for teaching their child, and more time for both work and leisure. Parents of gifted preschoolers also need early services so that they may better provide the supportive and nourishing environment needed by the child.

A third reason for intervening early is that society will reap maximum benefits. The child's increased developmental and educational gains and decreased dependence upon social institutions, as well as the family's increased ability to cope with the presence of an exceptional child and, perhaps, increased ability for employment, provide economic as well as social benefits.

Is Early Intervention Really Effective?

After nearly 50 years of research there is still a great deal to learn. Efforts to document effectiveness have been hindered by experimental design problems associated with: low-incidence handicapping conditions, the diversity of children's problems and the limited scope of available assessment instruments. However, even with these problems, there is evidence—both quantitative (data-based) and qualitative (re-

ports of parents, teachers)—that early intervention increases the developmental/educational gains for the child, improves the functioning of the family, and reaps long term benefits to society. Early intervention for handicapped or disadvantaged children has been shown to result in the child's needing fewer special education and other rehabilitative services later in life, being retained in grade less often, and in some cases, actually being indistinguishable from nonhandicapped classmates years after intervention.

Disadvantaged and gifted preschool-aged children benefit from early intervention as well. Longitudinal data on disadvantaged children who had participated in the Ypsilanti Perry Preschool Project showed that they had made significant gains by age 15 (Schweinhart & Weikart, 1980). These children were more committed to schooling and were doing better in school than children who did not attend preschool. They scored higher on reading, arithmetic, and language achievement tests at all grade levels; showed a 50% reduction in the need for special education services through the end of high school; and showed less anti-social or delinquent behavior outside of school. Karnes (1983) asserts that underachievement in the gifted child may be prevented by early identification and appropriate programming.

Is Early Intervention Cost Effective?

The available data emphasize the *long term* cost effectiveness of early intervention. The highly specialized, comprehensive services necessary to produce the desired developmental gains are often, on a *short term* basis, more costly than traditional school-aged service delivery models. However, there are significant examples of long-term cost savings that result from such early intervention programs.

- A longitudinal study of children who had participated in the Perry Preschool Project (Schweinhart & Weikart, 1980) found that when schools invest about \$3,000 for one year of preschool education for a child, they immediately begin to recover their investment through savings in special education services. Benefits included \$668 from the mother's released time while the child attended preschool; \$2,353 saved by the public schools because children with preschool education had fewer years in special education and were retained for fewer years in grades; and \$10,798 in projected life-time earnings for the child.
- Wood (1981) calculated the total cumulative costs to age 18 of special education services to a child beginning intervention at: (a) birth, (b) age two, (c) age 6, and (d) at age 6 with no eventual movement to regular education. She found that the total costs were actually less if begun at birth! Total cost of special services begun at birth was \$37,273 and total cost if begun at age 6 was between \$46,816 and \$53,340. The cost is less the earlier the intervention because of the remediation and prevention of developmental problems which would have required special services later in life.
- A three year follow-up in Tennessee showed that for every dollar spent on early treatment, \$7.00 in savings were realized within 36 months. This savings resulted from deferral of special class placement and institutionalization for



GOVERNORS' COUNCIL FOR THE HANDICAPPED AND GIFTED

UNIVERSITY PLAZA OFFICES WEST • SUITE C • 600 UNIVERSITY AVENUE • FAIRBANKS, ALASKA 99701
PHONE (907) 479-6507

July 10, 1985

Dr. Fraser,
Division of Public Health
Pouch H-06
Juneau, AK 99811

Dear Dr. Fraser,

The Governor's Council for the Handicapped and Gifted has worked very hard over the past several years to educate the legislature and the public regarding the public and personal benefits of providing infant learning program services to developmentally delayed, handicapped, and "at risk" children under the age of three.

While our efforts have been largely successful, and funding levels have been increased, the initiative for the increases has not come from the Division of Public Health in its regular budgetary process. Additions have come as legislative add-ons. This past session, the Senate increased infant learning by \$600,000. The House added \$300,000. The budget conference committee acceded to the House level of \$300,000. This was disappointing, especially since Representative Adams and others told us that more letters were received in support of infant learning than any other single issue before the legislature.

This year we would like to see your Division take the lead in supporting this program by including necessary funding in the preliminary budget, and then giving that program high priority for funding throughout the budget process.

Parents, numbering in the several hundreds, are concerned about the apparent lack of support ~~by~~ this program ~~for~~ the administration. Legislators ask us why this program has not received strong administration support. We know that a deliberate strategy was employed two or three years ago not to include the higher funding levels in the department's budget because the department officials realized that "grass roots" support for this popular program would likely result in legislative add-ons. Thus the Division could include another priority program in its own budget, and end up with a greater over-all budget increase.

We feel it's time to target a different program for that particular strategy as this approach is "burning out" parents, infant learning teachers, and legislators are beginning to numb to the constant letters and phone calls on infant learning.

We would like to form a partnership with you and pledge our support to some other important public health service if you are willing to include the remaining Council-recommended funding increase of \$1 million in the division's budget. For example, we have been neglecting support for increased funding to the handicapped children's program and to child development services. I'm sure there are others that are of particular concern to the Division.

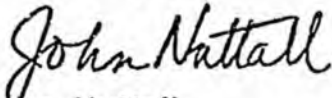
We recommended an increase of \$1,288,100 in F86, equivalent to a base rate of \$3700 per child and family per year. Since \$300,000 was funded, and we assume this will be included in the adjusted base, that leaves \$1,000,000 yet to be included in the F87 budget.

We would also support your efforts to amend A.S. 47.20, the enabling authority, to include a base rate of funding per child so this program can be available to every child who needs it and so that you will have a solid basis for including adequate funding in your budget. It would then be up to the Legislature to allocate the authorized amount for this important program.

We look forward to hearing from you as to what you plan to do relative to this request for F87. We hope to work closely with you to further our mutual goals.

Thank you for your assistance.

Sincerely,



John Nuttall,
Chairman

cc: Commissioner Pugh
David Spence
Karen Lamb
Carolyn Aoyama



RECORDS CERTIFICATION

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

James O. Smith
Signature of Camera Operator

10/31/89
Date

SCR

29

Senate Health, Education and Social Services Committee

Legislation Checklist

Bill number: SCR 29

Sponsor: Kerttula & Sturgulewski

Date referred to committee: 1-17-86

Synopsis completed:

Fiscal note:

Further referrals:

CONTACTS:

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY
LEGISLATIVE REFERENCE LIBRARY

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

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HESS 1-28-86 1:37 pm

COMMITTEE REPORT
SENATE

FURTHER:

1/17/86

Date January 28, 1986

Mr. President

The Committee on HESS considered SCR 29
relating to designating February 1986 as Community College Month.

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

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for SCR 29 (HESS)
- new title
- same title and recommends _____
- and attached a "LETTER OF INTENT" NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS

Edwin De Vries
Lee Josephson
Paul Finch
Carl Stangulinski

Dette Schenk
Chairman
Do Pass
Chairman recommendation

JAN 21 1986

University Report

A Publication for Faculty and Staff of the University of Alaska

Volume 6, Number 5

January 17, 1986



ACC Arts Fair—The Anchorage Community College Arts Fair, an indoor-outdoor all day event, draws more than 25,000 visitors to the school's main Providence Avenue campus. Artists like this young person try their hand at various mediums, including the popular paper mache' dinosaurs. Anchorage artisans in 125 booths display and sell paintings, pottery, weaving, needlework, toys, stained glass, jewelry and other crafts. Performing Arts events are offered throughout the day and evening. 1985 marked the 14th consecutive year of art and art education celebration by ACC.

Base Back up
Celebrate

National Community College Month February 1986

Salute the
University of Alaska community colleges

- Anchorage Community College, Anchorage
- Chukchi Community College, Kotzebue
- Islands Community College, Sitka
- Kenai Peninsula Community College, Soldotna
- Ketchikan Community College, Ketchikan
- Kodiak Community College, Kodiak
- Kuskokwim Community College, Bethel
- Matanuska-Susitna Community College, Palmer
- Northwest Community College, Nome
- Prince William Sound Community College, Valdez
- Tanana Valley Community College, Fairbanks

Special events are planned at these and the other 1,200 technical and two-year colleges in the United States to promote awareness of the mission and philosophy of two-year colleges. Check with your local community college for a schedule of informative and celebratory events to be held in your community.

UA Six-year Plan committee and content changes

The committee charged with developing the UA Six-year Plan sports a new chair, two new members and a revised timeline. Don Behrend, UA provost and vice president for academic affairs, and Lynn Shaver, a regent and senior at UAA, have been appointed to the committee. Behrend will serve as chair, replacing Brian Rogers, director of budget development, who will remain on the committee. Rogers will lead the UA Budget Flexibility Task Force which will become active in the near future.

Behrend expects to have a new draft of the plan ready for review by late January. A rewrite of the 1986 version will be considered by Statewide Assembly at its February 20-21 meeting and by the Board of Regents in late March or early April. At the April 24-25 committee meetings in Nome the plan will come before the regents, preparatory to final consideration at their June 5-6 meeting in Fairbanks.

The plan will have been a year and a half in the making. In January 1985

President Don O'Dowd created a University System Planning Committee charged with devising a systemwide plan to encompass all functions of the university, but focus on academic activities, specifically near-term developments for two fiscal years and long-term developments
(see SIX-YEAR PLAN, page 2)

.....
See page 3 for
UA Holiday Schedules for
1986-87 & 1987-88 & 1988-89
.....

SCR 29



COMMUNITY COLLEGES, RURAL EDUCATION AND EXTENSION (CCREE)

3601 C Street, Suite #400
Mailing Address: 3605 Arctic Blvd. #420
Anchorage, AK 99503

Contact: Carol Hoshiko
564-3330

Mark Andrews
786-1131

FOR IMMEDIATE RELEASE

February 1986 has been proclaimed National Community College Month by President Ronald Reagan as a result of the signing of Senate Joint Resolution 158. Alaskan community colleges as well as over 1,200 national community, technical, and junior colleges will join the campaign to promote greater awareness of the mission and philosophy of two-year colleges and to celebrate Community College Month.

Alaska's legislators played a leading role in obtaining this proclamation. Senate Joint Resolution 158 and House Joint Resolution 125 were made possible by Senate sponsor Frank Murkowski (R-AK), House sponsor Don Young (R-AK), and the American Association of Community and Junior Colleges (AACJC)/Association of Community College Trustees (ACCT) Joint Federal Relations Commission.

(The complete text of the proclamation signed by President Reagan is included on the back of this page.)

info
Henry J. Byrd
introduction
C. C.
Pres

Ninety-ninth Congress of the United States of America

AT THE FIRST SESSION

Begun and held at the City of Washington on Thursday, the third day of January, one thousand nine hundred and eighty-five

Joint Resolution

Designating February 1986 as "National Community College Month".

Whereas, in the fall of 1981, there were over one thousand two hundred and nineteen community, technical, and junior colleges in which 40 per centum of all undergraduate college students in the United States were enrolled;

Whereas such colleges prepare people for employment in over one thousand four hundred different occupations or for transfer to four-year colleges and universities;

Whereas such colleges are within reasonable commuting distance for more than 90 per centum of all Americans;

Whereas such colleges provide an opportunity to obtain a post-secondary education at low cost for many people who could not otherwise afford one; and

Whereas such colleges are community-based institutions which provide flexible and diverse programs and services tailored to fit the needs of their local populations and industries: Now, therefore, be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That February 1986 is designated as "National Community College Month", and the President is authorized and requested to issue a proclamation calling upon the people of the United States to observe such month with appropriate ceremonies and activities.

Do Momi

Speaker of the House of Representatives.

*Vice President of the United States and
President of the Senate.*

UAC

AMERICAN ASSOCIATION OF COMMUNITY AND JUNIOR COLLEGES

Opportunity With Excellence

In the Nation's Service

RECEIVED

The National Center For Higher Education

NEWS RELEASE

NOV 5 1985

One Dupont Circle/N.W./Suite 410 Washington, D.C. 20036/202-293-7050 Office of the Chancellor CCREE



Date: October 30, 1985
Topic: FEBRUARY 1985 is NATIONAL COMMUNITY COLLEGE MONTH
Contact: Sue Friedman, Public Information Officer

WASHINGTON, D.C.--- February 1986 has been proclaimed NATIONAL COMMUNITY COLLEGE MONTH by President Ronald Reagan as a result of the October 22 signing of Senate Joint Resolution 158. The American Association of Community and Junior Colleges (AACJC) will host several national activities during February to enhance the public understanding and recognition of the nation's 1,221 community, technical, and junior colleges. In addition, local two-year colleges are being urged to join the national campaign to promote greater awareness of the value of the associate degree and celebrate NATIONAL COMMUNITY COLLEGE MONTH.

Senate Joint Resolution 158 and House Joint Resolution 125 were made possible by the AACJC/Association of Community College Trustees (ACCT) Joint Federal Relations Commission, House sponsor Don Young (R-AK), and Senate sponsor Frank Murkowski (R-AK). "The unanimous support of the Congress and the presidential proclamation indicate the high regard with which community, technical, and junior colleges are held," emphasizes Dale Parnell, president of AACJC. "We continue to be America's college of opportunity for nearly five million credit and more than four million noncredit students each year. National Community College Month affords us the opportunity to better acquaint the public, employers, our educational colleagues in four-year institutions, and decision-makers with the mission and philosophy of two-year colleges."

The complete text of the proclamation signed by President Reagan is included on the reserve of this page.

MORE MORE



COMMUNITY COLLEGES, RURAL EDUCATION AND EXTENSION (CCREE)

3601 C Street, Suite #400
Mailing Address: 3605 Arctic Blvd. #420
Anchorage, AK 99503

December 3, 1985

The Honorable Ted Stevens
United States Senate
701 "C" Street, Box 2
Anchorage, AK 99513

Dear Senator Stevens:

We have been informed that on October 22, 1985 President Reagan signed into law the joint resolution H.J. 158) officially proclaiming February 1986 "National Community College Month."

On behalf of the division of Community Colleges, Rural Education and Extension (CCREE) of the University of Alaska, please accept my sincere thanks for your interest and efforts in making it possible for community colleges to receive their much deserved recognition.

The community colleges throughout the state have already begun making plans for special activities during the month of February. If you expect to be in the state during that month, perhaps you would consider visiting one or more of our community colleges and participating in the activities.

Sincerely,

M. O. LOONEY, Chancellor
Community Colleges, Rural Education and Extension

rj

*x letter was also sent
to Sen. Murkowski and
Rep. Young
rj*

Introduced: 1/17/86
Referred: Health, Education
and Social Services

1 IN THE SENATE

BY KERTTULA AND STURGULEWSKI

2

SENATE CONCURRENT RESOLUTION NO. 29

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FOURTEENTH LEGISLATURE - SECOND SESSION

5

Relating to designating February 1986 as

6

Community College Month.

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

8

WHEREAS in the fall of 1981 there were over 1,219 technical and junior

9

colleges in which 40 percent of all undergraduate college students in the

10

United States were enrolled; and

11

WHEREAS community colleges prepare people for employment in over 1,400

12

different occupations or for transfer to four-year colleges and universi-

13

ties; and

14

WHEREAS community colleges are within reasonable commuting distance

15

for more than 90 percent of all Americans; and

16

WHEREAS community colleges provide an opportunity to obtain a post-

17

secondary education at low cost for many people who could not otherwise

18

afford one; and

19

WHEREAS community colleges are community-based institutions that

20

provide flexible and diverse programs and services tailored to fit the

21

needs of their local populations and industries; and

22

WHEREAS Alaska has 10 community colleges that provide campus and

23

outreach services to citizens throughout the state;

24

BE IT RESOLVED by the Alaska State Legislature that February 1986 is

25

designated as "Community College Month" and the Governor is requested to

26

issue a proclamation calling upon the people of the state to observe Febru-

27

ary with appropriate ceremonies and activities.

Ninety-ninth Congress of the United States of America

AT THE FIRST SESSION

*Begun and held at the City of Washington on Thursday, the third day of January,
one thousand nine hundred and eighty-five*

Joint Resolution

Designating February 1986 as "National Community College Month".

Whereas, in the fall of 1981, there were over one thousand two hundred and nineteen community, technical, and junior colleges in which 40 per centum of all undergraduate college students in the United States were enrolled;

Whereas such colleges prepare people for employment in over one thousand four hundred different occupations or for transfer to four-year colleges and universities;

Whereas such colleges are within reasonable commuting distance for more than 90 per centum of all Americans;

Whereas such colleges provide an opportunity to obtain a post-secondary education at low cost for many people who could not otherwise afford one; and

Whereas such colleges are community-based institutions which provide flexible and diverse programs and services tailored to fit the needs of their local populations and industries: Now, therefore, be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That February 1986 is designated as "National Community College Month", and the President is authorized and requested to issue a proclamation calling upon the people of the United States to observe such month with appropriate ceremonies and activities.

Speaker of the House of Representatives.

*Vice President of the United States and
President of the Senate.*

STATE OF ALASKA
THE LEGISLATURE

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

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

February 4, 1986

SUBJECT: CSSCR 29 (Hess)
TO: Senator Fahrenkamp
FROM: Michael F. Ford *M.F.*
Legislative Counsel

You have requested an opinion as to the resolve language of CSSCR 29 (Hess), regarding the legislature designating February as "Community College Month".

Under Uniform Rule 49 (3), the legislature may use a concurrent resolution to reflect the wish, will, view or decision of both houses. Certainly the legislature has the power to express by concurrent resolution the wish that February be designated as "Community College Month". Alternatively, the legislature could request the governor to make the designation. For an example of this technique see Legislative Resolve No. 40, SLA 1984. The legislature has also designated certain holidays by statute for an example of this, see AS 44.12.040.

Please contact me if you have any questions.

MFF:csh
c5/039

Ford

A M E N D M E N T

Offered in the SENATE

By Fahrenkamp

TO: CSSCR 29(HESS)

Page 1, line 24, after "that" insert:

"the Governor is respectfully requested to designate"

Page 1, line 24, after "1986" delete "is"

Page 1, line 25, before "as" delete "designated"

Page 1, line 25, after "and" delete "the Governor is requested"

adopted



RECORDS CERTIFICATION



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

James O. Smith
Signature of Camera Operator

10/31/89
Date

SCR

36

COMMITTEE REPORT
SENATE

FURTHER:

FINANCE

2/18/86

Date 3-27-86

Mr. President

The Committee on HESS considered SCR 36
establishing a joint special committee on mental health trust land.

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

- ~~do pass~~
- do pass with attached amendment(s)
- replace with/or adopt CS for SCR 36
- new title
- same title and recommends _____
- and attached a "LETTER OF INTENT" [] NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING
DO PASS

Sen. Joseph

MEMBERS HAVING
OTHER RECOMMENDATIONS

William Stungleski No Rec.
Edmund McVie N.P.
Paul Frick N. Rec.

1 D. Fabrentemp Do Pass
Chairman

Chairman recommendation

Introduced: 2/17/86
Referred: Health, Education,
Social Services and Finance

did see SCR 36

BY GRUENBERG, KOPONEN, HURLEY,
TAYLOR, HANLEY, PETTY, JOHN AND
THOMPSON

1 IN THE HOUSE

2

HOUSE CONCURRENT RESOLUTION NO. 50

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FOURTEENTH LEGISLATURE - SECOND SESSION

5

Establishing a joint committee on mental

6

health trust land.

7

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

8

WHEREAS the United States Congress granted 1,000,000 acres of land to

9

the Territory of Alaska to be administered as a public trust for the neces-

10

sary expenses and support of mental health in the territory; and

11

WHEREAS in October 1985, the Alaska Supreme Court determined that the

12

1978 decision of the Alaska Legislature to redesignate mental health trust

13

land as general grant land had breached the trust established by the Con-

14

gress; and

15

WHEREAS the legislature, the administration, and mental health advo-

16

cates agree that the state must comply with the intent of the Congress and

17

the Alaska Supreme Court decision; and

18

WHEREAS the legislature must be involved in the resolution of issues

19

involving mental health trust land;

20

BE IT RESOLVED by the Alaska State Legislature that a Joint Committee

21

on Mental Health Trust Land is established under Uniform Rule 21(b); and be

22

it

23

FURTHER RESOLVED that the Joint Committee on Mental Health Trust Land

24

is composed of three members of the Senate appointed by the president of

25

the Senate, and three members of the House of Representatives appointed by

26

the speaker of the House of Representatives; and be it

27

FURTHER RESOLVED that the Joint Committee on Mental Health Trust Land

28

develop, after public hearings, a proposal to resolve the mental health

29

trust litigation and recommend a level of appropriations adequate to

1 provide sufficient funding for mental health programs in the future; and be
2 it

3 FURTHER RESOLVED that the committee is authorized to meet during and
4 between sessions of the legislature and is to report its recommendations
5 and findings on the first day of the First Session of the Fifteenth State
6 Legislature; and be it

7 FURTHER RESOLVED that the committee terminates on the 10th day of the
8 First Session of the Fifteenth State Legislature.

9

Alaska State Legislature

BETTYE FAHRENKAMP, Chairman
ARLIGS STURGULEWSKI, Vice Chairman
JOE JOSEPHSON
PAUL FISCHER
EDNA ARMSTRONG-DE VRIES



Sandra

POUCH V
STATE CAPITAL
JUNEAU, ALASKA 99811
(907) 465-3834
(907) 465-3835

Senate Committee on Health, Education and Social Services

M E M O R A N D U M

TO: Members, Senate Committee on Health, Education and Social Services

FROM: Committee Staff

RE: Committee Meeting, March 20, 1986

DATE: March 18, 1986

On Thursday, March 20, 1986 from 1:30-3:30 p.m. in the Beltz Room, the Senate Committee on Health, Education and Social Services will hear:

SCR 36, establishing a joint special committee on mental health trust land

In brief, the bill would establish a committee consisting of two Senators, two Representatives, the Commissioners of Natural Resources and Health and Social Services, and two public members to develop a proposal to resolve the mental health trust litigation and recommend a level of program funding for future years. The committee would terminate at the beginning of next session.

The bill has been introduced in response to the Supreme Court's determination that the state breached the mental health trust established by Congress. A brief outline of the history of the case and the court decision is attached.

Also attached is an outline of other proposals under discussion, as pending legislation or otherwise, that seek to respond to the Supreme court ruling and work toward resolution of the litigation. Committee discussion will not be limited to SCR 36, but will be broadened to include these additional points.

DRAFT

Superseded

STATE OF ALASKA 1986 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date : _____

REQUEST

Bill/Resolution No. : SCR 36
Title : Establishing a joint special
committee on mental health trust
land
Sponsor : Josephson
Requestor : Senate HESS
Date of Request : 3/11/85

FISCAL DETAIL

Agency Affected : Legislative Affairs
BRU : _____
Components : _____

EXPENDITURES/REVENUES : (Thousands of Dollars)

OPERATING	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91
PERSONAL SERVICES		21.7				
TRAVEL		8.0				
CONTRACTUAL		5.6				
SUPPLIES		.3				
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING		35.6				

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

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

FUNDING : (Thousands of Dollars)

GENERAL FUND		35.6				
FEDERAL FUNDS						
OTHER						
TOTAL		35.6				

POSITIONS :

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : Attach a separate page if necessary

This fiscal note calls for a half-time professional assistant (Range 21A) to work for the committee. Salary for a nine month period is \$17,239.50 plus \$4,482.27 in benefits.

Prepared by : Senator Joe Josephson
Division : _____ Phone : 465-4525
Date : 3/11/86

Approved by ^{Chair} Commissioner : _____ Date : 3/11/86
Agency : Senate HESS Committee

Distribution (by Agency preparing fiscal note) :

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



RECORDS CERTIFICATION



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

James O. Smith
Signature of Camera Operator

10/31/89
Date

SJR

25

Senate Health, Education and Social Services Committee

Legislation Checklist

Bill number: STR 25
Sponsor: ALZA FAHRENKAMP
Date referred to committee: 4/29/85
Synopsis completed:
Fiscal note:
Further referrals: NONE

CONTACTS:

NOMINATING COMMITTEE APPOINTED

The 1985 Nominating Committee has been appointed by Association Chairman Ed Zeine. The committee is chaired by Sister Barbara Haase, immediate past chairman, and includes Ed Zeine, Cordova, and Mike Herring, chairman-elect, Homer. Offices to be filled are: chairman-elect, secretary/treasurer, delegate and alternate delegate to the American Health Care Association, trustee delegate and alternate trustee delegate to the American Hospital Association, and two members to the ASHA/PAC board. Nominations should be submitted to the association office in Juneau before June 15.

ANNUAL MEETING TIME

A real Alaskan style annual meeting of the Alaska State Hospital Association is planned this year August 25-28, in Cordova. The dates coincide with Cordova's salmon derby; so in addition to hard work on developing a strategic plan for the association led by Michael Annison, there will be plenty of opportunity for pursuing the wily king salmon, river rafting and other Alaskan activities.

A contributing author of the best-selling management book, "Megatrends,;; Michael Annison will follow-up his 1984 address at the association meeting in Sitka. A dynamic speaker with an exciting (and somewhat disturbing) message for the future of health care, Annison is expected to lead lively discussions both Monday and Tuesday mornings, August 26 and 27. Paul Willging, the incoming executive vice president of the American Health Care Association, Richard Barr, chairman of the board of trustees of the Association of Western Hospitals, and Jack Skarupa, chairman of the board of trustees of the American Hospital Association will provide presentations at the Cordova meeting on Wednesday, August 28.

Annual Meeting headquarters will be at the Reluctant Fisherman Hotel in Cordova; however, because accommodations are limited, all housing arrangements will be handled through the association office in Juneau.

Preference in choice of accommodations will be given to those responding to an initial mailing/survey which has been sent to all Northern Care readers. If you did not receive this initial notice or require additional information, please contact the ASHA office at 907/586-1790. Follow-up registration information will be mailed in June.

"How do we want to grow?" was the subject of an intensive 2-day process in strategic planning as members of the Alaska State Hospital Association's task force on future directions met with Ed Tuller and John Zang of the American Hospital Association in Seattle last week.

The group, which included task force chairman Dale Reynolds, Charter North Hospital, Anchorage; Tom Boling, Our Lady of Compassion Care Center, Anchorage; Sister Barbara Haase, Ketchikan General Hospital, and association staff Dennis DeWitt and Bonnie Frey; worked through a planning process in which they defined health care goals in terms of the association membership and then projected themselves into the year 1995 and outlined the elements of their success "in retrospect." With the use of a computer, this information was illustrated in a form that helped the group compare areas of relative importance to perceived performance. When this more or less theoretical exercise was complete, the group was able to list specific implementing strategies for consideration by the board of directors in August.

FUTURES TASK FORCE MEETS

Task force Chairman Dale Reynolds expressed satisfaction with the work done by the committee in the two days. "I think we're in a position now to review for the board how the association has developed in the five years since the Share Report and how we think its priorities can best be met in the next five."

Vol. 8 May 1985 No. 5

THE LEGISLATURE ADJOURNS

DATES TO REMEMBER

May 27-29, 1985
Aging Together in Alaska
Conference
McKinley Chalets, Alaska

May 31, 1985
ASHA Executive Committee
Our Lady of Compassion Care Center
Anchorage, Alaska

June 2-5, 1985
AHCA Congressional Conference
Hyatt-Regency Hotel
Washington D.C.

June 5-8, 1985
Alaska State Medical Assoc.
Annual Meeting
Haines, Alaska

June 6-7, 1985
AHA Small/Rural Hospital
Conference
Chicago, Illinois

June 13-14, 1985
AHA Trustee Conference
Lake Tahoe, Nevada

July 29-31, 1985
AHA Annual Convention
Chicago, Illinois

They only stayed 119 days (one short of the new 120-day limit) and their focus was clearly on managing limited resources. Proposed funding bills for capital improvements at Wrangell General Hospital moved through the policy committees but failed to be included in the final appropriation legislation that went to the governor. Funding in the amount of \$1.45 million to complete the Cordova Hospital project was included as well as \$250,000 for St. Ann's Nursing Home renovation, \$515,700 to Norton Sound Health Corporation for an alcoholic treatment center and \$1.6 million for architectural and engineering costs at Kodiak Island General Hospital. These appropriations must still survive potential veto as the governor trims the legislative budget to a level he finds acceptable.

In a relative sense, the legislature was generous in the funding of the Medicaid program. As almost all budgets were being cut, the legislature allowed for both volume and inflation growth for hospitals and nursing homes.

Not a great deal of legislation impacting hospitals in other respects reached the governor's desk. House Bill 215 by Representative Hermann relating to state aid for community health aides, House Bill 335 by Representative Koponen addressing midwifery and the municipal code revision succeeded through the legislature. Senate Bill 45 by Jan Faiks, which would have permitted Joint Commission on Accreditation (JCAH) approval in lieu of licensure, and Senate Bill 140 by Senator Eliason regarding the rights of the terminally ill, were caught in the last push to adjourn and will be early action items next year.

An important feature of success this year is what did not pass. A proposal to regulate all health facility rates through expansion of the Medicaid Rate Commission did not move. A proposal to reduce Medicaid payments to facilities to solve budget shortfalls was killed. In a year of severe budget reductions, the legislature maintained its commitment to reasonable payment for health facility services.

ON THE FEDERAL LEVEL

The U.S. Senate rejected an administration-proposed cap on the Medicaid program early in May. The proposed cap would have been disastrous to states with limited Medicaid programs such as Alaska. While the victory was sweet, it was short-lived. Subsequently the Senate adopted a budget which would freeze Medicare payments to providers and limit federal Medicaid spending to \$1.2 billion over the next three years.

The Alaska State Hospital Association delegation, led by Jack Buck, administrator of St. Ann's Nursing Home in Juneau, will address this issue as well as federal tax policies, V.A. use of private sector health facilities, and other issues critical to Alaska while attending the American Health Care Association Congressional Conference. The conference is scheduled June 4 and 5 at the Hyatt Regency in Washington D.C. The meeting provides an opportunity for nursing home administrators to learn about federal activities and how they will impact the local facilities. In addition, Alaskans will meet with our congressional delegation to share our point of view on key issues.

POSITION PAPER
SENATE JOINT RESOLUTION NO. 25

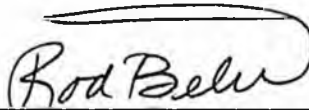
Background

The President has proposed a CAP on Medicaid to limit federal growth in this program beginning in federal fiscal year 1986. The effect of this blanket reduction in federal financial participation would be devastating to the relatively small Medicaid program in Alaska. The President's proposed reduction of \$2,000,000 in FFP to Alaska in 1986 alone would force the State to eliminate critically needed services and would have a serious fiscal impact on Alaska's small, rural hospitals.

Recommendation

The Department strongly supports Senate Joint Resolution No. 25 which requests the Governor and the members of Alaska's delegation in Congress to contact President Reagan and the members of Congress to express the Alaska State Legislature's opposition to the proposed federal Medicaid reduction, and to take appropriate action to ensure that the proposal fails to pass Congress.

Recommended By:

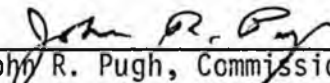


Rod Betit, Director
Division of Medical Assistance

Date:

5/3/85

Approved By:



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

Date:

5-5-85

alaska
state
hospital
association

NRN

319 Seward St., Juneau, Alaska 99801 • (907) 586-1790
REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

Chairman of the Board
Edward Zeine
Cordova Community Hospital
Cordova

April 29, 1985

Chairman-Elect
Michael Herring
South Peninsula Hospital
Homer

Honorable Betty M. Fahrenkamp
Alaska State Senate
Pouch V
Juneau, AK 99811

MAY 2 1985

Immediate Past Chairman
Mark Hawkins
Sitka Community Hospital
Sitka

Secretary/Treasurer
Emma Ivy
Wrangell General Hospital
Wrangell

Dear Senator Fahrenkamp:

Delegate to the American
Hospital Association
Al M. Camosso
Providence Hospital
Anchorage

The Alaska State Hospital Association wishes to express its support for SJR 25 which opposes federal Medicaid funding reductions. We believe that Alaska needs to make its position known on this federal proposal.

Alternate Delegate to the
American Hospital Assoc.
Sister Barbara Haase
Ketchikan General Hospital
Ketchikan

The federal proposal, which would place an arbitrary cap on federal financial participation in the Medicaid program, impacts more heavily on states with conservative programs such as Alaska. The flaw in the proposal is that it fails to restructure the program in terms of benefits, beneficiaries or administration. This simply shifts federally mandated costs to the state. Without consideration of the limited number of nonmandated services offered on a state by state basis, Alaska will very quickly be forced to either reduce below basic service requirements or replace the federal shortfall with state funds.

Delegate to the American
Health Care Association
Jack Buck
St. Ann's Nursing Home
Juneau

Alternate Delegate to the
American Health Care
Association
Craig Slater
Petersburg General Hospital
Petersburg

Delegate to the Association
of Western Hospitals
Keith Campbell
Seward General Hospital
Seward

Aside from the human needs and philosophical issues which are legion, this resolution is critical in an economic and pragmatic sense. Alaska should not be required to shoulder disproportionately greater cuts, because it failed to add all 30 plus optional benefits. As a matter of prudent finance, Alaska should, at a minimum, demand that any reductions be directed at options and not applied to basic benefits.

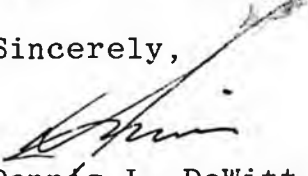
Alternate Delegate to the
Association of Western
Hospitals
Jane Sabes
Norton Sound Regional
Hospital
Nome

Thank you for your consideration.

Trustee Delegate to the
American Hospital Assoc.
Moe Kadish
Trustee, Providence
Hospital
Anchorage

Sincerely,

Alternate Trustee Delegate
to the American Hospital
Association
Maxine Robertson
Trustee, Ketchikan
General Hospital


Dennis L. DeWitt
President

Physician Member of
the Board
Morris Horning, M.D.
Anchorage

DLD:rn

President
Dennis L. DeWitt
Juneau

cc: Senator Kelly

STATE OF ALASKA
THE LEGISLATURE

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

LEGISLATIVE AFFAIRS AGENCY
LEGISLATIVE REFERENCE LIBRARY

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HESS 4-26-85 12:08 pm

Alaska State Legislature

BETTYE FAHRENKAMP, Chairman
ARLISS STURGULEWSKI, Vice Chairman
JOE JOSEPHSON
PAUL FISCHER
EDNA ARMSTRONG-DE VRIES



POUCH V
STATE CAPITAL
JUNEAU, ALASKA 99811
(907) 465-3834
(907) 465-3835

Senate Committee on Health, Education and Social Services

TO: MEMBERS, SENATE COMMITTEE ON HEALTH, EDUCATION AND
SOCIAL SERVICES

FROM: COMMITTEE STAFF

RE: SJR 25, OPPOSING PROPOSED FEDERAL MEDICAID FUNDING
REDUCTIONS

DATE: APRIL 26, 1985

Today, Friday, April 26, 1985 immediately following the Senate floor session, a brief committee meeting will be held in the Beltz Room to take action on SJR 25.

President Reagan has proposed a reduction of \$1 billion in the federal medicaid program in FY 86, to be applied as a cap on federal matching payments to states. If a state's medical care needs were to rise above the amount of the capped federal payment, the state would have to absorb the additional costs or cut Medicaid services. For Alaska, whose Medicaid program provides only critical services, the \$2 million we stand to lose could mean a significant reduction in our already limited program through elimination of services and eligible groups.

SJR 25 urges our Congressional delegation to oppose the proposed federal Medicaid reduction.

Introduced: 4/24/85
Referred: Health, Education & Social Services

1 IN THE SENATE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2

SENATE JOINT RESOLUTION NO. 25

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FOURTEENTH LEGISLATURE - FIRST SESSION

5

Opposing proposed federal medicaid

6

funding reductions and requesting the

7

Governor and the members of Alaska's

8

delegation in Congress to take action to

9

oppose the reductions.

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

11 WHEREAS President Reagan has proposed a general reduction of
12 \$1,000,000,000 in the medicaid program in federal fiscal year 1986 and
13 similar reductions each year thereafter in exchange for allowing the states
14 an undefined "increased administrative flexibility"; and

15 WHEREAS President Reagan's proposal would result in Alaska's federal
16 medicaid funds being reduced by more than \$2,000,000 in federal fiscal year
17 1986 alone, a reduction of approximately six percent from present funding;
18 and

19 WHEREAS Alaska's small rural hospitals cannot shift hospital costs to
20 other payors to alleviate the effect of reduced medicaid funding, as can
21 the predominantly large, urban hospitals throughout the rest of the nation;
22 and

23 WHEREAS if President Reagan's medicaid proposal is accepted by
24 Congress, the state will be forced to reduce significantly its already
25 limited medicaid program by eliminating services and eligible groups; and

26 WHEREAS Alaska's medicaid program is smaller than the programs of 40
27 other states in the nation and the services that it provides are those that
28 are critically needed; and

29 WHEREAS the proposed funding cuts would not eliminate as many

1 critically needed services from the programs of most of the other states in
2 the nation as it would in Alaska and the other states with smaller
3 programs; and

4 WHEREAS President Reagan's proposed funding reduction does not provide
5 that the funding for non-critical services throughout the nation will be
6 reduced before the funding for critical services is reduced; and

7 WHEREAS federal medicaid officials have not yet responded to the
8 state's specific program concerns and request for clarification regarding
9 the medicaid budget proposal, and they have not yet specified the nature of
10 the "increased administrative flexibility" to be given to the states;

11 BE IT RESOLVED by the Alaska State Legislature that it respectfully
12 requests the Governor and the members of Alaska's delegation in Congress to
13 take appropriate steps to notify President Reagan and the members of Con-
14 gress of the opposition of the Alaska State Legislature to the proposed
15 federal medicaid reduction, and to take appropriate action to ensure that
16 President Reagan's proposal fails to pass Congress in its present form.

17 COPIES of this resolution shall be sent to the Honorable Ronald
18 Reagan, President of the United States; to the Honorable George Bush,
19 Vice-President of the United States and President of the U.S. Senate; to
20 the Honorable Strom Thurmond, President Pro Tempore of the U.S. Senate; to
21 the Honorable Thomas P. O'Neill, Jr., Speaker of the U.S. House of Repre-
22 sentatives; and to the Honorable Ted Stevens and the Honorable Frank
23 Murkowski, U.S. Senators, and the Honorable Don Young, U.S. Representative,
24 members of the Alaska delegation in Congress.

1 critically needed services from the programs of most of the other states in
2 the nation as it would in Alaska and the other states with smaller
3 programs; and

4 WHEREAS President Reagan's proposed funding reduction does not provide
5 that the funding for non-critical services throughout the nation will be
6 reduced before the funding for critical services is reduced; and

7 WHEREAS federal medicaid officials have not yet responded to the
8 state's specific program concerns and request for clarification regarding
9 the medicaid budget proposal, and they have not yet specified the nature of
10 the "increased administrative flexibility" to be given to the states;

11 BE IT RESOLVED by the Alaska State Legislature that it respectfully
12 requests the Governor and the members of Alaska's delegation in Congress to
13 take appropriate steps to notify President Reagan and the members of Con-
14 gress of the opposition of the Alaska State Legislature to the proposed
15 federal medicaid reduction, and to take appropriate action to ensure that
16 President Reagan's proposal fails to pass Congress in its present form.

17 COPIES of this resolution shall be sent to the Honorable Ronald
18 Reagan, President of the United States; to the Honorable George Bush,
19 Vice-President of the United States and President of the U.S. Senate; to
20 the Honorable Strom Thurmond, President Pro Tempore of the U.S. Senate; to
21 the Honorable Thomas P. O'Neill, Jr., Speaker of the U.S. House of Repre-
22 sentatives; and to the Honorable Ted Stevens and the Honorable Frank
23 Murkowski, U.S. Senators, and the Honorable Don Young, U.S. Representative,
24 members of the Alaska delegation in Congress.



STATE OF NEW JERSEY
OFFICE OF THE GOVERNOR
CN-001
TRENTON
08625

THOMAS H. KEAN
GOVERNOR

February 22, 1985

TO ALL GOVERNORS:

There is no budget proposal that strikes harder at states' ability to care for the disadvantaged than the proposed cap on Medicaid, which would reduce federal expenditures by \$1.1 billion by imposing, for the first time, a ceiling on federal matching payments to states. Essentially, this proposal transforms an entitlement program into a block grant. If a state's medical care needs rise above the amount of the capped federal payment, the state would have to absorb the additional costs or cut Medicaid services.

There has always been virtually unanimous agreement among the Governors that cuts in the Medicaid program are unacceptable. Therefore, I am asking you to sign a letter to all members of Congress, expressing our opposition to this proposal. A copy of this letter is attached. We will be circulating the original for signature during the NGA meeting. I hope to be able to announce at the closing plenary session that all of the Governors have gone on record in opposition to the Medicaid cap.

Please call me if you have any questions, or have your staff contact Alie Randlett or Howard Shapiro in my Washington Office, at (202) 638-0631.

Thank you.

Sincerely,

A handwritten signature in dark ink, appearing to read "T. H. Kean".

Thomas H. Kean
Chairman
Committee on Human Resources



National Governors' Association

John Carlin
Governor of Kansas
Chairman

Raymond C. Scheppach
Executive Director

February 26, 1985



TO MEMBERS OF THE 99TH CONGRESS:

We are writing to express our strong opposition to funding reductions in the Medicaid program. There is no budget proposal that strikes harder at the nation's commitment to care for the disadvantaged than the proposed cap on Medicaid. This would impose, for the first time, a restrictive ceiling on federal funding that is unrelated to the needs of the poor. Under this proposal, most states will have to cut Medicaid services if their medical care needs rise above the amount of the capped federal payment.

Medicaid provides health care for the most vulnerable citizens, the poor, young children, the elderly and disabled. By a broad range of measures, from infant mortality and low birth weight to the incidence of illness such as rheumatic fever, poor children are in greater need of medical services than are other children. Medicaid is critical to meeting these needs, as it provides 55 percent of total public expenditures on personal health care for all children. For the elderly and disabled, Medicaid is virtually the only source of coverage for long-term care, which constitutes the largest single cause of catastrophic health expenses.

These poor and disadvantaged people are being caught in a squeeze. On the one hand, Medicaid coverage has been reduced substantially. Due to fiscal pressures on state governments and federal eligibility cutbacks, the proportion of poor and near-poor persons covered by Medicaid has fallen to under 50 percent from 63 percent in 1975. On the other hand, health care providers, under pressure from private purchasers of insurance, are less willing to finance a portion of care for the uninsured poor (so-called "indigent care") through the informal shifting of charges to private insurers. In short, there is less care for the poor through both the formal public, and the informal private, mechanisms.

Some of our states, such as those in the farm belt, are experiencing deteriorating economies, and their Medicaid costs will rise above the proposed capped payment. Other states have large poor populations and limited resources to fund medical services, and their Medicaid costs will rise above the capped payment. Still other states have disproportionate increases in the

growth of their elderly population, and their Medicaid costs will rise above the capped payment. Most states are subject to unpredictable economic downturns even when the national economy is strong; when this happens, Medicaid costs can quickly exceed state funding capacity.

For all of our states, reductions in federal Medicaid funding will force us to reduce basic medical care. This is unacceptable to us, and we believe it should be unacceptable to the Congress.

Thank you for your consideration.

Sincerely,

Tom Kean

Tom Kean

Richard W. Riley

Alphonse

Kansas

New Jersey

Arizona

SOUTH CAROLINA

Oklahoma

Massachusetts

Bill Allain

Mississippi

Bob Coakley

Florida

Frank W. Dick

Minnesota

Harry Hughes

MARYLAND

R. P. Jones

Colorado

Madeline W. Jones

Vermont

Anthony A. Lane

WISCONSIN

Bice Sheffield

Alaska

Richard J. Celeste

Ohio

Mark White

TEXAS

Ed Alvesten

Montana

B. O. K.

Calif.

Ben Bennett

Arizona

Edmund Edmund

LOUISIANA

Charles A. R. R.

VIRGINIA

John J. Blum

Michigan

John J. Brown

IDAHO

Joseph E. Brennan

Maine

~~John J. ...~~
Mike Pharis

Joe ... Harris

~~...~~

George ...
New ...

Mark ...

Edward D. Di ...

~~...~~

Washington
Massachusetts

Georgia

GUAM

Hawaii

NEW YORK

...

R. I.

Alaska

~~Boyd~~

CNAI

Juan Luis

U.S.U.I.

Michael R. Cutler

Delaware

John H. ...

NH



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

55R25 ~~File Medicaid~~

MAR 11 1986

MAR 19 1986

The Honorable Bettye Fahrenkamp
Chair
Senate Health, Education and Social Services
Committee
State Capitol
Juneau, Alaska 99811

Dear Senator Fahrenkamp:

Thank you for taking the time to visit with me last Monday. I enjoyed our meeting and I hope that your experience as the Chair of HESS will be rewarding. During my own service in the California Assembly, I retained my assignments to the Education and Welfare Committees for the entire eight years I was there, and I wouldn't have traded those assignments for any others.

Enclosed is a copy of the materials that were distributed at the meeting of the National Governors Association here in Washington at the end of February. The letter by Governor Tom Kean of New Jersey was signed by 40 of the Nation's 55 governors (including the governors of territories). Please note that the letter was addressed to the Members of Congress, not to the Administration. I'm told that Governor Sheffield signed the letter.

Please also note one caution with respect to the NGA analysis. Properly, the estimates are qualified to show that they were extrapolated from other data. The method which NGA has used to arrive at its figures is proper in that the analysis states how the estimates were derived. But our own estimators still do disagree with NGA's figures. Still, the NGA estimates do tend to show the effect of the proposed medicaid cap and the proportional relationship with other states.

I hope that when next you are in Washington, you will call me so that I can get the benefit of an up-date from you. In the meantime, please accept my appreciation for your hospitality.

Sincerely,

Dixon Arnett

Deputy Under Secretary for
Intergovernmental Affairs

Enclosure



National Governors' Association

John Carlin
Governor of Kansas
Chairman

Raymond C. Scheppach
Executive Director

February 26, 1985

TO MEMBERS OF THE 99TH CONGRESS:

We are writing to express our strong opposition to funding reductions in the Medicaid program. There is no budget proposal that strikes harder at the nation's commitment to care for the disadvantaged than the proposed cap on Medicaid. This would impose, for the first time, a restrictive ceiling on federal funding that is unrelated to the needs of the poor. Under this proposal, most states will have to cut Medicaid services if their medical care needs rise above the amount of the capped federal payment.

Medicaid provides health care for the most vulnerable citizens, the poor, young children, the elderly and disabled. By a broad range of measures, from infant mortality and low birth weight to the incidence of illness such as rheumatic fever, poor children are in greater need of medical services than are other children. Medicaid is critical to meeting these needs, as it provides 55 percent of total public expenditures on personal health care for all children. For the elderly and disabled, Medicaid is virtually the only source of coverage for long-term care, which constitutes the largest single cause of catastrophic health expenses.

These poor and disadvantaged people are being caught in a squeeze. On the one hand, Medicaid coverage has been reduced substantially. Due to fiscal pressures on state governments and federal eligibility cutbacks, the proportion of poor and near-poor persons covered by Medicaid has fallen to under 50 percent from 63 percent in 1975. On the other hand, health care providers, under pressure from private purchasers of insurance, are less willing to finance a portion of care for the uninsured poor (so-called "indigent care") through the informal shifting of charges to private insurers. In short, there is less care for the poor through both the formal public, and the informal private, mechanisms.

Some of our states, such as those in the farm belt, are experiencing deteriorating economies, and their Medicaid costs will rise above the proposed capped payment. Other states have large poor populations and limited resources to fund medical services, and their Medicaid costs will rise above the capped payment. Still other states have disproportionate increases in the

growth of their elderly population, and their Medicaid costs will rise above the capped payment. Most states are subject to unpredictable economic downturns even when the national economy is strong; when this happens, Medicaid costs can quickly exceed state funding capacity.

For all of our states, reductions in federal Medicaid funding will force us to reduce basic medical care. This is unacceptable to us, and we believe it should be unacceptable to the Congress.

Thank you for your consideration.

Sincerely,

COMMITTEE REPORT
SENATE

FURTHER:

4/24/85

Date

4-26-85

Mr. President

The Committee on HESS considered SJR 25

Opposing proposed federal medicare funding reductions and requesting the Governor and the members of Alaska's delegation in Congress to take action to oppose the reductions.

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

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for _____
- new title _____
- same title and recommends _____
- and attached a "LETTER OF INTENT" NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS

Debra Schuchman
Chairman

Debra Schuchman
Chairman recommendation