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# QUESTIONS AND ANSWERS ABOUT OCCUPATIONAL THERAPY AND ADULT DAY CARE

**Q. What is the purpose of adult day care programs?**

**A.** Adult day care provides a structured program of services for adults experiencing physical, cognitive, or emotional difficulties. Many of the services focus on the development of functional independence to prevent unnecessary or premature institutionalization. These programs also provide respite, emotional support, and problem-solving assistance to care givers and family members.

**Q. What types of day care programs are offered?**

**A.** Health maintenance programs focus on preventing social isolation and on maintaining physical health and independence in daily living skills.

Rehabilitation programs focus on treatment for specific physical, social or emotional problems that interfere with independent living.

Some programs serve individuals with a variety of needs while other more specialized programs are dedicated to individuals with problems associated with a specific illness such as Alzheimer's Disease and related dementias.

Both day care centers and day hospitals may offer programs with social components, leisure time activities, self-care training, and other rehabilitation services.

**Q. What is the role of occupational therapy personnel in adult day care programs?**

**A.** The goal of occupational therapy is to increase or maintain an individual's ability to function as independently as possible. Treatment includes a variety of therapeutic activities to enhance the individual's quality of life.

The occupational therapy practitioner assesses physical and cognitive capacities, designs adaptive equipment to maintain or improve function, teaches skills which promote independence in self-care activities, and recommends changes in an individual's living environment to promote safety and self-sufficiency. Treatment is provided to meet the important social, physical, and sensory needs of the adult who has significant health problems, or who is at risk for developing such problems.

**Q. What skills do occupational therapy personnel bring to the care of adult day care clients?**

**A.** Education of occupational therapy personnel includes emphasis on the process of human growth and development, the psychological and physiological aspects of illness, and the importance of occupation, self-care, and independence in maintaining a healthy existence.

**Q. Who pays for adult day care services?**

**A.** Many adult day care programs are funded through agencies of federal, state, and municipal governments with additional support provided through charitable contributions and private bequests. Often the daily charges to individuals are based upon the person's ability to pay.

**Q. Where are adult day care programs offered?**

**A.** Programs may be offered by hospitals, long-term care institutions, senior centers, and other community agencies. To find locations in your community, contact your public health department or the state Office of Aging.

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# OCCUPATIONAL THERAPY SERVICES FOR THE ELDERLY

Occupational therapy uses goal-directed activity in the evaluation or treatment of persons whose ability to function is impaired by normal aging, illness, injury or developmental disability. Treatment goals in occupational therapy include the promotion of functional independence, prevention of disability and maintenance of wellness.

Therapeutic activities are designed to assist individuals in adapting to their social and physical environment, given their functional capacity, through mastery of essential living tasks. Examples of important services in gerontic occupational therapy are:

- education and retraining in daily living skills such as bathing, dressing, and eating,
- therapeutic adaptations, such as assistive equipment and physical environmental design to promote in-home and community mobility,
- sensorimotor treatment for strengthening, endurance, range of motion, coordination and balance,
- daily living adaptation to sensory loss such as impaired vision or hearing,
- therapeutic activities for memory, orientation, cognitive integration, and the life review process,
- prevention and health promotion through pre-retirement planning for leisure time, self-management skills, socialization, energy conservation, body mechanics and joint protection,
- care of the terminally ill through maintenance of independent living skills and meaningful activity.

Occupational therapy personnel provide services to the elderly in many settings such as:

- hospitals
- home health programs
- community-based health care centers
- hospices
- congregate living facilities
- outpatient rehabilitation facilities
- senior centers
- long term care facilities
- adult day care programs
- community service agencies
- retirement housing

Currently, approximately 30% of the 40,000 certified occupational therapy personnel in the United States work primarily with persons over age 65.

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# Occupational Therapy is important...

*when you are living with*

## **ARTHRITIS**

More than one out of seven Americans has some form of arthritis. You may be one of these people. But...before you decide that your aches, pains and joint problems are a result of arthritis...you should have a complete examination by a qualified physician.

### **IMPORTANT WARNING SIGNS OF ARTHRITIS ARE:**

- pain, tenderness or swelling in one or more joints
- pain or stiffness in the morning
- recurring or persistent pain and stiffness in the neck, lower back, knees or other joints

**When a diagnosis of arthritis is made, you will want to seek the services of an occupational therapist for help in:**

- controlling pain and swelling in joints
- protecting joints from damage
- managing stress and fatigue
- obtaining special assistive devices

**When arthritis is causing problems such as pain, stiffness and difficulty in performing daily tasks, an occupational therapist can:**

- make custom splints to rest or support your limbs
- design special adaptive equipment to help you function
- recommend assistive devices to aid you in your tasks at home and work
- evaluate your home and workplace and suggest modifications so you can work independently and avoid stress to your joints
- teach you methods of carrying out daily tasks without causing pain or joint damage

**If arthritis is causing difficulty in using your hands...an occupational therapist can:**

- advise you on what exercises are best and what activities to avoid
- teach you to carry out daily tasks more easily
- provide equipment to ease your work and conserve energy

**If you have arthritis in your hips and knees...an occupational therapist can:**

- help you to rearrange and adapt your home to reduce pain and stress on your joints

**When arthritis causes tiredness...an occupational therapist can:**

- teach you methods of relaxation
- advise you on how to save energy while doing daily tasks
- help you to increase your endurance for home and work tasks

Occupational therapists are important members of the health care team working with people who have arthritis. By teaching people how to reduce stress in painful joints, everyday activities such as driving, housekeeping or simply getting dressed, can be performed with greater ease and less discomfort.

Occupational therapists can help by developing customized splints for joints in order to reduce pain and prevent damage. Treatment includes teaching individuals about activities which may be harmful and those which are beneficial.

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# Occupational Therapy is important...

*when you are in need of*

## **HOME HEALTH SERVICE**

It's not surprising to learn that people recovering from illness and injuries get better faster in their own homes. More people are proving this every day thanks to the rapidly growing availability of home health services.

### **WHAT ARE HOME HEALTH SERVICES?**

These are specialized programs, which bring the services of professionals like occupational therapists, nurses, physical therapists, and speech and language pathologists to your home. Here, in familiar surroundings, you can complete your recovery and learn to deal with any remaining health problems that could interfere with your ability to carry out daily tasks.

### **WHO CAN BENEFIT FROM HOME HEALTH SERVICES?**

Home health services can be important in the treatment of people with limitations due to health problems such as those resulting from:

- arthritis
- heart attack
- stroke
- head injury
- respiratory disease
- hip fracture
- cancer
- Parkinson's disease
- diabetes
- spinal cord injury
- muscular dystrophy or multiple sclerosis
- amyotrophic lateral sclerosis
- developmental disability

### **OCCUPATIONAL THERAPY CAN HELP YOU AT HOME BY:**

- working with you to help you be as **independent** as possible while you are recovering
- providing you with training and recommending equipment to help you care for your personal needs such as **bathing, dressing and grooming**
- helping you find ways in which you can **prepare and serve meals** for yourself and your family
- teaching you ways to make your home **safer and more accessible** when you must use a wheelchair, walker or other aids
- arranging supplies and equipment so you can continue your **daily household tasks**
- designing a program of activities and exercise that will help you **regain as much function as possible**
- advising you on how to **conserve energy** as you go about daily tasks
- **constructing splints** and adaptive equipment that will allow you to be as independent as possible
- aiding you in finding ways in which you can **return to favorite leisure and recreational activities**
- guiding you in planning for **return to work and community life**

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# Occupational Therapy is important...

*when you are recovering from*

## **STROKE**

This year, more than 500,000 Americans will have a stroke. In spite of the problems that result from stroke, many of these people will return to their homes and live independent, productive lives—with the skilled help of occupational therapy personnel.

Problems resulting from a stroke may include:

- temporary or permanent weakness of one side of the body
- problems with vision and reading
- difficulties with memory or speech

These problems may interfere with your ability to:

- care for personal needs like bathing and dressing
- prepare meals and care for your home
- move about in the community, drive a car or use public transportation
- participate in work, educational and leisure activities

While you are recovering, occupational therapy can help you:

- learn new ways to manage daily tasks such as eating, dressing and bathing
- obtain special assistive equipment to help you function more independently
- discover ways to increase your physical strength, endurance and mobility
- compensate for losses of sensation and vision
- develop the skills necessary to return to work, household tasks and community activities

To increase your independence, the occupational therapist may:

- recommend altering your home to eliminate hazards to walking or using a wheelchair
- recommend special devices or aids that help you to perform home and work tasks

- recommend methods of dressing and bathing
- recommend techniques and resources for improving your mobility in the home and community

Occupational therapy personnel are important members of the health care team working with people recovering from stroke. They teach individuals who have had strokes to cope with disability, and to become as independent as possible so they can continue their work and personal lives, manage stress and fatigue, and participate fully in family and community life.

The occupational therapist is a health care professional who has a bachelor's or master's degree and has completed a clinical internship. The occupational therapy assistant holds an associate degree and has also completed a clinical internship. Both occupational therapists and occupational therapy assistants must pass a national certification examination. Many states also require licenses of occupational therapy practitioners.

The goal of occupational therapy is to help individuals to become as independent as possible in daily life. Many people who have experienced strokes are meeting this goal with the help of occupational therapy.

Occupational therapy services are available in many hospitals and rehabilitation centers, and in home health programs. To find occupational therapy professionals in your community, contact the occupational therapy department at your local hospital or:

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# QUESTIONS AND ANSWERS ABOUT OCCUPATIONAL THERAPY AND HOSPICE CARE

**Q: What is a hospice?**

**A:** Hospice is a concept of care designed to manage and relieve the emotional and physical stress of the terminally ill and their families.

**Q: Where is hospice care provided?**

**A:** Home is the usual care setting for hospice patients. Inpatient services may be provided in a hospital-based unit, freestanding independent facility, or nursing home. If home care and inpatient facilities are available, patients may spend time in both places, depending on their particular needs at a particular time.

**Q: What services are included in hospice care?**

**A:** Medicare regulations for hospice require that nursing, social services, and counseling be available on a 24-hour basis. The hospice is also required to provide occupational therapy, physical therapy, speech-language therapy, home health aides, homemaker services, medical supplies, dietary and bereavement counseling. Short-term inpatient care including both respite care and symptom management must be available if needed. Trained volunteers frequently augment staff services. The emphasis of care is on symptom control (physical, psychosocial, and spiritual) and on bereavement follow-up for the family.

**Q: What is the goal of occupational therapy in hospice care?**

**A:** The goal of occupational therapy is to assist in providing a comprehensive plan of care that adequately addresses issues relating to the patient and family in daily living activities of work, leisure, and self-care. By involving the patient and family in the adaptation process, the quality of life is enhanced and the patient is able to retain some degree of independence in life skills in the presence of advancing functional loss.

**Q: What specialized education and experience do occupational therapy personnel bring to hospice care?**

**A:** Education of occupational therapy personnel includes emphasis on the process of human growth and development, the psychological, sociological, and physiological aspects of illness, and the importance of occupation, self-care, and independence in maintaining a meaningful daily life during the course of terminal illness. The medical aspects of occupational therapy education include understanding the disease process and the changing functional capacities of the human mind and body.

**Q: Is occupational therapy readily available where hospice care is provided?**

**A:** A certified hospice must provide occupational therapy directly or under arrangement in both home and short-term inpatient settings.

**Q: Who pays the cost of hospice care?**

**A:** As of November 1983, an individual entitled to Medicare Part A and certified by a physician as "terminally ill" may use two 90-day periods and a subsequent 30-day period of hospice benefits when receiving services from a Medicare certified hospice program. Benefits for hospice care are also being included in increasing numbers of private insurance plans.

**Q: Who decides if a hospice client will receive occupational therapy?**

**A:** Occupational therapy services are provided upon referral from the patient's physician, or when designated as appropriate by the interdisciplinary team with approval of the patient's physician.

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# **CORRECTION**

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

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*when you are in need of*

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## **WHO PROVIDES OCCUPATIONAL THERAPY SERVICES**

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## **PAYMENT FOR HOME HEALTH SERVICES**

Home health services are covered under Medicare and are included as a covered service in many health insurance plans. Services may also be covered under insurance policies when you are injured in an auto accident or by workers compensation if you are injured on the job. Contact your insurance company to determine coverage for your particular illness or disability.

## **FINDING HOME HEALTH SERVICES IN YOUR COMMUNITY**

If you think you or a member of your family would benefit by receiving home health services contact:

your family physician

hospitals in your community

your local public health department

your local home health agency, or,

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Occupational therapists also tell people about the many aids available for those with arthritis and often design customized adaptive devices for those with special problems.

The goal of occupational therapy is to help individuals become as independent as possible in their daily lives. Countless people with arthritis live easier, more comfortable lives with the aid of adaptive devices, a planned program of exercise and rest, and the help of occupational therapy.

The occupational therapist is a health professional who has completed a bachelor's or master's degree and clinical internship. The occupational therapy assistant has completed an associate degree and clinical internship. Both occupational therapists and occupational therapy assistants must pass a national certification examination. Many states also require licenses of those practicing occupational therapy.

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*"In the course of living with rheumatoid arthritis for 24 years, I have discovered that the most useful—and often the most underused—source of help is the occupational therapist. I learned more about avoiding joint abuse in one hour with my occupational therapist than in all the years before with doctors. If I had received occupational therapy 15 years ago, I am sure I would have delayed damage to my joints."*

**Meredith Brenizer, Nantucket, MA**

*"Occupational therapy is essential in the treatment of the patient with arthritis and rheumatic disease. With occupational therapy, many of the damaging effects of the disease can be avoided."*

**Eric Gall, MD, Professor/Chairman, Division of Rheumatology, University of Arizona, Tucson**

Specifically, treatment:

- Changes the way in which the brain functions so that learning becomes easier.
- Supplements, but does not duplicate an educational program.
- Relies on neurodevelopmental concepts known to be basic to the acquisition of motor and academic skills.
- Provides an individualized program for each child based on the specific sensory integrative profile.
- Recognizes the need to provide the child with the opportunity and means to organize the nervous system through purposeful movements.

The therapist does not "teach" the child how to perform specific skills. Instead, the child learns spontaneously while bending, turning, riding, rolling, and swinging on the simple equipment provided by the therapist. Gradually, becoming more relaxed and alert in any situation, children become more aware of their environment and respond more appropriately to it.

For further information contact:

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*Information adapted from Bay Area Association for Sensory Integration pamphlet on Sensory Integration, and from information supplied by the Center For the Study of Sensory Integrative Dysfunction.*

## **OCCUPATIONAL THERAPY AND THE SENSORY INTEGRATIVE APPROACH TO LEARNING DISORDERS**

### **INFORMATION FOR PARENTS AND TEACHERS**

The brain receives vast amounts of information from each of our senses. As children learn to move their bodies, balance themselves and relate to objects and people around them, the brain organizes the incoming sensory information. This organization—called "sensory integration"—enables us to direct our attention, to produce useful and well coordinated behavior, and to feel good about ourselves.

In the early life of children the brain develops the organization which will be the foundation for later learning and behavior. In these early years, the spontaneous movements of play involving the entire body are most effective in developing the nervous system.

The human brain has frequently been compared to a computer. The brain depends upon the information it receives from the environment through the sensory systems. It is dependent upon visual, auditory, and tactile input, as well as information about gravity and movement. The brain puts these various sensations together and organizes them into a meaningful plan of action.

Dysfunction in one area of the brain will affect performance in other areas. A child who is not receiving and organizing important information from the senses in a clear, adequate, concise manner may not be getting the input upon which the brain depends for the process of learning.

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## CHILDREN WITH SENSORY INTEGRATIVE DYSFUNCTION MAY DISPLAY SOME OF THE FOLLOWING PROBLEMS:

1. lack of strength and tone in the muscles which may result in poor posture and fatigue.
2. poor spatial awareness and internal position sense resulting in insecurity while moving.
3. lack of coordination between the two sides of the body. The child may be clumsy and confused when both hands and feet must be used together.
4. lack of coordination between the eyes and the body, so there is ineffective use of the visual information to assist in performing actions.
5. poor attention span. The child often has difficulty focusing on a task.
6. threatened by unfamiliar motor tasks, and showing difficulty in their execution, the child handles a new task by thinking about each movement.
7. overactive behavior and restlessness. The problem is sometimes called hyperactivity.
8. a poorly developed sense of touch, sometimes showing discomfort when touched. The child may have difficulty learning the shape and texture of things.
9. difficulty using and understanding language with resulting problems in speaking, reading and writing.

In general, these children have difficulty both in play and in work. They may not succeed in getting along with their peers, or they have to use so much effort that they do not enjoy themselves.

## TREATMENT FOR SENSORY INTEGRATIVE DYSFUNCTION

The child's brain can function more efficiently once it has developed certain processes which are necessary for learning. These processes are developed when children receive proper types of sensory stimulation in a well organized environment.

Jean Ayres, Ph.D., OTR, an occupational therapist who pioneered in the treatment of sensory integrative dysfunction, combined studies of the nervous system with years of experience with children. She found that by directing and controlling incoming sensory stimuli through sensory integrative therapy, children were able to learn more effectively at home, school, and play.

Sensory integration therapy is given by an occupational therapist who has had additional training in nervous system function and sensory integration. Since the brain develops in an orderly sequence, the therapist must follow that sequence, starting with the child's most basic difficulty. Each child is unique, and therapy is structured for the child's individual needs. Depending upon the child's progress, therapy may last from six months to two years or more.

Specific activities have been identified which produce improvement at each level of nervous system development, usually involving the entire body and many senses at once. They require skillful yet spontaneous body responses, since sensory integration occurs without deliberate concentration. It may appear that a child engaged in occupational therapy is merely playing or doing exercises. However, the therapist has organized the environment and the child's activities so that the sensory network is stimulated in the most effective way. Because of therapy, the child's nervous system begins allowing the child *to learn*.

# OCCUPATIONAL THERAPY FOR LEARNING DISABILITIES

## Why do some learning disabled children, adolescents and adults need occupational therapy?

These individuals may have deficits in sensory and motor functions which can lead to:

- impaired academic performance
- poor gross and fine motor coordination
- impaired visual and perceptual-motor skills
- poor organization of self and materials
- inadequate orientation in space
- stress reactions to new or unpredictable situations
- low self esteem
- poor peer relations
- distractibility/decreased attention span
- hyperactivity
- behavior problems
- delayed or atypical development

## How does occupational therapy benefit individuals with learning disabilities?

Occupational therapy helps individuals maintain and develop skills that will lead to independence in personal, social, academic and vocational pursuits. These can include:

- more effective motor-performance for school or work tasks
- better organizational abilities for successful completion of assignments and job responsibilities
- increased capacities to perform self-care activities
- improved social skills required for interaction with others
- coping strategies to assist children in managing the classroom sensory environment

## How is occupational therapy treatment administered?

Occupational therapy practitioners specialize in the analysis and adaptation of daily activities. Specially designed tasks are used in occupational therapy treatment to enable individuals to function in their daily environment, and are selected on the basis of their therapeutic value, such as:

- play activities which provide an opportunity for successful motor responses
- movement on suspended or mobile equipment to enhance posture, balance and orientation in space
- selected tasks to improve pre-writing skills and fine motor coordination

## Where are occupational therapy services provided?

- public and private schools
- private practitioner offices
- wellness centers
- home health agencies
- hospitals
- day treatment centers
- community mental health centers
- clinics

## What specialized education and experience do occupational therapy personnel bring to learning disabled individuals?

Occupational therapists hold bachelor or master degrees, and occupational therapy assistants are trained at the associate degree level. Occupational therapy education includes the study of human growth and development, with specific emphasis on the social, emotional, and physiological implications of illness and injury. Occupational therapy practitioners must complete supervised clinical internships in a variety of health care settings, and are required to pass a national certification examination.

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OCCUPATIONAL THERAPY – A VITAL LINK TO PRODUCTIVE LIVING

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# OCCUPATIONAL THERAPY SERVICES IN LONG-TERM CARE

## What are the goals of occupational therapy treatment?

Occupational therapy treatment helps those whose lives have been disrupted by illness and injury to:

- restore, maintain, or improve daily living skills
- participate as fully as possible in meaningful work, leisure, and social activities
- cope with the physical and emotional effects of long term disability
- prevent further deterioration through health education such as energy conservation and joint protection
- access community resources and services to help promote independence
- organize the living environment and make use of adaptations which promote safety

## Who should receive occupational therapy services in long term care?

- individuals who have limitations in their abilities to carry out self-care activities
- individuals whose strength and endurance are at risk
- those people whose ability to function in the community has been impaired
- individuals who would benefit from special adaptive equipment to aid in semi-independent or independent living

## Where are occupational therapy services provided?

Occupational therapy is provided within the many different settings which comprise long-term care such as:

- individuals' home
- comprehensive outpatient rehabilitation facilities
- adult day care centers
- residential facilities
- health maintenance organizations
- hospitals
- nursing homes
- hospices

## Who pays for occupational therapy services?

Medicare, Medicaid and private insurers pay for occupational therapy services depending upon the specifics of the case and the individual insurance policy.

## What specialized education and experience do occupational therapy personnel bring to long term care?

Occupational therapy education is based on the physical and psychological implications of illness, injury, and aging, and analysis of the components of activity. The clinician's knowledge of adapting tasks and modifying the environment to compensate for functional limitations is used to increase the involvement of clients, and to promote safety and success.

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### OCCUPATIONAL THERAPY: A VITAL LINK TO PRODUCTIVE LIVING

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# OCCUPATIONAL THERAPY IN MENTAL HEALTH

## Who are the mental health clients treated by occupational therapy personnel?

Within the scope of mental health services, occupational therapy can benefit children, adolescents, adults and the elderly of varying functional levels and diagnostic categories. Among the diagnostic categories frequently treated are:

- schizophrenia
- depression
- manic depression
- borderline personality
- stress reactions
- chemical dependency
- eating disorders
- adolescent adjustment reaction
- antisocial personality
- autism

## Where are mental health occupational therapy services provided?

- general and psychiatric hospitals
- community mental health centers
- day treatment centers
- clinics
- sheltered workshops
- group homes
- rehabilitation centers
- correctional institutions
- home health agencies
- places of business
- private homes
- wellness clinics

## What is the goal of mental health occupational therapy treatment?

Occupational therapy is dedicated to helping individuals gain the highest possible degree of functional independence in the tasks of daily life.

For those whose lives are impaired by social or emotional problems occupational therapy aids in:

- improving the cognitive, social and organizational skills required for success in work, school and leisure activities.
- increasing the ability to perform self-care activities such as personal hygiene, for health and social acceptance.
- increasing skills in community living such as use of public transportation, to improve self-sufficiency.
- increasing recognition of stress indicators and developing coping skills.

## What are some examples of treatment activities used by occupational therapy personnel?

- simulated or real activities such as a job interview, which provide an opportunity for individuals to practice life skills, recognize difficulties, and learn ways to improve performance. Whenever possible, activities are identical to those expected of individuals in their intended work or living situations.
- activities which enable the individual to use existing skills and interests or develop new skills and interests, to help in meeting basic needs for acceptance, achievement, and social interaction.

## What specialized education and experience do occupational therapy personnel bring to the mental health setting?

Occupational therapists hold bachelor or master degrees, and occupational therapy assistants are trained at the associate degree level. Occupational therapy education includes a broad range of course work which emphasizes the social, emotional, and physiological implications of illness and injury. Occupational therapy practitioners must complete supervised clinical internships in a variety of health care settings, and are required to pass a national certification examination.





Kathy Huxley Registered Occupational  
Therapist

~~AK~~ Alaska Occupational Therapy  
Association

Testimony 4/30/87: HB 205

1. Request that the Physical Therapists clarify the specific issues that they have with HB 205.
2. Communication is going on between the Occupational and Physical Therapists to resolve differences about the bill.
3. Since the joint board situation has been proposed <sup>in order for</sup> ~~for~~ the Occupational Therapists to obtain licensure, I ~~feel~~ <sup>believe</sup> the legislature needs to mediate an arrangement that is agreeable to both professions.

K. H.

\*\*\*\*\*  
 \*  
 \* DELIVER TO: LHSCCLH \*  
 \*  
 \* ORIGINAL \*  
 \* SENT: 04/30/87 TIME: 10:12 \*  
 \* FROM: LIOCSSC \*  
 \* SUBJECT: FINAL STATS,4-30 ANC \*  
 \* PRINT DATE: 04/30/87 TIME: 10:13 \*  
 \*  
 \*\*\*\*\*

\*\*\* FINAL TELECONFERENCE STATISTICS \*\*\*

DATE: \_\_\_\_\_APRIL 30, 1987\_\_\_\_\_

SITE: \_\_\_\_\_ANCHORAGE\_\_\_\_\_

SPONSOR: \_\_\_\_\_HOUSE HESS COMMITTEE\_\_\_\_\_

SUBJECT: \_\_\_\_\_HB 205---PHYSICAL THERAPISTS\_\_\_\_\_

LOCAL MODERATOR: \_\_\_\_\_DAVID\_\_\_\_\_

\*\*\*\*\*

TESTIFIED:

NAME\REPRESENTING	ADDRESS	PHONE #
PATRICIA MCADOO-APTA	4660 REKA DRIVE #1	99508 333-1378
GARY MCCARTHY-APTA	11132 PLACER CR	99577 694-4590
KATHY HUXLEY-AKOTA	6841 SEQUOIA DR	99516 345-1601
JOHNNE SULLIVAN-ULC	4895 CORDOVA ST	99567 562-2281
MARGARET RIDDLE-OTR	5233 E 24TH AVE	99508 333-1050

\*\*\*\*\*

OBSERVED:

NAME\REPRESENTING	ADDRESS	PHONE #
MARY MELISSA ROBINSON	13350 WESTWIND DR	99516 345-1005

\*\*\*\*\*

TESTIFIED: \_\_\_\_\_05\_\_\_\_\_ START TIME: \_\_\_8:30AM

OBSERVED: \_\_\_\_\_01\_\_\_\_\_ END TIME: \_\_\_9:30AM

TOTAL: \_\_\_\_\_06\_\_\_\_\_

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\*  
\* DELIVER TO: LHSCCLH \*  
\* \*  
\* \*  
\* ORIGINAL \*  
\* SENT: 04/30/87 TIME: 10:10 \*  
\* FROM: LIOCSSC \*  
\* SUBJECT: FINAL STATS, 4-30, KTN \*  
\* PRINT DATE: 04/30/87 TIME: 10:10 \*  
\* \*  
\*\*\*\*\*

TO: LHSCNMB, LIOCSSC  
FROM: MODERATOR KETCHIKAN/EVELYN JOHNSON  
FINAL STAT SHEET FOR:  
HOUSE H.E.S.S. T/C ON HB 205/OCCUPATIONAL/PHYSICAL THERAPY  
APRIL 30, 1987 - FINAL STATS - KETCHIKAN, ALASKA 99901  
TESTIFIED:

1. JOANNA DESANTO, BOX 61, KETCHIKAN, AK 247-2415

\*\*\*\*\*

TESTIFIED: 1  
UNABLE TO TESTIFY: 0  
OBSERVED: 0  
TOTAL: 1

START TIME: 8:30 A  
END TIME: 9:05 A  
MODERATOR: EMJ

\*\*\*\*\*  
\*  
\* DELIVER TO: LHSCCLH \*  
\*  
\* ORIGINAL \*  
\* SENT: 04/30/87 TIME: 10:14 \*  
\* FROM: LIOCSSC \*  
\* SUBJECT: FINAL STATS, 4-30 HOMER \*  
\* PRINT DATE: 04/30/87 TIME: 10:14 \*  
\*  
\*\*\*\*\*

TO: SHANA  
FROM: JEAN IN HOMER

FINAL STATS--OCCUPATIONAL PHYSICAL THERAPISTS 4-30-87  
TESTIFIED:

610 HOMER, AK 99603 235-6998

BEVERLY INGRAM BOX

Original sponsor: Navarre

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL NO. 205 (HESS) .

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FIFTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to regulation of the practice of  
7 occupational therapy and physical therapy; and pro-  
8 viding for an effective date."

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

10 \* Section 1. AS 08.01.010(15) is amended to read:

11 (15) State Physical Therapy and Occupational Therapy Board  
12 (AS 08.84.010);

13 \* Sec. 2. AS 08.02.010(a) is amended to read:

14 (a) An audiologist licensed under AS 08.11, a person licensed in  
15 the state as a chiropractor under AS 08.20, a dentist under AS 08.36,  
16 a medical practitioner or osteopath under AS 08.64, a registered nurse  
17 under AS 08.68, an optometrist under AS 08.72, a registered pharmacist  
18 under AS 08.80, a registered physical therapist or occupational thera-  
19 pist under AS 08.84, or a psychologist under AS 08.86, shall use as  
20 professional identification appropriate letters or a title after that  
21 person's name which represents that person's specific field of prac-  
22 tice. The letters or title shall appear on all signs, stationery, or  
23 other advertising in which the person offers or displays personal  
24 professional services to the public. In addition, a person engaged in  
25 the practice of medicine or osteopathy under AS 08.64.380(2) or a  
26 person engaged in any manner in the healing arts who diagnoses,  
27 treats, tests, or counsels other persons in relation to human health  
28 or disease and uses the letters "M.D." or the title "doctor" or "phy-  
29 sician" or another title that tends to show that the person is willing

1 or qualified to diagnose, treat, test, or counsel another person,  
2 shall clarify the letters or title by adding the appropriate special-  
3 ist designation, if any, such as "dermatologist", "radiologist",  
4 "audiologist", "naturopath", or the like.

5 \* Sec. 3. AS 08.03.010(c)(8) is amended to read:

6 (8) State Physical Therapy and Occupational Therapy Board  
7 (AS 08.84.010) -- June 30, 1989.

8 \* Sec. 4. AS 08.84.010 is amended to read:

9 Sec. 08.84.010. STATE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY  
10 BOARD. (a) There is created the State Physical Therapy and Occupa-  
11 tional Therapy Board, which consists of seven [FIVE] members appointed  
12 by the governor. The membership consists of one physician licensed to  
13 practice medicine in the state, three physical therapists licensed in  
14 the state or two physical therapists and a physical therapy assistant  
15 licensed in the state, two occupational therapists licensed in the  
16 state or an occupational therapist and an occupational therapy assis-  
17 tant licensed in the state, and one lay person with no direct finan-  
18 cial interest in the health care industry. Members of the board shall  
19 be United States [U.S.] citizens domiciled in the state and shall be  
20 appointed for a term of four years, and until their successors are  
21 appointed. A member may not serve more than two terms in succession.  
22 The governor may remove a member from the board for neglect of duty,  
23 incompetence, dishonorable conduct, or suspension or revocation of  
24 license.

25 (b) The board [PHYSICAL THERAPY BOARD] shall control all matters  
26 pertaining to the licensing of physical therapists, [AND] physical  
27 therapy assistants, occupational therapists, and occupational therapy  
28 assistants and the practice of physical therapy and the practice of  
29 occupational therapy. The board shall

- 1 (1) pass upon the qualifications of applicants;
- 2 (2) provide for the examination of applicants [CONDUCT  
3 EXAMINATIONS];
- 4 (3) issue temporary permits and licenses to persons [PHYS-  
5 ICAI THERAPISTS AND PHYSICAL THERAPY ASSISTANTS] qualified under this  
6 chapter;
- 7 (4) suspend, revoke, or refuse to issue or renew a license  
8 under [IN ACCORDANCE WITH] AS 08.84.120;
- 9 (5) keep a current register listing the name, business  
10 address, date, and number of the license of each person [PHYSICAL  
11 THERAPIST AND PHYSICAL THERAPY ASSISTANT] who is licensed to practice  
12 under this chapter [IN THIS STATE];
- 13 (6) keep a record and minutes of its meetings, proceedings,  
14 and hearings and submit an annual report of its activities to the  
15 governor and other interested parties;
- 16 (7) limit or condition the authority to practice physical  
17 therapy or occupational therapy, or discipline a practitioner, under  
18 [IN ACCORDANCE WITH] AS 08.84.185(a); and
- 19 (8) adopt regulations under AS 44.62 necessary to carry out  
20 the purposes of this chapter including regulations establishing quali-  
21 fications for licensure and renewal of licensure under this chapter  
22 [AS A PHYSICAL THERAPIST OR PHYSICAL THERAPY ASSISTANT].

23 \* Sec. 5. AS 08.84.030 is amended by adding a new subsection to read:

24 (b) To be eligible for licensure by the board as an occupational  
25 therapist or occupational therapy assistant, an applicant, unless a  
26 graduate of a foreign school of occupational therapy located outside  
27 the United States, shall

28 (1) have successfully completed a curriculum of occupa-  
29 tional therapy approved by the Committee of Allied Health Education

1 and Accreditation of the American Medical Association, and the Ameri-  
2 can Occupational Therapy Association appropriate to the license being  
3 sought;

4 (2) submit proof of successful completion of supervised  
5 field work approved by the board

6 (A) for an occupational therapist, a minimum of six  
7 months of supervised field work;

8 (B) for an occupational therapy assistant, a minimum  
9 of two months of supervised field work;

10 (3) pass, to the satisfaction of the board, an examination  
11 prepared by a national testing service approved by the board or an  
12 examination recognized by the American Occupational Therapy Asso-  
13 ciation to determine the applicant's fitness for practice as an occu-  
14 pational therapist or an occupational therapy assistant, or be enti-  
15 tled to licensure without examination under AS 08.84.060; and

16 (4) meet qualifications for licensure established in regu-  
17 lations adopted by the board under AS 08.84.010(b).

18 \* Sec. 6. AS 08.84.032 is amended by adding a new subsection to read:

19 (b) To be eligible for licensure by the board as an occupational  
20 therapist or occupational therapy assistant, an applicant who is a  
21 graduate of a school of occupational therapy that is located outside  
22 of the United States shall

23 (1) have completed, to the satisfaction of the board, a  
24 resident course of study and professional instruction equivalent to  
25 that provided by a curriculum approved by the Committee of Allied  
26 Health Education and Accreditation of the American Medical Association  
27 and the American Occupational Therapy Association, and have furnished  
28 documentary evidence of compliance with this paragraph, translated, if  
29 necessary, into the English language by a person verifying the

1 accuracy of the translations;

2 (2) have completed, to the satisfaction of the board,  
3 supervised field work equivalent to that required under AS 08.84.-  
4 030(b);

5 (3) have met applicable requirements under 8 U.S.C. 1101 -  
6 1503 (Immigration and Nationality Act) unless a United States citizen;

7 (4) pass an [THE] examination administered or approved by  
8 the board under AS 08.84.030; and

9 (5) pay the fee required under AS 08.84.050.

10 \* Sec. 7. AS 08.84.040 is amended to read:

11 Sec. 08.84.040. APPLICATION FOR LICENSE. To be licensed under  
12 this chapter to practice physical therapy or occupational therapy [AS  
13 A PHYSICAL THERAPIST OR PHYSICAL THERAPY ASSISTANT], an applicant  
14 shall apply to the board on a form prescribed by the board. An appli-  
15 cant shall include in the [HIS] application [,] evidence under oath  
16 that the applicant [HE] possesses the qualifications required by  
17 AS 08.84.030 or 08.84.032.

18 \* Sec. 8. AS 08.84.050 is amended to read:

19 Sec. 08.84.050. FEES. The Department of Commerce and Economic  
20 Development shall set fees under AS 08.01.065 for the following:

- 21 (1) application;  
22 (2) license by examination;  
23 (3) license by acceptance of credentials;  
24 (4) renewal;  
25 (5) temporary permit;  
26 (6) limited permit.

27 \* Sec. 9. AS 08.84.060 is amended to read:

28 Sec. 08.84.060. LICENSURE BY ACCEPTANCE OF CREDENTIALS. The  
29 board may license without examination an applicant who is a physical

1 therapist, [OR] physical therapy assistant, occupational therapist, or  
2 occupational therapy assistant licensed under the laws of another  
3 state [OR TERRITORY OR THE DISTRICT OF COLUMBIA], if the requirements  
4 for licensure in that state [OR TERRITORY OR THE DISTRICT OF COLUM-  
5 BIA], were, at the date of the applicant's licensure, substantially  
6 equal to the requirements in this state.

7 \* Sec. 10. AS 08.84.065(c) is amended to read:

8 (c) A temporary permit issued to an applicant for licensure as a  
9 physical therapist or physical therapy assistant by examination is  
10 valid for eight months or until the results of the first examination  
11 for which the applicant is scheduled are published, whichever occurs  
12 first. If the applicant fails to take the first examination for which  
13 the applicant is scheduled the applicant's temporary permit lapses on  
14 the day of the examination.

15 \* Sec. 11. AS 08.84.065(d) is amended to read:

16 (d) A temporary permit issued to an applicant who is a graduate  
17 of a foreign school of physical therapy or occupational therapy locat-  
18 ed outside the United States is valid until the results of the first  
19 examination for which the applicant is scheduled are published follow-  
20 ing completion of the internship required under AS 08.84.032 [AS 08.-  
21 84.032(2)].

22 \* Sec. 12. AS 08.84.065 is amended by adding a new subsection to read:

23 (e) A temporary permit issued to an applicant for licensure as  
24 an occupational therapist or occupational therapy assistant by exam-  
25 ination is valid for eight months or until the results of the ex-  
26 amination for which the applicant is scheduled are published, which-  
27 ever occurs first. If the applicant fails to take an examination for  
28 which the applicant is scheduled the applicant's temporary permit  
29 lapses on the day of the examination.

1 \* Sec. 13. AS 08.84 is amended by adding a new section to read:

2       Sec. 08.84.075. LIMITED PERMIT. (a) The board may issue a  
3 limited permit to a person to practice occupational therapy in the  
4 state as a visiting, nonresident occupational therapist or occupation-  
5 al therapy assistant, if the person

6             (1) applies on the form provided by the board;

7             (2) has not previously been denied occupational therapy  
8 licensure in the state;

9             (3) is licensed to practice occupational therapy in another  
10 state or satisfies the requirements for certification by the American  
11 Occupational Therapy Association;

12            (4) provides proof satisfactory to the board that the  
13 person will not practice in the state for more than 120 days in the  
14 calendar year for which the permit is issued; and

15            (5) pays the fee required under AS 08.84.050.

16       (b) The board may issue a limited permit to a person to practice  
17 physical therapy in the state as a visiting, nonresident physical  
18 therapist or physical therapy assistant, if the person

19             (1) applies on the form provided by the board;

20             (2) has not previously been denied physical therapy  
21 licensure in the state;

22             (3) is licensed to practice physical therapy in another  
23 state;

24             (4) provides proof satisfactory to the board that the  
25 person will not practice in the state for more than 120 days in the  
26 calendar year for which the permit is issued; and

27             (5) pays the fee required under AS 08.84.050.

28       (c) A limited permit is valid for a period not exceeding 120  
29 days in a calendar year.

1 (d) A person may not receive more than three limited permits to  
2 practice occupational therapy or physical therapy during the person's  
3 lifetime.

4 \* Sec. 14. AS 08.84.080 is amended to read:

5 Sec. 08.84.080. EXAMINATIONS. The board shall examine appli-  
6 cants for licensure under this chapter [AS PHYSICAL THERAPISTS OR  
7 PHYSICAL THERAPY ASSISTANTS] at the times and places it determines.

8 \* Sec. 15. AS 08.84.090 is amended to read:

9 Sec. 08.84.090. LICENSURE. The board shall license an applicant  
10 who meets the qualifications for licensure under this chapter. It  
11 shall issue a license certificate to each person licensed. A license  
12 certificate is prima facie evidence of the right of the person to hold  
13 out as a licensed physical therapist, [OR] licensed physical therapy  
14 assistant, occupational therapist, or occupational therapy assistant.

15 \* Sec. 16. AS 08.84.100 is amended to read:

16 Sec. 08.84.100. RENEWAL OF LICENSE. (a) A person licensed  
17 under this chapter [PHYSICAL THERAPIST OR PHYSICAL THERAPY ASSISTANT]  
18 shall renew the [A] license [ISSUED UNDER THIS CHAPTER] every two  
19 [FOUR] years with the Department of Commerce and Economic Development  
20 on or before the date set by the department under AS 08.01.100(a). If  
21 the license is not renewed on or before that date, it lapses.

22 (b) Before reinstatement of a license that remains lapsed for  
23 more than 60 days, the applicant must pay all delinquent renewal fees  
24 and a [ANY] penalty established under AS 08.01.100(b). If a license  
25 remains lapsed for more than three years, the board may require the  
26 applicant to submit proof, satisfactory to the board, of continued  
27 competency [TAKE AND PASS THE EXAMINATION GIVEN UNDER AS 08.84.-  
28 030(3)].

29 (c) A license may not be renewed unless the applicant

1 demonstrates competence to practice [AS A PHYSICAL THERAPIST OR]  
2 physical therapy or occupational therapy [ASSISTANT] in a manner  
3 established by the board in regulations adopted under AS 08.84.010(b)  
4 [AS 08.84.010(b)(8)].

5 \* Sec. 17. AS 08.84.120(a) is amended to read:

6 (a) The board may refuse to license an applicant, may refuse to  
7 renew the license of a person, and may suspend or revoke the license  
8 of a person who

9 (1) has obtained or attempted to obtain a license by fraud  
10 or material misrepresentation;

11 (2) uses drugs or alcohol in a manner that affects the  
12 person's ability to practice physical therapy or occupational therapy  
13 competently and safely;

14 (3) has been convicted of a state or federal felony or  
15 other crime that effects the person's ability to practice competently  
16 and safely;

17 (4) is guilty, in the judgment of the board, of gross  
18 negligence or malpractice or has engaged in conduct contrary to the  
19 recognized standards of ethics of the physical therapy profession or  
20 the occupational therapy profession;

21 (5) has continued to practice physical therapy or occupa-  
22 tional therapy after becoming unfit due to physical or mental disabil-  
23 ity;

24 (6) has failed to refer a patient to another qualified  
25 professional when the patient's condition is beyond the training or  
26 ability of the person [PHYSICAL THERAPIST]; [OR]

27 (7) as a physical therapy assistant, has attempted to  
28 practice physical therapy that has not been initiated, supervised, and  
29 terminated by a licensed physical therapist; or

1                   (8) as an occupational therapy assistant, has attempted to  
2 practice occupational therapy that has not been supervised by a li-  
3 icensed occupational therapist.

4 \* Sec. 18. AS 08.84.130 is amended by adding new subsections to read:

5           (c) A person not licensed as an occupational therapist, or whose  
6 license is suspended or revoked, or whose license is lapsed, who uses  
7 in connection with the person's name the words "Licensed Occupational  
8 Therapist," or other letters, words, or insignia indicating or imply-  
9 ing that the person is a licensed occupational therapist, or who  
10 orally or in writing, directly or by implication, holds out as a  
11 licensed occupational therapist is guilty of a class B misdemeanor.

12           (d) A person not licensed as an occupational therapy assistant,  
13 or whose license is suspended or revoked, or whose license is lapsed,  
14 who orally or in writing, directly or by implication, holds out as a  
15 licensed occupational therapy assistant is guilty of a class B misde-  
16 meanor.

17 \* Sec. 19. AS 08.84.150 is amended to read:

18           Sec. 08.84.150. LICENSURE OF PHYSICAL THERAPISTS. It is unlaw-  
19 ful for a person [ANYONE] to practice physical therapy without being  
20 licensed under [IN ACCORDANCE WITH] this chapter unless the person is

21                   (1) a student in an accredited physical therapy program;  
22                   (2) [OR] a graduate of a foreign school of physical therapy  
23 fulfilling the internship requirement of AS 08.84.032(2), and then  
24 only unless under the continuous direction and immediate supervision  
25 of a physical therapist; or

26                   (3) issued a limited permit under AS 08.84.075.

27 \* Sec. 20. AS 08.84.150 is amended by adding a new subsection to read:

28           (b) A person may not practice occupational therapy without being  
29 licensed unless the person is

1 (1) a student in an accredited occupational therapy program  
2 or in a supervised field work program;

3 (2) a graduate of a foreign school of occupational therapy  
4 fulfilling the internship requirement of AS 08.84.032, and then only  
5 unless under the continuous direction and immediate supervision of an  
6 occupational therapist;

7 (3) an occupational therapist or occupational therapy  
8 assistant employed by the United States Government while in the dis-  
9 charge of official duties; or

10 (4) granted a limited permit under AS 08.84.075.

11 \* Sec. 21. AS 08.84.160 is amended to read:

12 Sec. 08.84.160. PRACTICE OF LICENSED PHYSICAL THERAPIST OR  
13 LICENSED OCCUPATIONAL THERAPIST. This chapter does not authorize a  
14 [ANY] person to practice medicine, osteopathy, chiropractic [AS DE-  
15 FINED IN AS 08.20.220], or other method of healing, but only to prac-  
16 tice physical therapy or occupational therapy [AS DEFINED IN AS 08.-  
17 84.190(3)].

18 \* Sec. 22. AS 08.84.185 is repealed and reenacted to read:

19 Sec. 08.84.185. DISCIPLINARY SANCTIONS. (a) The board may  
20 impose the following sanctions singly or in combination:

- 21 (1) permanently revoke a license or permit to practice;  
22 (2) suspend a license for a stated period of time;  
23 (3) censure a licensee;  
24 (4) issue a letter of reprimand;  
25 (5) impose limitations or conditions on the professional  
26 practice of a licensee;  
27 (6) impose peer review;  
28 (7) impose professional education requirements until a  
29 satisfactory degree of skill has been attained in those aspects of

1 professional practice determined by the board to need improvement;

2 (8) impose probation and require the licensee to report  
3 regularly to the board upon matters involving the basis for the pro-  
4 bation;

5 (9) impose a civil fine of not more than \$5,000;

6 (10) accept a voluntary surrender of a license.

7 (b) The board may withdraw probation status if it finds that the  
8 deficiencies that required the sanction have been remedied.

9 (c) The board may summarily suspend a license before final  
10 hearing or during the appeals process if the board finds that the  
11 licensee poses a clear and immediate danger to the public health and  
12 safety. A person whose license is suspended under this section is  
13 entitled to a hearing by the board within seven days after the effec-  
14 tive date of the order. If, after a hearing, the board upholds the  
15 suspension, the licensee may appeal the suspension to a court of  
16 competent jurisdiction.

17 (d) The board may reinstate a license that has been suspended or  
18 revoked if the board finds, after a hearing, that the applicant is  
19 able to practice with skill and safety.

20 (e) The board may return a license that has been voluntarily  
21 surrendered if the board determines that the licensee is competent to  
22 resume practice and that applicable renewal fees are paid.

23 (f) The board shall seek consistency in the application of  
24 disciplinary sanctions. A significant departure from prior decisions  
25 involving similar situations shall be explained in the findings of  
26 fact or order.

27 \* Sec. 23. AS 08.84.190(1) is amended to read:

28 (1) "board" means the State Physical Therapy and Occupa-  
29 tional Therapy Board;

1 \* Sec. 24. AS 08.84.190 is amended by adding new paragraphs to read:

2 (5) "occupational therapist" means a person who practices  
3 occupational therapy;

4 (6) "occupational therapy" means the use of purposeful  
5 activity, evaluation, treatment, and consultation with human beings  
6 whose ability to cope with the tasks of daily living are threatened  
7 with, or impaired by developmental deficits, learning disabilities,  
8 aging, poverty, cultural differences, physical injury or illness, or  
9 psychological and social disabilities to maximize independence, pre-  
10 vent disability, and maintain health; "occupational therapy" includes

11 (A) developing daily living, play, leisure, social,  
12 and developmental skills;

13 (B) facilitating perceptual-motor and sensory integra-  
14 tive functioning;

15 (C) enhancing functional performance, prevocational  
16 skills, and work capabilities using specifically designed exer-  
17 cises, therapeutic activities and measures, manual intervention,  
18 and appliances;

19 (D) design, fabrication, and application of splints or  
20 selective adaptive equipment;

21 (E) administering and interpreting standardized and  
22 nonstandardized assessments, including sensory, manual muscle,  
23 and range of motion assessments, necessary for planning effective  
24 treatment; and

25 (F) adapting environments for the disabled;

26 (7) "occupational therapy assistant" means a person who  
27 assists in the practice of occupational therapy under the supervision  
28 of an occupational therapist.

29 \* Sec. 25. AS 08.84.200 is amended to read:

1           Sec. 08.84.200. SHORT TITLE. This chapter may be cited as the  
2 Physical Therapists and Occupational Therapists Practice Act.

3 \* Sec. 26. AS 09.55.560(1) is amended to read:

4           (1) "health care provider" means an audiologist licensed  
5 under AS 08.11; a chiropractor licensed under AS 08.20; a dental  
6 hygienist licensed under AS 08.32; a dentist licensed under AS 08.36;  
7 a nurse licensed under AS 08.68; a dispensing optician licensed under  
8 AS 08.71; a naturopath licensed under AS 08.45; an optometrist  
9 licensed under AS 08.72; a pharmacist licensed under AS 08.80; a  
10 physical therapist or occupational therapist licensed under AS 08.84;  
11 a physician licensed under AS 08.64; a podiatrist; a psychologist and  
12 a psychological associate licensed under AS 08.86; and a hospital as  
13 defined in AS 18.20.130, including a governmentally owned or operated  
14 hospital; a corporate entity covered under AS 21.88.050(b)(11); and an  
15 employee of a health care provider acting within the course and scope  
16 of employment;

17 \* Sec. 27. AS 18.23.070(3) is amended to read:

18           (3) "health care provider" means a chiropractor licensed  
19 under AS 08.20; a dental hygienist licensed under AS 08.32; a dentist  
20 licensed under AS 08.36; a nurse licensed under AS 08.68; a dispensing  
21 optician licensed under AS 08.71; an optometrist licensed under  
22 AS 08.72; a pharmacist licensed under AS 08.80; a physical therapist  
23 or occupational therapist licensed [REGISTERED] under AS 08.84; a  
24 physician licensed under AS 08.64; a podiatrist; a psychologist and a  
25 psychological associate licensed under AS 08.86; and a hospital as  
26 defined in AS 18.20.130, including a governmentally owned or operated  
27 hospital; a corporate entity covered under AS 21.88.050(b)(11); and an  
28 employee of a health care provider acting within the course and scope  
29 of employment;

1 \* Sec. 28. AS 21.88.900(9) is amended to read:

2 (9) "health care provider" means an audiologist licensed  
3 under AS 08.11; a chiropractor licensed under AS 08.20; a dental  
4 hygienist licensed under AS 08.32; a dentist licensed under AS 08.36;  
5 a nurse licensed under AS 08.68; a dispensing optician licensed under  
6 AS 08.71; an optometrist licensed under AS 08.72; a pharmacist li-  
7 censed under AS 08.80; a physical therapist or occupational therapist  
8 licensed under AS 08.84; a physician licensed under AS 08.64; a podia-  
9 trist; a psychologist and a psychological associate licensed under  
10 AS 08.86; a hospital as defined in AS 18.20.130, including a govern-  
11 mentally owned or operated hospital; a corporate entity covered under  
12 AS 21.88.050(b)(11); an employee of a health care provider acting  
13 within the course and scope of employment;

14 \* Sec. 29. AS 21.88.900 is amended by adding a new paragraph to read:

15 (17) "occupational therapist" means a person licensed under  
16 AS 08.84.

17 \* Sec. 30. AS 47.17.070(9) is repealed and reenacted to read:

18 (9) "practitioner of the healing arts" includes audiolo-  
19 gists, chiropractors, dental hygienists, dentists, health aides,  
20 hearing aid dealers, naturopaths, nurses, nurse practitioners, optome-  
21 trists, osteopaths, occupational therapists, physical therapists,  
22 physicians, physician's assistants, psychiatrists, psychologists,  
23 psychological associates, religious healing practitioners, and sur-  
24 geons;

25 \* Sec. 31. TRANSITION. (a) Until June 30, 1988, the Department of  
26 Commerce and Economic Development may issue a provisional license for the  
27 practice of occupational therapy to a person engaged in the practice of  
28 occupational therapy as an occupational therapist or occupational therapy  
29 assistant, if the person

1 (1) pays a fee set by the department;

2 (2) certifies to the department that the person is of good moral  
3 character; and

4 (3) provides proof of either employment in the state as an  
5 occupational therapist or occupational therapy assistant and certification  
6 as an occupational therapist or occupational therapy assistant by the  
7 American Occupational Therapy Association.

8 (b) A provisional license issued under (a) of this section is valid  
9 until June 30, 1988, until revoked by the department, or until the provi-  
10 sional licensee is issued a license or temporary permit by the State Phys-  
11 ical Therapy and Occupational Therapy Board to practice occupational thera-  
12 py, whichever occurs first.

13 (c) The department may adopt regulations under the Administrative  
14 Procedure Act (AS 44.62) to implement this section.

15 \* Sec. 32. LICENSING BY CREDENTIAL. (a) Notwithstanding AS 08.84.-  
16 030(b), enacted by sec. 5 of this Act, the State Physical Therapy and  
17 Occupational Therapy Board may license a person as an occupational thera-  
18 pist or occupational therapy assistant who

19 (1) has engaged in the practice of occupational therapy or is  
20 currently engaged in the practice of occupational therapy in the state;

21 (2) holds an appropriate certificate from the American Occupa-  
22 tional Therapy Association as a certified occupational therapist or a  
23 certified occupational therapy assistant; and

24 (3) applies for the license before January 1, 1989.

25 (b) A license issued under this section is for all purposes a license  
26 issued under AS 08.84.

27 \* Sec. 33. EXPERIENCE-BASED LICENSURE OF OCCUPATIONAL THERAPISTS. (a)  
28 Notwithstanding AS 08.84.030(b), enacted by sec. 5 of this Act, a person is  
29 eligible for licensure as an occupational therapist if before July 1, 1988,

1 the person

2 (1) submits proof of completion of four years of board approved  
3 practice as an occupational therapy assistant before January 1, 1988;

4 (2) submits proof of successful completion of a minimum of six  
5 months of supervised field work approved by the board; and

6 (3) passes to the satisfaction of the board an examination  
7 approved by the board.

8 (b) A license issued under this section is for all purposes a license  
9 issued under AS 08.84.

10 \* Sec. 34. Notwithstanding AS 08.84.100(a), as amended by sec. 16 of  
11 this Act, a license issued under AS 08.84 that is in effect on the effec-  
12 tive date of this Act is valid for the period for which it was issued  
13 unless revoked or suspended under procedures set out in AS 08.84.

14 \* Sec. 35. INITIAL APPOINTMENTS. The governor shall fill the positions  
15 created on the State Physical Therapy and Occupational Therapy Board by  
16 this Act before March 1, 1988, and shall appoint one person to a term of  
17 four years and one person to a term of two years.

18 \* Sec. 36. Section 31 of this Act takes effect immediately under  
19 AS 01.10.070(c).

20 \* Sec. 37. Sections 1 - 30, and 32 - 35 of this Act take effect  
21 January 1, 1988.  
22  
23  
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29

H B

218

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 CMPk. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

House Hess April 16, 1987

HB 218     An Act creating the Alaska Center for  
International Business; and providing for an effective  
date

File Contents

- 1)    Copy of HB 218
- 2)    Copy of CSHB 218 (L&C)
- 3)    Labor and Commerce Committee Report
- 4)    CS for HB 218 - work draft, Bannister, 4/7/87
- 5)    Transmittal letter, Governor to Speaker of House,  
3/25/87
- 6)    Zero Fiscal Note, U of A, 3/15/87
- 7)    Trade Alaska - blueprint
- 8)    U of A Organization and Implementation Plan
- 9)    House HESS Minutes, 4/16/87







Original sponsor: Rules/Governor

1 IN THE HOUSE

BY THE LABOR AND  
COMMERCE COMMITTEE

2 CS FOR HOUSE BILL NO. 218 (L&C)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FIFTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act creating the Alaska Center for International  
7 Business; and providing for an effective date."

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

9 \* Section 1. LEGISLATIVE FINDINGS. In connection with the establish-  
10 ment of a center for international business in the University of Alaska,  
11 the legislature finds that

12 (1) recent fluctuations in the price of crude oil have made it  
13 clear that the state must take prompt and decisive action to reduce its  
14 economic dependency upon oil, through the diversification of its economy;

15 (2) it is in the best interests of the state to continue to  
16 promote trade with Asia, Pacific Rim nations, and other countries of the  
17 world;

18 (3) the state's location and vast resource base give the state a  
19 natural position as a bridge between the rest of the United States, Europe,  
20 and Asia; and

21 (4) to take full advantage of the state's location and natural  
22 resources, and to develop the possibilities of an aggressive state foreign  
23 trade to their fullest, it is critical that the statutes formally provide  
24 for establishing a center for international business at the earliest  
25 possible time.

26 \* Sec. 2. AS 14.40 is amended by adding a new section to read:

27 Sec. 14.40.087. ALASKA CENTER FOR INTERNATIONAL BUSINESS. (a)  
28 The University of Alaska shall establish an Alaska Center for Interna-  
29 tional Business in an appropriate unit of the university at its

1 Anchorage campus. The center shall operate under the direction of an  
2 advisory board consisting of seven individuals, selected by the Board  
3 of Regents after consultation with the governor, who have demonstrated  
4 strong interest in the development of business and economic relation-  
5 ships between the state and foreign countries.

6 (b) The center shall conduct research, including research on  
7 market information and market strategies relating to trade by  
8 businesses in the state with foreign nations, and, in particular,  
9 Asian nations. The research must include

10 (1) making assessments and projections of the potential of  
11 various markets for the state's natural resources and technical and  
12 informational resources;

13 (2) identifying and analyzing the import requirements of  
14 and trade barriers to current and future commodity sales in other  
15 nations;

16 (3) identifying the state's trade competitors and assessing  
17 the public policy and programs used by the competitors to foster trade  
18 with potential markets for the state's goods and services;

19 (4) developing marketing strategies relevant to the state's  
20 trade policies with other countries; and

21 (5) investigating foreign investment opportunities in the  
22 state.

23 (c) The center shall cooperate with and may enter into contracts  
24 with other state, federal, and municipal agencies, and private insti-  
25 tutions, to maintain information relevant to the development of inter-  
26 national trade and business relationships between the state and other  
27 nations of the world.

28 (d) The center shall provide training programs and materials for  
29 teachers in the state's school districts to encourage an understanding

1 of culture, language, political and economic systems, social and legal  
2 systems, and other aspects of foreign countries, particularly in Asia.

3 (e) The center may charge fees for services the center provides  
4 to individuals and entities other than the state. The president of  
5 the University of Alaska shall separately account for all fees col-  
6 lected under this subsection. The annual estimated balance in the  
7 account may be used by the legislature to make appropriations to the  
8 university to carry out the purposes of this section.

9 (f) The center may conduct instructional programs, publish and  
10 distribute public service and information materials, establish or  
11 participate in programs to encourage student participation or to  
12 provide benefits to students, and cooperate and coordinate with other  
13 educational institutions.

14 (g) The center shall submit an annual report to the legislature  
15 on the center's activities. The report must include a summary of the  
16 center's expenditures during the preceding year.

17 (h) In this section, "center" means the Alaska Center for Inter-  
18 national Business, established by the University of Alaska under (a)  
19 of this section.

20 \* Sec. 3. AS 14.40.087, as added by sec. 2 of this Act, is repealed  
21 July 1, 1997.

22 \* Sec. 4. This Act takes effect July 1, 1987.  
23  
24  
25  
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29

STEVE COWPER  
GOVERNOR



STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

March 25, 1987

The Honorable Ben Grussendorf  
Speaker of the House  
Alaska State Legislature  
P.O. Box V  
Juneau, AK 99811

Dear Representative Grussendorf:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting two bills, one a substantive measure and the other an appropriation bill, to create and to fund, respectively, the Alaska Center for International Business.

The University of Alaska's existing Center for International Business is an off-shoot of the university's School of Business. The attached substantive bill establishes the center in statute. Under the bill, the center is designed primarily as a research institute to identify and develop better means of promoting trade by Alaska with foreign markets, primarily Pacific Rim nations. See the legislative findings in sec. 1 of the substantive bill.

At my request, Dr. John Choon K. Kim, director of the existing center, has prepared an initial organization and implementation plan for the center. Attached, for your reference, is a copy of this plan, which outlines in greater detail the programs and plans for the center. The substantive bill requires the center to submit annual reports to the legislature, and repeals the statute that provides for establishing the center. The repeal takes effect in 10 years so that the legislature can at that time review the center's value and future desirability. Section 3 of the bill.

Section 1 of the second measure, an appropriation bill, appropriates \$400,000 to the university for operation of the center in FY 88. Section 2 of that bill appropriates \$5,000,000 from the general fund to the University of Alaska for payment as a grant to the University of Alaska Foundation. The foundation is a private, nonprofit corporation, organized under Alaska law by private individuals. It generally handles endowments and other financial gifts to the university.

It is my hope that the center use the income from the \$5,000,000 for operations in future years, negating the need for further appropriations from the general fund. The substantive measure also provides that the center may charge fees for services it provides to those other than the state, and although these program receipts must, by law, be deposited in the general fund, I will urge future legislatures to appropriate these receipts to the center in order to guarantee sufficient funding to sustain its operations.

The Alaska Center for International Business represents one component of the state's efforts to promote economic development and international trade. The center's programs will be coordinated with those of the Department of Commerce and Economic Development (DCED) and the Office of International Trade. I am also proposing, through the budget process, to rejuvenate the economic development advocates program in DCED; to increase funding in conjunction with the affected industries for both the Alaska Seafood Marketing Institute and the division of tourism in DCED; and to enhance the programs of the Office of International Trade (Alaska Foreign Offices), as well as moving it to the Governor's Office to heighten its visibility in the international business community. We are also planning to extend the technical assistance provided by the Small Business Development Centers through the field offices of the Department of Community and Regional Affairs (DCRA), in order to reach nascent entrepreneurs throughout Alaska. In addition, Commissioner Smith, DCED, is working closely with the legislature to assure passage of SB 64, which would allow the Alaska Industrial Development Authority to offer export financing. And, finally, I will shortly be offering a proposal to initiate a pilot program of applied scientific research, which will be designed to meet the basic information needs of Alaska industries and to leverage funds available from the federal government and private sources.

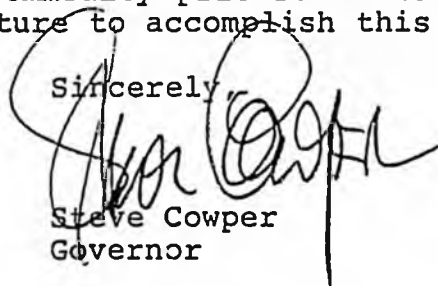
The efforts of all of these entities, as well as of any other state agencies that have an interest in a particular international trade project, or unique expertise, will be integrated into a trade promotion program designated as "Trade Alaska." We are working with many Alaskans who share an interest in trade in order to devise goals and specific activities that will best meet the needs of the private sector as well as our public policy objective of broadening the state's economic base.

It should be understood that government in isolation from society can't create wealth. Creating wealth is a matter of

private initiative. What government can do is make information available about opportunities, help solve technical problems through basic and applied research, identify barriers that impede our opportunities for trade and development, educate our people in order to give them the skills to compete in the international marketplace, and generally promote a social climate that is attractive to business.

I believe that the Alaska Center for International Business, as well as the other initiatives I have outlined, will help us achieve our goal of economic prosperity independent of the fluctuations of world commodity prices. I look forward to working with the legislature to accomplish this goal.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Cowper", written over the word "Sincerely,".

Steve Cowper  
Governor

**STATE OF ALASKA 1987 LEGISLATIVE SESSION  
FISCAL NOTE**

No. 1

**REQUEST:** \_\_\_\_\_

Bill Version: HB 218  
Publish Date: HOUSE 3/27/87

Revision Date: \_\_\_\_\_  
Title: An Act Creating the Alaska Center  
for International Business  
Sponsor: Rules  
Requestor: Governor

Agency Affected: Univ. of Alaska  
BRII: So. Central university and  
Community College  
Components: Ak. Center for International  
Business

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

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES		0	0	0	0	0
TRAVEL		0	0	0	0	0
CONTRACTUAL		0	0	0	0	0
SUPPLIES		0	0	0	0	0
EQUIPMENT		0	0	0	0	0
LAND & STRUCTURES		0	0	0	0	0
GRANTS, CLAIMS		0	0	0	0	0
MISCELLANEOUS		0	0	0	0	0
<b>TOTAL OPERATING</b>		0	0	0	0	0
<b>CAPITAL</b>		0	0	0	0	0
<b>REVENUE</b>						

**FUNDING: (Thousands of Dollars)**

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

**POSITIONS:**

FULL-TIME						
PART-TIME						
TEMPORARY						

**ANALYSIS:** (Attach a separate page if necessary) See Attached implementation plan. The University has included the ACIB in its current budget proposal. Future spending will be from the University Foundation. This additional appropriation will supplement the budget request to defray organizational costs and fund the centers staff.

Prepared by: John Halterman  
Division: Audit and Management Service

Phone: 465-3568  
Date: 3/25/87

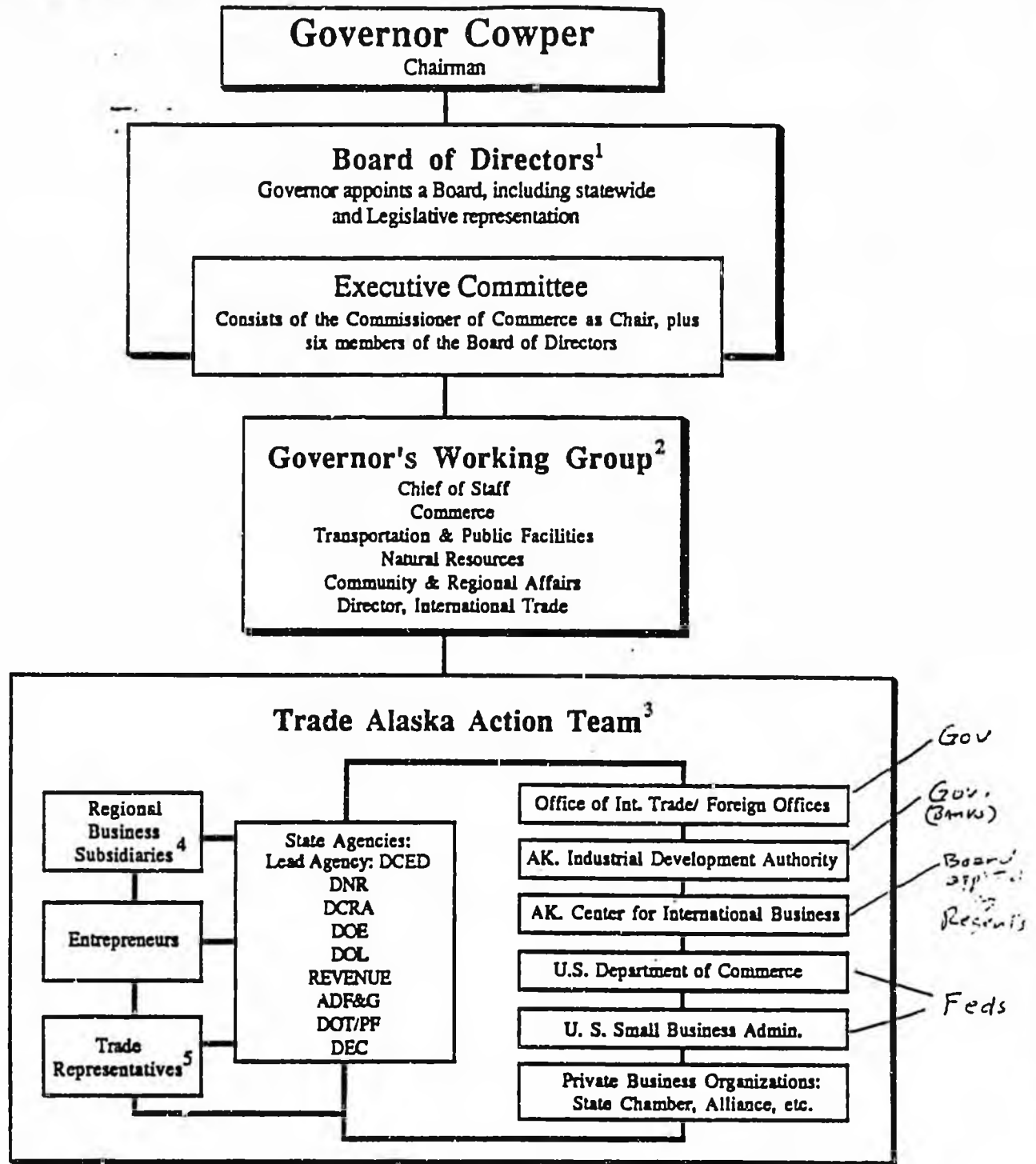
Approved by Commissioner: \_\_\_\_\_  
Agency: \_\_\_\_\_

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

**Distribution (by preparer):**

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

# Trade Alaska ... A Blueprint for Jobs and Economic Growth



1. Board of Directors: Establish statewide economic development and international trade objectives, and identify economic development opportunities.
2. Governor's Working Group: Translate development objectives and Board recommendations into action plans.
3. Action Team: Implement action plans.
4. Regional Development Subsidiaries: Identify regional development opportunities consistent with statewide objectives, develop and implement business plans.
5. Trade Representatives: Information sources for out-of-state businesses interested in Alaskan investment and Alaskan businesses pursuing trade opportunities.



ORGANIZATION  
AND  
IMPLEMENTATION PLAN  
FOR  
ALASKA CENTER FOR INTERNATIONAL BUSINESS

Submitted to

The Honorable Steve Cowper  
Governor of the State of Alaska

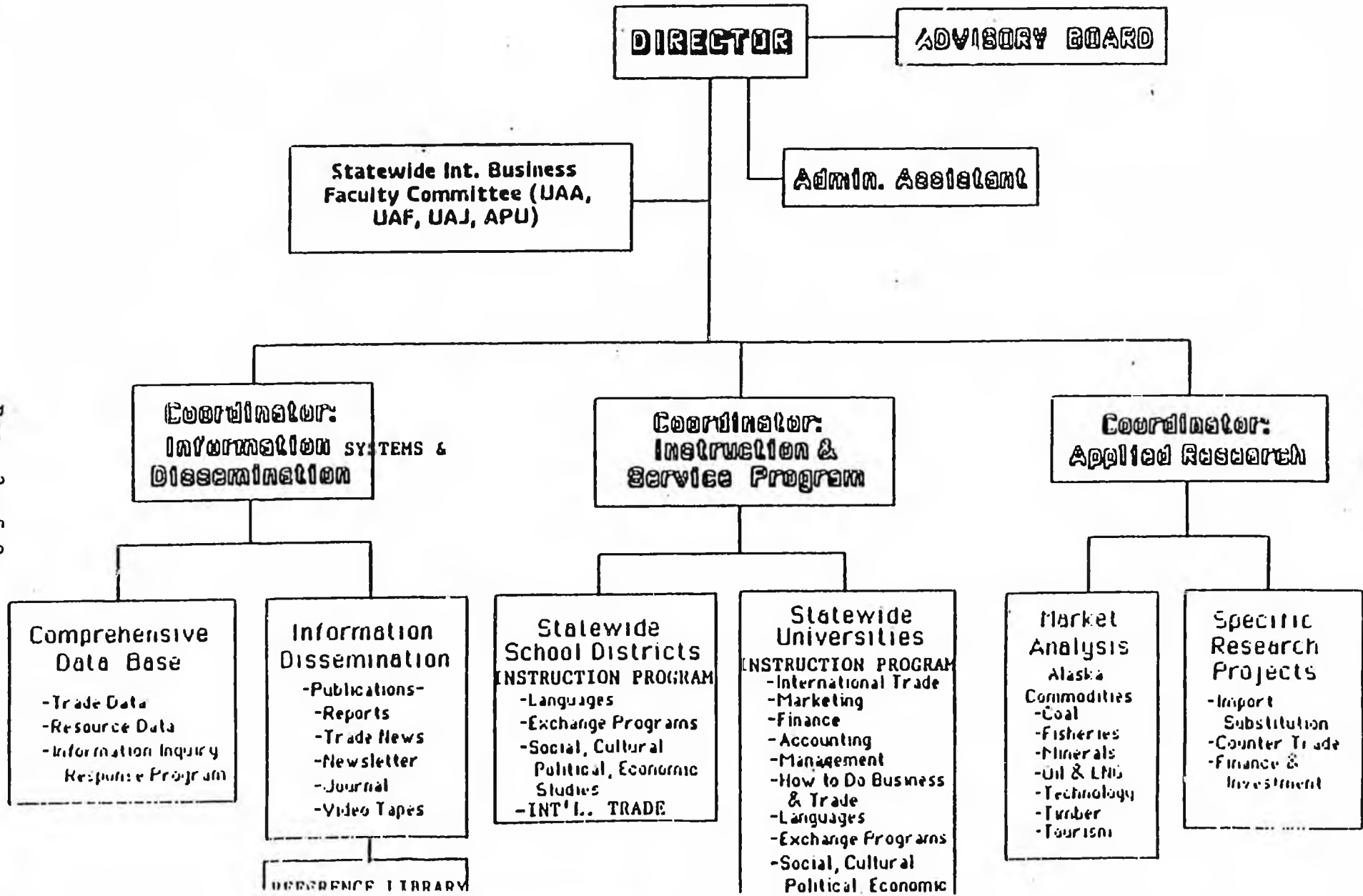
by

John Choon K. Kim, Ph.D., Director  
Alaska Center for International Business

March 6, 1987

Page 2 of 9

**UNIVERSITY OF ALASKA**  
**ALASKA CENTER FOR INTERNATIONAL BUSINESS**





# UNIVERSITY OF ALASKA, ANCHORAGE

3211 Providence Drive  
Anchorage, Alaska 99508

No. 1  
HB 218  
3/27/87

ALASKA CENTER FOR  
INTERNATIONAL BUSINESS

## THE ALASKA CENTER FOR INTERNATIONAL BUSINESS (ACIB)

### Mission Statement

The primary mission of the Center is to facilitate the development of sound business and economic relationships with nations of the Asia-Pacific region and other nations of the world, thus directly helping the State of Alaska to diversify its economy and to expand its economic base through international trade.

In carrying out the mission, four objectives are identified:

1. To carry out research in both opportunities for and barriers to the development of international markets by examining issues such as the short and long-run demand/supply projections for specific commodity groups (such as fisheries, timber, petroleum, coal, minerals, technologies, and tourism), research our Alaska competitors in the Pacific Rim to identify competitive cost structures, protective government actions, etc., and research our appropriate marketing strategies and opportunities for foreign direct investment.
2. To provide members of business and government, through instructions and training, the specific skills and techniques needed for doing business with nations in the Asia-Pacific region and other regions of the world.
3. To foster a better understanding of business and economic relationships between Alaska and Asia-Pacific nations by training teachers and students of public schools and universities throughout the State in languages, cultures, political, social and economic systems (Pacific Rim Studies).
4. To establish a comprehensive computerized data base for the acquisition, analysis, and dissemination of information specifically related to international markets, and Alaska resources and economic conditions.

### Organization and Task Structure for the Statewide Mission

The Alaska Center for International Business (ACIB), headquartered at the Anchorage Campus of the University of Alaska, shall operate under the direction of the seven member Advisory Board appointed by the Governor and the President of the University of Alaska. Prominent international members may be appointed to the Board when it deems necessary. The Director is charged with operations of the Center.

A Statewide International Business Faculty Committee (UAA, UAJ, UAF, APU, and others) shall be formed to assist the Director in developing information systems, instructional and service programs, and research programs.

## Mission Statement

In order to achieve the Center's mission and objectives, the Center is structured around three major program components: Applied Research, Instruction and Service, and Information Systems and Dissemination. A Coordinator will be charged with operations of each program. Five core international business faculty members shall be primarily committed to the Center's programs.

## 1. Applied Research

Under the applied research program, the Research Coordinator will be charged with organizing a number of research teams along with the Center's core faculty members and research fellows drawn from a Statewide talents pool of University of Alaska system (UAA, UAF, UAJ), Alaska Pacific University, State and federal agencies, and other research organizations. Each team, in cooperation with researchers of Pacific Rim countries, shall be assigned to conduct either market studies for Alaska's resource groups (Petroleum, coal, timber, fisheries, minerals, technologies, and Tourism) or a specific research project (such as counter-trade, import substitution, investment opportunities and barriers in Alaska, or opportunities for and barriers to trade development). The Coordinator will also be charged with developing research proposals for funding from State, local, and federal agencies, foundations, private firms, and other countries. Research Associates and/or Research Assistants shall be assigned to each research project. In addition to the Research Coordinator and the core faculty members, the applied research component will be comprised of five Research Associates and ten Research Assistants.

## 2. Instruction and Service

The instructional and service program deals with a wide range of audiences. The Coordinator will be charged with developing and providing the following three major programs:

- a) Pacific Rim studies for the State's school districts;
- b) Pacific Rim studies for universities and colleges; and
- c) professional development and training for business people, government officials, and faculty.

In implementing the first program, the Center shall coordinate with school district(s) and a regional university or college to offer Pacific Rim curriculum for school teachers and students' training in languages (Japanese, Chinese, Korean), culture, history, social-political-economic-legal systems, and international trade and business. A regional university or college shall be awarded funds in delivering the curriculum through regular or intensive modes and/or through a summer school program. The Center shall also provide opportunities for student and teacher exchanges between Alaska and nations in the Asia-Pacific region.

## Mission Statement

For the implementation of the second program, universities shall offer regular and/or intensive courses on international marketing, international finance and banking, international business management, international trade, international accounting, international economics, and courses in languages (Chinese, Japanese, Korean), culture, history, socio-political-economic-legal systems. Programs for English as a second language shall also be strengthened by allocating more funds. Students and faculty members shall be exchanged between Alaska and nations in the Asia-Pacific region under the Governor's Pacific-Rim Fellows Program and other agreements. The Center shall operate international business summer schools in Alaska and in the Asia-Pacific nations each year.

In implementing the professional training and development, the Center shall conduct workshops, seminars, symposia, and intensive courses for Alaska business and government leaders on important international trade topics and/or "how to do business with the Asia-Pacific nations," and for business and government leaders of the Asia-Pacific nations on "how to do business in Alaska and the U.S." The Center shall also arrange faculty, business and government executive seminar exchanges between Alaska and the Asia-Pacific nations.

All these instructional and service programs shall be offered by the Center's core faculty, faculty and/or experts drawn from the Statewide talents pool of the University of Alaska system, APU, State-local-federal agencies, national or international visiting fellows, and the Governor's Distinguished Fellows. The Center shall establish the Governor's Distinguished International Business Scholar-in-Residence, the Governor's Distinguished Executive-in-Residence, and the Governor's Distinguished Corporate Executive-in-Residence. Telecommunication systems, video-tapes, and films shall also be used for delivering instructions.

### 3. Information Systems and Dissemination

The coordinator will be charged with developing and maintaining a comprehensive data base (acquisition and analysis) and disseminating information to state government, business community, universities, and interested public.

Information systems contain quantitative data on commodity and nation's specific trade flows and other market information relative to Asia-Pacific nations, and information on Alaska's resources and commodities relative to potential Asia-Pacific markets, and they include information inquiry response programs.

Information shall be disseminated through publications such as reports, trade news, newsletters, journals, video-tapes, and films, etc.

The Center shall also have an international trade reference library that will contain information on:

- a) Alaska resources, goods and service of potential interest to Asia-Pacific market potential;

### Mission Statement

- b) trade and market information focusing on Pacific-Rim nations' markets and business practices; and
- c) reference materials focusing on international trade and business services provided by governmental agencies, businesses, and other organizations.

### In Summary

For the implementation of the Governor's goals and the Center's mission, the Center will be comprised of:

- a) Five core international business faculty members including the Director.
- b) A number of faculty members and experts drawn from the Statewide talents pool.
- c) Seven research associates (two for data base and dissemination, and five for applied research).
- d) Ten to twelve research assistants (based on needs on each campus).
- e) Governor's Distinguished Fellows and other visiting fellows.

The interest earnings of the \$5 million endowment may not be sufficient enough to support all the needed staff to perform the Center's tasks. The Center is committed to raise more endowment funds, to bring research funds, and to raise other funds from many sources, such as federal, state, local agencies, private firms, foundations, foreign nations, and individual contributions.

## Mission Statement

Immediate Action Plan Facilitating Implementation of the Governor's Goals and the Center's Mission

1. Conducting seven one-day workshops (or brainstorming sessions) for Alaska resource commodity groups (petroleum, coal, fisheries, timber, minerals, technologies and tourism) between April and May.
  - a) Participation for each commodity group (approximately 15-20):
    - Governor's Office
    - State agencies, such as DCED, DNR, DF&G, ASMI, etc.
    - Federal agencies
    - Industry Representatives and/or commodity owners
    - Native village and regional corporations
    - Universities
    - Research organizations
    - Experts
  - b) Things to accomplish:
    - Networking and establishing a Statewide talent pool.
    - Assessing the needs for trade development of a specific commodity group.
    - Identifying major needs for information, research and instructional services.
    - Prioritize programs for fulfilling the needs through participants' consensus.
    - Exploring various ways for implementation.
2. Conduct a one-day workshop for information systems and dissemination (in April).
  - a) Participants (approximately 15-20):
    - Governor's Office
    - State, local and federal agencies
    - Industry representatives
    - Data-base firms
    - Universities and computer centers
    - Research organizations
    - Experts in information systems
    - Native village and regional corporations
  - b) Things to accomplish:
    - Networking and establishing a statewide talent pool.
    - Needs assessment for international trade and resource data.
    - Identifying major needs and prioritizing them through participants' consensus.
    - Exploring various ways to implement programs.

## Mission Statement

3. Evaluating faculty resources in international business and trade and the current Pacific Rim programs on each campus of the University of Alaska system and Alaska Pacific university for establishing a Statewide talent pool.
4. Establishing close working relationships between the Center and resource programs within the University of Alaska system, such as fisheries, telecommunications, mining, agriculture, and other technological areas.
5. Conduct one-day workshop focusing on opportunities of rural Alaskan participation in Pacific Rim trade.
6. Conducting two one-day workshops for Pacific Rim Studies curriculum development for school districts and for universities.
  - a) Participants:
    - Each school district's curriculum development representative(s).
    - Teachers and faculty members who are involved in Pacific Rim studies or are interested in the field.
  - b) Things to accomplish:
    - Networking and establishing a Statewide talent pool.
    - Identifying major needs in each region.
    - Developing and prioritizing projects and activities to fulfill the needs through the participants' consensus.
    - Exploring the ways to implement them successfully.

H B

224

STATE OF ALASKA  
THE LEGISLATURE

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JUNEAU, ALASKA 99811  
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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

House Hess April 22, 1987

April 24, 1987

HB 224     An Act relating to employment rights based on pregnancy, childbirth, and adoption.

File Contents

- 1) Copy of HB 224
- 2) Bill Analysis by DFYS, 4/15/87
- 3) Zero Fiscal Note, Department of Administration, 4/7/87
- 4) Position Paper, Division of Personnel, 4/7/87
- 5) Kay Brown memo 4/21/87
- 6) Kay Brown memo 4/21/87
- 7) Statement of Support from Alaska Women's Commission
- 8) Comparative View
- 9) Letter, Alaska Women's Lobby to Committee, 4/22/87
- 10) Minutes, House HESS Committee, 4/22/87
- 11) Minutes, House HESS Committee, 4/24/87

# HOUSE COMMITTEE REPORT

(7)

Date referred: 3/27/87

FURTHER REFERRALS: Judiciary  
Finance

DATE: 4/24/87

The Health, Education and Social Services Committee has considered HB 224

"An Act relating to employment rights based on pregnancy, childbirth, and adoption."

**RECOMMENDS:**

- replace with \_\_\_\_\_  the same title
- attached amendment(s)  a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the \_\_\_\_\_ Committee

**ADOPTS:**  \_\_\_\_\_ letter of intent

**ATTACHES NEW FISCAL NOTE(S):**

- fiscal impact  same as previous fiscal note published \_\_\_\_\_
- zero fiscal note  same as previous zero fiscal note published \_\_\_\_\_
- zero with analysis

**SIGNING DO PASS:**

*John Ellis*  
*Mike Kopman*  
*Mark Shumanberg*  
*David Douley*

**SIGNING OTHER RECOMMENDATIONS:**

*Roll E. Collins - No Rec*  
*Bill Hudson - No Rec*  
~~*David Douley - No Rec*~~  
*Alyce Newby - No Rec*

*John Ellis*  
 Cot Chairman's signature  
*Mike Kopman*

STATE OF ALASKA 1987 LEGISLATIVE SESSION  
FISCAL NOTE

Bill Version: HB 224  
Publish Date: \_\_\_\_\_

REQUEST \_\_\_\_\_

Revision Date: \_\_\_\_\_ Agency Affected: All  
Title: An Act Relating to Employment Rights BRU: All  
Based on Pregnancy, Child Birth, and Adoption  
Sponsor: \* \_\_\_\_\_ Components: All  
Requestor: \_\_\_\_\_

\* Brown, Ulmer, Pearce, Ellis, Collins, Gruenberg, and Goll

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	0	0	0	0	0	0
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REVENUE	0	0	0	0	0	0
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FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

ANALYSIS: Attach a separate page if necessary

HB 224 will not cause an increase in expenditures.

Prepared By: Diana DeSimone *DD* *MS* Phone: 465-4430  
Division: Personnel *10* Date: 4/6/87

Approved by Commissioner: Garrey Peska *GP* Date: 4/7/87  
Agency: Department of Administration

Distribution (by preparer):  
Legislative Finance  
Legislative Sponsor  
Requestor  
Office of Management and Budget  
Impacted Agency(ies)  
Senate Secretary



**STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
BILL ANALYSIS**

DEPARTMENT Health and Social Services	DIVISION Family and Youth Services	BILL NUMBER HR 224	SPONSOR Brown, et al.
DEPARTMENT POSITION  Support in Concept			
PREPARED BY Yvonne M. Chase, Director	DATE 4/8/87	COMMISSIONER'S SIGNATURE <i>Marya M. Munnaw</i>	DATE 4/15/87

**SUMMARY**

OTHER AGENCIES AFFECTED BY BILL  State Retirement and Benefits	CONSTITUENT GROUP(S) AFFECTED BY BILL  Employers
ORGANIZATIONAL SUPPORT FOR BILL	ORGANIZATIONAL OPPOSITION TO BILL

FISCAL IMPACT:       NONE       FISCAL NOTE ATTACHED

**BACKGROUND/LEGISLATIVE INTENT**

To provide support to infants and working parents by mandating that employers allow parents reasonable leave from work at the time a child is born or adopted or placed into foster care.

**ANALYSIS OF BILL/PROGRAM EFFECTS**

Maternity leave for working parents is a need for the majority of families in Alaska and the U.S. In 46% of households in Alaska containing two parents, both work outside the home. 11% of Alaska's families are headed by a single parent and 60% of single mothers with children under age six are in the labor force. Research indicates that adjustment or bonding to newborns is seriously impaired if parents are not allowed to spend adequate time with the newborn. Positive adjustment of the family to any new family member is more likely if parents are provided an opportunity to bond with the child immediately after the placement.

**AMENDMENTS PROPOSED**

Due to the wide range of foster care situations and the number of placements which realistically may be made into a single foster home within a year, it is recommended that leave for placements into foster homes be either restricted in length of time or that leave be restricted to foster placements that are intended to be permanent at the time the placement is made. Generally, the recruitment of foster homes for preschool age children is focused on families in which one parent does not work outside the home since the adjustment of young children who have been removed involuntary from the parental home requires more support and attention than could generally be provided in a home in which both parents work.

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL COMMENTS OR ANALYSIS.

POSITION PAPER

For HB 224

House Bill 224 outlines the conditions and rights of employees and employers in regards to leave and medical insurance associated with the birth, adoption, or foster placement of a child and provides for continuing employment upon return from such leave unless the employer's business circumstances have changed to make it impossible or unreasonable.

The provisions concerning medical insurance and return employment rights are not inconsistent with current State practice. The proposed legislation would, however, make changes to existing State policy and practice concerning leave associated with childbirth and adoption. Current law [AS 39.20.225(b)(4)] entitles a female officer or employee to a maximum of nine weeks of leave for childbirth. Current collective bargaining agreements are consistent in providing nine weeks, and would not be affected by this proposed legislation as written. HB 224 would 1) increase the maximum leave entitlement associated with childbirth to 18 weeks; 2) provide a leave entitlement for adoption or foster placement; and 3) entitle male employees to take leave in association with the birth or placement of a child.

As the language is proposed, it appears that each parent would be eligible to take 18 weeks of leave, for a total of 36 weeks of family leave associated with the birth, adoption, or foster placement of a child. For an employer employing both parents, such a requirement may prove burdensome. We suggest consideration of the following additional language on page 2, following line 22:

Unless a longer period of leave is authorized under (a) of this section, a single employer need not provide its employees more than a total of 18 weeks of family leave associated with each instance of childbirth, adoption, or foster placement.

If this proposed legislation were to become law, Title 18 would be inconsistent with Title 39.

To provide for consistency in statute, we recommend that AS 39.20.225 be amended as follows:

Sec. 39.20.225. Use of personal leave. (a) An officer or employee may take personal leave at any time business permits upon permission by the head of the department or agency for which the officer or employee works.

(b) An officer or employee may take personal leave for medical reasons, regardless of whether business permits, upon permission by the head of the department or agency for which the officer or employee works. A department or agency head shall grant personal leave for medical reasons if the department or agency head is satisfied that the officer or employee is absent for medical reasons. The taking of personal leave for medical reasons shall be reduced by the amount of wage continuation payments made under the Alaska Workers' Compensation Act (AS 23.30). The following constitute "medical reasons" and are subject to the conditions noted:

(1) Medical disability of an officer or employee is a medical reasons for taking personal leave. A department or agency head may require a doctor's certificate showing the disability if the absence exceeds three consecutive working days.

(2) Medical disability of a member of an officer's or employee's immediate family is a medical reason for taking personal leave if the disability is such that the attendance of the officer or employee is required. A department or agency head may require a doctor's certificate showing the disability if the absence exceeds three consecutive working days.

(3) A medical condition of an officer or employee that makes presence at work a danger to the health of fellow employees is a medical reason for taking personal leave. A department or agency head may require a doctor's certificate showing the condition if the absence exceeds three consecutive working days.

(4) [PREGNANCY AND CHILDBIRTH IS A MEDICAL REASON FOR A FEMALE OFFICER OR EMPLOYEE TO TAKE PERSONAL LEAVE. A FEMALE OFFICER OR EMPLOYEE, OTHERWISE QUALIFIED FOR A LEAVE OF ABSENCE, IS ENTITLED TO TAKE A MAXIMUM OF NINE WEEKS LEAVE IMMEDIATELY PRECEDING AND FOLLOWING CHILDBIRTH. IF THE OFFICER'S OR EMPLOYEE'S ACCRUED PERSONAL LEAVE IS INSUFFICIENT FOR THIS PURPOSE, THE OFFICER OR EMPLOYEE IS ENTITLED TO TAKE LEAVE WITHOUT PAY FOR THE BALANCE OF THE NINE-WEEK PERIOD.

(5)] Death of a member of an officer's or employee's immediate family is a medical reasons for taking personal leave. No more than five days of personal leave may be taken for this purpose.

(c) Each officer and employee shall, during each 12-month period, take at least five days of personal leave. If the officer or employee does not take at least five days of personal leave during a 12-month period, the difference between five days and the amount of personal leave taken shall be canceled without pay unless the department or agency head certifies in writing that the officer or employee was denied the opportunity to take five days of personal leave during the 12-month period.


(d) An officer or employee, otherwise qualified for a leave of absence, is entitled to take a maximum of 18 weeks of leave immediately preceding and following the birth of a child or the placement of a child with the officer or employee for adoption or foster care. If the officer's or employee's accrued personal leave is insufficient for this purpose, the officer or employee is entitled to take leave without pay for the balance of the 18-week period. For each instance of childbirth, adoption, or foster placement of a child, officers or employees are entitled to a total of 18 weeks of leave under this section.

The Department of Administration is neutral on this legislation.



Diana DeSimone  
Director  
Division of Personnel

4/7/87  
Date

  
Commissioner Garrey Peska  
Department of Administration

4/7/87  
Date

# Kay Brown

## Alaska State Legislature House of Representatives

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

TO: Rep. Niilo Koponen, Co-Chair  
Rep. Johnny Ellis, Co-Chair  
HESS Committee

DATE: April 21, 1987

FROM: Rep. Kay Brown

RE: HB 224, an act  
relating to em-  
ployment rights

HB 224, an act relating to employment rights based on pregnancy, childbirth, and adoption, has been referred to the House Health, Education and Social Services Committee for consideration.

Thank you for scheduling a hearing on Wednesday, April 22 at 8:30 a.m. For your convenience, I have attached a sectional, a Bill Analysis from the Department of Health and Social Services, and a statement of support by the Alaska Women's Commission.

The problem is that while research indicates that bonding is seriously impaired if parents cannot spend a period of time with a new child, many parents may lose their jobs if they take a leave of absence when they have a baby.

According to the Economic Policy Council of the United Nations, the majority of working women nationwide will be forced to return to work within three weeks of a child's birth because of economic necessity and the need to ensure job security. The problem is particularly acute in Alaska where, as the Bill Analysis points out, both parents in 46% of Alaska's two-parent households and 60% of Alaska's single mothers with children under the age of six work outside the home. Furthermore, many parents in Alaska do not have extended family members to help during the critical adjustment period.

HB 224 would provide employees with a degree of employment security and a reasonable opportunity to adjust to and bond with a new family member. HB 224 would allow an employee to take up to 18 weeks of unpaid leave at the time of birth, adoption or placement of a child. It also would require an employer to make temporary disability benefits equally available to all employees (including those incapacitated by pregnancy) and, under certain circumstances, to transfer pregnant employees to less hazardous or strenuous positions.

HB 224 is similar to SB 124 introduced by Sen. Josephson, to pending federal legislation, and to existing California law. Similar legislation is under consideration in Maryland, New York, Washington, Wisconsin, Massachusetts, Connecticut, New Jersey, Kentucky, Colorado and Delaware. Most Western nations have already developed a parental leave policy. See: Global Survey, 1984, attached.

The bill has no fiscal impact since the leave time would be unpaid.

# Kay Brown

## Alaska State Legislature House of Representatives

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

SUBJECT: HB 224, an act relating to employment rights based on pregnancy, childbirth, and adoption

DATE: April 21, 1987

FROM: Rep. Kay Brown *Kay*

The following is a section-by-section analysis of the draft Parental Leave bill.

Section 1 states the legislative findings regarding the social conditions which support this legislation.

Section 2, paragraph (a) requires an employer to grant pregnant employees the same benefits that the employer would grant to other employees who were temporarily disabled for other reasons. The section makes it clear that the employer is not required to carry health insurance covering pregnancy.

Section 2, paragraph (b) requires an employer to give an employee up to 18 weeks leave for the birth of a child or placement of a foster or adopted child. The leave may be unpaid. The employer can require or the employee can choose to substitute accrued paid leave.

Section 2, paragraph (c) requires the employee to give reasonable notice of the time and duration of leave.

Section 2, paragraph (d) requires the employer to maintain health insurance coverage during the period of leave. The employer may require the employee to bear all costs.

Section 2, paragraph (e) requires an employer to restore the employee to the same or substantially similar employment. The employer need not do so if the employer's business circumstances have changed to make restoration impossible or unreasonable.

Section 2, paragraph (f) requires an employer to transfer a pregnant employee to a vacant, existing and less hazardous or strenuous job if the employee's request is based on the recommendation of a licensed health care provider, the employee is qualified for the requested position, and the transfer will not subject the employer to legal liability (for

example, under a collective bargaining agreement). The employee will be paid at the lower salary.

Section 2, paragraph (g) prevents the bill from affecting any existing law regarding sex discrimination or pregnancy.

Section 2, paragraph (h) limits the scope of this bill to employers with at least 15 employees located within an 200 mile area.