

ALASKA LEGISLATURE COMMITTEE FILES, 1989-1990 8672

6249 SENATE HEALTH, EDUCATION AND SOCIAL SERVICES 453

**EXHIBIT SEVEN
ECONOMIC OUTCOMES OF REVIEWED
RANDOMIZED CONTROL STUDIES^a**

Setting		Setting results			No Economic Outcome Discussed	Number of Studies
		Experimental Cheaper	Control Better	No Difference		
Partial Hospital- ization	Traditional Inpatient	2			2	4
Community	Traditional Inpatient	3			3	6
Brief Inpatient Stay	Traditional Inpatient	1		2	1	4
Brief Inpatient Stay and Partial Hospital- ization	Traditional Inpatient	1				1
Home care — With Drugs or With Placebo	Traditional Inpatient				1	1

a. Berk, p. 23.

**EXHIBIT EIGHT
COSTS AND BENEFITS PER PATIENT, CONTROL (C)
AND EXPERIMENTAL (E) GROUPS, FOR TWELVE
MONTHS FOLLOWING ADMISSION TO EXPERIMENT**

	C	E	E - C
COSTS			
<i>Costs for which monetary estimates have been made</i>			
1. Direct treatment costs			
Mendota Mental Health Institute (MMHI)			
Inpatient	\$3096	\$ 94	\$-3002**
Outpatient	42	0	-42**
Experimental center program	0	4704	4704†
Total	\$3138	\$4798	\$ 1660†
2. Indirect treatment costs			
Social service agencies			
Other hospitals (non-MMHI)	\$1744	\$ 646	\$-1098**
Sheltered workshops ¹	91	870	779**
Other community agencies:			
Dane County Mental Health Center	55	50	-5
Dane County Social Services	41	25	-16**
State Dept. of Voc. Rehab.	185	209	24 ^h
Visiting Nurse Service	0	23	23**
State Employment Service	4	3	-1*
Private medical providers ^c	22	12	-10*
Total	\$2142	\$1838	\$ -304†
3. Law enforcement costs			
Overnights in jail	\$ 159	\$ 152	\$ -7*
Court contacts	17	12	-5*
Probation and parole	189	143	-46
Police contacts	44	43	-1*
Total	\$ 409	\$ 350	\$ -59†
4. Maintenance costs	\$1487	\$1035	\$ -452
5. Family burden costs:			
Lost earnings due to the patient	\$ 120	\$ 72	\$ -48 ^f
Total costs for which monetary estimates have been made	\$7296	\$8093	\$ 797†
<i>Other costs</i>			
6. Other family burden costs			
Percentage of families reporting physical illness due to the patient	25%	14%	-11% ^e
Percentage of family members experiencing emotional strain due to the patient	48%	25%	-23% ^e
7. Burden on other people (e.g., neighbors, co-workers)	?	?	?

	C	E	E - C
8. Illegal activity costs: Total	1.0	0.8	-0.2*
No. of arrests for felony	0.2	0.2	0.0*
9. Patient mortality costs (percentage dying during the year)			
Suicide	1.5%	1.5%	0%
Natural causes	0%	4.6%	4.6%
BENEFITS			
<i>Benefits for which monetary estimates have been made</i>			
1. Earnings ^b			
From competitive employment	\$1136	\$2169	\$ 1033** ^d
From sheltered workshops	32	195	163** ^d
Total	\$1168	\$2364	\$ 1196†
<i>Other benefits</i>			
2. Labor market behavior			
Days of competitive employment per year	77	127	50 ^d
Days of sheltered employment per year	10	89	79 ^d
Percentage of days missed from job	3%	7%	4% ^d
No. beneficial job changes	2	3	1 ^e
No. detrimental job changes	2	2	0 ^e
3. Improved consumer decision-making			
Insurance expenditures	\$ 33	\$ 56	\$ 23 ^d
Percentage of group having savings accounts	27%	34%	7%
SUMMARY			
Valued benefits	\$1168	\$2364	\$ 1196
Valued costs	7296	8093	797
Net (Benefits - Costs)	\$ -6128	\$ -5729	\$ 399†

*Significant at the .10 level.

**Significant at the .05 level.

†Significance not tested, as the number is a sum of means.

^aThese data were derived from agency or patient reports on the number of contacts, patient reports being used only when it was not possible (or was excessively costly) to obtain the relevant information from the agency. Estimates of the costs per contact were obtained from the agency.

^bData from the Department of Vocational Rehabilitation (DVR) were available only for the 28-month study period as a whole, which included the follow-up period after the experiment. The per patient costs presented in Exhibit Eight are 12/28, or 43 percent of the 28-month data, reflecting average cost for one year. The figures reflect double counting because much of the DVR expenditures go for payments to other agencies that are included in cost section 2 of the exhibit. We have been able to account for, and to exclude, DVR payments to the sheltered workshops but not, for example, to hospitals. The \$24 difference is biased upward by the omission of counselling expenses

attributable only to C-group members.

^cThese figures include fees for physicians, psychologists, and nurses but exclude any associated laboratory fees.

^dThese data were derived from patient reports and as such subject to misreporting. Patient reports were used only when it was not possible (or was excessively costly) to obtain the relevant information from an independent source. In some cases, when an interviewer suspected faulty reporting, individual spot-checks were made with the agency in question; agencies that were not able to provide us with information on all patients were sometimes able to provide it on this spot-check basis.

^eThese figures are derived from interviews conducted four months after admission with 22 families of E group patients and 18 families of C group patients (34% of the E group, 27% of the C group). The other families were not interviewed because: (1) they lived outside of Dane County (23% of each group); (2) the subject or the family refused to cooperate (12% of the E group, 22% of the C group); or (3) the relative could not be contacted (31% of the E group, 28% of the C group). The questionnaire examined the families' experience in the two weeks preceding the interview only, and, with some trepidation, these figures have been inflated to an annual average. The reduced sample size and the single interview yielded data which must be interpreted with caution.

^fThese figures were derived by multiplying the number of days of work the family members missed because of the patient by a daily wage of \$24 (\$3 an hour).

^gOur judgments, based on examination of patient reports.

^hEarnings do not include value of fringe benefits, if there were any.

ⁱInterviewers' assessments.

^jIncludes Madison Opportunity Center, Inc., and Goodwill Industries.

Source: Weisbrod, Burton A., Ph.D., "A Guide to Benefit-Cost Analysis as seen through a Controlled Experiment in Treating the Mentally Ill," *Journal of Health Politics, Policy, and Law*, Vol. 7, No. 4, Winter 1983, pp. 808-845.

EXHIBIT NINE
EXAMPLES OF PATIENTS FOR WHOM
PSYCHIATRIC HOSPITALIZATION
IS ESSENTIAL (ADOLESCENTS)

N.N. — Patient is a 17-year-old male who made a suicidal gesture while under the influence of alcohol. Though the chief complaint at presentation in the Emergency Room was the suicidal gesture, ingestion of sleeping pills, this patient's disorder was alcoholism. In elementary school, learning disability had been diagnosed. He was never successful at school and became a dropout. He began to abuse alcohol. When under the influence he was quick to lose his temper, often getting into physical fights, even with his father. Though the patient had the support of his family, he was unable to find employment. In a fit of alcoholic despair, while intoxicated, he made a suicidal gesture. This 17-year-old male was in need of treatment on an adolescent substance abuse unit.

C.N. — Patient is a 14-year-old male who became depressed during the year-long terminal illness of his mother. During that time, his grades fell and rebellious behavior increased. Following the sudden, unexpected death of one of his good friends, a clinical depression became more and more evident. With the development of suicide ideation, this patient was in need of hospitalization on an early adolescent psychiatric unit where his psychiatric and developmental needs could be appropriately met.

N.D. — Patient is a 14-year-old female who developed bizarre behavior during her second year at a residential facility for mentally retarded children and adolescents. Her behavior included attacking residents, making inappropriate sounds and gestures, e.g., cat noises and gestures with her fingernails. The patient's functioning deteriorated. She was in need of a neuropsychiatric unit for treatment of her psychosis. To treat this severely mentally retarded girl's psychosis on a typical adolescent psychiatric unit is significantly disruptive to the treatment structure of the typical psychiatric unit.

B.D. — Patient is an 18-year-old female with a history of restricted peer and adult relationships. Following a church retreat, she began to report receiving commands from God. Her affect was quite bizarre. The personnel at the church retreat sent her to the Vanderbilt Emergency Room. She was in need of psychiatric hospitalization on a late adolescent psychiatric unit.

B.M. — Patient is an 11-year-old youngster from the Cumberland Plateau who was admitted with life-threatening obesity. At age 11, she weighed 198 pounds following a 2-year history of compulsive eating. Excessive weight had not only fostered her poor self-image and poor peer relationships, but had disrupted normal family functioning as well. Additionally, her size had interfered with a young girl's natural physical development as well . . . she had never skipped, sat in a school desk, bought a dress in a store.

J.R. — Patient is a nine-year-old boy referred from the Department of Human Services in upper Middle Tennessee. He had been denied educational opportunities because he failed to fit into any educational program in the county. Abandoned at birth by his mother, and passed through a succession of five foster homes, he had internalized an image of despair and worthlessness only to be confirmed by his environment's response to him.

L.A. — Patient is a 15-year-old female from far Western Tennessee whose dramatic weight loss had just been associated with "fad dieting," later thought to be associated with depression and finally diagnosed as anorexia nervosa, a life-threatening psychological disturbance in which youngsters literally starve themselves to death. Prior to admission, her weight had dropped from 138 pounds to a dangerous low of 72 pounds. Associated with this complicated physical concern was her self-imposed isolation from friends and loss of interest in everything typical to that normally expected of a youngster her age.

B.B. — Patient is a five-year-old child from Middle Tennessee who had been raped and continuously sexually abused by her father and uncle. An already confused image of parents was complicated by witnessing her father's suicide for which she assumed immediate responsibility. Child, abandonment and

loss created chaos in her life and had interfered with the typical development of a preschool child.

S.K. — Patient is a 12-year-old with seizures who had become isolated and sad over her awareness that she was different from her peers. Her seizures had been out of control over the two months prior to admission, secondary to, or at least concurrent with, the development of deepening depression. During hospitalization, her depression and seizure disorder were treated and brought under control.

J.A. — Patient is a seven-year-old with continuous enuresis in addition to encopresis whose relationships at home had deteriorated due to family reactions to his symptoms. A therapeutic program, necessitating hospitalization, was designed for the patient and the family. Basic improvement occurred during the hospitalization phase of the treatment program. Follow-up treatment was provided on an out-patient basis. The patient is no longer enuretic or encopretic (treatment has been terminated).

R.J. — Patient is an 11-year-old transferred from another part of Vanderbilt University Hospital where he had been admitted for medical treatment. During the work-up, bizarre behavior, including hallucinations, became apparent. Following a neurology work-up, he was transferred to Child Psychiatry for evaluation and treatment of an acute psychotic process.

7

The Benefits of Psychiatric Care Relative to Cost

The literature on mental health care seems settled on three points:

- It works.
- Effective treatments can be provided at very different costs for those patients who are not so severely ill that inpatient care is medically essential. The main factor affecting cost differences seems to be setting (inpatient vs. reduced hospitalization and outpatient services with intensive institutional support).
- For a significant portion of patients, inpatient care is the only therapeutically acceptable alternative.

The literature is much less developed and therefore much more tentative about the issue of benefits relative to costs. To some extent, this tentativeness is the result of limitations inherent in the whole idea of cost-benefit analysis. In many cases, especially in the area of mental health care, the value society puts on certain outcomes depends most fundamentally on widely shared values rather than on the elegance of a baroque new quantitative technique. For example, in strictly monetary terms, the benefits to society of treating people who obviously suffer from severe mental illness through no apparent fault of their own may not exceed the costs. However, since Americans have decided that society exists for the betterment of individuals rather than the other way around, the question of whether to treat such people is assumed to be settled in the affirmative. The only issue is how to treat them.

Unaware of the growing evidence of a strong genetically based susceptibility to substance abuse, some segments of society are not so sympathetic toward people with substance abuse problems. But fortunately for them, the studies of the benefits of substance abuse programs relative to their costs —

though not without research design flaws — suggest that such programs are well worth the money.

Some of the major cost-benefit studies are summarized herein:

(1) **Rufener, B.L., et al.**, *Management Effectiveness Measures for NIDA Drug Abuse Treatment Programs, Vol. 1: Cost-Benefit Analysis*, GPO Stock Number 017-024-00577-1 (Washington, D.C.: National Institute of Drug Abuse, 1977).

Study Description

Rufener et al. performed a cost-benefit analysis of five different therapies for heroin addiction. Benefits were calculated by estimating foregone direct and indirect costs to society resulting from the rehabilitation of a heroin abuser. Costs were based on the accounting records of providing therapy. Benefits were calculated under three different assumptions regarding the size of the heroin abuser population and three different discount rates for determining the present value of costs and benefits.

Results

Regardless of the discount rate and assumptions as to the number of heroin abusers, the ratios of benefits to cost were all greater than one; outpatient drug therapy proved to be the most cost-beneficial.

Comment

The study failed to use random assignment of patients to different treatment techniques.

(2) **Hall, S.M., et al.**, "Contingency Management and Information Feedback in Outpatient Detoxification," *Behavioral Therapy* 10:443, 1979.

Study Description

Hall, Bass, Hargreaves, and Loeb randomly assigned participants in outpatient opiate and barbiturate detoxification programs to behavior therapy and no behavior therapy treatments. The group receiving behavior therapy was paid up to \$10 per day for drug-free urine specimens.

Results

There was a 20 percent reduction in the use of opiates and barbiturates for outpatient detoxification patients. Patients apparently did not use their payments to buy illegal drugs.

(3) **Sirotnik, K.A., and Bailey, R.C.**, "A Cost Benefit Analysis for a Multi-Modality Heroin Treatment Project," *International Journal of Addiction* 10:443, 1975.

Study Description

Sirotnik and Bailey did a cost-benefit analysis of heroin addiction therapies. Their study followed 285 patients over a one and one-half year period.

Results

Benefits exceeded costs by a 2.5 to 1 margin.

Comment

There was no control group limit and the patients were not randomly assigned to therapy.

(4) **Aron, W.S., and Daily, D.**, "Short and Long Term Therapeutic Communities: A Follow-up and Cost-effectiveness Comparison," *International Journal of Addiction* 9:619, 1974.

Study Description

Aron and Daily investigated the comparative cost-effectiveness of the long and short term therapies.

Results

Long term drug abuse therapy proved more cost-effective than short term therapy.

(5) **Goldschmidt, P.G.**, "A Cost-effectiveness Model for Evaluating Health Care Programs: Application to Drug Abuse Treatment," *Inquiry* 13:29, 1976.

Study Description

Goldschmidt sampled 1,640 patients over a 6-month period, finding 1,241 who could be interviewed. The data he obtained were used to compare the cost-effectiveness of drug

substitution (methadone) to the therapeutic community approach.

Results

Drug substitution, i.e., methadone, proved more cost-effective for the period studied.

Comment

The lifetime costs of methadone were not considered; this oversight might change the direction of findings.

(6) McClellan, A.T.; Luborsky, L.; O'Brien, C.T.; Woody, G.E. and Druxley, K.A., "Is Treatment for Substance Abuse Effective?" *Journal of the American Medical Association* 247 (10): 1423-1428, 1982.

Study Description

742 patients in six alcohol and drug abuse treatment programs were studied.

Results

The study found improvements in alcohol and drug use, employment, criminal behavior, and psychological function. The longer the length of treatment and the greater the patient commitment to that treatment, the more positive the findings.

The evidence about the cost of medical treatment following mental health treatment.

How cost beneficial is psychotherapy for people who are:

- not obviously self-destructive?
- not obviously potentially dangerous to others?
- not clearly unable to cope with the usual problems of everyday living without help?

A recent article by Mumford, Schlesinger, Glass, Patrick and Cuerdon addressed this question both by employing a meta-analysis of the cost offset literature and by analyzing the claims files for the Blue Cross and Blue Shield Federal Employees Program, 1974-1978.¹²

12. Emily Mumford, Ph.D., Herbert J. Schlesinger, Ph.D., Gene V. Glass, Ph.D., Cathleen Patrick, Ph.D., Timothy Cuerdon, B.A., "A New Look at Evidence about Reduced Cost of Medical Utilization Following Mental Health Treatment," *American Journal of Psychiatry* 141:10, October 1984, pp. 1145-1158.

Major findings of the meta-analysis were:

1. "Eighty-five percent of all these studies reported a decrease in medical utilization following psychotherapy."¹³
2. Twenty-six of the 58 studies, comparing medical care utilization before and after psychotherapy, showed an average "effect size" of minus 33.1%. (The effect size is the difference between people receiving treatment and people not receiving treatment as measured by some variable such as cost per year per patient.)

These 26 studies are open to challenge on two grounds. First, the experimental and comparison groups were selected differently. Specifically, the use of medical services by subjects in psychotherapy during the period before and after psychotherapy was compared to the medical use of controls before and after an arbitrary date. Since the use of medical care services may have driven the experimental group to seek mental health services, the observed decline in use after psychotherapeutic treatment may have represented nothing other than the normal tendency for measures of subgroup behavior to converge toward the average for the larger group. (Statisticians call this process "regression to the mean.")

The second problem is self selection. Users of psychotherapy in these 26 experiments might not be typical of the general population.

Although these studies have all the flaws inherent in before-and-after comparisons, they should not be rejected out of hand. The fact that so many studies by different researchers showed a cost-effective outcome suggests (but does not move) that the benefits being observed are not merely statistical artifacts.

3. Of the remaining 32 studies analyzed, 22 (using random assignment of patients to an experimental or control group) showed an average percent reduction of 10.4% in use of medical services. These 22 studies evaluated the effect of psychiatric intervention on people hospitalized for a medical crisis. They were based on a procedure generally accepted as yielding more statistically reliable results; namely, patients were assigned randomly to a control or an experimental group.

4. Mental health services reduced inpatient medical services more than outpatient services.

5. People over 65 received proportionately less mental

13. Mumford et al., p. 1152.

health treatment than the rest of the population, even though psychotherapy for them yields an especially large reduction of inpatient services. For example, as noted by Mumford et al., Levitan and Kornfeld¹⁴ report that length of stay for 24 elderly patients receiving psychiatric consultation was shorter than the mean for the control group. Both the experimental group and the control group had been hospitalized for the same reason and had not received psychiatric care over the same months of the previous year in the same hospital. Also, twice as many of the patients receiving consultation went home rather than being discharged to a nursing home or some other institution.

Analysis of the claim files of Blue Cross and Blue Shield Federal Employees program for the period 1974 through 1978 strongly supports the conclusion that the benefits of providing mental health services to the upper age groups will generate savings significantly greater than the costs:

"The oldest group among the mental health treatment persons, those over 55, clearly showed the most dramatic decrease in hospital charges; in 1974 they had an average in-patient medical charge more than \$160 higher than those of the comparison group. In 1978 they were spending \$70 less. This finding cannot be explained by selective dropout, since all persons in the oldest age groups were required to have at least one claim in 1978."¹⁵

Another key finding from analysis of Blue Cross and Blue Shield Federal Employee program files was that people receiving mental health treatment had a lower rate of increase in total medical charges than people with no mental health claims:

"Following mental health treatment, the medical care charges of the treatment group increased more slowly than the average inflation rate of 13.6% per year. In contrast, the charges of the comparison group increased faster than the inflation rate."¹⁶

In sum, the evidence appears compelling that mental health care is effective and often has the incidental effect of being cost-containing, not cost-increasing.

14. Levitan, S.J., Kornfeld, D.S.: "Clinical and Cost Benefits of Liaison Psychiatry," *American Journal of Psychiatry* 139:790-793, 1983.

15. Mumford et al., p. 1156.

16. Mumford et al., p. 1154.

Is There Overuse and Misuse of Psychiatric Services and If So, What Should Be Done?

Like anything else, psychiatric services will be overused if the effective cost to the user is minimal. Conversely, however, as the Rand Health Insurance Study has shown, the potential for overuse can be controlled by appropriate cost sharing, rigorous utilization management, and peer review. As Manning and his colleagues at the Rand Corporation reported in the October 1984 issue of *American Psychologist*:

"Insurance plans with lower co-insurance rates (smaller out-of-pocket payments) significantly increased the use of ambulatory mental health services. For example, participants facing no out-of-pocket cost were twice as likely to seek mental health services as those on a plan in which the participants paid 95% co-insurance until they reached an upper limit on out-of-pocket expenses. The free care group had 73% higher expenditures on ambulatory mental health services than the 95% plan group."¹⁷

The Rand study is generally considered the most comprehensive, best designed study on the effects of insurance on the use of health care services. It is unique in that it permits analysts to separate the influence of health status from the influence of health insurance on the use of services.

Another important finding from the Rand study is that generous coverage of mental health services over a multi-year period does not lead to exorbitant use or expense relative to health care expenditures as a whole:

"A plan with no out-of-pocket cost (i.e., free care) shows

17. Manning, W.G., Jr., Ph.D.; Wells, K.B., Ph.D.; Duan, N., Ph.D.; Newhouse, J.P., Ph.D.; and Ware, J.E., Ph.D., "Cost Sharing and the Use of Ambulatory Mental Health Services," *American Psychologist* 39: 1077-1089, October 1984.

limited ambulatory use of mental health care. Only 8.8% of enrollees received annually any mental health care. Only 5% visited annually any formally trained mental health provider. The average ambulatory mental health expense was \$24 per enrollee per year.

"Plans with small deductibles followed by free care, such as the \$150 person per year individual deductible, do not significantly reduce expenditures below the free care level."¹⁸

Among some insurers, there is a strongly held conviction that the people who use out-patient mental health services are not "really sick" but rather are young upwardly mobile professional people seeking better living through psychiatry.

The evidence from the Rand Health Study shows that this is a myth. John E. Ware et al. reported in the same issue of *American Psychologist* that spending for mental health services was concentrated on people with the greatest need:

"Mental health status, as measured by the Rand Health Insurance Study Mental Health Inventory (MHI), is a major predictor of the use of out-patient mental health services. The average person scoring in the lowest tertile of the MHI score distribution spent over three times more per year for mental health care than the average person in the highest tertile; the effect of the MHI on use is substantial whether or not other health status and socio-demographic variables are controlled for . . . Those scoring lower on the MHI are more likely to receive mental health care and their care is more intense."¹⁹

Ware also reported the disturbing finding that the large majority of those in need of psychotherapy are not treated at all. For example, only one in eight of those in the lowest tertile of the MHI distribution used mental health services in a given year. This low use rate was not the result of poor insurance coverage. Even those with free mental health care have only a one in five chance of receiving out-patient mental health care.

In sum, not only do the data not support the general assumption of widespread overuse and misuse, but rather they provide strong evidence that there exists underuse.

18. Manning et al.

19. Ware, J.E., Jr., Ph.D.; Manning, W.G., Jr., Ph.D.; Duan, N., Ph.D.; Wells, K.B., Ph.D.; and Newhouse, J.P., Ph.D., "Health Status and the Use of Outpatient Mental Health Services," *American Psychologist* 39: 1090-1100, October 1984.

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CORRECTION

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and Chief Operating Officer
Healthcare Services of America
L. Stanton Tuttle
President
HCA Psychiatric Company
Sidney F. Tyler, Jr.
Senior Vice President-
Corporate Planning
National Medical Enterprises
Ralph J. Watts
Senior Vice President-
Southern Division
Community Psychiatric Centers
Norman A. Zober
President and Chief Executive Officer
Psychiatric Institutes of America

Public auto employees - no 70 paid

Evans - objects in present form
Mental - most expensive

① Self insurers - No

Who must insure →

→ Mandatory offering -

~~Mental Health Act
No shell~~

Jan - 29.47 -

F Note

Schell - M. Hunt Rd.

- 1) Mandatory Requirement / unless employees - volunteers.
- 2) Employees pay - *employees must*

Rot Shoaf - Alaska

(820)

self insured - managed by Alaska Employees } that costs Employees

A - Employ all

Paul Rother -

State = Temp pers

94 Miller / yr.

Inclusion

- 1. Mandatory (Miller) or other
- 2. Effect on political subdivisions

SPRING 1986

PERSPECTIVE

THE BLUE CROSS AND BLUE SHIELD MAGAZINE

SEVEN
QUESTIONS
READERS ASK ...

including the cost of
high-tech baby care

QUESTION #2:
Why Are Mental Health Benefits
So Troublesome For Health Insurers?

MENTAL HEALTH
SERVICES - EAST

QUESTIONS

4/21/78 1911
g Their Regulation of
Benefits, Eligibility Rules

Health
THE MILWAUKEE JOURNAL

Mental health benefits: Not enough? Too much?

By Neil D. Rosenberg

Journal Medical Reporter

The State Department of Health and Social Services wants to increase — in one instance triple — the required minimum benefits insurance companies must offer for mental health services. The possibility sparks some 10-year old controversy over whether such benefits are fully adequate or necessary at all.

There are a variety of conflicting con-
flicting:

used by thousands of people who lo-
want mental health services and
them.

...don't want the

tere with the
done nothing
Specifica

In 1977
the mandatory
of these are than
swack (O-Milwaukee) and
The Assembly's Health and
Committee "They meet the letter
of, not the spirit. Some of them are
is more than counseling services to
may be referred to as the working

...not the spirit. Some of them are
is more than counseling services to
may be referred to as the working

Greg Scandlen speaks as an analyst for the Blue Cross & Blue Shield Association. He says "insurers are nervous about *any* kind of benefit that they can't get an actuarial handle on," that is, be able to project usage patterns, fees charged and total payout.

Studies of mandated mental health benefits indicate that, even where cost barriers have been removed, a very small segment of the population uses the benefits, predominantly the more affluent. In the Federal Employee Health Benefit Program, only 2% used the mental health benefit but spent 8% of the available monies.

Linda Frisman, of the economics department at Boston University, offers this insight: the Massachusetts mental health mandate doesn't affect two million residents (the self-insured), those on Medicare, those on Medicaid.

Wisconsin State Rep. John Merkt questions "when is enough, enough?" in mandated mental health coverage, citing usage of the benefit by the 4,200 students on the Madison campus of the University of Wisconsin, one-third of whom used the benefit last year, enough

to more than double the student health insurance premium. Of the claims for psychiatric, alcoholism and drug abuse services, 90% were psychiatric, a pattern that he labels "abuse." He explains: "This benefit is subject to overuse and abuse by both users of the service *and providers* of the service." Merkt launched a study that found students using the full benefit in the first semester, then using the full benefit again in the second semester. This was corrected by changing the student health policy from a calendar-year basis to a policy-year basis.

Moreover, state legislators voted to double the first-dollar coverage (from \$500 to \$1,000), but added a 10% copayment. Then they expanded outpatient treatment locations to include the offices of psychiatrists and nationally registered psychologists. Unsatisfied, they voted an inpatient-benefit minimum (30 days or \$7,000 minus a 10% copayment, whichever is less).

CONGRESS FEARFUL

Insurers argue that Congress, unlike the states, has been fearful of abuse and excessive cost for mental health benefits, hence legislating a 50% copayment and even a \$250 annual limit for psychiatric coverage under Medicare.

Earl Thayer, secretary of the State Medical Society of Wisconsin, sees mandates as "a self-generating mechanism to increase care when it's not really needed." He explains: "It's damned expensive when you take optional things and make them mandatory. It sounds like you're treating people equally, but mandates are creating a demand that was never there before."

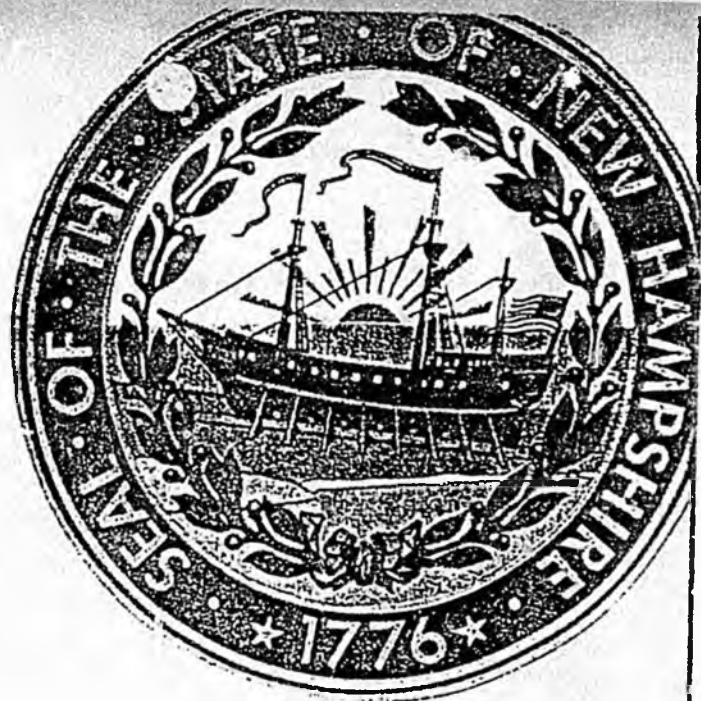
On the matter of abuse, Wisconsin State Rep. Walter Kunicki says that, "in many cases, mental health centers are staffed with persons of limited training who hold themselves out as mental health practitioners in order to bill for services which are more properly classified as social services." He calls these understaffed centers "psychotherapy mills."

The Wisconsin Department of Health & Social Services contends that mandating outpatient coverage reduces the demand for bed care.

But insurers find it nearly impossible to identify displaced costs.

New Hampshire Blue Cross & Blue Shield found these disturbing results of a mandated mental health benefit:





**When Mental Health*
Was Mandated ... In 29 States**

- 1973 California
Maryland (enriched 1975)
Massachusetts (enriched 1982)
Oregon
- 1974 Illinois (enriched 1977)
- 1975 Connecticut (enriched 1982)
Louisiana
Minnesota
New Hampshire (enriched 1983)
North Dakota
- 1976 Colorado
Florida (enriched 1983)
Vermont
Virginia (enriched 1977)
Wisconsin
- 1977 New York
West Virginia
- 1978 Kansas
- 1979 Arizona
Arkansas (enriched 1983)
Maine (enriched 1983)
Tennessee (enriched 1980)

That's 22 states in the 1970's.

- 1980 Missouri
Ohio
- 1981 Georgia (enriched 1984)
Michigan
Texas
- 1982 (none; but see 1973 and 1975)
- 1983 Washington
- 1984 Hawaii

*That's another 7 states already
in the 1980s.*

*not counting alcoholism (38 states) and drug abuse (15 states), benefits which involve mental health services, these often mandated ahead of the mental health benefit itself

Meanwhile, 34 states mandate paying for psychologists, 6 for psychiatric nurses and 10 for social workers.

*not counting mentally handicapped (32 states)

- Psychiatric inpatient claims have not declined.
- Hospital length of stay for such disorders has increased.
- A 54% increase in costs the second year, a 245% increase in four years.
- Community mental health center rates have gone up 30% faster than the fees charged by private psychiatrists.

Similarly, a study of CHAMPUS (health program for dependents of those in military service) shows that, in claim-heavy Hawaii, social workers charged *more* than psychiatrists, and more than half of their claims were disallowed because of price.

Massachusetts was one of four states to feel the initial impact of state-mandated mental health coverage. The year was 1973.

California, Maryland and Oregon were in that maiden group.

But it is Massachusetts which sums up the result of those 12 years. Says John Thompson, president of Blue Shield of Massachusetts (with Blue Cross-Blue Shield the biggest health insurers in the state and nominal targets of the 1973 legislation):

"Prior to the mandated \$500 mental health benefit, the Plan paid \$1.9 million for outpatient mental health benefits. Payments have increased by 2,400% ... exceeding \$48 million in 1985.

"Moreover, there are now more than 6,600 psychiatrists, and licensed clinical independent social workers participating in the benefit ... a ratio of one mental health provider for every 666 citizens ... the

highest of any state in the country. Mandating reimbursement policies for third-party payors increases the proliferation of providers."

WISCONSIN CARE BOOMING

Wisconsin's experience matches Massachusetts':

- In 1974 when mental health benefits were mandated, there were 39 approved outpatient clinics in the state.
- By 1984, clinics ballooned to 939 and are "still increasing."

Similarly, says Blue Cross & Blue Shield United of Wisconsin:

- In 1974, mental health claims amounted to 25¢ a month per subscriber.
- By 1984, that figure had jumped to \$1.56, "flying in the face of reasonable cost-containment efforts."

Other Blue Cross & Blue Shield Plans have looked at mental-health mandates on the basis of added fees to the subscriber:

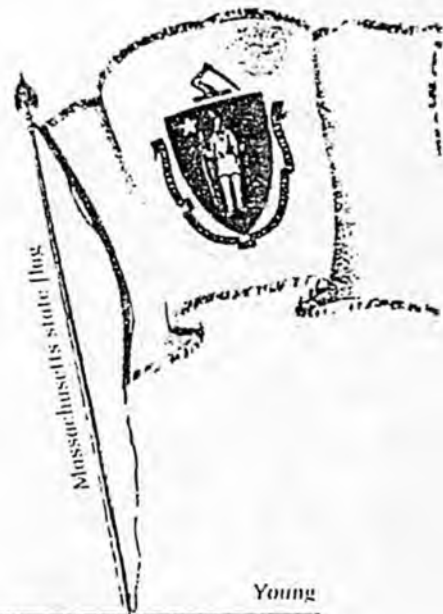
- \$6 extra family fees per month in Massachusetts,
- "nearly \$5" in Kansas, and
- "between \$2 and \$3" in Maryland.

No sooner did the Supreme Court hand down its ruling that states had a right to mandate benefits than a bill was introduced asking Massachusetts legislators to increase the mental health mandated psychotherapy benefit from \$500 to \$1,000. But that was one of only dozens of such legislative thrusts provoked by the decision.

States are accused of "dumping," getting rid of their social responsibility. James Young, MD, vice president of Blue Shield of Massachusetts, explains how pressures develop: The state moved to de-institutionalize mental patients; at the same time, the legislature "passed mandated-benefits legislation to facilitate it."

Kevin Dwyer in the *BUSINESS JOURNAL* says that "mandates have been a boon to outpatient treatment and counseling centers, the home health care industry, chiropractors, optometrists, even government-run health services agencies."

A business regulation committee in Maine was told that the proposed mental health bill (1983) "is without cost-restraint ... no regulatory restraints on the cost or growth of mental health (services) ... not subject to rate review, certificate of need, or even health planning (except for inpatient beds) ... and precluded the selective contracting, fee negotiations, preferred provider arrangements or capitated reimbursement mechanisms which hold so much promise in the area of cost containment." The law passed anyway. ■■



Young



The Effects of State-Mandated Insurance Benefits on Employers:
Preliminary Findings from Research in Progress

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June 15, 1988

Prepared for the:

Governor's Commission on
Health Plan Regulatory Reform
State of Minnesota

1. Introduction

One of the fastest growing areas of regulation affecting most businesses are state-mandated provisions for group health insurance benefits. Since 1970 over 600 state-mandated benefit laws have been newly enacted in the 50 states (Scandlen 1987). These include laws imposing requirements on: (1) the particular services or providers covered in insurance plans, (2) the rules governing entitlement for participation in an employer's plan, and (3) the capability of separated workers to convert their group coverage to self-paid individual coverage, regardless of health status. In 1986 Congress followed the states' lead by implementing the first federal mandate on the terms of job-based health insurance coverage. The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires that employers allow former workers and family members to participate in the company plan for a period of up to three years in some circumstances.

Mandates apply only if insurance is offered. Like other regulations that dictate the terms of compensation, they raise labor costs. In competitive markets, employers are likely to respond by rearranging the wage-benefit package and/or the mix of labor and capital employed in ways to deflect those higher costs. For example, they might reduce wages and/or other fringe benefits, forgo a health insurance benefit altogether, or hire more of those workers who are ineligible for fringe benefits. If sufficient offset effects occur then workers might in fact lose more than they gain from a mandated insurance standard.

Little is known about the actual effects of mandated health insurance benefits. A few recent studies, however, suggest that mandates may substantially raise the cost of providing group insurance. Mellman (1985), for example, estimated that Maryland's state-mandated coverages raised

employers' cost for employee-only coverage by 12 percent, and raised the cost of family coverage by 17 percent. State-mandated coverages may be especially burdensome for employers with plans covering employees in different states; their insured plans must satisfy all applicable mandates. State insurance taxes, which total four percent of premiums for commercial coverage in some states (e.g. in Alabama, Hawaii, and Oklahoma), also increase the cost of offering health insurance.

Many insurance industry experts believe that the growth in state mandates is a major factor in the recent decisions of many employers to self-insure. Section 514 of the Employee Retirement Income and Security Act of 1974 (ERISA) grants self-insured benefit plans exemption from state insurance laws and taxation by not allowing these plans to be classified as insurance (Demkovich 1986). In 1981 only 11 percent of employees in medium and large-sized firms were covered by a self-funded plan but by 1985 the percentage had doubled (Jensen and Gabel, in press). Over the same period the states collectively enacted over 200 mandated coverage requirements (Blue Cross and Blue Shield Association 1986).

The dramatic growth in self-insurance raises both efficiency and equity issues for regulators. First, self-insurance arrangements tend to be more costly to administer than purchased plans containing the same coverage (Jensen and Gabel, in press). Second, since only relatively large firms can self-insure, the exemption of such plans creates a two-tier regulatory environment; plans in large firms escape state scrutiny and taxation while those in small firms do not.

While self-insurance may be a viable response to regulation for a large sized firm it is simply not an option for small employers. A few unexpected catastrophic claims could easily threaten the financial solvency of a small or mid-sized firm which self-insured. The smaller firm has far

fewer avenues open to lessen the burden of mandated benefits.

Since smaller firms find it more difficult to deflect the costs of mandates, they are probably more likely to respond by dropping coverage entirely. Their decision to offer insurance is known to be highly sensitive to the price of coverage (Dennis 1985 and Jensen 1986), and it may well be that the increased premium due to mandates drives some smaller firms from the market entirely. Recent growth in the number of uninsured in the U.S., who are mostly employed in small businesses (Chollet 1987), may in part be due to the growth of mandated coverages.

This report summarizes several findings from my current research on the issue of how firms respond to state insurance regulation. The questions I address are the following:

- (1) Have state mandates encouraged firms to self-insure?
- (2) Do self-insured firms avoid mandated coverages?
- (3) By how much do mandates raise premiums?
- (4) How many more small firms in 1985 would have offered insurance, were it not for the presence of state-mandated coverages?
- (5) How would the picture of insurance coverage among small firms change if all states had mandates identical to those in Minnesota?

Using several available secondary data sets on the fringe benefit offerings of employers between 1981 and 1985, I have attempted to address these questions empirically. Much of this research has not yet been reported in manuscript form, however. By September 1988 I expect to have written three papers which fully document the analyses and findings. This paper should therefore be interpreted as very abridged and preliminary.

2. Data Sources

My analyses use data from two sources. The first is the Bureau of

Labor Statistics' Annual Employee Benefit Survey (EBS) of medium and large-sized firms throughout the U.S. (generally firms with 250 or more workers). Roughly 43,000 firms, collectively employing 23 million workers, are within the scope of this recurrent annual survey. It provides nationally representative, detailed information on the funding media for insurance plans offered by larger firms in the private sector and the specific provisions of their plans.

The second data set is a 1985 survey of some 1500 firms, mostly smaller sized, conducted by the National Federation of Independent Businesses (NFIB). It gathered information on which fringe benefits were offered, including health insurance, and the characteristics of the firm and its workers. As Table 1 shows, the size and industry distribution of respondents to the NFIB survey reasonably reflects the firm population in Minnesota, as well as the nation.

3. Findings

(1) Have state mandates encouraged firms to self-insure?

Among large firms, a small part of the growth in self-insurance since 1980 is due to recently introduced coverage mandates in the areas of alcohol, drug abuse, and/or mental illness. The movement to self-insurance is, in large measure however, attributable to state continuation-of-coverage mandates for terminated workers, which many states have recently enacted, the new state risk pool programs which are financed by a tax on insured plans, also increasingly common, and the new requirements in many states that psychologists' services be covered.

Table 2 shows the estimated incremental effects of various state insurance regulations on the large firm's probability of having newly elected self-insurance between 1981 and 1985. These estimates are based on

a logit model of the firm's decision to self-insure, which was estimated using the BLS data. A continuation-of-coverage requirement for terminated workers was found to raise the firm's probability of converting to self-insurance by 0.312 (on a scale of 0 to 1), and a mandate for the coverage of psychologists' services was found to raise it by 0.127. Other entries in Table 2 can be interpreted similarly.

Since the self-insurance model on which these calculated incremental effects are based was estimated on a sample of fairly large firms (their average size being 437 employees), they may not reflect the self-insurance decisions of smaller firms. Mandates would probably have an even greater effect on the decision of a smaller firm, provided it was "large enough" for self-insurance to be an option. Since smaller firms pay higher loading charges, mandates are more costly for them. Indeed, in a recent survey of Minnesota employers, small firms which self-insured more often rated "avoidance of state-mandated coverages" as an important reason for their choice of self-funding (Office of the Legislative Auditor 1988).

(2) Do self-insured firms avoid mandated coverages?

In medium and large-sized firms, employees who are covered by self-funded plans are slightly less likely to have coverage in areas that tend to be mandated. Among medium and large-sized firms in 1985, 64.5 percent of subscribers in self-funded plans had coverage for alcoholism treatment, as compared to 71.6 percent among subscribers in conventional BCBS and commercial plans (Table 3). The same pattern held for drug abuse treatment coverage (56.4 percent versus 62.5 percent), for coverage of home health care services (48.4 percent versus 56.4 percent), for coverage of clinical psychologists' services (52.8 percent versus 55.2 percent), and for coverage of a stay in a psychiatric hospital (23.2 percent versus 32.2

percent).

Also, despite the lower incidence of the special mental health coverages just noted, enrollees in self-funded plans were just as likely to have some coverage for a hospital confinement due to a nervous or mental disorder (99.8 percent in each group), and within self-funded plans, the hospital psychiatric coverage was more often identical to the coverage for other inpatient confinements. Fifty-five percent of enrollees in self-funded plans had psychiatric inpatient coverage comparable to that for other conditions, compared to 34.5 percent of enrollees in purchased plans.

There are no nationally representative studies which look at the content of self-funded plans in small firms. A recent study of such plans in Minnesota, however, found that they were much less likely to contain coverages mandated under that state's laws (Office of the Legislative Auditor 1988).

(3) By how much do mandates raise premiums?

The incremental cost of covering a particular category of care can be determined by comparing the premiums of plans which contain the coverage to the premiums of plans which do not, while holding constant other provisions of coverage. A method for making such a comparison would be to estimate a regression model relating premiums to the content of coverage in a plan. For a given coverage included in the model, the coefficient corresponding to that coverage would estimate the marginal cost due to the presence of the coverage. Jensen, Feldman, and Dowd (1984) used just such a method in their premium analysis for Twin Cities employers.

Using the BLS data described earlier, I estimated a premium model for 1,865 fee-for-service plans offered in the private sector between 1981 and 1984, and used it to ascertain the incremental premium cost of including

the following coverages: chemical dependency treatment, the services of a clinical psychologist, a stay in a psychiatric hospital, and home health care services, among others.

In 1983 constant dollars, the coverage of chemical dependency treatments, which usually meant coverage of both alcohol and drug abuse treatments, raised the monthly premiums for individual and family coverage by \$2.88 and \$9.80, respectively. The coverage of psychologists' services raised the individual premium by \$7.87 per month and the family plan premium by \$23.07 per month. The coverage of a stay in a psychiatric hospital increased the family plan premium by \$19.70 per month, but decreased the premium for individual coverage by \$2.19 per month. The presence of coverage for home health care services decreased both individual and family plan monthly premiums, by \$2.61 and \$7.37, respectively. Most of these findings were statistically significant.

- (4) How many more small firms in 1985 would have offered insurance were it not for the presence of state-mandated coverages?

To address this question I first estimated a probit model of the small firm's decision to offer health insurance in 1985, using the NFIB data described earlier. I then used that econometric model to simulate changes in the insurance offerings of the surveyed firms that would have occurred had the "most complained about" mandates not been present. The probit model was estimated on 1320 useable observations, and incorporated 19 explanatory variables. It fit the data quite well, correctly predicting the "offer insurance" decision of 1053 firms (80 percent of the sample).

The model was used to predict the purchase decision of each firm under the assumption that, in states where present, the following were eliminated: coverage mandates for alcohol and drug abuse treatments, mental

illness, and psychotherapy, continuation-of-coverage requirements for terminated workers, and insurance risk pool taxes. The resultant distribution of insurance across sample firms was then compared to the real distribution.

Table 4 summarizes the findings of this simulation analysis. Of the 1320 firms in the sample, 397 actually did not offer health insurance in 1985. The simulation predicted that 71 of the 397 (18 percent) would have offered insurance were it not for the presence of mandates. Had the mandates been absent, 75 percent of the sample would have offered insurance, whereas in actuality 70 percent offered insurance. Gains in coverage would have been made across all size classes and industries. In relative terms, however, the classes of firms most able to afford insurance would see the largest gains: mid-sized firms that did not already offer coverage, industries employing somewhat higher paid labor (transportation, utilities, manufacturing, and mining), and firms that were providing life but not health insurance.

- (5) How would the picture of insurance coverage among small firms change if all states had mandates identical to those in Minnesota?

This question was answered in a manner similar to that used to answer question (4). For each of the 1320 firms in the sample, I used the probit model to predict the firm's purchase decision under the assumption that its state had insurance regulation identical to that in Minnesota, both in terms of content and dates of enactment. Of the 923 sample firms that actually offered insurance in 1985, 109 would not have if they were subject to Minnesota statutes. Overall, the percentage of firms offering coverage would have declined from 70 to 62 percent. The largest relative losses in coverage would have occurred among very small firms (those with fewer than 10 employees) that offer health insurance, those in agriculture,

nonprofessional services, and retail trade, sole proprietorships, firms in the western U.S., and firms providing health but not life insurance. Most of these categories describe either firms for which new mandates would be relatively expensive for one or more reasons, or firms with low paid workers unable to pay for all the new coverages.

4. Summary

From the preliminary analyses reported here, I draw the following conclusions. First, among firms with 250 or more workers, a small part of the growth in self-insurance between 1981 and 1985 was due to coverage mandates for alcohol and drug abuse treatments, and mental illness. However, state continuation-of-coverage requirements for terminated workers, and mandates for the coverage of psychologists' services significantly spurred conversions to self-insurance.

Second, the presence of a large number of mandates discouraged the provision of insurance among firms which were very small and/or in low-paying industries. Minnesota's mandates were found to be particularly burdensome; if exported to the other 49 states, the percentage of all firms offering insurance would likely have dropped from 0.7 to 0.62. If the goals of public policy include expanding the base of privately provided insurance, then policies should be developed which make coverage more affordable and simple to administer for firms which otherwise would have difficulty offering the benefit. Imposing the same set of mandates and taxes on these firms (as on other firms) seriously risks increasing the number of uninsured.

State regulations which especially hindered the offering of insurance by small firms included a continuation-of-coverage requirement for terminated workers, a coverage mandate for psychologists' services, and the

presence of a risk pool program when financed by taxes on purchased plans. Not surprisingly, it was found that these regulations also encouraged self-insurance among larger firms.

The administrative costs associated with coverage continuation rules was apparently quite high for employers. This must have been especially true in small firms where mean job tenure historically has been roughly half that of much larger firms. The coverage of psychologists' care was found to be particularly expensive. Plans containing such coverage cost 14 percent more than plans without it. Evidently, this amount was too large for some firms to afford. Under risk pools programs that raised revenue through a tax on insured plans, the burden of the tax fell mainly on small employers, since they comprised the bulk of purchased plans. If the number of self-insured plans keeps increasing, then the smaller will be the number of employers who must bear the cost of subsidizing these pools, thereby exacerbating the advantages of self-insurance. Unless state governments can find a method for financing risk pools that does not discriminate against fully insured plans, both the number of small firms declining to offer coverage at all, and the number of larger firms opting to self-insure are likely to continue to grow.

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Table 1

Comparison of NFIB Survey Respondents to the Population of Firms
in Minnesota and throughout the United States

(Size and Industry Distributions in Percent)

	NFIB Sample	Minnesota Firms	All U.S. Firms
<u>A. Size Distribution:</u>			
Fewer than 10 Employees	61%	71%	78%
10-19 Employees	18	14	11
20-49 Employees	12	9	7
50 or More Employees	8	6	4
Total	100%	100%	100%
<u>B. Industry Distribution:</u>			
Transportation	4%	5%	4%
Agriculture	6	2	4
Manufacturing and Mining	14	11	9
Construction	13	7	14
Financial Services	9	7	8
Trade and Services	54	68	61
Total	100%	100%	100%

Table 2

Marginal Effects of State Regulations on the Firm's Probability
of Converting to Self-Insurance^a

Description	Estimate
Change ^b in the Probability of Self-Insurance Due to the Presence of:	
Mental Illness Coverage Mandate	-0.041
Psychologists' Services Coverage Mandate	0.127**
Alcoholism Treatment Coverage Mandate	0.010
Drug Abuse Treatment Coverage Mandate	0.100
Employer Risk Pool Tax Program	0.074
Continuation of Coverage Mandate	0.312***
Δ Mandate Other than Those Listed Above	-0.016**
A Unit Increase in the Premium Tax	0.015

Notes: ^aThese calculations are for medium and large-sized firms only and are based on an estimated logit model of the firm's decision to newly elect self-funding between 1981 and 1985.

^bThe change was calculated at the sample mean of characteristics other than the regulation indicated

***Statistically significant at the 0.01 level

**Statistically significant at the 0.05 level

*Statistically significant at the 0.10 level

Table 3

Do Self-Funded Plans Avoid Mandated Coverages?

Comparison of Selected Characteristics of Self-Funded and Purchased Plans, 1985

Trait	Percentage of Participants with the Trait Within:	
	Self-Insured	Contra/PCRS
Alcoholism Treatment Coverage	64.5	71.6
Drug Abuse Treatment Coverage	56.4	62.5
Home Health Care Coverage	48.4	56.4
Hospital Confinements Due to a Nervous or Mental Disorder Covered	99.8	99.8
Hospital Psychiatric Coverage Identical to Other Inpatient Hospital Confinements	54.7	34.5
Stay in a Psychiatric Hospital Covered	23.2	32.2
Coverage for Psychologists' Services	52.8	55.2

Note: These tabulations are were made on fee-for-service plans offered by medium and large-sized private sector firms throughout the U.S. The data may not be representative of the coverage in firms which employ fewer than 250 workers.

Table 4

Potential New Insurance Plans Among 1320 Small Firms If

the Most Contentious State Mandates were Eliminated

(Specifically, coverage mandates for alcohol and drug abuse treatments, mental illness, and psychotherapy, continuation of coverage requirements, and insurance risk pool taxes.)

Group or Subgroup	Number of Firms	Number Without Insurance	Proportion Without Insurance	Number that Would Newly Adopt Ins.	Proportion Among those Without Ins.
<u>Entire Sample</u>	1320	397	0.30	71	0.18
<u>By Size Class:</u>					
Fewer than 10 Employees	812	349	0.42	57	0.16
10-19 Employees	239	37	0.15	10	0.27
20-49 Employees	156	9	0.06	4	0.44
50 or More Employees	113	2	0.02	1	0.50
<u>By Industry:</u>					
Agriculture	75	33	0.44	5	0.15
Non Professional Services	173	74	0.43	10	0.13
Retail Trade	390	145	0.37	25	0.17
Financial, Insurance, and Real Estate	124	37	0.30	7	0.19
Construction	177	47	0.27	9	0.19
Wholesale Trade	141	29	0.21	6	0.21
Transportation and Utilities	52	8	0.15	2	0.25
Manufacturing & Mining	188	24	0.12	7	0.29
<u>By Region:</u>					
West	325	115	0.35	18	0.16
North Central	431	130	0.30	10	0.23
South	382	108	0.28	13	0.12
Northeast	182	44	0.24	11	0.25
<u>By Ownership:</u>					
Proprietorships	421	254	0.60	30	0.12
Partnerships	88	18	0.23	5	0.27
Corporations	819	125	0.15	36	0.29
<u>By Life Insurance Offerings:</u>					
Not Provided	410	218	0.53	20	0.13
Provided to Some or All Emp.	910	179	0.20	43	0.24
<u>By Pension Plan Offering:</u>					
Not Provided	589	211	0.36	35	0.16
Provided to Some or All Emp.	731	186	0.45	36	0.11

Table 5

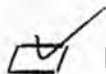
The Decrease in Insurance Coverage Among 1328 Small Firms If
All the States had Coverage Mandates Identical to those in Minnesota

Group or Subgroup	Number of Firms	Number With Insurance	Proportion With Insurance	Number that Would Drop Insurance	Proportion Among those With Ins.
<u>Entire Sample</u>	1328	923	0.70	109	0.12
<u>By Size Class:</u>					
Fewer than 10 Employees	812	463	0.58	82	0.18
10-19 Employees	239	202	0.85	18	0.09
20-49 Employees	156	147	0.94	7	0.05
50 or More Employees	113	111	0.98	2	0.02
<u>By Industry:</u>					
Agriculture	75	42	0.56	7	0.17
Non Professional Services	173	99	0.57	15	0.15
Retail Trade	398	245	0.63	37	0.15
Financial, Insurance, and Real Estate	124	87	0.70	11	0.13
Construction	177	130	0.73	15	0.12
Wholesale Trade	141	112	0.80	10	0.09
Transportation and Utilities	52	44	0.85	4	0.09
Manufacturing & Mining	188	164	0.88	10	0.05
<u>By Region:</u>					
West	325	218	0.67	31	0.15
North Central	431	301	0.70	27	0.09
South	382	274	0.72	34	0.12
Northeast	190	130	0.70	17	0.12
<u>By Ownership:</u>					
Proprietorships	421	167	0.40	43	0.26
Partnerships	80	62	0.77	6	0.10
Corporations	827	694	0.85	60	0.09
<u>By Life Insurance Offerings:</u>					
Not Provided	418	192	0.47	38	0.20
Provided to Some or All Emp.	910	731	0.80	71	0.10
<u>By Pension Plan Offerings:</u>					
Not Provided	589	378	0.64	52	0.14
Provided to Some or All Emp.	739	545	0.74	57	0.14

S B

38

THIS



BILL



RESOLUTION

has been prepared by the staff of the Legal Services Division of the Legislative Affairs Agency in response to the request and at the direction of the sponsor. The staff has attempted to place it in proper legal and clerical form subject to any special limitations or instructions of the sponsor. Requests for bills and resolutions are kept confidential by the staff and any announcement of intent to have a document drafted or introduced is the prerogative and responsibility of the sponsoring member. The agency or its staff may not endorse or comment on policy matters involved in a bill or resolution. The substance and merits of a bill or resolution are the responsibility of the sponsor.

Delivered to sponsor:

1-16-89



NEA-ALASKA

AFFILIATED WITH THE NATIONAL EDUCATION ASSOCIATION

ANCHORAGE REGIONAL OFFICE

1411 W. 33RD AVENUE
ANCHORAGE, ALASKA 99503
(907) 274-0536

JUNEAU OFFICE

105 MUNICIPAL WAY, SUITE 302
JUNEAU, ALASKA 99801
(907) 586-3090

FAIRBANKS REGIONAL OFFICE

2118 CUSHMAN STREET
FAIRBANKS, ALASKA 99701
(907) 456-4435

January 13, 1989

To: Sen. Paul Fischer, Chair
Members, Senate HESS Committee

Re: Senate Bill No. 38; "An Act making appropriations to the Department of Education for K-12 support; and providing for an effective date."

NEA-Alaska supports SB 38 and we encourage favorable action by the Committee.

We also wish to commend the Chair and the Committee for your expeditious attention to the needs of public education in Alaska.

Full and early funding of public education is essential to decisions as to programs and services available to students. It is our understanding that the figures listed in SB 38 represent full funding for FY'90 based upon current projections and the full \$60,000 Instructional Unit entitlement.

We have two suggestions which we hope will be seriously considered by the Committee.

We encourage that this bill be amended to include the sum of \$115,582,400 as an appropriation to the Department of Education for the school construction account for the fiscal year ending June 30, 1990. While knowledge of the Foundation Formula amount is essential for the operating budget it is equally important for each district to have their complete budget picture as early as possible.

School construction support must also be part of the picture or many of the decisions on the operating budget are only tentative and this can result in too much uncertainty relative to programs, specific courses, and staffing levels.

Secondly, we encourage that the Committee give serious consideration to supplemental categorical funding which would be available to school districts which commit to a plan to reduce their counselor ratios to 1/250 at the elementary level or 1/175 for K-12.

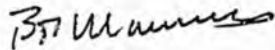
Support for at risk students can be significantly enhanced through programs which increase student access to more meaningful counseling services.

Funding cuts over the last three years have eroded and even eliminated many of the ancillary services for students and counseling programs are one of the more critical of these services.

The Department of Education should be able to provide more specific data on the needs in the counseling area on a district by district basis.

Thank you for your consideration of our position and these recommendations.

Respectfully submitted,



Bob Manners
Executive Secretary

cc: Sen. Paul Fischer

f4j89s38

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: JODY VIGNOLA
TITLE:
ADDRESS: 1044 EVERGREEN
CITY: FAIRBANKS
PHONE: 452-1989
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: PLEASE FULLY FUND THIS BILL. PLEASE DON'T CUT PUBLIC EDUCATION AGAIN. IN THE LAST SEVEN YEARS THAT I HAVE TAUGHT FOR THIS DISTRICT, I'VE SEEN MANY PROGRAMS CUT OR CUT BACK AND IT HAS AFFECTED MANY STUDENTS.

ZIP: 99709

POMID: 07085227
DATE: 04/06/89
TIME: 08:52:27
LIONAME: FAIRBANKS LIO

COPIES: SENATORS

FRANK
DUNCAN

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: NANA PALDI
TITLE:
ADDRESS: 200 WELLS STREET
CITY: FAIRBANKS ZIP: 99701
PHONE: 456-6118
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: PLEASE, NO FUNDING CUTS FOR PUBLIC EDUCATION. KEEP THE PTPC.
REPEAL THE ELF NOT KIDS. REMEMBER YOUR CAMPAIGN PROMISES "PROTECT ALASKA'S
RESOURCES." EOM/MJO

POMID: 07090234
DATE: 04/06/89
TIME: 09:02:34
LIONAME: FAIRBANKS LIO

COPIES: SENATORS

UEHLING
DUNCAN
ZHAROFF
PEARCE

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: ROBERT FERNBACH

TITLE:

ADDRESS: P. O. BOX 6316

CITY: KETCHIKAN

ZIP: 99901

PHONE: 225-5647

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: ALASKA'S MOST VALUABLE RESOURCE IS IT'S PEOPLE. LET'S NOT SHORT
CHANGE OUR MOST VALUABLE RESOUCE OF THE FUTURE. VOTE FOR SB38. THANK YOU.

POMID: 08091722

DATE: 04/06/89

TIME: 09:17:22

LIONAME: KETCHIKAN LIO

COPIES: REPRESENTATIVES SENATORS

TAYLOR
DAVIS, C.

BINKLEY
DUNCAN
FRANK
JONES
KELLY
PEARCE
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: ROBERT HOLSTON

TITLE:

ADDRESS: ROUTE 1, BOX 807

CITY: KETCHIKAN

ZIP: 99901

PHONE: 225-6919

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: DON'T CUT OUR FUTURE. DON'T CUT OUR KIDS. DON'T CUT OUR EDUCATION.

PLEASE FULLY FUND EDUCATION.

PO:ID: 08092613

DATE: 04/06/89

TIME: 09:26:13

LIIONAME: KETCHIKAN LIO

COPIES: SENATORS

BINKLEY

DUNCAN

FRANK

KELLY

PEARCE

UEHLING

ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: SUSAN ANNIS

TITLE:

ADDRESS: 1633 KIVALINA

CITY: FAIRBANKS

PHONE: 474-9474

ZIP: 99709

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: EDUCATION FUNDING IS A TOP PRIORITY. PLEASE GIVE YOUR FULL
CONSIDERATION TO PASSAGE OF SB 38. THANK YOU.

EDM-FZ

POMID: 07091037

DATE: 04/06/89

TIME: 09:10:37

LIONAME: FAIRBANKS LIO

COPIES: SENATORS

BINKLEY

UEHLING

DUNCAN

FRANK

PEARCE

ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: KATHRYN ALTON

TITLE:

ADDRESS: 1426 4TH AVENUE

CITY: FAIRBANKS

PHONE: 456-7826

ZIP: 99701

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: SB 38 AND HB 16: SUPPORT FULL FUNDING FOR EDUCATION. ESTABLISH A STATE INCOME TAX, SPECIFICALLY FOR EDUCATION. THE RECENT OIL SPILL EMPHASIZES THE NEED FOR QUALITY EDUCATION TO LEARN TO HANDLE OIL DEVELOPMENT IN OUR NATURAL ENVIRONMENT. WITHOUT AN EDUCATED PUBLIC WE ARE DOOMED TO REPEAT THE COSTLY LESSONS LIKE THE BLIGH REEF INCIDENT.

FOHID: 07093558

DATE: 04/06/89

TIME: 09:35:58

LIONAME: FAIRBANKS LIO

COPIES: REPRESENTATIVES SENATORS

BOYER
DAVIS, M.
KOPONEN
MILLER
SHARP

KELLY
FAHRENKAMP
FRANK
COGHILL
BINKLEY
UEHLING
DUNCAN
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: ANNETTE BRAY

TITLE:

ADDRESS: 1233 BROCK ROAD

CITY: NORTH POLE

PHONE: 488-0872

ZIP: 99705

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: I WOULD LIKE TO ASK YOU TO SUPPORT SB 38. I FEEL THAT THIS NEEDS TO BE A PRIORITY ISSUE IN ORDER TO GIVE OUR CHILDREN THE BEST POSSIBLE EDUCATION.
EOM-FZ

POMID: 07093848

DATE: 04/06/89

TIME: 09:38:48

LIONAME: FAIRBANKS LIO

COPIES: SENATORS

KELLY
BINKLEY
UEHLING
FRANK
DUNCAN
ZHAROFF
PEARCE

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: WENDY MCMILLAN

TITLE:

ADDRESS: 1145 GILMORE TRAIL

CITY: FAIRBANKS

ZIP: 99712

PHONE: 457-7391

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: EDUCATION CONTINUES AND SHOULD BE A PRIORITY ISSUE. PLEASE SUPPORT THIS BILL TO GIVE OUR CHILDREN THE BEST EDUCATION POSSIBLE.

EOM-FZ

POMID: 07092627

DATE: 04/06/89

TIME: 09:26:27

LIONAME: FAIRBANKS LIO

COPIES: SENATORS

KELLY
BINKLEY
UEHLING
FRANK
DUNCAN
ZHAROFF
PEARCE

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: LYNDA ADAMS

TITLE:

ADDRESS: P. O. BOX 7171

CITY: KETCHIKAN

PHONE: 225-6227

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

ZIP: 99901

APR 07 1989

MESSAGE: PLEASE WORK ON THE EDUCATION BILL IMMEDIATELY. EDUCATION IS A TOP
PRIORITY ITEM. PLEASE FUND FULLY, IMMEDIATELY.

POHID: 08093555

DATE: 04/06/89

TIME: 09:35:55

LIONAME: KETCHIKAN LIO

COPIES: SENATORS

BINKLEY
DUNCAN
FRANK
JONES
KELLY
PEARCE
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: CAROL MAKAR
TITLE:
ADDRESS: 4675 CASCADE CIRCLE
CITY: ANCHORAGE ZIP: 99502
PHONE: 243-7644
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: PLEASE FULLY FUND EDUCATION NOW. DO NOT CUT EDUCATION.

POMID: 03095005
DATE: 04/06/89
TIME: 09:50:05
LIONAME: ANCHORAGE LIO

COPIES: SENATORS

BINKLEY
DUNCAN
FRANK
KELLY

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: EVERETT HARRISON

TITLE:

ADDRESS: P.O. BOX 73125

CITY: FAIRBANKS

ZIP: 99707

PHONE: 451-8260

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: I ENCOURAGE FULL FUNDING FOR SCHOOLS, AND I ENCOURAGE YOU TO DO THE
SAME. PLEASE PASS THIS BILL THROUGH THE SENATE FINANCE COMMITTEE.

EOM-FZ

POMID: 07094108

DATE: 04/06/89

TIME: 09:41:08

LIONAME: FAIRBANKS LIO

COPIES: SENATORS

BINKLEY

UEHLING

DUNCAN

FRANK

PEARCE

ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: BONNIE CLOUSTON
TITLE:
ADDRESS: BOX 546
CITY: KASLOF, ALASKA
PHONE: 283-7335
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: DON'T CUT EDUCATION ANY FARTHER. THE SCHOOL DISTRICT CANNOT AFFORD TO
MAKE ANY MORE CUTS TO OUR STUDENTS. OUR CHILDREN HAVE TO COME FIRST. FULLY FUN
DUCATION. ZIP: 99610

POMID: 13103524
DATE: 04/06/89
TIME: 10:35:24
LIONAME: SOLDOTNA LIO

COPIES: REPRESENTATIVES SENATORS

CATO
NAVARRE
SHACKHAMMER
ZAWACKI

BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF
KELLY
SZYMANSKI
KERTTULA

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: BRENDA MARTIN
TITLE:
ADDRESS: 2616 GARNET DRIVE
CITY: NORTH POLE
PHONE: 488-9511

ZIP: 99705

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: EDUCATION FUNDING IS A TOP PRIORITY. PLEASE GIVE YOUR FULL
CONSIDERATION TO PASSAGE OF SB 38. THANK YOU. EOM

POMID: 07095442

DATE: 04/06/89

TIME: 09:54:42

LIONAME: FAIRDANKS LIO

COPIES: REPRESENTATIVE

SENATORS

MILLER

COGHILL
WINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

APR 07 1989

NAME: MARY & DONALD MCDONALD

TITLE:

ADDRESS: ROUTE 1, BOX 903

CITY: KETCHIKAN

ZIP: 99901

PHONE: 247-8550

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: URGE IMMEDIATE ACTION TO FULL FUND SCHOOLS UNDER SB38.

POMID: 08103412

DATE: 04/06/89

TIME: 10:34:12

LIONAME: KETCHIKAN LIO

COPIES: SENATORS

BINKLEY

UEHLING

DUNCAN

FRANK

PEARCE

ZHAROFF

PUBLIC OPINION MESSAGE

APR 07 1989

DEAR: SENATOR FISCHER

NAME: KEITH ZAMUDIO

TITLE:

ADDRESS: P.O. BOX 6172

CITY: KETCHIKAN, AK

ZIP: 99901

PHONE: 247-0123

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: PLEASE SUPPORT SB 38. REMEMBER CAMPAIGN PROMISES TO SUPPORT EDUCATION. ANY CUTS AND DELAYS WITH FUNDING ARE DETRIMENTAL TO SCHOOL DISTRICTS' ABILITY TO PLAN AND PROVIDE QUALITY EDUCATIONAL PROGRAMS. THE CHILDREN OF ALASKA ARE ALASKA'S FUTURE.

POMID: 08095459

DATE: 04/06/89

TIME: 09:54:59

LIONAME: KETCHIKAN LIO

COPIES: REPRESENTATIVES SENATORS

DAVIS, C.
TAYLOR

BINKLEY
DUNCAN
FRANK
JONES
KELLY
PEARCE
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: NANCY MITCHEL

TITLE:

ADDRESS: RT 2, BOX 214

CITY: KETCHIKAN, AK

PHONE: 225-5408

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: EDUCATION NEEDS FULL FUNDING AND COMMUNITIES AND SCHOOL BOARDS NEED IT NOW IN ORDER TO PLAN BUDGETS AND PROGRAMS. PLEASE FULLY FUND EDUCATION AND DO IT NOW.

APR 07 1989

ZIP: 99901

POMID: 08104614

DATE: 04/06/89

TIME: 10:46:14

LIONAME: KETCHIKAN LIO

COPIES: SENATORS

BINKLEY

UEHLING

DUNCAN

FRANK

PEARCE

ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: JILL MOE
TITLE:
ADDRESS: 898 LINCOLN
CITY: KETCHIKAN, AK
PHONE: N/R-

APR 07 1989

ZIP: 99901

BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: I URGE YOU TO STRONGLY SUPPORT FULL FUNDING FOR EDUCATION. AS A MOTHER OF A KINDERGARTNER, I HAVE CONCERNS ABOUT THE QUALITY OF EDUCATION HE WILL RECEIVE IF FUNDING IS CUT.

POMID: 08103937
DATE: 04/06/89
TIME: 10:39:37
LIONAME: KETCHIKAN LIG

COPIES: SENATORS

BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: JACQUELINE J. SETTLE
TITLE:
ADDRESS: 3654 LAURANCE ROAD
CITY: NORTH POLE ZIP: 99705
PHONE: 488-2372
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: PLEASE MAKE EDUCATION YOUR PRIORITY. ALASKA'S CHILDREN SHOULD NOT
HAVE THEIR EDUCATION SUFFER ANY MORE REDUCTIONS. REINSTATE A STATE INCOME TAX
IF NECESSARY TO SUPPORT FULL FUNDING AT THE UNIT AMOUNT IN SB38.
EOM-FZ

POMID: 07110248
DATE: 04/06/89
TIME: 11:02:48
LIONAME: FAIRBANKS LIO

APR 07 1989

COPIES: REPRESENTATIVES SENATORS

CATO	ADAMS
COTTEN	BINKLEY
DAVIS, M.	COGHILL
ELLIS	DUNCAN
KOPONEN	FAHRENKAMP
LARSON	FAIKS
MILLER	FRANK
SHARP	HALFORD
SHULTZ	KELLY
	PEARCE
	STURGULEWSKI
	UEHLING
	ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: MARGARET NAYLON

TITLE:

ADDRESS: P.O. BOX 82848

CITY: FAIRBANKS

ZIP: 99708

PHONE: 479-7949

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: ALSO HB 16 - IT IS CRUCIAL THAT EDUCATION BE FUNDED IN THE UNIT AMOUNT OF SB 38. STUDENTS CONTINUE TO SUFFER MORE AND MORE IN TERMS OF OVERCROWDED CLASSROOMS AND INADEQUATE TEACHING TOOLS. QUALITY EDUCATION BENEFITS THE ENTIRE STATE - PLEASE MAKE THIS YOUR PRIORITY. THANK YOU. EOM/CLS

POMID: 07145654

DATE: 04/06/89

TIME: 14:56:54

LIONAME: FAIRBANKS LIO

COPIES: REPRESENTATIVES SENATORS

CATO

COTTEN

DAVIS, M.

ELLIS

KOPONEN

LARSON

MILLER

SHARP

SHULTZ

ADAMS

BINKLEY

COGHILL

DUNCAN

FAHRENKAMP

FAIKS

FRANK

HALFORD

KELLY

PEARCE

STURGULEWSKI

UEHLING

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: LUCILLE HOWITT

TITLE:

ADDRESS: 1716 SCENIC WAY DRIVE

CITY: ANCHORAGE, ALASKA

ZIP: 99501

PHONE: 333-6559

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: URGE YOUR IMMEDIATE ACTION AND SUPPORT FOR FULL FUNDING.

POMID: 03173446

DATE: 04/06/89

TIME: 17:34:46

LIONAME: ANCHORAGE LIO

COPIES: SENATORS

BINKLEY
FRANK
KELLY
PEARCE
UEHLING
ZHAROFF
DUNCAN

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: JEAN BROWN
TITLE:
ADDRESS: 3170 BROOKFIELD LANE
CITY: NORTH POLE ZIP: 99705
PHONE: 488-2006
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: I SUPPORT THIS BILL WITHOUT CUTS. EDUCATION SHOULD BE OUR NUMBER 1
PRIORITY. EOM-FZ

POMID: 07170337
DATE: 04/06/89
TIME: 17:03:37
LIONAME: FAIRBANKS LIO

COPIES: SENATORS

KELLY
BINKLEY
UEHLING
FRANK
DUNCAN
ZHAROFF
PEARCE

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: JOYCE AUTREY

TITLE:

ADDRESS: P. O. BOX 8024

CITY: KETCHIKAN

ZIP: 99901

PHONE: 225-0603

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: I AM FOR THE FULL AND IMMEDIATE FUNDING ESPECIALLY FOR THE HANDICAPPED OR SPECIAL EDUCATION, AS MY DAUGHTER IS DOWN SYNDROME AND IN SPECIAL EDUCATION CLASSES, AS WELL AS MAINSTREAMING AND WOULD NEED AN AIDE.

POMID: 08171201

DATE: 04/06/89

TIME: 17:12:01

LIONAME: KETCHIKAN LIO

COPIES: REPRESENTATIVES SENATORS

TAYLOR
DAVIS, C.

JONES
BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: BILL JASO

TITLE:

ADDRESS: 8338 ROVENNA APT B

CITY: ANCHORAGE

ZIP: 99518

PHONE: 344-0646

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: FUND EDUCATION FULLY NOW.

POMID: 03164144

DATE: 04/06/89

TIME: 16:41:44

LIONAME: ANCHORAGE LIO

COPIES: SENATORS

BINKLEY

UEHLING

DUNCAN

FRANK

PEARCE

ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: JUNE WARDLE
TITLE: TEACHER
ADDRESS: BOX 489
CITY: NOME
PHONE: 443-5984
BILL NO: SB 38

ZIP: 99762

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: I SUPPORT THIS BILL BECAUSE OUR SCHOOL IS GOING ON A BARE BONES BUDG NOW. WE NEED TO BOTH CONTINUE AND IMPORVE OUR ATTACK ON THE READING PROBLEMS THAT ARE OF SUCH VITAL IMPORTANCE TO ALL THE STATE EDUCATION.

PGMID: 11164855

DATE: 04/06/89

TIME: 16:48:55

LIONAME: NOME INFORMATION OFFICE

COPIES: REPRESENTATIVE SENATORS

FOSTER

ADAMS
BINKLEY
DUNCAN
FRANK
KELLY
PEARCE
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: MARRIETTA LAMMER
TITLE: LONG-TERM SUB TEACHER
ADDRESS: BOX 1701
CITY: NOME ZIP: 99762
PHONE: 443-5631
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: EDUCATION IS TOO IMPORTANT TO OUR FUTURE. DON'T CUT FUNDING!

POMID: 11164636
DATE: 04/06/89
TIME: 16:46:36
LIONAME: NOME INFORMATION OFFICE

COPIES: REPRESENTATIVE SENATORS

FOSTER

ADAMS
BINKLEY
DUNCAN
FRANK
KELLY
PEARCE
UEHLING
ZHAROFF

NO RESPONSE REQUIRED

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: VIRGINIA BERG
TITLE:
ADDRESS: P.O. BOX 5204
CITY: KETCHIKAN, AK ZIP: 99901
PHONE: 225-4091
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: PLEASE SUPPORT FUNDING FOR EDUCATION.

POMID: 08164105
DATE: 04/06/89
TIME: 16:41:05
LIONAME: KETCHIKAN LIO

COPIES: SENATORS

BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: RAY HOLT

TITLE:

ADDRESS: MILE 12 1/2 NORTH TONGASS

CITY: KETCHIKAN, AK

ZIP: 99901

PHONE: 247-8518

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: ANYTHING LESS THAN FULL FUNDING OF EDUCATION WILL RESULT IN SEVERE
HARDSHIPS AND DETRIMENTAL CONDITIONS IN OUR SCHOOLS. PLEASE SUPPORT OUR KIDS
BY FULLY FUNDING EDUCATION SO THAT WE MAY CONTINUE TO PROVIDE THE VERY POSITIVE
EDUCATION WE CURRENTLY HAVE IN ALASKA.

POMID: 08162950

DATE: 04/06/89

TIME: 16:29:50

LIONAME: KETCHIKAN LIO

COPIES: SENATORS

KELLY
BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: ROD POOLE
TITLE: COUNSELOR, SITKA HIGH SCHOOL
ADDRESS: BOX 2266
CITY: SITKA ZIP: 99835
PHONE: 747-3266
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: FURTHER CUTS IN EDUCATION ARE GOING TO HAMSTRING OUR SCHOOLS AND
SABOTAGE THE FUTURE OF THE YOUNG PEOPLE IN ALASKA. I URGE FULL FUNDING FOR
THE SCHOOLS NOW SO THAT WE CAN GET ON WITH THE IMPORTANT BUSINESS OF PROVIDING
A PROPER WELL-ROUNDED EDUCATION FOR OUR CHILDREN.

POMID: 12162548
DATE: 04/06/89
TIME: 16:25:48
LIONAME: SITKA LIO

COPIES: SENATORS

BINKLEY
DUNCAN
FRANK
KELLY
PEARCE
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: ROBERT MCCLORY

TITLE:

ADDRESS: 884 BROWN DEER RD.

CITY: KETCHIKAN

ZIP: 99901

PHONE: 225-1477

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: I AM WRITING TO SUPPORT SB38 AND FULL FUNDING FOR SCHOOLS. I HOPE IT DOES NOT TAKE A DISASTER EQUAL IN MAGNITUDE TO THAT OF THE OIL SPILL TO CONVINCE OUR LEGISLATURE THAT CUTTING EDUCATION LEVELS WILL DEVASTATE OUR LOCAL SCHOOLS. PLEASE SUPPORT FULL FUNDING FOR SCHOOLS. THANKS!

POMID: 08163230

DATE: 04/06/89

TIME: 16:32:30

L.TONAME: KETCHIKAN L10

COPIES: REPRESENTATIVES SENATORS

TAYLOR
DAVIS, C.

JONES
BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: LORETTA COLE

TITLE:

ADDRESS: P.O. BOX 74654

CITY: FAIRBANKS

ZIP: 99707

PHONE: 456-2263

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: ALSO HB 16- PLEASE FUND EDUCATION AT THE UNIT AMOUNT IN SB 38. IN THE LAST THREE YEARS DISTRICTS STATEWIDE HAVE SUFFERED \$100 MILLION IN LOST REVENUE. QUALITY EDUCATION IS OUR FUTURE. EDUCATION MUST BE A PRIORITY.
EOM/CLS

POHID: 07155945

DATE: 04/06/89

TIME: 15:59:45

LIONAME: FAIRBANKS LIO

COPIES: REPRESENTATIVES SENATORS

CATO

COTTEN

DAVIS, M.

ELLIS

KOPONEN

LARSON

MILLER

SHARP

SHULTZ

ADAMS

BINKLEY

COGHILL

DUNCAN

FAHRENKAMP

FRANK

FAIKS

HALFORD

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: CATHY DUNHAM
TITLE:
ADDRESS: 6133 EAST 22ND
CITY: ANCHORAGE ZIP: 99504
PHONE: 337-2055
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: PLEASE GET SB38 OUT COMMITTEE AND ON TO THE FLOOR AND PASS EDUCATION
APPROPRIATIONS FOR FY90. WE NEED FULL FUNDING FOR THE BENEFIT OF OUR CHILDREN

POMID: 03160127
DATE: 04/06/89
TIME: 16:01:27
LIONAME: ANCHORAGE LIO

COPIES: SENATORS

BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: DENISE LISAC

TITLE:

ADDRESS: BOX 818

CITY: DILLINGHAM, ALASKA

ZIP: 99576

PHONE: 842-5642

BILL NO: SB 39

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: IT IS IMPORTANT THAT YOU DO NOT DECREASE FUNDING FOR EDUCATION. SMALL CITY SCHOOLS LIKE DILLINGHAM HAVE BEEN HURT BADLY BY THE EXISTING FUNDING FORMULA, THAT ANY ADDITIONAL CUTS WOULD DRASTICALLY HARM THE QUALITY OF EDUCATION IN OUR DISTRICT.

POMID: 06145528

DATE: 04/06/89

TIME: 14:55:28

LIONAME: DILLINGHAM LIO

COPIES: REPRESENTATIVE SENATORS

JACKO

ZHAROFF
BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ADAMS
JONES
KELLY

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: ROBERT ROSI

TITLE:

ADDRESS: BOX 151

CITY: DILLINGHAM, ALASKA

ZIP: 99576

PHONE: 842-5429

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: URGE YOUR SUPPORT OF SB38 FOR FULL FUNDING FOR EDUCATION. DILLINGHAM
EDUCATION FOR STUDENTS HAS BEEN DRASTICALLY CUT FOR THE LAST FOUR YEARS. WE
HAVE LOST 14 TEACHING POSITIONS AND THIS SITUATION IS HURTING OUR STUDENTS.
STAFF MORALE IS AT AN ALL TIME LOW.

POMID: 06145320

DATE: 04/06/89

TIME: 14:53:20

LIONAME: DILLINGHAM LIO

COPIES: REPRESENTATIVE SENATORS

JACKO

ZHAROFF
BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ADAMS
JONES
KELLY

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: CAROLYN GUSTAFSON
TITLE:
ADDRESS: BOX 21
CITY: DILLINGHAM, ALASKA ZIP: 99576
PHONE: 842-5900
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: WE NEED FULL FUNDING FOR EDUCATION. DILLINGHAM CANNOT AFFORD MORE CUTS. THANK YOU FOR YOUR SUPPORT OF SB38.

POIID: 06145155
DATE: 04/06/89
TIME: 14:51:55
LIONAME: DILLINGHAM LIO

COPIES: REPRESENTATIVE SENATORS

JACKO

BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF
ADAMS
JONES
KELLY

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: MARILYN ROSENE

TITLE:

ADDRESS: BOX 1170

CITY: DILLINGHAM, ALASKA

ZIP: 99576

PHONE: 842-1095

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: FULL FUNDING FOR EDUCATION IS VITAL. PUBLIC EDUCATION HAS A READY
SUFFERED CUTS OF MILLIONS OF DOLLARS. PROGRAMS HAVE BEEN CUT. SERVICES HAVE
BEEN CUT. STUDENTS DESERVE MORE FROM US. SMALL SINGLE SITE SCHOOL DISTRICTS
LIKE DILLINGHAM HAVE BEEN AFFECTED, PARTICULARLY ADVERSELY. THANK YOU FOR YOUR
SUPPORT. PLEASE FUND EDUCATION NOW.

POMID: 06144905

DATE: 04/06/89

TIME: 14:49:05

LIONAME: DILLINGHAM LIO

COPIES: REPRESENTATIVE

SENATORS

JACKO

DUNCAN
FRANK
KELLY
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: BOB JONES

TITLE:

ADDRESS: 636 DEERMOUNT

CITY: KETCHIKAN

ZIP: 99901

PHONE: 225-5243

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: CAN WE AS A STATE, NOT PROVIDE FOR BEST EDUCATION OF OUR YOUNG?
I THINK NOT!!! I URGE PASSAGE OUT OF COMMITTEE SB38. WE NEED FULL FUNDING
AND WE NEED IT NOW.

POMID: 08145043

DATE: 04/06/89

TIME: 14:50:43

LIONAME: KETCHIKAN LIO

COPIES: SENATORS

BINKLEY

UEHLING

DUNCAN

FRANK

PEARCE

ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: STEVE KINNEY

TITLE:

ADDRESS: ROUTE 1, BOX 917

CITY: KETCHIKAN

ZIP: 99901

PHONE: 247-2356

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: PLEASE DO NOT CUT FUNDS FOR EDUCATION. SUPPORT FULL EARLY FUNDING OF EDUCATION, TRANSPORTATION, CAPITAL PROJECTS, AND DEBT SERVICE. OUR CHILDREN ARE OUR FUTURE, THEY DESERVE OUR SUPPORT AND A GOOD EDUCATION. PLEASE SUPPORT SB38.

POMID: 08134222

DATE: 04/06/89

TIME: 13:42:22

LIONAME: KETCHIKAN LIO

COPIES: REPRESENTATIVES SENATORS

TAYLOR
DAVIS, C.

JONES
BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: CHARLOTTE BUDY

TITLE:

ADDRESS: PO BOX 284

CITY: FAIRBANKS

ZIP: 99707

PHONE: 479-4211

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: I SUPPORT PASSAGE OF THIS BILL FOR FULL FUNDING OF EDUCATION IN THE STATE OF ALASKA. I AM AN EMPLOYEE OF THE SCHOOL DISTRICT AND I THINK THIS IS EXTREMELY IMPORTANT.

POMID: 07144355

DATE: 04/06/89

TIME: 14:43:55

LIONAME: FAIRBANKS LIO

COPIES: SENATORS

BINKLEY

UEHLING

DUNCAN

FRANK

PEARCE

ZHAPOFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: MARY DRAGER

TITLE:

ADDRESS: P.O. 55987

CITY: NORTH POLE

ZIP: 99705

PHONE: 488-2271

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: I SUPPORT SB 38. OUR CHILDREN ARE OUR BIGGEST RESOURCE IN ALASKA, AND I THINK THAT FULL FUNDING SHOULD BE A TOP PRIORITY. THANK YOU. EOM/CLS

POMID: 07144103

DATE: 04/06/89

TIME: 14:41:03

LIONAME: FAIRBANKS LIO

COPIES: SENATORS

BINKLEY

UEHLING

DUNCAN

FRANK

PEARCE

ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: GAYLE DANIEL

TITLE:

ADDRESS: 7620 JAGUAR CIRCLE

CITY: ANCHORAGE

ZIP: 99502

PHONE: 248-9250

BILL NO: SB 39

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: FUNDING FOR SCHOOLS IS MY PRIORITY. PLEASE FULLY FUND EDUCATION NOW.
OUR KIDS DESERVE THE BEST WE CAN PROVIDE. I THINK OUR TEACHERS DO A GREAT JOB.
GIVE THEM AND OUR KIDS THE SUPPORT THEY NEED AND DESERVE.

POMID: 03143947

DATE: 04/06/89

TIME: 14:39:47

LIONAME: ANCHORAGE LIO

COPIES: SENATORS

BINKLEY

FRANK

UEHLING

KELLY

ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: RONALD G. BENKERT

TITLE:

ADDRESS: 301 W. NORTHERN LIGHTS, #402

CITY: ANCHORAGE

ZIP: 99503

PHONE: 279-9664

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: THE REVENUE PROJECTIONS YOU'VE BEEN WAITING FOR HAVE COME IN. SO
WHAT'S THE HOLD UP NOW? GET ON WITH IT AND TAKE CARE OF THE KIDS. MY KIDS
ARE OUT OF SCHOOL BUT I BELIEVE OUR KIDS DESERVE EVERY OPPORTUNITY FOR
SUCCESS THAT WE CAN PROVIDE. FULLY FUND EDUCATION NOW.

POMID: 03143147

DATE: 04/06/89

TIME: 14:31:47

LIONAME: ANCHORAGE LIO

COPIES: SENATORS

BINKLEY

UEHLING

DUNCAN

FRANK

PEARCE

ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: JUNE TULL
TITLE:
ADDRESS: HC01 BOX 1008
CITY: PALMER
PHONE: 745-2854
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: SCHOOLS MUST BE FULLY FUNDED AT \$60,000 PER INSTRUCTIONAL UNIT.
WE WILL BE CUTTING ESSENTIAL AND NEEDED SERVICES IF WE DO NOT HAVE MONEY
TO PAY FOR THEM. THIS IS THE MOST LONG LASTING AND REWARDING INVESTMENT
OF STATE MONEY. PLEASE INVEST MONEY IN THE SCHCOL SYSTEM!

ZIP: 99645

POMID: 14121659
DATE: 04/06/89
TIME: 12:16:59
LIONAME: MAT-SU LIO

COPIES: REPRESENTATIVES SENATORS

LARSON	SZYMANSKI
MEHARD	KERTTULA
HOFFMAN	BINKLEY
SWACKHAMMER	UEHLING
WALLIS	DUNCAN
KOPONEN	FRANK
ULMER	PEARCE
BROWN	ZHAROFF
SHULTZ	
RIEGER	
PHILLIPS	
BARNES	

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: DIANE FULLFORD

TITLE:

ADDRESS: PO BOX 82803

CITY: FAIRBANKS

ZIP: 99708

PHONE: 479-4439

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: SB 38 AND HB 16: I STRONGLY SUPPORT SB 38 AND HB 16 FOR FUNDING FOR OUR SCHOOLS (\$60,000 PER BASE INSTRUCTIONAL UNIT). FULL FUNDING IS CRITICAL TO KEEP THE PROGRAMS WE CURRENTLY HAVE. PLEASE SUPPORT THESE BILLS. SINCERELY, DIANE FULLFORD. EOM/MJO

POMID: 07141117

DATE: 04/06/89

TIME: 14:11:17

LIONAME: FAIRBANKS LIO

COPIES: REPRESENTATIVES SENATORS

LARSON
HOFFMAN
SWACKHAMMER
WALLIS
KOPONEN
ULNER
BROWN
SHULTZ
RIEGER
PHILLIPS
BARNES

BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: SUSAN GASKILL

TITLE:

ADDRESS: PO BOX 82803

CITY: FAIRBANKS

ZIP: 99708

PHONE: 479-4439

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: SB 38/HB 16: I STRONGLY SUPPORT SB 38 AND HB 16 FOR FUNDING FOR OUR SCHOOLS (\$60,000 PER BASE INSTRUCTIONAL UNIT). FULL FUNDING IS CRITICAL TO KEEP THE PROGRAMS WE CURRENTLY HAVE. PLEASE SUPPORT THESE BILLS. SINCERELY,
SUSAN GASKILL. ECM/MJO/C

FOMID: 07134316

DATE: 04/06/89

TIME: 13:43:16

LIONAME: FAIRBANKS LIO

COPIES: REPRESENTATIVES SENATORS

LARSON
HOFFMAN
SWACKHAMMER
WALLIS
KOPONEN
ULMER
BROWN
SHULTZ
RIEGER
PHILLIPS
BARNES

BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: PAM MCCARL

TITLE:

ADDRESS: 2115 SORBUS WAY

CITY: ANCHORAGE

ZIP: 99508

PHONE: 277-0605

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: PLEASE FULLY FUND EDUCATION NOW. TIME IS RUNNING OUT IN TERMS OF
PLANNING FOR NEXT YEAR. WE CANNOT AFFORD TO BALANCE THE BUDGET ON THE BACKS
OF OUR STUDENTS. THANK YOU FOR YOUR ATTENTION TO THIS ISSUE.

POMID: 03134929

DATE: 04/06/89

TIME: 13:49:29

LIONAME: ANCHORAGE LIO

COPIES: SENATORS

BINKLEY

FRANK

KELLY

UEHLING

ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: KATHI MCCORD
TITLE:
ADDRESS: 1601 HIDDEN LANE
CITY: ANCHORAGE
PHONE: 272-8016

ZIP: 99501

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: PLEASE GIVE OUR STUDENTS AND OUR SCHOOLS A CHANCE TO DO OUR BEST.
EDUCATIONAL FUNDING SHOULD BE A TOP PRIORITY FOR OUR STATE. PLEASE FUND
EDUCATION FULLY AND FUND IT NOW.

POMID: 03135119

DATE: 04/06/89

TIME: 13:51:19

LIONAME: ANCHORAGE LIO

COPIES: REPRESENTATIVES SENATORS

BROWN
COLLINS
ELLIS
GRUENBERG
LEMAN
ZAWACKI

BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: KIM RAMPMEYER
TITLE:
ADDRESS: 1832 BELLEVUE
CITY: ANCHORAGE
PHONE: 344-2990
BILL NO: SB 38

ZIP: 99515

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: PLEASE VOTE FOR FULL FUNDING FOR EDUCATION. I'M AN ELEMENTARY
PHYSICAL EDUCATION TEACHER WHO SEES 50 CLASSES PER WEEK. I HAVE TWO 5-MINUTE
BREAKS PER DAY PLUS MY LUNCH BREAK AND I HAVE ANOTHER TEACHER WHO COMES IN ON
WEDNESDAYS AND WE SEE 18 DOUBLE CLASSES.

POMID: 03134350
DATE: 04/06/89
TIME: 13:43:50
LIONAME: ANCHORAGE LIO

COPIES: SENATORS

- POURCHOT
- RODEY
- BINKLEY
- UEHLING
- DUNCAN
- FRANK
- PEARCE
- ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: CHARLES ALKIRE

TITLE:

ADDRESS: 200 F STREET

CITY: FAIRBANKS

ZIP: 99701

PHONE: 452-4123

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPOR:

MESSAGE: PLEASE SUPPORT FULL FUNDING AND FORWARD FUNDING FOR EDUCATION SO
WE ARE NOT FORCED TO CUT BACK PROGRAMS OR LAY OFF TEACHERS. PLEASE RESPOND.
EOM/MJO

POMID: 07133933

DATE: 04/06/89

TIME: 13:39:38

LOCATION: FAIRBANKS LIO

COPIES: SENATORS

KELLY

BINKLEY

FRANK

FAHRENKAMP

UEHLING

DUNCAN

ZHAROFF

PEARCE

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: SUSAN SIZELOVE
TITLE:
ADDRESS: 8213 PARKRIDGE CIRCLE
CITY: ANCHORAGE ZIP: 99507
PHONE: 522-3601
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: PLEASE VOTE FOR FULL FUNDING OF EDUCATION. DO NOT SHORT-CHANGE
OUR FUTURE.

POMID: 03134224
DATE: 04/06/89
TIME: 13:42:24
LIONAME: ANCHORAGE LIO

COPIES: SENATORS

BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: RENEE BROWN
TITLE:
ADDRESS: RT 1, BOX 900
CITY: KETCHIKAN, AK
PHONE: 247-8229
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: URGE FULL SUPPORT OF SB 38. HEALTH AND EDUCATION ISSUES MUST BE OUR
TOP PRIORITY. ALSO SUPPORT REVISION OF ELF AND COLLECTION OF THOSE MONIES TO
RELIEVE BUDGET PROBLEMS.

ZIP: 99901

POMID: 08133941
DATE: 04/06/89
TIME: 13:39:41
LIONAME: KETCHIKAN LIO

COPIES: REPRESENTATIVES SENATORS

DAVIS, C.
TAYLOR

BINKLEY
DUNCAN
FRANK
JONES
KELLY
PEARCE
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: ILA SHOEN

TITLE:

ADDRESS: 255 SOCKEYE STREET

CITY: FAIRBANKS

ZIP: 99712

PHONE: 488-6669

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: EDUCATION FUNDING IS A TOP PRIORITY. PLEASE GIVE YOUR FULL
CONSIDERATION TO PASSAGE OF SB 38. THANK YOU. EOM/MJO

POMID: 07133454

DATE: 04/06/89

TIME: 13:34:54

LIONAME: FAIRBANKS LIO

COPIES: SENATORS

BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: KAREN JOHNSON
TITLE:
ADDRESS: 1323 27TH AVENUE
CITY: FAIRBANKS ZIP: 99701
PHONE: 451-6139
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: DO NOT CUT FUNDING FOR PUBLIC EDUCATION. EOM/HJO

POMID: 07133325
DATE: 04/06/89
TIME: 13:33:25
LIONAME: FAIRBANKS LIO

COPIES: SENATORS

FAHRENKAMP
BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: KAREN EAKES

TITLE:

ADDRESS: 636 MAIN ST.

CITY: KETCHIKAN

ZIP: 99901

PHONE: 225-5741

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: IT IS IMPERATIVE THAT SB38 IS PASSED IMMEDIATELY. EDUCATION MUST BE A TOP PRIORITY IN OUR STATE. PROPER PLANNING AND WISE EDUCATIONAL DECISIONS CANNOT BE MADE BY SCHOOL DISTRICTS WITHOUT ADVANCED KNOWLEDGE OF STATE FUNDING LEVELS. THIS IS URGENT AND OF PRIMARY IMPORTANCE TO ALASKA'S FUTURE.

POMID: 08125848

DATE: 04/06/89

TIME: 12:58:48

LIONAME: KETCHIKAN LIO

COPIES: REPRESENTATIVES SENATORS

TAYLOR
DAVIS, C.

JONES
BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: MIKE NICHOLSON

TITLE:

ADDRESS: 4632 STANFORD

CITY: FAIRBANKS

ZIP: 99709

PHONE: 479-5844

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: I SUPPORT FULL FUNDING OF PUBLIC EDUCATION. IT IS ESSENTIAL THAT YOU AS OUR ALASKAN LEADERS ARE WILLING TO SUPPORT OUR GREATEST RENEWABLE RESOURCE - THE CHILDREN OF ALASKA. NOW IS THE TIME TO SUPPORT SB 38 AND TO OFFER OUR CHILDREN THE EDUCATION THEY DESERVE. PLEASE REPLY.

POMID: 07130447

DATE: 04/06/89

TIME: 13:04:47

LOCATION: FAIRBANKS LIO

COPIES: SENATORS

BINKLEY

UEHLING

DUNCAN

FRANK

PEARCE

ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: JIM VILLANO

TITLE:

ADDRESS: 2142 BRIDGEWATER

CITY: FAIRBANKS

ZIP: 99709

PHONE: 452-6765

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: PLEASE SUPPORT FULL FUNDING FOR EDUCATION. PLEASE DO NOT SUPPORT THE
5% CUT IN EDUCATION FUNDING.

EOM-FZ

POMID: 07120248

DATE: 04/06/89

TIME: 12:02:48

LIONAME: FAIRBANKS LIO

COPIES: REPRESENTATIVES SENATORS

BOYER
DAVIS, M.
KOPONEN
MILLER
SHARP

BINKLEY
DUNCAN
ZHAROFF
PEARCE
FAHRENKAMP
FRANK
COGHILL

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: GINA CAROLAN

TITLE:

ADDRESS: 1616 MARKET

CITY: FAIRBANKS

ZIP: 99709

PHONE: 474-0077

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: IT IS IMPERATIVE THAT WE HAVE FULL SUPPORT FOR FUNDING FOR EDUCATION.
EOM-FZ

POMID: 07122838

DATE: 04/06/89

TIME: 12:28:38

LIONAME: FAIRBANKS LIO

COPIES: REPRESENTATIVES SENATORS

BOYER
DAVIS, M.
KOPONEN
MILLER
SHARP

BINKLEY
PEARCE
DUNCAN
FAHRENKAMP
FRANK
COGHILL

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: TERRY SOLOMON

TITLE:

ADDRESS: 4744 GLASGOW #4

CITY: FAIRBANKS

ZIP: 99709

PHONE: 474-8799

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: I AM IN SUPPORT OF SB 38. I THINK IT IS VITAL TO GIVE FULL FUNDING SUPPORT FOR EDUCATION. OUR FUTURE LIES WITH OUR CHILDREN. IF WE DO NOT HAVE ENOUGH MONEY TO KEEP UP WITH THE TREND IN EDUCATION, WE WILL FALL FURTHER BEHIND.

EOM-FZ

POMID: 07122509

DATE: 04/06/69

TIME: 12:25:09

LIONAME: FAIRBANKS LIO

COPIES: REPRESENTATIVES SENATORS

BOYER

DAVIS, M.

KOPONEN

MILLER

SHARP

BINKLEY

UEHLING

DUNCAN

ZHAROFF

PEARCE

FAHRENKAMP

FRANK

COGHILL

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: MARGARET ANDREWS

TITLE: TEACHER

ADDRESS: P.O. BOX 1002

CITY: HAINES

ZIP: 99827

PHONE: N/R-

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: I WOULD YOU TO SUPPORT SB 38, FULL FUNDING FOR SCHOOLS. IT'S IMPORTANT TO ALL OF OUR YOUNG PEOPLE AND TO OUR STATE TO HAVE THE BEST EDUCATIONAL SYSTEM POSSIBLE.

POMID: 00121436

DATE: 04/06/89

TIME: 12:14:36

LIONAME: JUNEAU LIO

COPIES: SENATORS

BINKLEY

DUNCAN

ELIASON

FRANK

KELLY

PEARCE

UEHLING

ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: MICHAEL MCARDLE

TITLE:

ADDRESS: P.O. BOX 25074

CITY: ESTER

ZIP: 99725

PHONE: 479-8360

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: I AM IN FAVOR OF FULL FUNDING FOR THE SCHOOLS, AND ENCOURAGE YOU
TO MOVE THIS BILL OUT OF THE SENATE FINACNE NOW.

EOM-FZ

POMID: 07115553

DATE: 04/06/89

TIME: 11:55:53

LIONAME: FAIRBANKS LIO

COPIES: SENATORS

DUNCAN
PEARCE
UEHLING
ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: SENATOR FISCHER

NAME: WILLA MCKIERNAN
TITLE:
ADDRESS: P.O. BOX 55452
CITY: NORTH POLE ZIP: 99705
PHONE: 488-6543
BILL NO: SB 38
SUBJECT: APPROP: K - 12 SCHOOL SUPPORT
MESSAGE: EDUCATION FUNDING IS A TOP PRIORITY. PLEASE GIVE YOUR FULL
CONSIDERATION TO PASSAGE OF SB 38. THANK YOU.
EOM-FZ

POHID: 07115811
DATE: 04/06/89
TIME: 11:58:11
LIONAME: FAIRBANKS LIO

COPIES: SENATORS

BINKLEY
UEHLING
DUNCAN
FRANK
PEARCE
ZHAROFF

PUBLIC OPINION MESSAGE

DEAF: SENATOR FISCHER

NAME: BERNICE MARTIN

TITLE:

ADDRESS: PO BOX 900213 UAF

CITY: FAIRBANKS

ZIP: 99775

PHONE: 456-6072

BILL NO: SB 38

SUBJECT: APPROP: K - 12 SCHOOL SUPPORT

MESSAGE: I FULLY SUPPORT SB 38 AND URGE YOU TO PASS THIS BILL OUT OF
COMMITTEE FOR A VOTE BY THE FULL LEGISLATURE WITHOUT CUTS TO FUNDING
FOR EDUCATION. EDUCATION CONTINUES TO BE A PRIORITY FOR OUR COMMUNITY.

PCNIC: 07111302

DATE: 04/06/89

TIME: 11:13:02

LIONAME: FAIRBANKS LIO

COPIES: SENATORS

KELLY

BINKLEY

FRAIK

PEAPCE

UEHLING

DUNCAN

ZHAROFF

APR 10 1989

8300 E. 32nd #2
Anchorage, Alaska 99504
April 8, 1989

Senator Paul Fischer
P.O. Box V
Juneau, Alaska 99811

Dear Senator Fischer,

Enclosed you will find public opinion messages that the LAD would not send for us. The people who wrote these messages did so because they care deeply about the subject. After taking the time to write the P.O.M., we found out that the LAD would not take them. Please accept these messages as valid opinions of the people who wrote them.

Thank you,

Leslie D. Ridle

Leslie D. Ridle
(907) 338-6372

PUBLIC OPINION MESSAGE (POM)

YOU CAN ONLY SEND A PUBLIC OPINION MESSAGE FOR YOURSELF. WE'LL TRANSMIT VIA COMPUTER MESSAGES TAKEN OVER THE PHONE OR HAND DELIVERED BY THE PERSON WHO WROTE THEM. MESSAGES ARE LIMITED TO 50 WORDS OR LESS.

LEGISLATIVE COMMITTEE
H=HOUSE OR S=SENATE

SENATE

HOUSE

- COMMUNITY & REGIONAL AFFAIRS (C&RA)
- FINANCE (FIN)
- HEALTH, EDUCATION & SOCIAL SERVICES (HESS)
- JUDICIARY (JUD)
- LABOR & COMMERCE (L&C)
- RESOURCES (RES)
- RULES (RLS)
- STATE AFFAIRS (SA)
- TRANSPORTATION (TRANS)

- ADAMS
- BINKLEY
- COGHILL
- DUNCAN
- ELIASON
- FAHRENKAMP
- FAIKS
- ~~FRANK~~
- ~~FISCHER~~
- HALFORD

- JONES
- KELLY
- KERTTULA
- PEARCE
- POURCHOT
- RODEY
- STURGULEWSKI
- SZYMANSKI
- UEHLING
- ZHAROFF

- BARNES
- BOUCHER
- BOYER
- ~~SPYNNHOLZ~~
- BROWN
- CATO
- COLLINS
- COTTEN
- DAVIDSON
- DAVIS, C
- DAVIS, M
- DONLEY
- ELLIS

- FOSTER
- FURNACE
- GOLL
- GRUENBERG
- GRUSSENDORF
- HANLEY
- HOFFMAN
- HUDSON
- JACKO
- KOPONEN
- LARSON
- LEMAN
- MAC LEAN

- MARTIN
- MENARD
- MILLER
- NAVARRE
- PETTYJOHN
- PHILLIPS
- RIEGER
- SHARP
- SHULTZ
- SWACKHAMMER
- TAYLOR
- ULMER
- WALLIS
- ZAWACKI

LOCAL DELEGATION ONLY:
SENATOR ZHAROFF &
REP. DAVIDSON

PLEASE PRINT) FROM: Kama Mitchell TITLE: _____ PHONE: 6960823

MAILING ADDRESS: 18527 Culross Ct Eagle River BILL#/SUBJECT: SB38 School Funding

DO) NOT) CUT) FUNDING) FOR)
EDUCATION) FULLY) FUND) EDUCATION) THIS)
YEAR) AND) DO) IT) SOON)
Times) are) changing) and) not)
for) the) better) Kids) today)
are) becoming) more) and) more)
at) risk) Students) cannot) suffer)
more) cuts) in) Schools) because)
Schools) provide) the) last) hope)
for) many) Thank) you)

REPLY REQUESTED: NO YES SIGNATURE K Mitchell DATE 4-5-89

